

*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 operational use and does not reflect any official position of the WHO Secretariat.*

## PAKISTAN



For more information see the latest [Health Cluster bulletin](#) and the [WHO Office in Pakistan web site](#).

\* NWFP: North West Frontier Province, including Swat, and FATA: Federally Administered Tribal Areas, including Mohmand, Bajaur, and South Waziristan.

### Assessments and Events

- As of 27 November, OCHA reported approximately 428 000 IDPs from South Waziristan registered in Dera Ismail Khan and Tank Districts. In the NWFP\*, an estimated 1 million people are still displaced from the Swat Valley.
- In Swat District, an assessment by the Department of Health, WHO, UNICEF, Merlin, International Medical Corps, Save the Children and the American Refugee Committee focused on gap between health needs and health service provision. Among several concerns highlighted were:
  - The lack of female medical staff puts in jeopardy the delivery of maternal, neonatal, child and reproductive health and family planning services in primary health care (PHC) facilities and hospitals.
  - The delivery of essential drugs and equipment is lagging as there are currently not enough supplies to cover needs in primary and secondary health care facilities.
  - The referral system and the capacities for emergency obstetric and trauma care need to be strengthened.
- Between 16 and 23 November, 346 health facilities reported 103 856 consultations to the disease early warning system (DEWS) network. Of these, 644 were visits for antenatal care, 545 for chronic non-communicable diseases and 218 for injuries. A quarter of the consultations concerned children under five. Acute respiratory tract infections (31%) and acute diarrhoea (8%) remain the main reported conditions. Health facilities in Jalozai and Jalala IDP camps reported a high number of consultations for scabies. Intensive hygiene promotion and water and sanitation interventions were recommended in these camps.
- According to Merlin, One in seven IDPs originating from South Waziristan suffering from acute malnutrition. Again acute respiratory tract infections and acute diarrhoea are the main threat to health.

### Actions

- WHO delivered essential medicines and life-saving drugs for 36 000 persons for one month to Mardan District and for 30 000 persons to Swat and Swabi Districts. Over the last six months, WHO has provided essential medicines for 1.9 million people in NWFP.
- WHO trained 55 health staff from the Mardan Department of Health on the DEWS network, covering case definition, data compilation, alert and response, acute watery diarrhoea case management as well as early detection and preventive measures for H1N1 Influenza.
- As of 23 November, the Health Cluster had received 46% of the US\$ 42 million requested in the revised UN Pakistan Humanitarian Response Plan.
- WHO and partners have received funds from the USA, Australia, Germany, Italy, Japan, the Republic of Korea, Norway, Saudi Arabia, DFID, ECHO and the CERF.

## SOMALIA



### Assessments and Events

- Since fighting intensified early October, 720 casualties and 200 deaths have been reported by local health facilities and partners in Lower and Middle Jubba.
- Between 21 September and 22 November, Banadir Hospital reported 623 cholera cases and eight related deaths (CFR 1.5%). Children under five accounted for 81% of cases and 75% of deaths.
- In Lower Shabelle, 28 acute watery diarrhoea (AWD) cases were reported between 16 and 22 November in the 36 health facilities under surveillance. During the same period, 902 acute respiratory infections (ARI) and 16 suspected measles cases were notified. All measles cases and 43% of AWD cases were reported from Merka district.
- During the same period, seven districts in Lower and Middle Jubba reported 164

For more information see [www.who.int/hac/crises/som/en/index.html](http://www.who.int/hac/crises/som/en/index.html), and the [WHO Country Office in Somalia web site](#)

- ⇒ ADG/HAC and the WHO representative visited Hargeisa on 22 November to discuss WHO's support to health activities in Somaliland.
- ⇒ On 3 December, an attack in Mogadishu claimed the life of Somalia's Minister of Health and of several other senior government and community figures. See <http://www.emro.who.int/index.asp>
- ⇒ In the CAP 2010, Health Cluster partners require US\$ 46 million to respond to the country's pressing humanitarian needs. Of this, WHO is requesting US\$16 million jointly with UNICEF, UNFPA, Merlin and Save the Children-UK, for 7 projects devoted to primary health care, emergency obstetric care, outbreak response and health response coordination.

AWD cases and no deaths, of 28% were from Kismayo District.

- In Puntland, Burtinle hospital reported 91 AWD cases and seven related deaths between 11 and 14 November.

**Actions**

- WHO positioned tents and beds in Buale, Mogadishu, Bosasso and Garowe for Health Cluster partners in the event of cholera outbreaks. CERF funding is also used to distribute emergency health supplies to strengthen health services for vulnerable communities. Among others, WHO provided:
  - supplementary AWD supplies, including intravenous infusions and antibiotics, to Banadir Hospital.
  - AWD case management guidelines to health partners in Lower Jubba.
- WHO also positioned 10 interagency emergency health kits and one diarrhoeal disease kit in South Central Somalia. The 10 IEHK will provide enough supplies 100 000 people for 3 months.
- Since September, WHO and Muslim Aid have set up eight clinics in the Afgooey Corridor. During that period, 24 000 people received care, of which 6500 were children under five treated mainly for ARI and diarrhoeal diseases.
- A joint MoH Puntland/Merlin/WHO outbreak investigation and response team is in Burtinle to carry out case management and prevention activities.
- In Buale, WHO, WFP, World Vision and community leaders established a field hospital to expand the capacity of the local hospital. Concurrently, a WHO surgeon provided on the job training to 36 health workers on trauma management, basic life support, infection control and emergency surgery. Between 11 and 15 November, the team treated 145 patients and performed 25 surgical interventions.
- WHO's emergency activities are funded by the CERF and the Humanitarian Response Fund.

**DEMOCRATIC REPUBLIC OF THE CONGO**



For more information, see [www.who.int/hac/crises/cod/en/index.html](http://www.who.int/hac/crises/cod/en/index.html)

- ⇒ In the Humanitarian Action Plan for 2010, Health Cluster partners are requesting US\$ 60.5 million, including US\$ 18 for WHO.

**Assessments and Events**

- Clashes in the northern *Equateur Province* are causing large population displacements. Since 20 November, close to 83 000 people have fled Butura and Eperdement villages. As of 2 December, 57 000 had fled to *Likouala District*, in the neighbouring Republic of the Congo's Pool District.
- In *South Kivu*, 294 new cholera cases were reported between 16 and 21 November, bringing the total since 1 January to 10 070 cases and 102 deaths (CFR 1%) . In *North Kivu*, 101 new cases were reported during the same period, or 5639 with 61 deaths (CFR 1.1%) since the beginning of the year.

**Actions**

- In *Likouala District*, WHO deployed two emergency experts, provided two Emergency Health Kits, six Malaria Kits and chlorine tablets for water purification and is supporting disease surveillance. WHO also requested US\$ 280 000 from the CERF to purchase emergency health kits and medicines and support primary health care services in the host district.
- WHO is reinforcing disease surveillance in areas affected by population displacements in both *North* and *South Kivu*.
- WHO and health partners – UNICEF, the International Rescue Committee, provincial health authorities, the local NGO *Action Santé Familiale*, MSF-Holland and the DRC Red Cross – are supporting response activities for the cholera outbreaks by providing supplies for case management.
- Ten projects presented by WHO, UNICEF, Caritas, IEDA, Care , AMI and Malteser have been accepted for the second round of pooled funding. The US\$ 1.69 million will be used for primary health care support in South and North Kivu, Katanga and Orientale.
- WHO's emergency activities are funded by Australia, the CERF, ENI, Finland, Norway and the Pooled Fund for the DRC.

**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/>

## CHAD



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

⇒ In the CAP 2010, Health Cluster partners are requesting US\$ 13.8 million, including US\$ 3.4 for WHO to reinforce surveillance, fill health gaps and ensure access to health care including HIV emergency health care.

### Assessments and Events

- In the east, the provision of humanitarian assistance is threatened by acts of violence against aid agencies, which have led several to temporarily suspend their operations.
- Between 23 and 30 November, one new suspected measles case were reported in Amnabak camp in Iriba health district. Since 1 January, 1257 cases have been notified in east and south-east Chad, including 15 deaths.
- During the same period, 13 cases of acute jaundice have been reported in Goz Beida Abeche, Iriba, Aboudeia and Amtiman health districts, bringing the total since 1 January to 688 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](#) is available on the HAC web site.
- The WHO sub office in Abeche visited the laboratories of Biltine and the regional hospital of Abeche and purchased essential drugs for the provisioning of seven health centres.
- WHO's emergency activities are funded by the CERF, the Common Humanitarian Fund, ECHO, Finland, Ireland, Italy and Spain.

## 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 **Gender Capacity Steering Committee** meeting on 24 November and 11 December.
- The **Red Cross and Red Crescent** Council of Delegates meeting in Nairobi on 24 November.
- WHO updated the 25 November IASC Weekly meeting on the impact of and response to the storms in the **Philippines**.
- The Humanitarian Liaison Working Group meeting on 25 November on **gender-based violence in humanitarian settings**. WHO was one of the key note speakers.
- The **Global Cluster** Coordination Meeting on 25 November.
- WHO made a statement on **migration and health** during the IOM Council meeting on 25 November.
- OCHA briefings on **climate change and displacement** (25 November) and on **humanitarian impacts of climate change** (26 November).
- The launch of the **Humanitarian Appeal 2010** on 30 November.
- The annual retreat of the **gender-based violence** area of responsibility global planning meeting on 1–2 December.
- A technical inter-agency meeting on the revised humanitarian needs assessment dashboard prototype on 30 November.
- HAC conducted a workshop on the **Global Safe Hospitals Programme** in Manila from 30 November–1 December.
- An OCHA meeting with Member States on **Yemen** on 2 December.
- The IASC Taskforce on **needs assessment** on 2 and 18 December.
- The IASC Task Team on mainstreaming of **cluster costs and functions** on 2 December.
- The IASC weekly meeting on the humanitarian response in **Pakistan's FATA and NWFP** on 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 **CERF** inter-agency meeting on the draft umbrella Letter of Understanding for CERF grants on 3 December and the Annual CERF Conference in New York on 8 and 9 December.
- The **UNDG-ECHA** Working Group on transition retreat on 3 and 4 December.
- The **Humanitarian Coordination** Group on 4 December.
- The **Emergency Directors Meeting** on 2010 priorities on 9 December.
- An inter-agency meeting on **World Humanitarian Day 2010** on 10 December.
- The IASC TF on **Meeting Humanitarian Challenges in Urban Areas** on 7 December.
- The **Common Humanitarian Funds** Working Group meeting in New York on 8 December.
- The **CAP** Sub-Working Group on 10 December.
- The IASC **Gender** Sub-Working Group E-Learning Advisory Committee meeting on 10 December.
- The Inter-Agency Working Group on **Disarmament, Demobilization and Reintegration** on 14 December.
- An ad-hoc IASC Working Group on 11 December on **needs assessment and the humanitarian dashboard**.

## LAUNCH OF THE CAP 2010 – 30 November 2009

The launch of the CAP 2010 took place in Geneva on 30 November. The health sector is requesting a total of US\$ 428.2 million for projects in Afghanistan, the Central African Republic, Chad, the Democratic Republic of the Congo, Kenya, the occupied Palestinian territory, Somalia, Sudan, Uganda, Yemen, Zimbabwe and the West African region. Of these, WHO is requesting US\$ 130.7 million.

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Appeals for Iraq, Pakistan, Sri Lanka and Nepal are under preparation and will be launched at a later date.

The speech given by ADG/HAC can be seen at

[http://www.who.int/hac/donorinfo/cap/cap2010\\_launch\\_eric\\_laroche\\_speech\\_30nov09.pdf](http://www.who.int/hac/donorinfo/cap/cap2010_launch_eric_laroche_speech_30nov09.pdf)

## **HAC FORUM – 4 DECEMBER 2009**

On 4 December, HAC held its annual forum to update donors and partners update on WHO's work in humanitarian emergencies and the new organizational structure put in place to better address the objectives of the Humanitarian Reform. HAC reported on the progress in the implementation of the five-year programme for strengthening WHO's institutional capacity for humanitarian health action.

Discussions also revolved around the current health challenges in emergency settings and the response at country level.

Supporting documents and additional information will be made available on the HAC web site shortly.

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

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