

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>TROPICAL STORM OLGA</p> 	<p>Assessments and Events</p> <ul style="list-style-type: none"> • Tropical storm Olga has caused major floods and landslides in the Caribbean, killing more than 14 people, including 11 in the Dominican Republic. • There are fears that downpours could cause flash floods and mudslides in the south-east Bahamas, eastern Cuba and Jamaica as well as the Dominican Republic and Haiti. <p>Actions</p> <ul style="list-style-type: none"> • WHO is monitoring the situation and keeping on stand-by to provide any assistance requested.
<p>BANGLADESH – CYCLONE SIDR</p>  <p>More information is available at SEARO Emergencies and Humanitarian Action</p> <p>⇒ The fourth Health Cluster meeting will be held on 17 December. Four sub-groups were set up focusing on Surveillance, Psychosocial Health, Nutrition and Reproductive Health. WHO is also assisting UNICEF to convene the Nutrition Cluster.</p> <p>⇒ Bangladesh seeks \$2.21 billion in assistance from overseas donors to help recover from damage from the cyclone. The total is broken down into US\$ 400 million as budgetary support, \$457.76 million for immediate rehabilitation of the affected areas and \$1.35 billion for sustainable protection.</p>	<p>Assessments and Events</p> <ul style="list-style-type: none"> • The total number of people affected by Cyclone Sidr is around 8.5 million, of which about 2.6 million need emergency assistance across nine districts. • Bagerhat district reports the highest number of cases of diarrhoea, skin diseases, eye infections, pneumonia and fever/suspected typhoid. However no disease outbreaks are reported so far. • Lack of safe drinking water, poor sanitation, inadequate shelter and shortage of warm clothes could raise the trend for diarrhoeal and respiratory infections. Other essential issues include reproductive and psychosocial needs, the provision of essential drugs and medical equipment and the reconstruction of damaged health facilities. <p>Actions</p> <ul style="list-style-type: none"> • Some 690 medical teams set up by the Government are providing emergency care in the affected areas. A house-to-house polio immunization campaign was conducted in the affected areas. • The Health Cluster developed a comprehensive health surveillance form and conducted an in-depth health assessment in the most affected areas. • As the lead of the Health Cluster, WHO prepared a six-month plan proposing interventions to reduce mortality and morbidity by addressing the main risk factors in the 21 affected districts. The plan requires an estimated US\$ 4.3 million, of which 2.5 million are already available. • Headquarters is providing technical back-up on recovery and logistics issues. • WHO received water and sanitation equipment from Norway and three diarrhoeal diseases kits from Italy. US\$ 1.46 million were granted by the CERF for coordination, prevention and control of waterborne diseases outbreaks, provision of emergency drugs and the replenishment of the buffer stock of essential drugs and US\$ 1.1 million by the Japanese Government. WHO requests further donor's assistance for the remaining unmet needs.
<p>DEMOCRATIC REPUBLIC OF THE CONGO</p> 	<p>Assessments and Events</p> <ul style="list-style-type: none"> • In <i>North Kivu</i>, fighting continues between the army and the rebels. Since December 2006, violence has forced 405 000 people from their homes, including 170 000 since August. UNHCR reports 800 000 IDPs in the province. • A cholera outbreak is affecting the areas around Goma, Karisimbi, Ruthshuru and Rwanguba. Between 26 November and 2 December, 174 cases have been reported, including 90 in Goma Health Zone. • In the north of Ituri, <i>Province Orientale</i>, the cholera outbreak continues in the health district of Aru: between 22 October and 30 November, 354 cases and ten deaths were reported, including 147 cases between 26 and 30 November. <p>Actions</p> <ul style="list-style-type: none"> • In Goma, <i>North Kivu</i>, Health Cluster partners in the area have put together an

<p>⇒ The Humanitarian Action Plan for the DRC is requesting US\$ 92.3 for the health sector to control epidemics, improve immunization, support polio eradication, reduce mortality and morbidity related to severe malnutrition, ensure appropriate health care to vulnerable groups, and respond to the health needs of returnees. For more information see WHO CAP 2008.</p>	<p>inter-agency strategic plan. WHO is providing trauma kits and technical assistance to the general hospital and up to 30 blood bags to the military hospital. WHO will also support a sensitization campaign for donation to the blood banks in Goma and Kirotshé hospitals.</p> <ul style="list-style-type: none"> • WHO is monitoring the outbreak of cholera in Aru and coordinating the response with the NGOs Solidarités, Oxfam-Québec, MSF as well as with the European Fund for Development. • In Ituri and North Kivu, both on the border with Uganda, WHO is supporting health authorities reactivate structures for surveillance and fight against Ebola. Social mobilization activities have begun in Geti and Tchomia Health Zones. • WHO's activities are supported by the Common Humanitarian Fund.
<p>UGANDA</p>  <p>⇒ In the CAP 2008 launched on 11 December, WHO is requesting more than US\$ 13.3 million for the northern regions to ensure quality health, nutrition and HIV/AIDS services and strengthen supervision, monitoring, evaluation and coordination of health, nutrition and HIV/AIDS services. For more information see WHO CAP 2008.</p>	<p>Assessments and Events</p> <ul style="list-style-type: none"> • As of 7 December, 115 suspected cases of Ebola haemorrhagic fever, including 93 deaths, have been reported in the western Bundibugyo district. Four health care workers are among the fatalities. Five sub-counties are affected with a total population of approximately 250 000. • The National Reference Laboratories and the CDC Atlanta have confirmed the presence of a new species of Ebola virus in samples taken from cases associated with the outbreak. <p>Actions</p> <ul style="list-style-type: none"> • A national task force is coordinating the response. Agencies in the field, including UNICEF, MSF and WHO, are supporting the health authorities with logistics, drugs and personal protection equipment. The WHO Country office is assisting the MoH national field team and the district health officials. • Isolation wards have been established at hospitals in Kikyo and Bundibugyo, and training provided for health care workers and auxiliary staff in appropriate triage and infection control measures, as well as in safe burial practices. Peer and social support is being offered to staff at the two hospitals. • The MoH is planning on positioning Ebola investigation and deployment kits in selected health facilities. The MoH and IFRC are conducting intensive social mobilization activities, including radio broadcasts, mobile film vans, fact sheets, brochures and posters. • Contributions for WHO's emergency activities in Uganda were received from Norway, Sweden, the UK and the US.
<p>SUDAN</p>  <p>More information is available at WHO Country Office in Sudan web site</p> <p>⇒ The first elements of the joint AU-UN peacekeeping force, known as UNAMID, have begun deploying.</p> <p>⇒ The Sudan Work Plan 2008 was launched in Geneva on 11 December. For more information see WHO CAP 2008.</p>	<p>Assessments and Events</p> <ul style="list-style-type: none"> • From 4 October to 11 December, 602 cases and 219 deaths of Rift Valley Fever were reported in White Nile, Gazeera, Sinnar, Khartoum and River Nile states. Gazeera reported 64% (385) of all cases and 67% (147) of all deaths. • In <i>Southern Sudan</i>, 64 cases of acute watery diarrhoea (AWD) were reported in Yambio and Wau counties; 80% of the cases were reported in children under five. Overall, 11 772 cases and 417 deaths have been reported between 1 January and 28 November. • In <i>Darfur</i>, OCHA reports that close to 280 000 persons were displaced between 1 January and 11 December, of which 61% (173 000) in South Darfur. <p>Actions</p> <ul style="list-style-type: none"> • WHO is working to mobilize funds, including from the CERF, to support the MoHs of the affected states and the Federal MoH control the spread of the Rift Valley Fever. Funds are needed for health coordination, public awareness, surveillance, case management, infection control practices in hospitals and vector control. • In <i>Southern Sudan</i>, WHO, the GoSS/MoH and the Southern Sudan HIV/AIDS Commission interviewed local authorities and local partners in Nimule Hospital and the Voluntary Counselling and Testing centre in Mugale to assess HIV/AIDS services, with special focus on the needs of the population of humanitarian concern in Magwi County. The HIV prevalence is 6.1%. The quality of services in Nimule Hospital is very good but additional drugs, laboratory equipment and trained staff are needed. WHO will coordinate with the MoH and Merlin as well as with the local authorities, UNHCR and other relevant stakeholders in Nimule. • As the health sector lead WHO is liaising with UN Resident Coordinator's office, the MoH and donors to ensure that the funding gap in Health is

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	<p>addressed. Approximately US\$ 5.7 million are needed to sustain primary health care services across Southern Sudan.</p> <ul style="list-style-type: none"> • Contributions for WHO's emergency activities were received from the CERF, the Common Humanitarian Fund, ECHO, Finland, Ireland, and Italy.
<p>CHAD</p>  <p>⇒ In Abeche, humanitarian partners are planning how to maintain assistance to IDPs in spite of the worsening crisis; WHO is leading the Health Cluster in this exercise.</p>	<p>Assessments and Events</p> <ul style="list-style-type: none"> • The emergency in the east is taking a dramatic turn, with increasing armed confrontations between government and rebel forces. Casualties are on the rise, with tens of deaths reported, while hospitals face an important influx of injuries throughout the region. • Movements for humanitarian workers are near impossible. <p>Actions</p> <ul style="list-style-type: none"> • WHO donated medical supplies and blood transfusion kits to the hospital in Biltine, and in collaboration with ICRC re-supplied four health centres around Adre with medicines and malaria parachecks. Meanwhile, the WHO team in the field is working at strengthening the HF network for disease surveillance in the district of Adre, and preparing a new project (ECHO 4) to ensure continued presence in the region for the Organization. • In the CAP 2008, WHO is requesting nearly US\$ 4.4 million to reinforce health activities for refugee, IDP and host populations, strengthen early warning, surveillance and monitoring of epidemics, reinforce emergency sanitation infrastructure and ensure implementation of contingency plans. For more information see WHO CAP 2008. • WHO's emergency activities are supported by Italy, ECHO and the CERF.
<p>HORN OF AFRICA</p>  <p>⇒ WHO and WFP have agreed in principle on logistics cooperation in Ethiopia. HAC headquarters sent one staff member to Addis Ababa to make the agreement operational.</p> <p>⇒ The World Bank, UNICEF and WHO met with the Ethiopian MoH to prepare for <i>The Lancet's</i> upcoming series on nutrition.</p> <p>⇒ In the CAP 2008, WHO is requesting close to US\$ 21.8 million for Somalia to control communicable diseases, improve the quality of healthcare and treatment, enhance coordination, preparedness and monitoring, improve health information management and ensure the availability of health education material on prevention and treatment of targeted diseases. For more information see WHO CAP 2008.</p>	<p>Assessments and Events</p> <ul style="list-style-type: none"> • In Somalia, northern Kenya, and Ethiopia's Somali region, localized swarms of locusts are threatening pastures and crops. This could exacerbate the already precarious food security situation across the Horn. • In <i>Somalia</i>, 190 000 IDPs fleeing Mogadishu are settled along the road to Afgoye; MSF reports severe malnutrition, diarrhoea, and acute respiratory infections as the main health threats among the IDPs. The acute watery diarrhoea (AWD) outbreak in Lower and Middle Juba continues with 119 cases reported since 24 November, while in Baidoa, 410 cases and 16 deaths were reported. As of 1 November, there were an estimated 450 000 new IDPs in addition to the estimated 400 000 protracted IDPs. • In <i>Ethiopia</i>, the AWD outbreak has dwindled to less than 200 cases per week, mostly from Oromiya, Amhara and Somali regions. • In <i>Kenya</i>, thousands of civilians displaced by violence related to land disputes in Mont Elgon district need urgent assistance. The District Commissioner appealed to the international community to help the vulnerable people with food and non-food items. <p>Actions</p> <ul style="list-style-type: none"> • In <i>Somalia</i>, a WHO rapid response team visited the village of Howlwadaag, in Baidoa, to monitor chlorination, hygiene promotion and community behaviour in the IDP camp. Meanwhile in Lower and Middle Juba, the Food Security Analysis Unit (FSAU) and Muslim Aid are conducting a nutritional assessment in the Kismayo area; assessments are conducted by the Economic Independent Research Group (in Afmadow), by Mercy USA, the Somali Red Crescent Society and World Concern (in Jilib) and by the Somali Aid Foundation (in Hagar). WHO is negotiating in-kind and cash donations to meet the increasing needs in the crisis-affected region. • In <i>Ethiopia</i>, WHO's 32 surveillance officers and eight consultants support AWD-affected regions in surveillance, data analysis, assessments and case investigations, coordination, training and community education. New surveillance assistants have been posted in Gode, Kebedehar and Degahabur in the Somali region. Meanwhile, six staff have been assigned to the Somali region to provide technical assistance to local health authorities. An international staff member to coordinate WHO interventions is under recruitment. • In <i>Kenya</i>, WHO continues monitoring the situation in Mont Elgon. UN agencies and partners are working together on potential scenarios to ensure maximum preparedness.

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	<ul style="list-style-type: none"> • WHO activities are supported by Australia, Belgium, the CERF, Canada, Finland, Italy, Norway, Sweden, and the United States in Somalia and cluster coordination, by the CERF and the local Humanitarian Response Fund in Ethiopia and by the CERF in Kenya.
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IRAQ



More information is available at [WHO Country Office in Iraq web site](#)

Assessments and Events

- The number of cholera cases is decreasing in the three northern provinces. However, laboratory-confirmed cholera cases seem to be increasing in the five most disadvantaged districts in Baghdad (Sadder City, Me'dain, Baladiat; Al-Rasafa and Al Karakh). Since August, 4665 confirmed cases of cholera and 24 deaths were reported.

Actions

- All measures to contain the outbreak and reduce the risk of it spreading to other high-risk areas have been taken and reinforced by the governmental departments of the affected provinces, with technical support from WHO.
- Epidemic preparedness and surveillance for diarrhoeal disease has been intensified; training on case management and surveillance of cholera and all diarrhoeas have been conducted throughout the country for physicians, medical staff as well as community leaders.
- WHO is also supporting access to quality health care through the construction and rehabilitation of health centres, hospitals and laboratories. In this framework, WHO is also conducting surveys on medical equipment in hospitals and training courses.
- WHO's activities are funded by Japan and the UNDG ITF. WHO also received pledges from Ireland and Norway to provide assistance to Iraqis displaced in neighbouring countries.

INTER-AGENCY ISSUES

- A Disarmament, Demobilization and Reintegration foundation course is taking place in Accra, Ghana, from 3 to 14 December.
- **Consolidated Appeals Process.** The 2008 Consolidated Appeals were launched in Geneva on 10 December. The IASC CAP Sub-Working Group will meet next on 20 December.
- The **IASC Principals** met in Geneva on 10 December.
- An ad-hoc **IASC Working Group** meeting took place in Geneva on 10 and 11 December.
- On 11 December, ActionAid presented its new report on the Cluster Approach in **Mozambique**, with a particular focus on partnership.
- The inter-agency **Humanitarian Coordinators Group** met on 12 December.
- **Gender.** The IASC Gender Sub-Working Group met on 12 December
- A High Level Conference on the **Central Emergency Response Fund** was held in New York on 13 December. An inter-agency meeting on the CERF will be held on 17 December.

AFRO/EHA MEETING IN MONBASA, 17-20 DECEMBER

Thirty-one AFRO EHA focal points from the various affected countries and inter country support team with the support of the Regional Office and headquarters are meeting in Mombasa to review the three-year programme of work (TYP) in terms of strengths, weakness and constraints, assess the lessons learnt and their role to the post-TYP planning, harmonize the 2008-2009 work plan around the SO5 for the coordination, assessment, filling gaps and capacity building role and discuss the Health Cluster roll out.

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

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