

*Each week, the World Health Organization Health Action in Crises in Geneva produces information highlights on critical health-related activities in countries where there are humanitarian crises. Drawing on the various WHO programmes, contributions cover activities from field and country offices and the support provided by WHO regional offices and headquarters. The mandate of the WHO departments specifically concerned with Emergency and Humanitarian Action in Crises is to increase the effectiveness of the WHO contribution to crisis preparedness and response, transition and recovery. This note, which is not exhaustive, is designed for internal use and does not reflect any official position of the WHO Secretariat.*

<p><b>CHILE</b></p> 	<p><b>Events</b></p> <ul style="list-style-type: none"> <li>On 14 November, a magnitude 7.7 earthquake struck near the northern city of Antofagasta. The areas most affected are Tocopilla and Maria Elena.</li> <li>In Tocopilla, two deaths are reported and the 115 injured are being cared for by health workers from the Tocopilla and Antofagasta hospitals. Because of structural damage to the Tocopilla hospital, the Chilean Air Force will install a field hospital. The water distribution system was damaged in various locations.</li> <li>The national response is so far adequate and for now there is no need for external assistance.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>The National Emergency Office sent emergency supplies. Authorities are striving to ensure the provision of safe drinking water and are providing recommendations on the management of waste, vector control and epidemiologic surveillance. Several shelters have been installed in Tocopilla.</li> <li>The MoH is prepared to mobilize specialized personnel and medical aid to address any needs by health authorities in Antofagasta.</li> <li>WHO/PAHO is on stand-by to provide assistance if required.</li> </ul>
<p><b>BANGLADESH – CYCLONE SIDR</b></p>  <p>More information is available at <a href="#">SEARO Emergencies and Humanitarian Action</a></p>	<p><b>Events</b></p> <ul style="list-style-type: none"> <li>According to local Red Crescent sources, at least 328 people are dead and hundreds injured or missing after cyclone Sidr hit the coast on 15 November. Officials warn that the death toll could rise as the cyclone triggered a 5-metre high water surge. Up to 700 000 could be affected.</li> <li>Hundreds of thousands of people were evacuated or sought safe shelter before the storm hit the coast, but some were left behind.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>The WHO Polio surveillance network in the field are preparing to respond to the impact of the cyclone in coordination with the local health authorities.</li> <li>In addition to its Polio surveillance officers, WHO deployed two EHA surge teams to the affected areas, Khulna and Chittagong divisions. Four more are expected to join over the weekend.</li> <li>WHO emergency stockpiles are in place, replenished in September thanks to a grant from the CERF.</li> </ul>
<p><b>VIET NAM</b></p> 	<p><b>Assessments and Events</b></p> <ul style="list-style-type: none"> <li>At least 28 persons have died as Storm Peipah made its way through the central provinces; six are still reported missing. More than 187 000 houses have been submerged in the fifth major floods since August. According to Reuters, deaths this week have raised the regional toll to 332, 114 of them since 26 October.</li> <li>Hundreds of thousands of people are exposed to the health risks of contaminated water supplies.</li> <li>Local health authorities have raised concerns over the risk of outbreaks of diarrhoea, acute respiratory infection, skin diseases, dengue and malaria due to contamination, lack of safe water, poor nutrition and shortage of health services.</li> <li>Immediate needs include chlorine, insecticides, and medicines as well as environmental management and improved surveillance of outbreaks.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>The MoH is providing aid and essential drugs while the provincial health authorities are strengthening health care and environmental hygiene.</li> <li>An inter-agency committee is also conducting an evaluation of the damage to identify the most immediate needs.</li> <li>WHO is monitoring the situation and sharing health information and guidelines</li> </ul>

More information is available at [WPRO Updates on Emergencies](#)

with the MoH and local health authorities. WHO also assists in improving surveillance of disease outbreaks in affected areas.

- WHO and partners are mobilizing funds to support access to clean water and to decontaminate polluted water supplies in the flooded regions.
- WHO emergency assistance so far has been supported by regular budget funds, and CDC is assisting by associating itself with WHO medical team.

## WEST AFRICA FLOODS AND CHOLERA UPDATE



### Assessments and Events

- West Africa is experiencing some of its worst floods in 35 years with over 800 000 persons affected in Benin, Burkina Faso, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo. The situation is especially worrisome in Ghana (over 330 000 affected), Togo (over 120 000), Burkina Faso (over 92 900) and Mali (over 42 000).
- As of 12 November, Guinée (5101), Liberia (2003) and Senegal (3178) are reporting high numbers of cholera cases, figures comparable to those of 2006. When cases reported in Côte d'Ivoire, Ghana, Niger and Sierra Leone are included, the provisional total for 2007 is 10 774. However, the countries most affected by the floods are, for the moment, little or not affected by cholera (Togo, Burkina Faso and Mali report no cases and Ghana 62). Overall, case fatality ratios remain high in Niger (CFR 8.33%), Guinée (3.43%) and Sierra Leone (2.93%).

### Actions

- Across the region, WHO is supporting national health authorities and partners on prevention and preparedness against acute watery diarrhoeas, including cholera, and malaria as well as in mobilizing funding to support the response in flood-affected areas.
- AFRO and the WHO West Africa IST are preparing a plan for the distribution of health supplies donated by Norway. Further kits are being prepared for dispatched to Ghana, Togo, Burkina Faso and Guinea.
- WHO received US\$ 400 000 in CERF funding to control the spread of cholera in Guinea, purchase diarrhoeal diseases kits, organize training on the proper case management of cholera, support surveillance and control the correct distribution of supplies. A donation of health supplies was also received from Norway. Besides this, WHO's emergency activities in West Africa are supported only by internal funds, from the Regional Office and Geneva.

## CHAD



⇒ Some 4300 troops from 20 countries will take part in a new European peacekeeping force to be deployed in Chad and the Central African Republic.

### Assessments and Events

- Violence and insecurity persist in the east.
- The trend for new cases of leishmaniasis continues to decrease in Treguine camp. Between 1 July and 13 November, 228 were notified, including ten since 1 November; to date 81 were fully treated. Cases have been confirmed in Gaga camp, in the district of Abéché and in Oure Cassoni site, in the district of Bahai on 9 and 10 November respectively.
- One WR 135 was isolated in the east.

### Actions

- A workshop on epidemiological surveillance and early detection of outbreaks was organized for all focal points and health staff of Amdam district, in Ouaddai region. Further technical training will be conducted in the Hawouich health centre.
- To reinforce the surveillance system in the region, WHO has begun the distribution of HF radios in selected health centres and hospitals in Amdam district. So far both health centres in Abdi and Hawouich and the Amdam district hospital have been equipped.
- WHO organized in Abéché the regional committee meeting of the Ouaddai health delegation; the meeting which included representatives from the regional health authorities and from NGOs based in eastern Chad, reviewed the main gaps in the health coverage and discussed appropriate solutions. Results will be shared shortly.
- WHO's emergency activities are supported by Italy, ECHO and the CERF.

## HORN OF AFRICA



- ⇒ Tension between Ethiopia and Eritrea continues to rise, in view of the approaching 27 November deadline by the Eritrea-Ethiopia Boundary Commission (EEBC), requiring the parties to implement their obligations under the 2002 decision.
- ⇒ The UN Country Team, which includes WHO, is discussing with the Government the possibility of a humanitarian intervention in Somali region.
- ⇒ The Initial Rapid Assessment (IRA) Tool, jointly developed by the health, nutrition and water and sanitation clusters, was field tested in Ethiopia from 15 to 20 October. Building on existing tools it aims at making initial assessments possible within the first 72 hours of a crisis. By supporting joint planning it will reduce duplication of efforts and facilitate the work of the country's clusters.

### Assessments and Events

- In *Somalia*, heavy fighting in Mogadishu continues; an additional 24 000 people fled over the past week, bringing the total number of displaced since October to 114 000. The majority are finding refuge in the Middle and Lower Shabelles, putting stress further on these regions. Of the 1.5 million people in need of humanitarian assistance in Somalia, 600 000 are in the Shabelles, including up to an estimated 40 000 acutely malnourished children under five.
- In the northern Sool region, recent fighting has displaced about 30 000.
- In *Ethiopia*, acute watery diarrhoea cases are still being reported in Oromiya, SNNPR, Tigray, Afar, Amhara and Somali regions as well as in Dire Dawa. During the month of October, 2663 cases and 32 deaths were reported nationwide. Between January and October, 1263 confirmed cases of measles were reported throughout the country; half had never been vaccinated, and of these 62% were children under five.
- In the Somali region, insecurity, delays the implementation of the joint UN agencies and NGOs humanitarian action plan.

### Actions

- In *Somalia*, WHO is scaling up the health response for an estimated 150 000 IDPs stranded on the 15-km-long road between Mogadishu and Afgooye.
- In Sool, WHO, UNICEF and the Somali Red Crescent are monitoring the situation and providing medical supplies. WHO supplied one basic health kit.
- On 12-14 November, an Avian Influenza Preparedness Plan for central south Somalia was elaborated in a workshop in Baidoa. Two other trainings will be held in Puntland and Somaliland before the end of 2007.
- The rehabilitation of the outpatient department of the Bay Regional Hospital in Baidoa, conducted by WHO and UNOPS, is complete and the service will open next week. UNFPA and WHO provided equipment. As of December, a WHO-mobilized senior surgeon and a UNFPA-appointed obstetrician-gynaecologist will provide quality services to patients and on-the-job training for health workers. Refurbishing of the operating theatre, X-ray and laboratory is planned.
- In *Ethiopia*, WHO continues assisting local health authorities through seven consultants to AWD-affected areas. One consultant was sent to Benishangul Gumuz where cases of AWD were reported to initiate outbreak response.
- In most areas, flooding has receded allowing people to return to their homes. In affected areas, health facilities are still stocked with emergency health kits provided by WHO.
- WHO activities are supported by Australia, Belgium, the CERF, Canada, Finland, Italy, Norway, Sweden, and the United States for Somalia and cluster coordination and by the CERF and the local Humanitarian Response Fund in Ethiopia.

## SUDAN



### Assessments and Events

- As of 14 November, 329 human cases of Rift Valley Fever (RVF), including 96 deaths (case-fatality rate, 29%) have been reported from White Nile, Sennar, Gazeera States. Cases reported in Khartoum State are not indigenous cases but were imported from one of the other affected States.
- In *southern Sudan*, approximately 86% of health services are provided by NGOs. Decreasing humanitarian funding and the limitation of some NGOs to emergency situations – as opposed to recovery and development – is threatening the health of populations in the region.
- The flooding that affected all ten states of Southern Sudan has begun to recede.

### Actions

- The MoH and the WHO Country Office have presented a plan for the prevention and control of RVF in humans to international donors in Khartoum. EMRO and headquarters are supporting the national response, mobilizing epidemiologists and working with partners to enhance national laboratory capacity for RVF. Social mobilization activities are under way to alert the local population to the human health risks associated with this disease in animals.
- In *Darfur*, ECHO funds allow WHO to monitor the availability of free hospital care for IDPs. Since January, more than 130 000 IDPs have received health care in one of the 14 hospitals. WHO also supports to the States' MoH with

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- supervision, guidance and training on treatment protocols, patient care and health systems management. In addition WHO has been rehabilitating health facilities around Darfur to improve the delivery primary health services.
- The State MoH, UNICEF and WHO immunized around 10 000 children under five in areas of *North Darfur* (namely Dabatoga, Abu Gamra and Tina) where insecurity had hampered the Polio National Immunization Days conducted earlier in October.
  - WHO, as Health Sector lead, coordinated with 29 implementing partners a rapid assessment of health services to better estimate the funding gap. About US\$ 1.8 million are required to sustain health services till the end of 2007; while another US\$ 3.7 million will be needed for the first quarter of 2008.
  - Contributions for WHO's emergency activities were received from the CERF, the Common Humanitarian Fund, ECHO, Finland, Ireland, and Italy.

## NIGER



### Assessments and Events

- Over the month of October, the weekly incidence of malaria has progressively diminished, dropping from 449 to 128 cases per 100 000 per week. During the last week of October, sporadic cases of suspected meningitis have been notified in the regions of Niamey, Tahoua and Tillabéri.

### Actions

- WHO continues providing technical support to the MoH communicable diseases surveillance unit for the production for the weekly epidemiological bulletin. WHO also assisted the communicable diseases surveillance unit in supervising information collection in Diffa and Zinder regions to enhance the quality, timeliness and coverage of the data.
- No funds have been received so far for WHO's emergency activities in Niger.

## ANGOLA



### Assessments and Events

- Health authorities are investigating the cause of an illness of unknown origin detected on 2 October that already affects more than 200 persons in the Municipality of Cacuaco, Luanda Province.
- the MoH created two technical committees, a Clinical Committee in charge of elaborating the protocol for treatment and an Epidemiological Committee to cover the surveillance and active cases finding. A reference health facility in Cacuaco was also set up to receive suspected cases.

### Actions

- WHO headquarters and AFRO sent a team of experts in clinical toxicology, epidemiology, environmental health and laboratory to assist the MoH in the investigation and to make recommendations on case management, risk communication and other mitigation measures.
- The team will also identify laboratories for analysis, review case definition and provide advice on case and risk management. Joint WHO and MoH teams will also collect human and environmental samples to investigate the cause of the disease.

## INTER-AGENCY ISSUES

- The **Global Health Cluster** met face to face in Geneva on 14-16 November.
- On 14 November, the **IASC Weekly** meeting in Geneva updated on Pandemic Influenza Preparedness and on the outcome of the 69<sup>th</sup> IASC WG.
- A **Humanitarian Reform Workshops** took place in Afghanistan on 14-15 November. Additional Workshops will be held in Haiti (19-23 November), Côte d'Ivoire (4-5 December) and Sudan (date to be confirmed).
- On 16 November, the **Humanitarian Liaison Working Group** in Geneva briefed on the situation in the Central African Republic.
- **CERF**. The inter-agency meeting on the Central Emergency Response Fund met 16 November. Specific training will take place in Nairobi on 20 and 21 November, and in Bangkok on 29 and 30 November.
- The next **Framework Team** meeting will take place on 20 November.
- **Disarmament, Demobilization and Reintegration**. The Inter-Agency Working Group will meet on 21 November. A foundation course will take place in Accra, Ghana, on 3 -14 December.
- The IASC Sub-Working Group on the **Consolidated Appeals Process** will meet on 22 November. The 2008 CAP

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Launch will take place in Geneva on 10 December.

- **Gender.** An inter-agency Workshop on Gender Equality and Gender-based Violence Programming in Humanitarian Action will take place in Nairobi on 26-28 November. The IASC Gender Sub-Working Group will meet on 12 December.
- **Military and Civil Defence Assets.** A extraordinary meeting will take place in Geneva on 28 November, to be followed by the Annual meeting of the Consultative Group on 29 November.
- The 76<sup>th</sup> United Nations **Civil-Military Coordination** Training Course will run on 3-7 December in Abu Dhabi .
- **Safe Access to Firewood and Alternative Energy in Humanitarian Settings.** An information and briefing session by this IASC Task Force will take place in Geneva on 6-7 December.
- The **United Nations Executive Committee on Humanitarian Affairs** will meet on 7 December.
- The **IASC Principals** will meet in Geneva on 10 December.

*Please send any comments and corrections to [crises@who.int](mailto:crises@who.int)*

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