EL SALVADOR

Assessments and Events
- Hurricane Ida killed at least 192 people and affected an estimated 75,000 persons, of which more than 15,000 are now housed in 140 shelters.
- The affected population includes roughly 1050 pregnant women, of which 350 are expected to deliver in the next three months.
- Twenty-five health facilities are reported damaged and there are serious interruptions in the cold chain. The MoH estimates that US$ 6 million are needed for the purchase of essential medicines.
- Respiratory infections, diarrhoeal diseases as well as skin infections and conjunctivitis are reported in the affected areas.
- On 12 November, authorities reported that 26,800 people in four municipalities were left without access to water supplies and requested assistance for the provision of safe drinking water.

Actions
- WHO/PAHO mobilized experts in crisis management, communication, logistics, mental health and logistic support (LSS/SUMA) and supported the national civil defence authorities and the MoH to install and implement the LSS/SUMA. A PAHO expert was deployed to assist the National Coordinator.
- WHO/PAHO is coordinating with UN partners the purchase and distribution of water in areas left without supplies.
- WHO/PAHO supported the MoH to implement a mental health protection plan.
- WHO/PAHO provided 100,000 water purification tablets from the regional humanitarian depot in Panama (UNHRD) and is purchasing priority medicines to strengthen the provision of health care in affected areas.
- WHO/PAHO released US$ 170,000 for emergency response operations.

INDONESIA

Assessments and Events
- The earthquake destroyed 10 hospitals, 53 community health centres, 137 supporting community health centres, 15 village clinics and two pharmaceutical warehouses.
- The MoH has deployed more than 4800 health workers to the affected sites.
- Functioning health facilities need to be supported while recovery and reconstruction activities progress. Urgent needs include:
  - psychological support and mental health;
  - epidemiological surveillance;
  - specialized care for the injured and long-term physical rehabilitation;
  - safe water, water quality surveillance and solid waste management for health facilities.

Actions
- WHO and Health Cluster partners continue working with the authorities, sending trained health staff and medicines.
- The WHO regional and country offices deployed four staff members to set up the operational platform with the MoH. WHO has eight staff members in Padang and six in affected district to support coordination and information management with partners.
- WHO requested US$ 600,000 Rapid Response grant from the CERF Secretariat to assess the safety of health facilities, deliver supplies, ensure specialized care for injured people, strengthen disease control, improve health services for mothers and children, and deliver mental and psychosocial health support.
- WHO’s activities are funded by its South-East Asian regional office and Norway.
### Health Action in Crises

**WHO** is working with partners to address the health aspects of crises in more than 40 countries. Check the Health Action in Crises Web site for more details: [http://www.who.int/hac/](http://www.who.int/hac/)

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| **PHILIPPINES** | - As of 16 November, more than 382,500 people lived in flooded areas in 871 barangays in the National Capital Region (NCR), Regions III, IV-A, IV-B and V.  
  - As of the same date, 3,382 cases of leptospirosis and 249 related deaths have been reported in Regions I, II, III, IV-A, NCR and Cordillera Administrative Region (CAR).  
  - Several challenges remain:  
    - Several areas have limited access to medical care.  
    - No 24/7 health services are available in evacuation centres.  
    - Access to secondary and tertiary health care is limited.  
    - Disease surveillance and reporting need to be strengthened.  
|               | - The GOARN team is consolidating its report. Mapping of affected primary centres is ongoing. Continued mobile health care services and psychosocial programme coverage is provided in affected areas through the efforts of partner agencies and NGOs.  
  - The Revised Philippines Flash Appeal was launched of 18 November, seeking US$ 143 million to provide relief and early recovery assistance to 4.2 million affected people. The health sector is requesting US$ 11.5 million (up from 7.8 million) of which US$ 5.4 million are for WHO to provide assistance to affected populations.  
  - WHO’s emergency response activities are funded by the CERF and ECHO.                                                                                   | - WHO, WFP and World Vision are operating a field hospital to treat people affected by the ongoing conflict in Lower Jubba. WHO is providing medical and surgical supplies and on-the-job training for health workers in trauma case management, emergency obstetric care and communicable disease reporting. Since 11 November, 36 health workers were trained and 145 patients treated.  
  - WHO provided 10 trauma kits to hospitals serving conflict-affected populations (Baidoa, Banadir, Merka, Buale, Bossaso, Nugaal, Hargeisa and Burama hospitals). WHO also pre-positioned 2000 doses of meningitis vaccine, 1500 of yellow fever vaccine and 1500 doses of seasonal influenza vaccine.  
  - To strengthen AWD preparedness in the Afgooye Corridor, WHO assessed two outpatient departments run by Islamic relief as well as two mother and child centres run by Muslim Aid, two run by the Somali Red Crescent Society and one run by COSV. Assessments include case detection, review of reporting mechanisms and staff sensitization on transmission and treatment.  
  - In response to the AWD outbreak in Butinle, a MoH/Puntland, Merlin and WHO outbreak investigation and response team is conducting case management and prevention activities.  
  - With CERF funding, WHO has established three new outpatient departments in the Afgooye Corridor with Muslim Aid and provides supplies to other facilities operated by Muslim Aid and other partners.  
  - WHO’s emergency activities are funded by the CERF and the Humanitarian Response Fund.                                                                 |                                                                                                                                                                                                   |
| **SOMALIA**   | - Several outbreaks of acute watery diarrhoea (AWD) continue to affect Somalia. Between 1 and 8 November:  
  - Banadir Hospital reported 79 cases (95% in children under five) and two deaths.  
  - Lower Shabelle notified 34 cases (73% of under-fives) with Afgooye accounting for 65% of all reported cases.  
  - Lower and Middle Jubba reported 121 cases (76% of under-five).  
  - Between 11 and 14 November, 91 AWD cases and seven deaths (CFR 7.7%) were reported by the Burtinle Hospital, in the Nugaal Region of Puntland. Children under five accounted for 68% of cases and 71% of deaths.  
  - Facilities in Lower Shabelle also reported 877 acute respiratory infection cases as well as 22 suspected measles cases, all which were reported in Merka.  
  - In Lower and Middle Jubbë, Kismayo Hospital reported 46 injured between 1 and 8 November, bringing the total number of casualties since the conflict started escalating in October to approximately 516 casualties and 80 deaths.  
|               | - To strengthen AWD preparedness in the Afgooye Corridor, WHO assessed two outpatient departments run by Islamic relief as well as two mother and child centres run by Muslim Aid, two run by the Somali Red Crescent Society and one run by COSV. Assessments include case detection, review of reporting mechanisms and staff sensitization on transmission and treatment.  
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Information on Health Cluster stocks of AWD supplies can be found at [www.emro.who.int/somalia/healthcluster.htm](http://www.emro.who.int/somalia/healthcluster.htm).
### AFGHANISTAN

**Assessments and Events**
- The onset of winter and rising numbers of acute respiratory infections are compounding the humanitarian health crisis many Afghans face today.
- Health indicators are poor, with a rise in the number of acute respiratory infections and polio cases reported this year compared to last year. The overall immunization coverage is low, dropping to 20% in some areas.
- Other health challenges include:
  - poor maternal and child indicators;
  - limited primary health care system;
  - Rapid increase of people without access to basic services.

**Actions**
- WHO is working with UN agencies, NGOs and government partners to strengthen health care services to improve the health of people. But access to health care for many Afghans remains limited while access of humanitarian assistance is hampered by the deteriorating security.
- With only 4% of the funds needed received, the health sector of the CAP 2009 was the most poorly funded.
- WHO’s emergency activities are also supported by the CERF, Andorra and Italy.

For more information see [www.emro.who.int/afghanistan/index.htm](http://www.emro.who.int/afghanistan/index.htm)

### CAPE VERDE

**Assessments and Events**
- As of 16 November, the MoH has reported 16 744 suspected cases of Dengue with six deaths in five islands (Brava, Fogo, Maio, Sal and Santiago).

**Actions**
- WHO is providing technical support to the Government to coordinate the response with UN agencies and partners (including NGOs).
- WHO deployed more than 20 experts to support epidemiological and entomological surveillance, laboratory investigation, vector-control, case management, social mobilization, logistics and information.
- A proposal to the CERF Secretariat is under preparation.

### CHAD

**Assessments and Events**
- Between 9 and 15 November, four new suspected measles case were reported in Iriba health district. One case was reported as a readjustment on the previous weeks. Since 1 January, 1256 cases have been notified in east and south-east Chad, including 15 deaths.
- During the same period, 16 cases of acute jaundice have been reported in Adre, Goz Beida and Am Timan Health districts, bringing the total since 1 January to 672 and six deaths.

**Actions**
- WHO continues to support health authorities for epidemiological surveillance in the eight health districts of eastern Chad. The latest [weekly morbidity and mortality report](http://www.who.int/hac) is available on the HAC web site.
- WHO set up two new sentinel sites in Goz Beida and Koukou IDP sites to monitor HIV prevalence.
- WHO donated 2880 tests to detect syphilis in pregnant women to UNHCR to support the treatment and prevention of syphilis and STIs among refugee populations.
- WHO and ECHO met to review the funding of proposed activities for 2010.
- WHO’s emergency activities are funded by the CERF, the Common Humanitarian Fund, ECHO, Finland, Ireland, Italy and Spain.

For more information, see [www.who.int/hac](http://www.who.int/hac)

### INTER-AGENCY ISSUES

In order to keep health action in crises high on the inter-agency humanitarian agenda, WHO/HAC participated/will participate in the following meetings/activities.
- The **Global Health Cluster** in Nairobi on 16–18 November.
- The 9th **Emergency Directors meeting** on 16 November.
- The **IASC Weekly meeting** on the IFRC report *The economic crisis and its humanitarian impact on Europe* on 18 November.
- The ECHO consultation on **gender issues in humanitarian policies** on 19 November.

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*Health Action in Crises*

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• The Humanitarian Liaison Working Group meeting on 20 November on Pakistan and Afghanistan.
• The Gender Capacity Steering Committee meeting on 24 November.
• On 25 November, WHO will update the IASC Weekly meeting in Geneva on the WHO-MoH needs assessment in Philippines following Typhoon Ketsana.
• The Humanitarian Liaison Working Group meeting on 25 November on gender-based violence in humanitarian settings. WHO will be one of the key note speakers.
• The Global Cluster Coordination Meeting on 25 November.
• The Launch of the 2010 Consolidated Appeals Process on 30 November.
• The annual retreat of the Gender-based Violence Area of Responsibility Global Planning Meeting on 1–2 December.
• The Consultative Group on the Use of Military and Civil Defense Assets on 2–3 December.
• The IASC Taskforce on information management on 3 December.
• The Common Humanitarian Fund Working Group meeting on 8 December.
• The Inter-Agency Working Group on Disarmament, Demobilization and Reintegration on 14 December.
• The Donor/Global Clusters meeting on 15 December.

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

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