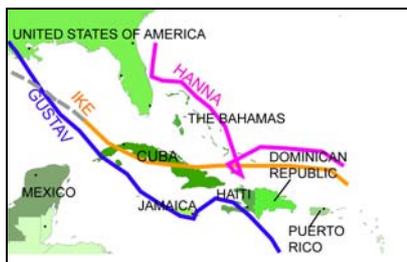


*Each week, the World Health Organization Health Action in Crises in Geneva produces information highlights on critical health-related activities in countries where there are humanitarian crises. Drawing on the various WHO programmes, contributions cover activities from field and country offices and 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.*

**CARIBBEAN HURRICANES/STORMS**



More information is available at [www.paho.org](http://www.paho.org)

**Hurricane categories:**

Five: Winds over 155mph (249km/h). Storm surge more than 18 ft (5.4m) above normal.  
 Four: Winds 131 - 155 mph. Storm surge 13-18ft.  
 Three: Winds 111 - 130mph. Storm surge 9-12ft. (Katrina hit New Orleans as a three)  
 Two: Winds 96-110mph. Storm surge 6-8ft.  
 One: Winds 74-95mph. Storm surge 4-5ft.

**Assessments and Events**

- The Caribbean region has been affected since 15 August successively by tropical storm "Fay", hurricanes "Gustav", "Hanna" and "Ike". These have affected the Bahamas, the Cayman Islands, Costa Rica, Cuba, the Dominican Republic, Haiti, Jamaica, Turks and Caicos, and the United States with Haiti and Cuba particularly impacted.
- In *Haiti*, at least 300 people have died up as a result of tropical storms "Fay", "Gustav", "Hanna" and "Ike". Health facilities have been damaged and disrupted, some 101 810 families have been affected and thousands displaced. Of those affected, 52% are estimated to be women and 36% children.
- In Gonaives, parts of the city remain under water and people have taken refuge in shelters. There is no access to some communities outside of the city.
- There are shortages of drugs, including insulin and anesthetics, and small surgical materials.
- The storms have also threatened the security of food supplies, which in turn increases nutritional risks for the population.
- *Cuba* is also reporting heavy damage and 4 deaths following hurricane "Ike".
- Grand Turk, in the *Turks and Caicos*, has also been affected following the passage of "Ike".

**Actions**

- For *Haiti*, WHO and partners are calling for US\$ 4.2 million to provide health care for many of the 800 000 people - including children and pregnant women - affected by successive tropical storms.
- WHO and its health partners help authorities provide emergency medical care where access is possible.
- WHO is seeking US\$1 million to implement an epidemiological surveillance system and early warning, vector control measures to prevent the spread of communicable diseases, such as malaria and dengue fever; coordinate the health sector response; and to ensure access to health care in the affected areas by providing essential medicines and supplies to national authorities and the various international partners working in the health sector.
- WHO is sending staff to provide logistics support and ensure that medical supplies are delivered to communities cut off by flood waters.
- WHO is also evaluating needs through the deployment of local health coordinators in three departments (including Gonaives) and is providing advice on management of dead bodies. An epidemiological surveillance system is also being implemented.

**IRAN**



**Assessments and Events**

- A 6.1 magnitude earthquake hit southern Iran near Bandar-Abbas on 10 September. It was quite deep (57 km) and damages were limited, however six people were killed and 45 injured.
- Around 17 villages were affected with damage levels between 20 – 60%. Search and rescue operations are in process in more than seven villages.
- The Ministry of Health deployed emergency team to provide medical assistance to the affected and 17 relief teams (17) have been dispatched.
- Flooding in the Chaharmahal – Bakhtiari province 9 – 10 September has resulted in 13 deaths and 3 people injured within 205 affected families.
- There has been no request for external assistance.

**Actions**

- WHO is in communication with the Ministry of Health and is monitoring the situation through the Regional and Country Offices.

## NEPAL - INDIA: THE MONSOON



- ⇒ On 29 August, a UN appeal was launched to help respond to the Koshi River floods in Nepal, requesting US\$ 10 million.
- ⇒ The UN country team in Nepal is preparing a Flash Appeal which is expected to be launched next week.

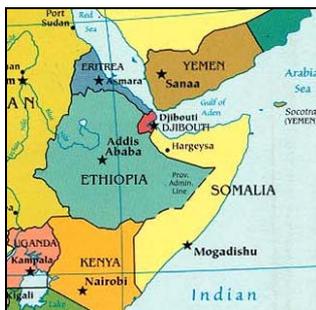
### Assessments and Events

- Heavy monsoon rains caused the Kosi river to breach an embankment on 18 August 2008, resulting in large-scale floods in Nepal's Sunsari district and 16 districts in Bihar state, India. The situation worsened as the river changed course, moving 120 km eastwards.
- Around 3.4 million people have been affected in India and 70 000 displaced in Nepal.
- Some 285 relief camps and 249 health centres have been opened for the displaced in India.

### Actions

- WHO is providing supplies and technical assistance to both countries to minimize the risk of disease outbreaks and provide basic healthcare for the millions affected.
- WHO's assistance includes supplying emergency medicines and equipment for 180 000 people, supporting disease surveillance and child immunization campaigns, and ensuring safe drinking water.
- Over 70 WHO staff from the National Polio Surveillance programme are closely monitoring the health situation in temporary accommodation camps.
- WHO is assisting in planning measles immunization for children aged 6 months to 14 years and providing oral vitamin A drops for children up to 5 years. WHO is providing technical guidelines.
- To ensure water quality in camps, WHO has supplied 100 chloroscopes. The organization is coordinating with the state authorities and district magistrates and offering logistical support.
- WHO is providing US\$12 000 to the Indian Red Cross for logistical support in order to facilitate the prompt delivery of relief material, including safe drinking water, tents, bednets, and clothing.
- A joint surveillance is being carried out by local and national authorities and WHO.
- Health teams, including a health assistant and an auxiliary health worker, were placed in each shelter immediately after the emergency and rapid response mobile health teams were also established.
- Three WHO staff from the country office are providing assistance to the district health officials in the monitoring of health status. WHO is also providing support to Nepal's Ministry of Health and Population in preparing for a massive measles and polio vaccination campaign for children up to the age of five years.
- As part of the UN appeal for floods in Nepal, WHO is requesting US\$ 853 150 to procure essential emergency/outbreak medicines for Saptari and Sunsari districts and buffer stocks for Kathmandu and to pre-position emergency health kits in all the regions.

## HORN OF AFRICA



See also the [weekly update for Ethiopia](#)  
See also the [Somali Health Cluster Bulletin](#)

### Assessments and Events

- In *Ethiopia*, there has been an increase in the number of new admissions in therapeutic feeding programmes in Oromia, SNNPR and Amhara. Reduced access to sufficient quantities of food continues to pose a threat to the nutritional status of people in the regions hit hardest by the drought and food prices crisis.
- Afar Region has reported new Acute Watery Diarrhoea (AWD) cases and another Woreda (Minjar) in Amhara Region is newly affected. This week, 85 cases and no deaths have been reported from 4 regions.
- The Emergency Humanitarian Coordinator visited SNNPR and Somali Region on his mission from 1 - 3 September.
- In *Kenya*, a meeting of the organizations providing health care to refugees took place on 2 September. Increased surveillance and screening at points of entry such as Amuama was requested due to the refugee border crossings from Somalia into Kenya. In the last month, there were approximately 20 000 new arrivals. It is estimated that there will be about 40 000 new refugees in the camps by the end of the year.
- A cholera outbreak is ongoing in Nandi South, Teso, Homa Bay, and Nyando districts. Between April and September, a cumulative total of 174 Leishmaniasis cases have been reported from Wajir and Isiolo districts with 9 deaths and a CFR of 5.2 %.
- In *Somalia*, heavy rains have washed away IDP shelters in a camp south of Mogadishu. There are some 65 camps in this area hosting an estimated 66 000 people. Conflict, drought and hyperinflation have combined to create a

### Health Action in Crises

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	<p>humanitarian crisis in Somalia.</p> <ul style="list-style-type: none"> <li>In the Lower Shabelle region 379 reported cases of diarrhoeal disease, and 345 cases of respiratory infection. Between 13 August - 2 September, 146 cases of AWD including two deaths were reported from Merka hospital.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>In <i>Ethiopia</i>, WHO is investing funds from the CERF to strengthen disease and nutrition surveillance and technical support in the field.</li> <li>WHO assigned staff in Oromia and Amhara Region supporting the current AWD out break response.</li> <li>In Amhara a team comprising WHO, UNICEF, Zonal, district and RHB provide training in CTC case management, surveillance, and hygiene promotion. WHO is also providing water treatment chemicals, essential drugs and medical supplies.</li> <li>WHO has provided US\$ 11 764 to support community education and latrine construction.</li> <li>A team led by FMOH and supported by WHO is now assessing the situation following the flooding in Gambella. WHO provided essential drugs and medical supplies through the FMOH. US\$ 24 303 was provided to the RHB for the cost of the flood operations.</li> <li>A joint assessment carried out in Derashe Woreda by WHO and SC-US from 2 - 4 September showed that both the SAM and GAM were below one per cent.</li> <li>In <i>Kenya</i>, the refugee health stakeholders meeting was chaired by the Health Provincial Medical Officer and WHO. The PMO and WHO will ensure that the necessary logistics for immunization are in place, more health care workers are employed.</li> <li>In <i>Somalia</i>, the MOH and WHO have established a Disease Early Warning System (EWARS) for epidemic-prone diseases. Training, surveillance systems and tools to facilitate data management have been established to support EWARS.</li> <li>WHO's emergency work in the Horn of Africa (Djibouti, Eritrea, Ethiopia, Kenya and Somalia) is funded by Canada, ECHO, the United Kingdom, the CERF and the local Humanitarian Response Fund.</li> </ul>
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<p><b>CHAD</b></p> 	<p><b>Assessments and Events</b></p> <ul style="list-style-type: none"> <li>The east of Chad remains in security phase 4.</li> <li>Four deaths and 646 new cases of Acute Watery Diarrhoea were reported.</li> <li>Two new cases of neonatal tetanus were reported in Abéché.</li> <li>Between 1 - 7 September 51 new cases of acute icteric syndrome were reported in the east of Chad.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>WHO participated in the CAP 2009 meeting on 3 September</li> <li>Health centre staff in Biltine district were trained on the Outbreak Early Warning system.</li> <li>WHO's emergency response is funded by its own budget, Finland and ECHO. Chad is selected for the second round of under-funded emergency funding from the CERF.</li> </ul>
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<p><b>INDONESIA</b></p> 	<p><b>Assessments and Events</b></p> <ul style="list-style-type: none"> <li>Floods, triggered by heavy rains over the past couple of weeks have caused flooding in North Sumatra, South Kalimantan and South Sulawesi provinces.</li> <li>One death in North Sumatra and one in South Sulawesi have been reported.</li> <li>A landslide triggered by heavy rains killed 4 and injured 2 people in Maluku Province. The landslide also damaged 18 homes, isolated villages and affected at least 233 000 people.</li> <li>The government has not officially requested international aid.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>WHO is in close communication with the Ministry of Health and is monitoring the situation through the Regional Crisis Centre as well as the District and Provincial Health Offices.</li> <li>Health posts have been established and mobile clinics activated in the affected areas.</li> </ul>
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<p><b>PHILIPPINES</b></p> 	<p><b>Assessments and Events</b></p> <ul style="list-style-type: none"> <li>• Fighting in the Philippines has displaced over 500 000 people in 9 provinces.</li> <li>• Cases of acute respiratory and urinary tract infections have been reported by medical authorities in camps near Kolambagan.</li> <li>• The Human Rights Commission reported lack of sanitation, medical supplies running low, no regular food supplies and inadequate potable water following a visit to nine IDP camps.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• The Department of Health, UNICEF and WHO are providing resources in terms of jerry cans, sodium hypochlorite and toilet facilities.</li> </ul>
<p><b>GEORGIA</b></p>  <p>Find more information at <a href="#">WHO Regional Office for Europe Web Site</a></p> <p>⇒ The WHO/EURO Regional Committee is scheduled for 15-18 September in Tbilisi.</p> <p>⇒ WHO is the lead agency coordinating health and nutrition activities. Information on the working group's activities can be found at: <a href="http://humanitarianreform.org/Default.aspx?tabid=700">http://humanitarianreform.org/Default.aspx?tabid=700</a></p>	<p><b>Assessments and Events</b></p> <ul style="list-style-type: none"> <li>• Around 150 000 people have been displaced since 7 August. Relocation efforts of IDPs to their home communities in the Gori area are ongoing.</li> <li>• Humanitarian aid still cannot reach the majority of villages north of Gori.</li> <li>• No outbreaks of communicable diseases have been reported in conflict-affected areas.</li> <li>• The security situation has improved and martial law has been lifted.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Georgian authorities have said that no additional medical supplies are necessary to address the immediate needs. They request that all proposed assistance be discussed and coordinated through them.</li> <li>• Georgian health authorities have announced that all major IDP centres have dedicated primary care providers to identify, treat and refer patients to primary or hospital level services. IDPs are receiving health services free of charge in government health facilities.</li> <li>• WHO is leading the health sector component of the joint assessment mission.</li> <li>• WHO emergency activities are so far supported by its regular budget. WHO submitted a CERF application for rapid response to the urgent health needs identified in the Flash Appeal.</li> </ul>
<p><b>INTER-AGENCY ISSUES</b></p> <ul style="list-style-type: none"> <li>• <b>Cluster.</b> <ul style="list-style-type: none"> <li>➢ On 9 September, WHO hosted a meeting of Cluster Leads and the World Economic Forum, chaired by OCHA, to explore areas of collaboration between the clusters and the private sector. The meeting looked at past successes and challenges, including current collaboration between the Logistics Cluster and private companies of the WEF, explored the added value of private business in humanitarian response, and defined some next steps to move forward in this area. The Global Health Cluster has been meeting with the WEF and representatives of its Health Care Industries Group to define specific areas of collaboration in humanitarian health.</li> <li>➢ A small working group of donors and cluster leads, including WHO, met on 9 September at the Canadian Mission to discuss future funding for the global clusters when the funding from the consolidated cluster appeal ends in 2008.</li> </ul> </li> </ul>	

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

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