

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.

GEORGIA



Find more information at [WHO Regional Office for Europe Web Site](#)

⇒ WHO is the lead agency coordinating health and nutrition activities. Members of the Health and Nutrition Working Group include ACF, ACTS, ADRA, Counterpart, IMC, IRD, Oxfam GB, SCF, SDC, WVI, UNICEF, USAID, UMCOR, MdM, UNFPA. Information on the Health and Nutrition Working Group's activities can be found at: <http://humanitarianreform.org/Default.aspx?tabid=700>

Assessments and Events

- More than 120 000 people have been displaced by the conflict, with nearly 100 000 settled in and around Tbilisi. As of 25 August, about 10 000 IDPs have returned to Gori and nearby villages, and up to 90 000 are ultimately expected to return to their places of origin.
- There is widespread uncertainty among the population vis-à-vis access to basic services. To address this, the provision of basic services – water, food, shelter, health and protection needs – as well as mental health services must be addressed.
- As of 25 August, no outbreaks of communicable diseases have been reported in conflict-affected areas. Samples from Gori's main water sources confirmed that water is safe for drinking.

Actions

- Georgia is providing free health care to IDPs through government facilities.
- Health partners have begun mental health activities.
- In the Flash Appeal, WHO and partners are calling for US\$ 7.7 million to:
 - assess damage to health infrastructure and emerging needs of the health systems;
 - monitor health threats and risks;
 - support the MoH and health partners in coordinating the response;
 - address critical threats like outbreaks or loss of access to health services;
 - ensure primary health care and strengthen secondary medical care in affected areas;
 - address gaps in health services delivery;
 - provide logistical and other operational support for the distribution of supplies.
- In this framework, WHO seeks US\$ 940 000 for disease surveillance and control, essential primary health care, public health services for IDPs and vulnerable populations.
- 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.

HORN OF AFRICA



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

⇒ In *Somalia*, insurgents took control of the southern port city of Kismayo, after intense fighting that displaced more than 35 000 and killed at least 100 people.

Assessments and Events

- In *Ethiopia*, an estimated 737 000 children need supplementary feeding and a further 75 000 therapeutic feeding. In Oromiya, SNNP and Somali regions, 31 districts reported cases of acute watery diarrhoea (AWD) in 2008. Between 1 January and 17 August, 1552 cases and 11 deaths were reported. The outbreak seems under control but 10 districts are still reporting cases, including three previously unaffected districts in Oromiya and Amhara. The current rains, which have already displaced 20 000 in Gambella, are likely to provoke an increase in the number of cases and affected districts as risk factors such as poor water supply, sanitation and hygiene, remain insufficiently addressed.
- In *Kenya*, lack of basic social services in transit camps increases people's vulnerability to diseases. Health partners are withdrawing from the camps in Nakuru, Naivasha and Eldoret districts. The delivery of services is being handed over to the MoH. Resettlement of the IDPs continues, but about 120 000 IDPs still occupy 320 transit sites or camps.
- In *Somalia*, the Food Security Analysis Unit reports that the people requiring emergency livelihood and humanitarian support have increased from 1.83 to 3.25 million, affecting 43% of the population. According to the FSAU, rates of acute malnutrition in south and central Somalia are above 15%, and 8 out of 20 surveys report rates above 20%. Living conditions for the IDPs on the outskirts of Mogadishu are reportedly worsening.

Actions

- In *Ethiopia*, WHO and Health Cluster partners continue to support training activities on nutritional screening and case management for provincial and district health workers. WHO deployed experts in Amhara and Oromiya to support the assessment of gaps and priorities. WHO provided financial aid to

the Amhara Regional Health Bureau to support training on AWD case management and the construction of pit latrines for affected communities.

- In *Kenya*, WHO pre-positioned medical kits in the Rift Valley and North-Eastern provinces to strengthen response capacity to disease outbreaks in camps and communities.
- In *Somalia*, WHO and health partners are maintaining health services to IDPs and other vulnerable groups despite insecurity.
- WHO's emergency work in the Horn of Africa (Ethiopia, Somalia, Djibouti, Eritrea, and Kenya) is funded by Canada, ECHO, the United Kingdom, the CERF and the local Humanitarian Response Fund.

WEST AFRICA



- ⇒ In Niger, the state of alert that has been in place for the past year in the region of Agadez was extended. The UN security level is at Phase 3.
- ⇒ Cholera killed 400 people and infected 25 000 in Guinea Bissau in 2005.
- ⇒ Burkina Faso, Mali, Niger and Nigeria are on the WHO list of priority countries for the [Global Food Security Crisis](#).
- ⇒ Niger and Burkina Faso are both on the CERF list of countries recommended for allocations for the food crisis.

Assessments and Events

- In *Niger*, the rains have triggered a rise in the weekly number of reported malaria cases indicating the beginning of the high transmission season. Tillaberi, particularly affected by recent floods, is reporting the highest incidence rate. As of mid-August, more than 622 000 suspect cases had been reported nationwide, 63 143 of them between 11 and 17 August. Although cholera has subsided, persistent floods, affecting more than 45 000 people nationwide, may cause a resurgence of the outbreak. During the first six months of the year, 540 cases and 52 deaths (CFR 9.8%) were reported.
- In *Togo*, the rains have stopped for the past two weeks; however 4000 people remain in camps, including 1200 children. The total number of people affected in the Lomé area remains unclear.
- In *Guinea-Bissau*, 2597 cases of cholera and 61 related deaths have been reported as of 21 August. Bissau remains the main centre of the outbreak with almost three-quarters of all reported cases. A new region, São Domingos, started reporting cases on 14 August.
- In *Burkina Faso*, 18 cases of measles were notified between 11-17 August in Mangodara district. Several young adults were recorded among the patients.

Actions

- In *Niger*, WHO continues to support surveillance, coordination and control of diseases. In coordination with the Regional Office for Africa and headquarters, the WHO Country Office is purchasing kits for the management of severe malnutrition as well as drugs and vaccines against meningitis. Essential drugs and medical supplies were provided to Tillaberi to assist those affected by the flooding. Norway has pledged additional medicines, supplies and funds.
- In *Togo*, WHO and UN agencies are providing water tanks, medicines, and other critical items. WHO is applying for CERF funding to address flood-related health threats.
- In *Guinea-Bissau*, WHO supports the MoH's regional crisis committees in coordinating the response. The MoH, WHO and UNICEF visited Biombo region to review the situation and improve the response. In Bissau, an agreement with Médicos do Mundo and CARITAS has made volunteers available to deliver oral rehydration salts to patients and to disinfect personal belongings for inpatients and outpatients. WHO's response is supported by a CERF grant.
- In *Burkina Faso*, WHO is organizing an investigation mission to Mangodara.
- WHO's relief and recovery activities in the sub-region are funded by the WHO regular budget, Ireland, Norway, Spain, ECHO, UNHCR, and the CERF.

CENTRAL AFRICAN REPUBLIC



Assessments and Events

- Clashes between rebels and government forces were reported in the north-west throughout August. Population movements were reported around Birao following a rumoured attack on the city. Insecurity could hinder humanitarian activities.
- Food prices have risen by an average of 25% in the first four months of 2008. Ten percent of children under five suffer from acute malnutrition and 45% are chronically malnourished.

Actions

- WHO continues supporting epidemiological surveillance in Bangui and its periphery. Malaria and waterborne diseases such as diarrhoeas, helminthiasis and typhoid fever are the main conditions reported.
- Following a joint mission in the eastern Haut Mbomou prefecture, health partners decided to support the voluntary counselling and testing centre for

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<p>⇒ The launch of the CAP 2009 is planned in Bangui around 10 October.</p> <p>⇒ The Central African Republic is on the WHO list of priority countries for the Global Food Security Crisis.</p>	<p>HIV/AIDS in Obo, the region's capital. OCHA is preparing a second evaluation mission to Haut Mbomou before November.</p> <ul style="list-style-type: none"> • In the sub office in Ndele, WHO supported the training of health workers and laboratory technicians on blood transfusion and the use of the pentavalent vaccine (diphtheria, tetanus, pertussis, hepatitis B and influenza). • At the national level, the training plan on emergency obstetric care was signed with the NGO ASSOMESCA (<i>Association des oeuvres médicales pour la santé en Centrafrique</i>). • WHO's emergency activities are supported by the CERF and Finland.
<p>CHAD</p>  <p>⇒ WHO, the MoH and UNHCR are working to define a new health assistance policy for refugees in the framework the gradual return to the national health care policy. User's fees for hospital care and the local purchase of medicines were the main topics of the discussion.</p>	<p>Assessments and Events</p> <ul style="list-style-type: none"> • An estimated 30 000 people are affected by floods in and around the southern town of Sarh. An estimated 10 000 of them have also lost their homes and are highly vulnerable to waterborne diseases, particularly as the wreckage of latrines is posing a health hazard. • Although security remains volatile in eastern Chad, humanitarian activities have resumed in Kerfi and MSF-Holland has reactivated its mobile clinics. • The hepatitis E outbreak in Dogdore IDP camp is abating with 796 cases and eight deaths reported so far. Meanwhile three cases of tetanus and one death were reported in the camp between 11-17 August, bringing the number reported since 1 January to 17 and two deaths. <p>Actions</p> <ul style="list-style-type: none"> • In Sarh, WHO delivered a first stock of emergency supplies to health facilities, for the treatment of malaria, diarrhoea, injuries and common diseases. • In the east, WHO is supporting surveillance and response activities and donated supplies and consumables to the eight district laboratories. • WHO supported a meeting of health authorities in Ouaddaï to review all national and international health partners' activities ongoing in Adre, Abeche, Amdam and Gozbeida; the aim is to define gaps and priorities for coordinated action. • Two WHO projects were selected for the second round of CERF under-funded emergencies: US£ 189 144 for the reduction of child malnutrition at the Abeche hospital and US\$ 400 000 to support access to primary health care for IDP and local populations in areas that are not yet covered. • WHO's emergency response is funded by the its own budget, Finland and ECHO. Chad is selected for the second round of under-funded emergency funding from the CERF.
<p>SUDAN</p> 	<p>Assessments and Events</p> <ul style="list-style-type: none"> • In North Darfur, floods in Mellit have reportedly destroyed 3650 houses and washed away almost 300 latrines around the town. 80% of all the wells are contaminated by flood water. The health situation is stable with no abnormal increase in water or sanitation related diseases and no damage to the health structures. • In Gedarif, three new suspected case of acute watery diarrhoea were reported, bringing the total number of cases reported since June to 116 and three deaths. Out of 40 samples collected 18 tested positive for <i>Vibrio cholerae</i>. <p>Actions</p> <ul style="list-style-type: none"> • WHO and UN partners are monitoring the health of people affected by the floods in West Darfur, South Darfur, Gedarif, Blue Nile and Khartoum. Joint missions are ongoing in Northern Kordofan and South Darfur to assess needs and initiate environmental health and health promotion activities. • In <i>North Darfur</i>, WHO and UNICEF assisted the State MoH in supplying essential drugs, including oral rehydration salts and IV fluids, as well as insecticides and spraying pumps to local authorities in Mellit. • In <i>West Darfur</i>, WHO provided essential laboratory equipments, consumables and reagents to Furo Baranga and Al Geneina hospitals to reinforce the provision of health care through the local referral system. • WHO's activities in Sudan are supported by the regular budget, the CERF, the Common Humanitarian Fund, ECHO, Finland, Ireland, Italy and USAID.

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DEMOCRATIC REPUBLIC OF THE CONGO



Assessments and Events

- In *Kasai Occidental*, an alarming increase in the number of meningitis cases is reported in Lubunga health zone. Between 1 June- 17 August, at least 28 cases and 12 deaths (CFR of 43%) were reported. Two samples tested positive for *Neisseria meningitidis*.
- In *North and South Kivu*, outbreaks of cholera are reported in Fizi health zone (330 cases between 4-14 August) and Karisimbi health zone (90 cases between 10-17 August).

Actions

- WHO continues supporting disease surveillance throughout the country.
- In cooperation with provincial health authorities WHO is conducting an investigation mission to Lubunga to collect additional meningitis samples.
- In *North and South Kivu*, efforts to bring cholera under control are ongoing, focusing on case management, chlorination activities and community education and sensitization.
- WHO's activities are funded by Finland, the CERF and the local common humanitarian fund.

NEPAL - INDIA: THE MONSOON



⇒ In Nepal, an emergency health and nutrition working group meeting to discuss the flood response was called on 22 and 27 August.

Assessments and Events

- In *Nepal's* Sunsari district, a breach of the eastern embankment of the Kosi river near the Indian border has inundated several villages and damaged the East West Highway, isolating Koshi and Mechi zones. Provincial health authorities report at least 70 000 affected people, including 54 000 displaced. A large portion have found shelter in the 27 sites established in Sunsari and Saptari districts.
- In *India*, more than 2.6 million people are affected by the breach. The worst affected districts are Supaul, Araria, Madhepura and Purnea.
- No outbreaks have been reported in either country, but there is a risk of water- and vector-borne diseases, such as diarrhoeal diseases, typhoid, hepatitis, acute respiratory infections as well as skin, ear and eye infections.

Actions

- In *Nepal*, teams from district, regional and central level are providing health care in all shelters and reaching out to the affected areas by mobile units. Surveillance and provision of essential medicines, manpower and sanitation are the main health priorities.
- As health sector lead, WHO is working with Nepal's Epidemiology and Disease Control Division (EDCD) at all levels, to support coordinated response, monitoring and evaluation. WHO provided essential kits for emergency/ outbreak response, diarrhoeal diseases and malaria as well as an Inter-agency Health Kit. The diarrhoea kits are funded by Italy. The EDCD will develop a list of required medicines based on anticipated needs.
- GoN and WHO conducted a needs assessment. Two Surveillance Medical Officers from WHO are coordinating together with District Health Officer in the field.
- WHO is ready to scale up its support activities as requested by the MoH.
- In *India*, WHO is monitoring the situation, keeping in regular contact with the MoH, and will provide all technical assistance as required.
- WHO's emergency activities are funded by the regular budget.

PHILIPPINES



Assessments and Events

- In the southern island of Mindanao, fighting between governments troops and separatist rebels has displaced and affected 381 000 persons in nine provinces since the beginning of the month. About half of the IDPs are housed in 152 temporary shelters.
- There is no report of disease outbreaks among the displaced population staying in evacuation centres or with their relatives.

Actions

- The Clusters have been activated and WHO is leading in health together with its national and international partners.
- WHO and UNFPA have presented a project proposal to the Resident Coordinator requesting US\$ 932 969 from the CERF to provide emergency relief assistance to the victims of the armed conflict. The project seeks to ensure

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	that health centres serving the displaced and affected communities have the necessary emergency medical supplies and that safe water is available.
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INTER-AGENCY ISSUES

- The International **Disaster and Risk** Conference was held in Davos on 25 August.
- **Gender.** The IASC Gender Sub-Working Group e-learning initiative met on 28 August and the Sub-Working Group will meet on 3 September. A face-to-face Sub-Working Group meeting will be held in New York on 6-7 October.
- **Clusters.**
 - A global cluster lead meeting with the World Economic Forum will be held on 9 September.
 - A workshop on the cluster approach will be held in Bujumbura, Burundi (date to be confirmed).
- The 85th UN **Civil-Military Coordination** training course will be held in Constanta, Romania, on 14-19 September.
- An inter-agency task force meeting to prepare IASC inputs into the **United Nations Framework Convention on Climate Change** (UNFCCC) will be held in Geneva on 8 September.
- An IASC expert meeting on **climate change and migration/displacement** will be held in Geneva on 15 September.
- A inter-agency preparatory meeting for the sixth **Emergency Directors Meeting** (Rome, 18 November) will be held on 15 September.
- The first meeting of the **Education Cluster Working Group** will be held in London on 24-25 September.

Please send any comments and corrections to crises@who.int

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