



DISCLAIMER: The following is a non-exhaustive selection of health-related events and WHO actions undertaken during the stated period in specific countries in which populations are experiencing crisis conditions. This has been compiled by WHO/Health Action in Crises (HAC/HQ), in consultation with relevant Country and Regional Offices. If you are a WHO staff member and wish to contribute to this update, please write crises@who.int.

For a list of acronyms, please see the last page of this update.

AFRO West Africa Sub-Region

Regional Office Focal Point: **K.E Siamevi**, siamevik@afro.who.int

HQ Focal Point: **K. Shibib**, shibik@who.int

Liberia

Events

- The head of the UN mission in Liberia announced that the disarmament programme would officially end on October 30 and any former fighters found with weapons after that would be prosecuted. (IRIN)
- WFP said chronic shortages in the food supply pipeline had forced a further cut in the rations given to nearly 740,000 people. These existing beneficiaries would receive just 1,300 calories of the recommended 2,100 calorie daily food ration in September, 38 percent less than usual. (IRIN)
- The Security Council extended the United Nations Mission in Liberia (UNMIL)'s mandate for another 12 months.
- On 27 September, the governments of Liberia, Guinea, Sierra Leone, Cote d'Ivoire and the UNHCR, signed tripartite repatriation agreements, to set up the legal framework for the Liberian repatriation operation due to be launched on 1st October. (OCHA)

WHO Interventions

- World Health Organisation, Ministry of Health, NGOs and other Health partners discussed the recommendations of the assessment for the national surveillance system and focused on roles and responsibilities of the Ministry of Health, WHO and Health partners during the implementation process of IDSR. (OCHA)
- WHO supported the Ministry of Health and Social Welfare to develop the five-year strategic plan and proposal for the prevention and control of Lassa fever. This falls within the scope of the regional framework for the prevention and control of Lassa fever in Mano River Union countries. (OCHA)
- 5 technical support teams comprising WHO, UNICEF, MOH and other NGOs will provide support to develop County level Micro-plans. The teams will spend two days in each county. Preparations are ongoing for district level planning. Plans for logistics movement from national to county and district levels have also been finalized. (OCHA)
- A Technical team comprising of WHO and MOH undertook field visits to communities in Monrovia and its environs. The purpose was to meet stakeholders in areas of gender-based violence, and to obtain information for the up-coming rapid assessment of gender based issues. (OCHA)
- WHO has finalized a situation report on Environmental & Occupational Health, the first step towards the formulation of an Environmental & Occupational Health Policy for Liberia. (OCHA)



Security Phase: **4,5**

WHO Representative:

O.J. Khatib

khatib.who@undp.org

Liberia continued...

- UNICEF and WHO are collaborating with the Ministry of Health, Rotary International, local and international NGOs to conduct two rounds of Synchronized National Immunization Days in Oct and Nov 2004. (OCHA)
- WHO is also soliciting the assistance of UNMIL and NGOs for logistics and movement of items for the national immunization days (NIDs).
- The Five Year Strategic Plan on Malaria Prevention and Control in Liberia was finalized last week by WHO, MOH and partners. It will be a Multi-indicator cluster survey on malaria and include HIV prevalence and syphilis. (OCHA)
- The WHO is continuing its support to the Ministry of Health, MOH, to reactivate some of the essential health care programs. Over 1.6 million children have so far been immunized against measles and have also received Vitamin A supplementation. The WHO has identified several gaps in health care delivery that include: poor funding for the CAP for the rehabilitation of the six strategic hospitals; the absence of the County Health Teams; and lack of equipment, drugs and trained health manpower at the county and community levels, all of which are affecting the rapid reactivation of essential health care services such as basic health care, referral care, HIV/AIDS and reproductive health care and other health promotional activities. (OCHA)
- WHO presented the last of eight of a 15-motorbike package to the Ministry of Health to strengthen the health surveillance program. (OCHA)
- A mental health strategy for Liberia is being drafted. WHO, the Ministry of Health, UNICEF and NGO-health service providers will move logistics into the counties. (OCHA)

Mano River Union countries**Events**

-

WHO Interventions

- WHO organized a meeting on Lassa fever prevention and control in the Mano River Union countries (Guinea, Sierra Leone and Liberia) to adopt a joint sub-regional strategy. The meeting was attended by Health Ministers from Guinea, Sierra Leone and Liberia, WHO Representatives in the three MRU countries and headquarters. There were also representatives from the MOH in Nigeria and Ghana, UN Missions in Sierra Leone and Liberia, local UN agencies and NGOs. (UNAMSIL)

Sierra Leone

Events

- The Sierra Leone Ministry of Health (MoH) evaluation of 30 August 2004 reveals an increase of cholera to 561 cases country-wide with 55 deaths; this approximates a 10% case fatality rate. (IFRC)
- On 17 September, the Security Council agreed to extend the work of the UNAMSIL until 30 June 2005.

WHO Interventions

- WHO offered IV fluids, UNICEF gave chlorine and MSF-France is providing materials and volunteers for community sensitization for the cholera outbreak (IFRC)



Security Phase: 3,4

WHO Representative:
J. Saweka
sawekaj@who-sl.org

AFRO

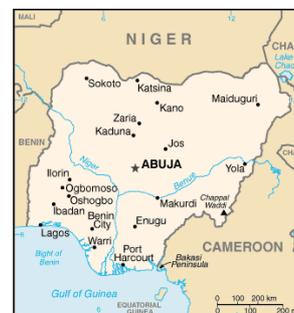
Nigeria

Events

- Nigeria has launched a new four-day polio immunisation drive to reach 13 million children in the north of the country. However, there were continuing reports of parents refusing the vaccine. (IRIN)
- At least 100 people have been killed and more than 6,000 displaced in Port Harcourt as a result of gang violence and attempts by the security forces to suppress it (IRIN)
- More than 30 people siphoning petrol from a pipeline near Lagos, were killed when the leaking fuel exploded. (IRIN)

WHO Interventions

- WHO supported the Ministry of Health in social mobilisation.



Security Phase: 2,3,4

WHO Representative:
M. Belhocine
belhocinem@who-nigeria.org

Central African Republic

Events

- MSF and the Central African Republic have embarked on a two-year project to provide low cost malaria treatment in the remote eastern province of Haut Mbomou. (IRIN)

WHO Interventions

- WHO conducted a health assessment to prepare input for the CAP 2005
- WHO has a staff member facilitating the CAP 2005



Security Phase: 2,3,4

WHO Representative:
L. Bazira
wrcaf@intnet.cf

Chad

Events

- Between 26 June and 12 September, 1,292 cases with 42 deaths (case fatality rate 3.3%) of suspected hepatitis E cases have been reported from Sudanese refugee camps Goz Amer and Goz Abal and neighbouring villages in Chad.
- From 14 June to 19 September, 3,910 cholera cases with 164 deaths were reported in Chad. The outbreak is declining in the western part of the country except for in Bousso, where there are new outbreaks. The outbreak started in Massaguet (Hadjar Lamine) north of N'Djaména, the capital city, and from there it spread to Lac and Kanem provinces as well as to N'Djaména. Cases have now been reported in Mongo and Ati, two areas between N'Djaména and Abeché.
- The lack of sufficient water supply and sanitation facilities in Sudanese refugee camps, as well as the already low health status of refugees, heightens the potential impact of the cholera outbreak.
- Recommendations from the 29 August - 22 September joint mission (by WHO, Government of France, and US Centres from Disease Control) to investigate the Hepatitis E outbreak in Sudanese refugee camps in eastern Chad include:
 - Protect wells by keeping animals away, ensuring that there is no stagnating water within two metres of the well, covering the wells and pumps, using only the well's bucket to take out water and not household buckets, and making sure latrines are downhill and at least 15 metres away
 - Treat household water with chlorine and systematically chlorinate all water points;
 - Increase soap distribution;
 - Reinforce education on hand and general hygiene, as well as awareness on water conservation.

WHO Interventions

- WHO, UNICEF, and other health stakeholders implemented preparedness measures against a cholera outbreak in the refugee camps. Efforts are underway to mobilize teams of water and sanitation experts to be deployed to the camps.
- A team from the Global Task Force on Cholera Control will work with the Ministry of Health in assessing and supporting preparedness activities being organized by international aid agencies and NGOs in the areas where Sudanese refugees are present.
- Recommendations from the 29 August - 22 September joint mission (by WHO, Government of France, and US Centres from Disease Control) to investigate the Hepatitis E outbreak in Sudanese refugee camps in eastern Chad include:
 - Protect wells by keeping animals away, ensuring that there is no stagnating water within two metres of the well, covering the wells and pumps, using only the well's bucket to take out water and not household buckets, and making sure latrines are downhill and at least 15 metres away
 - Treat household water with chlorine and systematically chlorinate all water points;
 - Increase soap distribution;
 - Reinforce education on hand and general hygiene, as well as awareness on water conservation
- In response to the Hepatitis E outbreak, WHO is following up with the implementation of the water and sanitation recommendations.



Security Phase: 1,2

WHO Representative:
Y. Kassankogno
wr.kassan@intnet.td

HQ Focal Point:
P. Annunziata
annunziata@who.int

AFRO Great Lakes and Central Africa Sub-region

Regional Office Focal Point: *K.E Siamevi*, siamevik@afro.who.int

HQ Focal Point: *K. Shibib*, shibik@who.int

Burundi

Events

- More than 10,000 Burundians, who fled to surrounding countries have returned home during August as part of UNHCR's voluntary repatriation programme. As of 20 September, 83,176 Burundian refugees had returned this year. (UNHCR)
- Large numbers of Congolese refugees have returned to the Democratic Republic of the Congo in recent weeks. (OCHA)
- OCHA, UN agencies and NGOs are working on the construction of temporary shelter for an estimated 25,000 IDPs in Kabezi Commune, where security conditions remain unstable (OCHA)
- Thousands of Congolese refugees are scheduled to start moving next week from temporary transit centres to more secure locations inside the country. (UNHCR)
- As of 27 Sept. in southeastern Burundi, of 42 suspected cases, six were confirmed to be meningitis serotype A with three deaths. (OCHA)

WHO Interventions

- With the support of WHO and UNICEF, the MoH carried out a mass vaccination campaign in Bukemba (24,000 beneficiaries) and Gihofi (9,000 beneficiaries) from 25-29 September.



Security Phase: **3,4**

WHO Representative:

A. El Abassi

elabassia@who.int

DR Congo (DRC)

Events

- Some 15,000 ex-combatants in Ituri District were disarmed (IRIN)
- More than 15,000 civilians have fled their homes fearing armed confrontations from armed groups in North-Kivu Province, Eastern Democratic Republic of Congo (DRC).
- An apparent dispute between two communities in the Ituri region of DRC has left 14 people dead and 91 homes burned to the ground, according to (UN News)

WHO Interventions

- A joint mission of MONUC, OCHA, WHO, MOH, ONGI FHI commenced on 15 Sept. in the territory of Pangi with the objective to evaluate the security political and humanitarian situation in the region. (OCHA)
- The MOH and WHO have begun a social mobilisation campaign to fight polio, measles and tetanus. (OCHA)



Security Phase: **3,4**

WHO Representative:

L. Tapsoba

tapsoba@cd.afro.who.int

Uganda

Events

- The number of IDPs in Northern Uganda has more than tripled in 24 months; it now stands at 1.6 million. Eighty per cent of IDPs are women and children fleeing violence and abduction.
- The already fragile health status of IDPs is further endangered by lack of quality care and unsanitary camp conditions. Malnutrition, diarrhoea, malaria, conflict-related injury, HIV/AIDS, reproductive ill-health, and outbreaks of communicable diseases are the most pressing health concerns.
- WFP has started providing food to help resettle more than 260,000 people driven from their homes by fighting in northeastern Uganda.

WHO Interventions

- In recent months, WHO has conducted health assessments in IDP camps in Northern Uganda. According to these assessments, the following actions are urgently needed:
 - ensuring that humanitarian health assistance is in line with international standards;
 - monitoring disease burden including malnutrition and providing early warning of epidemics;
 - reducing excess mortality and morbidity due to communicable diseases;
 - supporting provision of reproductive health services and control and prevention of HIV/AIDS;
 - supporting immunization;
 - improving health education and promotion;
 - reinforcing psychological services;
 - strengthening/supporting efforts to improve water and sanitation.
- WHO is appealing for US\$ 890,000 to reduce excess mortality and morbidity of IDPs in Northern Uganda by ensuring their access to a minimum health care package and carrying out the actions listed above.
- A meeting has been held to discuss action plans to close health gaps identified by a team from WHO/UNICEF and the districts. The districts concerned are now implementing some action plans.
- Regular health coordination meetings are now being held in Gulu and Kitgum districts.
- A project proposal is being prepared including costing of the activities.
- WHO is now an active participant in disease surveillance and the control of epidemic diseases in the North. WHO is partaking in the control of the recent cholera outbreak in Gulu district.



Security Phase: **1,2,3**
WHO Representative:
O. Walker
walkero@who.imul.com

HQ Focal Point:
P. Annunziata
annunziatag@who.int

EHA Focal Point:
C. Mwesigye
mwesigye@who.imul.com

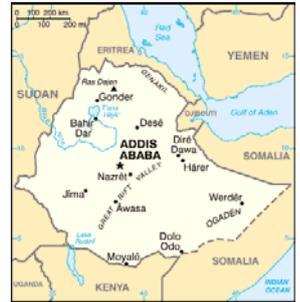
Ethiopia

Events

- Ethiopia has the lowest sanitation coverage in the world (6%) and the second lowest coverage on access to clean drinking water (22%). (WHO/UNICEF)
- Recurrent drought and frequent harvest failures have led to a progressively worsening food situation in Ethiopia over the past few seasons. Currently about 7.8 million people require assistance. to avoid severe malnutrition and possible starvation and 5.3 million people will need help in October. (WFP)
- UNICEF and WFP are undertaking the Enhanced Outreach Strategy (EOS) of the Child Survival Programme to benefit 6 million children in 7 regions of Ethiopia to cut mortality rates and increase access to health care for mothers and their children. (UNICEF)
- The Ethiopian Government's Roll Back Malaria (RBM) partnership, has identified a major shortfall in resources needed to contain an upsurge in malaria that could affect more than six million people in 2004. According to the MOH, the incidence of malaria has increased over the last five years, and is now the third biggest killer in the country, with 5-6 million clinical cases reported annually. WHO, UNICEF and the MOH have jointly agreed on the target population to be reached and have estimated the necessary drug requirements. (UN Country Team)

WHO Interventions

- WHO and UNICEF are providing support to monitoring and evaluation along with vital technical assistance to the MOH.
- WHO is appealing for US\$1.47 million for RDT, Quinine, IEC materials and operational costs. UNICEF is seeking 3.43 million for ACT, RDT and operational costs. (UN Country Team)



Security Phase: 1,3

WHO Representative:
O. Babaniyi
babaniyi@whoet.org

Kenya

Events

- Food security, already at severe levels in much of the drought-affected northern and eastern pastoral districts, is set to worsen after poor rainy seasons. (FEWS)
- A Kenyan pharmaceutical company will start manufacturing and selling generic versions of anti-retroviral AIDS (ARVs) medications. This will make the drugs considerably cheaper for those infected with the HIV virus across the East African region. (IRIN 23 Sep)

WHO Interventions

- WHO has contributed to the development of the 2004 Flash appeal and is requesting 1,643,000 for the health sector.



Security Phase: 1,3

WHO Representative:
P. Eriki
erikip@whokenya.org

AFRO Southern African Sub-Region

Regional Office Focal Point: *K.E Siamevi*, siamevik@afro.who.int

HQ Focal Point: *K. Shibib*, shibik@who.int

Angola

Events

- Five million more children have been vaccinated against polio in the past two months. (IRIN)
- The European Union and the World Bank agreed on Wednesday to transfer half the US\$ 55 million grant to the Social Aid Fund. (IRIN)
- In southeastern Angola, UNHCR is continuing the repatriation of Angolans from Namibia, 450 have already arrived in September. WFP will provide food assistance for the repatriation process. WFP is currently supporting 6,400 people affected by drought. (WFP)
- Child death rate in Angola continues on the rise with 250 deaths out of every 1000 children born. The deaths are mainly associated with malaria, respiratory infections, diarrhoeas, measles and neo-natal tetanus.

WHO Interventions

- WHO provided support in social mobilisation and in training vaccinators .



Security Phase: 2

WHO Representative:

P. Ballardelli

balladellip@ao.afro.who.int

AMRO/PAHO

Regional Office Focal Point: *J. Poncelet*, PONCELEJ@paho.org

HQ Focal Point: *J.H. Chang*, changj@who.int

CARIBBEAN - HURRICANE IVAN

- Events
- Hurricane Ivan struck the Caribbean beginning on 7 September 2004, affecting Grenada, Barbados, St. Vincent and the Grenadines, Jamaica, Haiti, the Cayman Islands, Cuba, the Yucatan Peninsula of Mexico and the USA. Hurricane Ivan has resulted in the death of over 60 people and displacement of more than 80,000 in the Caribbean.
- Grenada: Hurricane Ivan impacted Grenada on 7 September, causing damage to an estimated 90% of the buildings. Eighteen deaths and approximately 200 injuries are confirmed. The Government of Grenada requested UN assistance in providing humanitarian relief.
- In Grenada, approximately 80% of health facilities are reported to be damaged. Grenada's main hospital, St. George's Hospital, was damaged and is only partially operational. The Princess Alice hospital was left completely non-functional.
- Jamaica. The effects of Hurricane Ivan were felt in Jamaica between 10-11 September. The Government of Jamaica reports 11 casualties; 12,000 displaced people in 285 shelters; and

- WHO Interventions
 - WHO/PAHO's Emergency Preparedness and Disaster Relief unit sent experts to Grenada, Jamaica, Haiti and Barbados. A PAHO health services specialist formed part of a joint assessment mission to Grenada, and PAHO staff including disaster experts, epidemiologists, and a sanitary engineer are providing support to health authorities on the island.
 - PAHO preliminary reports indicated that the primary needs in the health sector were for epidemiological surveillance for disease control, environmental health, water supplies and shelter. A multidisciplinary WHO/PAHO Assessment and Response Mission has since set up a public health team to assist the Government of Grenada: to organize the emergency response and re-establish basic services; collect data and support the establishment of a special monitoring system; ensure the inventory of supplies; and mobilize transportation for the distribution and treatment of water.
- US\$50,000 has been provided by WHO/PAHO to facilitate the movement of health personnel and other emergency resources..



CARIBBEAN - HURRICANE IVAN continued ...

- 88 affected communities. Water quality is suspected to be poor and remains one of the main health concerns.
 - In Jamaica, damage to the health facilities was not severe. Most facilities were able to provide services to patients. Lack of power, water and supplies, as well as below-normal staff turnout, were the major problems.
 - In the Cayman Islands, although the Grand Cayman Island Hospital is now open, there are several health centres that are not fully operational. There are also serious environmental health concerns due to the lack of water supply.
 - WHO/PAHO assessments indicate that the primary needs in the health sector are related to coordination, the provision of primary and secondary health care, medical supplies, epidemiological surveillance for disease control (vector control), environmental health and water supply and restoring hospital services. Each Caribbean country that was affected (or threatened) by Hurricane Ivan has a health sector disaster coordinator in the Ministry of Health. National disaster response teams have also contributed to the effectiveness of the response, along with the development of a national capacity to manage humanitarian supplies have also yielded positive results.
 - WHO/PAHO is ensuring that a multidisciplinary team of health experts—health systems experts, epidemiologists and water and sanitation experts, mental health professionals, and others—are supporting the countries' response to the disaster.
 - WHO/PAHO has launched an appeal to cover immediate health needs after Hurricane Ivan.
 - With the breakdown of water and sanitation systems, there is increased risk of communicable and vector-borne diseases. The WHO/PAHO Caribbean Epidemiology Centre is assisting the Ministry of Health of Grenada to monitor conditions in shelters.
 - WHO/PAHO supported the mobilization of 12 nurses from the neighbouring British Virgin Islands to Grenada.
- Based on assessed needs, WHO/PAHO is facilitating the procurement of urgently needed medical supplies.

Haiti

Events

- Tropical Storm Jeanne brought severe rains to Haiti and other Caribbean countries on 17-18 September and caused serious damage in Puerto Rico, Gonaïves and Port de Paix in Haiti and the northern parts of the Dominican Republic. Official numbers of dead, injured, and missing are not yet available.
- Gonaïves in Haiti was struck by floods that left half of the city under 1.5-2.5 metres of water and 80% of its 104,000 inhabitants in urgent need of drinking water, food, shelter and medical care.
- On 24 September, the Haitian Directorate of Civil Protection estimated the total death count at 1,105 persons, with 1,251 missing. There are still two areas of Gonaïves under water.

WHO Interventions

- In Haiti, a rapid assessment of Gonaïves indicates that 80% of the region's 108,000 persons are in need of food, water, shelter, and medical care. WHO/PAHO is deploying medical experts to the affected region, participating in assessments, and procuring and shipping medical and water and sanitation supplies.
- WHO/PAHO is serving as focal point for health, water, and sanitation activities, and contributing to a UN Flash Appeal for flood victims.
- WHO/PAHO mobilized a team of 18 medical and relief experts (including disaster coordinators, physicians, sanitary and civil engineers, health systems experts, and relief supply management personnel) to assist local health officials and humanitarian agencies.



Security Phase: 2

WHO Representative:
L. Lopez
guidolea@hai.ops-oms.org

IRAN

Events

- Nine months after the earthquake, the health situation in Bam is characterized by inadequate access to curative care, insufficient primary health care services, unsafe drinking water and poor environmental health resulting from irregular waste collection and disposal.
- Reconstruction of health facilities in Bam is underway. The main private hospital has been re-inaugurated, and another hospital and 12 Health Houses are either being or have been reconstructed.

WHO Interventions

- WHO is supporting the Ministry of Health and Medical Education (MoH&ME) in facilitating weekly health sector coordination meetings with participants from several different international organizations and NGOs.
- WHO is preparing to re-equip 12 Urban Health Centres, two general polyclinics, the District Health Network Centre, the District Health Centre, and the Behvarz Training Centre. In addition, it will procure nine ambulances.
- WHO, together with MoH&ME, has developed a training programme with Continuous Medical Education training for 60 physicians and Emergency Preparedness and Response training for PHC health staff in Bam.
- WHO's reconstruction of Bam as a "Healthy City" is being supported by the Australian Government. An office is established in the Governor's Office and several coordination and planning workshops have been held.
- WHO is supporting MoH&ME in conducting a feasibility study for the establishment of a secretariat for health issues in crises.



Security Phase: 2,3

WHO Representative:
Mubashar Riaz Sheikh
mubashar@ira.emro.who.int

Iraq

Events

- The security situation in Iraq continues to affect health care through movement restrictions, limited access to health facilities, power outages, and lack of necessary medicines, particularly in Najaf. Insecurity also hinders the delivery of medical supplies to final destinations.
- A team from the Iraq MoH/National Drug Quality Control Laboratory (NDQCL) is holding consultations with WHO in Amman on the UNDG Trust Fund Project to re-establish the NDQCL and review the list of laboratory requirements for the Centre.
- In Tel Afar, the security situation caused the displacement of about 175,000 persons from the city to nearby towns and villages. An assessment of their health and basic needs indicates that large numbers of IDPs urgently require tents, water containers, food and drug supplies.

WHO Interventions

- WHO is supporting the Iraqi MoH-led Polio National Immunization campaign by providing technical support for preparations and covering the cost of health workers, transportation, training, meetings, health education materials and independent monitoring. WHO is providing support to the MoH to extend the length of the campaign to ensure coverage of the entire city of Falluja.
- WHO has submitted a new proposal for the daily provision of 200-250 cylinders of medical oxygen to the 12 hospitals in Ninawa Governorate for the rest of 2004.
- The European Commission-funded Leishmaniasis and Malaria indoor spraying campaign and fogging activities are proceeding as expected. Spraying campaigns have reduced the incidence of these two diseases.
- WHO is providing technical and logistic support to Centres for Disease Control Baghdad to conduct six Viral Hepatitis workshops in different governorates.



Security Phase: 4,5

WHO Representative:
N. Al Gasseer
algasseern@emro.who.int

Iraq continued...

- There has been an increase in the incidence rate of some water born diseases—especially Hepatitis in Al Mahmodiya district, Baghdad.
- A decrease in the incidence rate of Coetaneous Leishmaniasis ,Kala Azar, measles and whooping cough has also been reported.
- The second round of the Malaria and Leishmania spraying campaign has started in all governorates, complementing the fogging activities underway since April 2004.
- The Executive Coordinator of the UNDG Trust Fund met the UN Health Cluster and discussed the cluster report submitted to the Donors Committee during the Tokyo meeting on 13 and 14 October.
- Preparations continue for the October 2004 Schistosomiasis and Soil Transmitted Helmis survey.
- The Ministry of Health completed a National Polio Immunization campaign throughout Iraq. The campaign—made possible through funding from the European Commission/UNDP Trust Fund—targeted 5 million children aged 0 - 5 years and was supported by WHO and UNICEF. 96% of the 4.6 million children below five were vaccinated during the first round. The second round will take place in early October.
- Ten containers with 165 metric tons of High Protein Biscuits were delivered to the Northern Governorates of Dohuk, Erbil and Suleymaniyah. This quantity constitutes a monthly ration for 70,000 malnourished children aged under five, as well as pregnant and lactating mothers.
- Sixty cases of suspected Hepatitis E have been reported by CDC/Baghdad since early September. All cases are from the small town of Allatefiya near Mahmodiya city in Baghdad.
- Discussions held with Kimadia officials regarding availability of medications for chronic diseases reveal that 14 drugs under 21 different dosages and forms are out of stock. The list is currently under review to consider urgent procurement of the most needed items.
- WHO is providing technical support for a survey to determine the prevalence and intensity of Schistosomiasis and Soil-Transmitted Helminths among schoolchildren.
- MoH/Kimedia received shipments of WHO emergency procurement items.
- The implementation of the following WHO rehabilitation projects continues despite the security situation: Central Public Health Lab in Baghdad; Blood Bank in Baghdad and the Public Health Lab in Mosul; Al Yarmuk Nursing School; Suleimaniya Nursing Training Center; and Basra Nursing Training School for Girls.
- WHO facilitated the shipment to Iraq of drugs donated by the government of Jordan. The donation to the people of Iraq comes in response to an appeal by Iraq's MOH.
- WHO is developing a project to conduct an in-depth assessment of the diseases surveillance system in Iraq.
- The Iraq's National Drug Quality Control Lab (NDQCL) team visited Amman (29 August to 06 September) and discussed with WHO/Iraq and Jordan's Food and Drug Administration a strategy for drug quality control. A work plan for short and long term actions up to the year 2007 has been developed.
- The WHO Representative to Iraq met representatives from the European Commission (EC) on the implementation level of projects funded by the UNDP Trust Fund.
- WHO is providing technical and logistic support to conduct seven Hepatitis workshops in different governorates of Iraq.
- WHO organized and supported a MOH training course in Amman for the "Health Internetwork Access to Research Initiative" (HINARI) between 18-23 September. The training provided health workers guidance on how to access timely health information via the Internet. Twenty-one participants from the MOH, libraries of medical colleges, teaching hospitals and specialized centres took part in the training.

Iraq continued...

- On 23 and 24 September in Amman, WHO/Iraq organized and supported a Working Session on Water Quality Control and Surveillance in Iraq, led by the Iraqi Minister of Environment. The workshop included representatives from WHO, UNEP, UNICEF and UNDP. The workshop aimed to:
 - Introduce the role of the Ministry of Environment (MOE) in health and development in Iraq, as well as the work of WHO in the area of environment;
 - Present the WHO project "Water Quality Control and Surveillance in Iraq" and set a plan of action for its implementation.
- WHO participated in a UNEP Roundtable on Iraqi Marshland Management in Amman .

Sudan

Events

- A joint three-week assessment by the Government of Sudan, UN agencies and NGOs linking food security and nutrition data began this week. The assessment will cover 60 locations across the Greater Darfur.
- A measles campaign was launched 7 Sept. to immunise 150,000 children from 9 months to 15 years in remote, previously inaccessible areas of North Darfur.
- Following reports of a Cholera outbreak in Chad (in locations between the capital city and border areas), agencies in West Darfur are scaling up precautionary measures to improve hygiene standards in IDP camps.
- The Humanitarian Coordination Group on Gender and Sexual Based Violence, consisting of two technical working groups—Psychosocial-Legal and Medical—was set up at UNHCR in Nyala.
- According to OCHA, the population affected by the humanitarian crisis in Darfur now stands at 1.8 million, with approximately 1.4 million IDPs.
- The medical technical working group for Gender-Based Violence—composed of representatives from UNFPA, WHO, World Vision, Care, MSF-H and Save the Children UK—has commenced an assessment on the human resources and

WHO Interventions

- Preliminary findings of the WHO, EPIET and Sudanese Ministry of Health mortality survey have been released for North and West Darfur. The survey found the crude mortality rate to be 1.5 deaths per 10,000 people per day in North Darfur, and 2.9 in West Darfur during the 15 June to 15 August 2004 period. The survey team collected data by speaking directly to 1500 displaced households in each state. The survey has started in South Darfur, but data are incomplete.
- A 60-day plan has been developed by the Outbreak Preparedness and Response Working group—comprised of representatives from WHO, UNICEF, State and Federal Ministries of Health, and NGOs—to reduce the incidence of Hepatitis E in the IDP camps of Kalma, Kass, Wehida, and Taiba, South Darfur. The total population to be covered by the control plan is approximately 120,000.
- In response to the reported Hepatitis E outbreak in South Darfur, WHO and the Health and Hygiene Working Group are developing strategies to deliver community health education messages in IDP camps. Messages target high risk groups such as pregnant women.
- South Darfur, reached 94% coverage.



Security Phase: **1,2,3**

WHO Representative:
G. Sabatinelli
sabatinellig@sud.emro.who.int

HQ Focal Point:
P. Annunziata
annunziata@who.int

Sudan continued...

- material capacities in areas of clinical GBV services.
- A team commissioned by the UN Under-Secretary-General for Humanitarian Affairs/Emergency Relief Coordinator, Jan Egeland, and the UN/NGO consortium, Inter-Agency Standing Committee, is currently traveling to Darfur to conduct a "real-time" evaluation aimed at strengthening the humanitarian response.
 - Preparations are underway for the 10 October National Immunization Day (NID) against polio throughout Sudan.
 - Preliminary reports indicate that at least 9,180 children (aged 9 months to 15 years) have been vaccinated against measles in SLA areas.
 - Bloody Diarrhoea continues to contribute significantly to the overall burden of disease in the three Darfur states. Between 11 and 17 September, a total of 31,780 cases and 55 deaths of clinically bloody diarrhoea were reported.
 - Between 22 May and 17 September, 6,861 cases and 87 deaths of suspected Hepatitis E were reported from the Greater Darfur Region.
 - The polio vaccination campaign in Sudan Liberation Army areas of North Darfur was successfully concluded. Polio vaccinations in several locations around Nyala and Ed Daein, South Darfur, were delayed due to security incidents.
 - Preparedness actions against possible cholera outbreaks are being coordinated by the Federal Ministry of Health and supported by WHO, NGO partners, and UNICEF. Activities include surveillance mechanisms for verification, training in case management, social mobilization, hygiene education, pre-positioning for treatment sites ('cholera camps' and oral dehydration corners) and upgrading the three state hospital laboratories in Darfur (supplying them with the necessary equipment and reagents to diagnose and confirm cholera cases and outbreaks).
 - The second round of the cholera vaccination campaign in Mussei camp, WHO continues to facilitate sectoral work on cholera preparedness. Three cholera kits—each meeting the needs of 100 acute cholera cases—have been pre-positioned. An additional 10 kits will soon be equally distributed throughout the Darfur States.
 - Agencies are mobilizing medical supplies including primary health and trauma kits to go to conflict-affected areas South of El Fasher. OCHA is coordinating the efforts, in consultation with WHO, UNICEF, Malteser and other health providers.
 - WHO and SMOH provided a maternal and child health (MCH) kit to International Medical Corps (IMC) to establish its clinic in the Al Jeer and Al Sharef camps near Nyala.
 - WHO, UNICEF, and the Water and Environmental Sanitation Department (WES) are drafting a Plan of Action for large scale chlorination and systematic water quality control in South Darfur. The plan focuses on IDP camps.
 - The first phase of the UNICEF/WHO and MoH measles campaign in SLA areas, proceeded as planned as a result of the efforts of all stakeholders involved.

Sudan continued...

- WHO and State MoH assisted the Norwegian Church Aid to re-activate their primary health care facilities in Shataya, Kubum, Dogodussa and Unlabassa.
- WHO, UNICEF and the State MoH are supporting International Medical Corps (IMC) in starting its maternal and child health (MCH) clinic in Al Jeer Camp.
- Rehabilitation of Kass Hospital is progressing through a strategic partnership between WHO and the NGO Die Johanniter. WHO/Nyala released US\$ 5,000 for the completed rehabilitation of the Kass Hospital outpatient department.
- WHO is collaborating with Water and Environmental Sanitation Department (WES) and State Ministry of Health (SMOH) to develop an Emergency Environmental Health Plan for IDP camps in South Darfur. WHO also ordered water quality inspection equipment for WES/South Darfur. The WHO environmental health team has started to inventory water chlorination activities in camps.
- In North Darfur, UNJLC and WHO are working to identify technical counterparts in Sudan Liberation Army areas to whom to provide medicines.
- A training session on outbreak investigation for staff from the El Fasher MOH surveillance team was held on 14 September.
- WHO provided medical supplies to IRC and World Vision in South Darfur.
- WHO, UNICEF, and Malteser conducted an assessment of the hospital in Dar El Salam in the SLA area (North Darfur). One trauma kit (covering 100 interventions) was provided.
- WHO is working with NGOs, MoH and partner agencies to produce a uniform scale of incentives as a reference for national staff employed in the health sector in Darfur.
- Training of Trainers courses for the 10 October National Immunization Day against polio have commenced under WHO supervision.
- WHO will provide training to medical staff of four health units opened by UNICEF near Hashaba, Kerban, Gar el Ghanani, and Um Ajajar in North Darfur.

Sudan continued...

- WHO supervised refresher training for nurses at the El Fasher Hospital, North Darfur.
- WHO is preparing to provide technical support to the South Darfur Ministry of Health's anti-malaria activities—including indoor spraying, training, and health education activities—for the next three months.
- Approximately 70,000 ACT (Artemisinin-based Combination Therapy) blisters for the first line treatment of malaria have been dispatched by WHO to the three Darfur states.

EMRO

West Bank and the Gaza Strip

Events

- The Health Sector Working Group met and discussed the national health plan and the health information system.
- A five-day workshop (6-10 September) was held on the West Bank and Gaza Strip Health Sector Review in Cyprus. Approximately 20 Palestinian MoH staff, together with international experts (including WHO staff) and representatives from major donor agencies, discussed the Task Force's findings in the areas of financing, governance, health status, service delivery, and health performance.
- Three persons died and thirty were injured during an explosion on 22 September in Jerusalem's northern neighbourhood of the French Hill.
- Thousands of Palestinian security prisoners ended their hunger strike after 18 days
- The Palestinian Ministry of Women Affairs—formed seven months ago—introduced to UN agencies their Action Plan for 2005-2007. The plan focuses on three cross-cutting sectors:
 - Women's marginalisation in policy- and decision-making positions;
 - Poverty among young women and particularly heads of households;
 - Vocational, technical education and training for female youth.
- OCHA has presented a report to the Humanitarian and Emergency Policy Group (HEPG) on the humanitarian situation in Gaza. According to the report, movement restrictions and conflict in Gaza have intensified since January 2004. There has been a sharp

WHO Interventions

- WHO participated in the Health Sector working group where the national health plan and the health information were the two main topics.
- WHO led the health sector group in the elaboration of the West Bank and Gaza Strip health situation analysis for the Consolidated Appeal Process 2005. The health sector analysis was drafted according to inputs received in participatory meetings with the Ministry of Health, health service providers and health sector UN agencies (UNFPA, UNRWA, UNICEF and OCHA).
- WHO is providing inputs to the UN Report to the 49th Session of the Commission on the Status of Women on the situation of Palestinian Women.
- WHO participated in a 5-day workshop on the Health Sector Review and discussed the Task Forces' financing, governance, health status, service delivery and health performance findings.
- WHO is supporting an initiative that will allow a delegation of Palestinian women from the Women Empowerment Project in Gaza and a delegation of Israeli women from the Women Coalition organization in Haifa to attend a four-day seminar and exchange in Turin. This activity is part of the European, Palestinian and Israeli Cities for health and social partnership.
- Between 10-19 September, WHO arranged for the third mission of six British Mental Health consultants. This mission constituted part of the in-service training and team-building



Security Phase: 3,4

WHO Representative:
A. Manenti
ama@who-health.org

West Bank and the Gaza Strip continued...

deterioration in the humanitarian situation in Gaza compared with 2003. Some of the indicators presented show that since January 2004, 415 Palestinians have died in Gaza as a result of the conflict, 24547 persons have been made homeless by house demolitions (average of 120 residential buildings every month or 4 per day) and 589 dunums of land have been leveled.

- The security situation remains unstable.

component of the Mental Health Project. Trainings addressed 49 staff from the Community Mental Health Centres of Ramallah and Hebron, as well as Bethlehem's Psychiatric Hospital.

- WHO organized in coordination with the MOH a mental health anti-stigma campaign workshop in Gaza .
- WHO, in conjunction with the Ministry of Health, hosted the monthly Health Coordination meetings in Ramallah and Rafah on 15 September. In Ramallah, Care International presented the findings of two assessments: the 2003 nutritional assessment in West Bank and Gaza Strip, and the assessment of the logistics chain at the Ministry of Health Central Drug Stores.
- WHO distributed the August issue of the Health Inforum newsletter, which features the main health-related events for the month, including the Polio campaign in Rafah and El Mawasi, the health coordination meeting in Salfit, the four-day ICRC conflict surgery seminar, and the Palestinian-Israeli Conference on Diabetes in Tulkarem.
- A WHO consultant was fielded for one-week period in order to: a) support the Editorial Board for the planning phase of Bridges (Israeli-Palestinian health magazine), and b) further develop contacts with Birzeit University's Gaza Community Mental Health Project for the preparation and implementation of a Quality of Life survey in West Bank and Gaza.
- WHO and the Editorial Board of Bridges: the Israeli-Palestinian Health Magazine officially presented the magazine concept, form and initial themes to the magazine's Advisory Committee in Jerusalem on 23 September.
- WHO facilitated and provided technical and logistical assistance for the signature of the training agreement between the Palestinian Ministry of Health and the city of Brussels, the Haute Ecole Francisco Ferrer, the Centre Hospitalier Universitaire Brugmann and the Centre Hospitalier Universitaire Saint-Pierre. The agreement will allow for the training of 20 Palestinian nurses in Belgium for a period of six months beginning 15 November. Belgian nurses will then carry out in-service training in West Bank and Gaza Strip for up to three months. The agreement specifies five areas of training: General Surgery,

West Bank and the Gaza Strip continued...

Trauma Rehabilitation, Emergency Medicine and Intensive Care, Paediatrics and Oncology.

- In conjunction with the Ministry of Health, WHO co-chaired the Gaza Health Coordination meeting in Gaza city on 23 September. The main topic discussed was the recently published results of the John Hopkins University/AI Quds University nutritional survey in 2003. The principal results show a decrease from 2002 in the malnutrition rates among Palestinian children, especially in Gaza strip, mainly due to extensive food assistance provided by the international community.

EURO

Regional Office Focal Point: *J. Theunissen*, JTH@who.dk
 HQ Focal Point: *J.H. Chang*, changj@who.int

Russian Federation

Events

- As a result of the 1-3 September 2004 hostage situation in school N1 in Beslan Town, Republic of North Ossetia:
 - the official death toll stands at 338 people, of whom 156-186 are children;
 - 747 people were wounded,

WHO Interventions

- The local WHO team, with support from the Moscow office, and working under the Direction of the European Regional Office in Copenhagen, has collaborated with UN system agencies, the ICRC, and NGOs, to help local authorities respond to urgent needs. WHO:
 - assisted in health sector coordination, helped to manage incoming donations to hospitals. WHO kept track of agencies' donations, and moved to fill gaps as soon as they were identified.
 - conducted the hospital assessments in Beslan and Vladikavkaz . This was followed by a health coordination meeting aimed to ensure urgent needs were rapidly addressed.
 - worked with the Ministry of Health towards the establishment of a post-trauma counselling unit.
 - ensured the supply of material for blood safety - obtaining some from Member States, procuring the rest locally so as to save time in transport.
 - cleared the dispatch of five complete trauma kits-covering 100 surgical interventions each-and five burn dressing modules-covering 40 sterile dressings each
- WHO worked with local authorities and other UN agencies to help reinforce supply handling and logistics capacity on the spot.



Security Phase: **2 to 5**

WHO Representative:
Mikko Vienonen
m.vienonen@who.org.ru

Bangladesh

Events

- In WFP's US\$74-million emergency operation four million people will get food aid in return for repairing roads and building dykes and embankments
- The floods are estimated to have killed more than 600 people, destroyed rice crops and damaged seedbeds across more than 800,000 hectares of farmland and left 20 million people in need of food assistance over the next 12 months. Total damage is estimated at US\$7 billion. (WFP)
- Since 12 July to date, a total of 313,304 cases with 158 deaths from diarrhoea have been recorded from the 38 flood affected districts.
- A total of 35,902 cases with 229 deaths due to pneumonia were reported from 1 August to 28 September. Also from 1 Aug to 28 Sept, there were 278 drowning deaths
- A total of 2,760 cases of Dengue Fever with 5 deaths were reported from 12 July to 28 September 2004
- 2,019 medical teams are working in the affected areas
- - 291 temporary treatment centers are also operational in the affected areas. They are providing treatment facilities for patients of diarrheal diseases, ARI/Pneumonia as well as other diseases who are not in a position to move to fixed health facilities.
- Routine disease surveillance has been strengthened with control rooms operational 24 hrs a day.
- Efforts to strengthen health education activities have been continued at the most severely affected areas by the Bureau of Health Education of the Directorate General of Health Services (DGHS)
- The Directorate General of Health Services (DGHS) has established a "Sub-Depot" at the EPI building located at Mohkhali to ease the coordination of drugs and medical supplies to the affected districts in addition to the Central Medical Store.
- A fresh spell of tropical rains pounded southwestern Bangladesh, flooding the districts bordering India and making nearly half a million people homeless. The death toll of 13 from the new round of inundations was expected to rise.

WHO Interventions

- The EHA Programme of WHO Bangladesh under the guidance of the WR along its national counterpart-the Bangladesh Center for Health Emergency Preparedness and Response (BCHEPR) are continuing to work with the Disease Control unit of the DGHS for coordinating public health response to present flood situation in the country:
- A Flood Crisis Management Team set-up in the WHO Bangladesh Office meets daily to coordinate action and support for the MOH particularly in response to requests for assistance.
- WHO Bangladesh is also providing technical assistance through:
 - the Divisional Coordinators and Districts surveillance medical officers (SMO) from the WHO are providing technical supports to the Civil Surgeons in terms of need assessments, recording of cases and deaths like diarrhoea, pneumonia, drowning, snakebite and other diseases as well as logistical supply needed at their respective districts.
 - Assistance in identification and standardization of medical supplies and drugs needed for the next three-four months was completed through a consultative meeting with MOH
 - Implementation of the Health and Nutrition Portion of the Flash Appeal supported by DFID
 - National Professional Officers (Epidemiology and Communicable Diseases) are monitoring the post flood health situation prevailing in the country and providing technical assistance through National Disease Surveillance Centre (NDSC) to the DGHS and other NGOs and coordinating the on-going UN and other emergency response operations.



Security Phase: 0,1

WHO Representative:
S. Acharya
acharyas@whoban.org

Nepal

Events

- Thousands of villagers fled districts in Nepal's remote eastern region following threats by Maoist rebels to attack the area
- The Maoists, who are battling to overthrow the monarchy and install communist rule, run parallel governments in many parts of the countryside.
- The bombing of the ilaka health post destroyed medical supplies including vaccines meant for the measles immunization campaign that started on 21 September.

WHO Interventions

- The UN Country Team is closely monitoring the socio-political and security situation, and working to improve the provision of basic services. WHO and other external development partners are committed to supporting the implementation of the Nepal Health Sector Programme, with its core element of essential health care services.
- In response to the recent floods, WHO:
 - Facilitated health sector coordination, in conjunction with the MOH
 - Reprogrammed regular budget funds to assist the MOH in purchasing emergency medicine for severe diarrhoeal disease outbreaks;
 - Participated, together with UNDP and UNICEF, in a rapid joint assessment of damages in the five districts worst affected by the floods;
 - Worked closely with the Nepal Red Cross Society to gather information.
- WHO is supporting an on-going emergency preparedness programme which focuses on building local capacity to respond to mass casualty incidents through trainings (including mock drills) and hospital emergency planning.
- For three years, WHO has initiated and supported a series of activities aimed at reducing hospital vulnerability to earthquakes. Both structural and non-structural assessments of selected hospitals have been carried out, in collaboration with the National Society for Earthquake Technology (NSET).
- Through the WHO SEARO, DFID has supported the development and printing a trainer's manual on how to carry out mass casualty training using the MUSTER software, and a report of the assessment methodology developed by National Society for Earthquake Technology (NSET) during structural and non-structural assessment of hospitals in Nepal.



Security Phase: **1,3**

WHO Representative:

K. Wagner

wagnerk@who.org.np

Donor contributions and allocations

Contact: Marianne Muller
muller@who.int

Donor	Contribution	To be/has been allocated to	Comments
Australia	USD 350,140	Provide standardized hospital kits to seven county hospitals in DPRK (CAP)	Pledge
DFID	USD 1,814,882	Three Year Plan (first tranche)	pledge turned contribution
DFID	USD 435,721	Darfur Emergency Operation : Malaria Prevention, Control and Treatment for the Population Affected by the crisis in Darfur, Sudan (non CAP)	Pledge
DFID	USD 1,361,162	Darfur Emergency Operation Supplementary Request: Public Health Priorities - Reducing Consequences of Diarrhoea, cholera, Measles & Malaria among IDPs, Sudan (non CAP)	Pledge
DFID	USD 640,099	WHO Presence in Eastern Chad to Protect the Health and Monitoring the Nutritional Status of the Sudanese Refugees and the Resident Population (Non CAP)	Pledge
European Commission	USD 962,696	Improving access to quality essential health services at the community level in DPRK (CAP)	(20% of the original pledge, i.e. USD 240,674 remains a pledge)
European Commission	USD 144,404	Emergency support for Kala-Azar control activities in South Sudan (non CAP)	(20% of the original pledge, USD 36,101 remains a pledge)
European Commission	USD 481,348	Protecting the health of people affected by conflict and displacement in Greater Darfur, Sudan (CAP)	(20% of the original pledge, USD 120,337 remains a pledge)
European Commission	USD 3,369,434	Support and enhancement of humanitarian response to health aspects of crises (Three Year Plan)	(20% of the original pledge, USD 842,359 remains as a pledge)
Ireland	USD 361,011	Darfur Emergency Operation Supplementary Request (CAP)	Pledge turned contribution
Italy	USD 1,022,864	UN CAP 2004 for Sudan	Pledge
RoK	USD 29,832	Anti-Malaria Support for DPRK (CAP)	Contribution
UNDG	USD 11,000,000	Iraq reconstruction - strengthening non-communicable diseases and mental health control and prevention	Pledge turn contribution
UNDG	USD 6,262,094	Iraq reconstruction - water quality control and surveillance in Iraq	Pledge turn contribution
USAID	(in kind) amounting to USD 77,256	Kits from Brindisi Warehouse to Beslan, North Ossetia, to assist in hostage crisis	Contribution
USAID	USD 250,000	Emergency medical support for Greater Darfur Region: establishing a community-based early warning and response network (non CAP)	Contribution

Global Interagency Activities

Consolidated Appeal Process

- WHO contributed to the Consolidated Appeals format, identifying the need to integrate Gender-Based Violence (GBV) and Women's Health topics in CAP proposals.
- WHO participated in IASC CAP sub-working group meetings.
- WHO supported the Central African (CAR) country team from 11 to 26 September with preparations of the CAR Common Humanitarian Action Plan.

Natural Disasters

- WHO contributed to the Report of the UN Secretary-General on natural disasters. OCHA is interested in including a recommendation on health.
- WHO participated in the IASC Taskforce on Natural Disasters Pilot Project Mission to Nepal. WHO contributed US\$5000 towards the overall objective.

World Conference on Disaster Reduction

- WHO submitted proposals—on topics including capacity-building, hospital mitigation, and health and risk reduction, among others—for participation in the thematic sessions of the 2nd World Conference on Disaster Reduction, Kobe, Japan, January 2005.
- WHO is providing input to the publication of "Know Risk", scheduled for release at the forthcoming WCDR in Kobe, Japan

Humanitarian Coordination and Action

- **Inter-Agency Standing Committee Working Group.** On 21 and 22 September, the Representative of the WHO Director-General for Health Action in Crises participated in the IASC WG meeting in New York on Darfur/Sudan, Locust in Africa, Early Warning, Floods in South Asia, Integrated Missions, Internally Displaced Persons, the Consolidated Appeals Process, follow-up to the ECOSOC, the Good Humanitarian Donorship Initiative and Polio in Africa.
- **Darfur/Sudan.**
 - The first meeting of the core learning group in support of the OCHA real-time evaluation of humanitarian response to the Darfur Crisis took place on 7 September. WHO pledged US\$10,000 to support the process and participated in the group.
 - WHO participated in meetings of the Inter-Agency Standing Committee (IASC) Taskforce on Darfur
- **Training.** WHO participated in the TRIPLEX exercise in Norway from 5-10 September.
- **Natural Disasters.** WHO is part of the Flash Appeal for Grenada and Haiti, which were hit by Hurricane Ivan.
- **Polio in Africa.** WHO and UNICEF drew up advocacy messages for country teams on polio eradication, explaining the what, why, how, where, and when regarding continued efforts aimed at eradicating polio.
- **Integrated Missions.** WHO attended the weekly IASC meetings and the monthly NGO/IASC meeting on integrated missions.
- **Locust in Africa.** The Emergency Relief Coordinator, Jan Egeland, chaired the first inter-agency teleconference on locusts in Africa. The objective of the teleconference, with participation from FAO, WFP, WHO, and Resident Coordinators of concerned countries, was to hear the views of the Resident Coordinators on immediate action to be taken to address the locust crisis.
- **Humanitarian Security.** WHO participated in the IASC meeting on staff behaviour in the context of humanitarian security.
- **ECHA.** The Representative of the Director-General for Health Action in Crises participated in the 7 September UN Executive Committee on Humanitarian Affairs meeting, during which humanitarian developments in the Democratic Republic of Korea, Liberia, Nepal and Darfur were discussed.
- **IDPs.** On 7 September, the Representative of the Director-General for Health Action in Crises also participated in a meeting of the Senior Inter-Agency Network on Internal Displacement.
- **Red Cross Movement.** WHO participated in the 6th Pan-African Conference of the Red Cross and Red Crescent Societies held in Algiers, Algeria, from 8-13 September.
- **Civil-Military coordination.** WHO participated in the 19-24 September UN-Civil Military Coordination training course in Slovenia.
- **Transition.** WHO participated in New York on 21 September meeting of the UNDG/ECA Working Group on Transition issues.
- **UNHCR.** On 22 September, WHO attended in Geneva, the UNHCR meeting, hosted by the Government of Denmark, on improving poverty reduction by including durable solutions for displaced persons in development aid policies and projects.

- **Liberia.** The Representative of the Director-General for Health Action in Crises participated in the UN Development Group/World Bank first Liberia Results-Focused Transition Framework (RFTF) review meeting in Washington DC on 24 September
- **Gender in crises settings.** WHO co-chaired the Inter-Agency Standing Committee Gender Taskforce on 28 September. Issues, which discussed mainstreaming gender in the CAP and the Sexual and Gender-Based Violence project.
- **DPRK.** WHO participated in a meeting with the UN Emergency Relief Coordinator and the Vice-Foreign Minister of the Democratic People's Republic of Korea (DPRK) on humanitarian assistance to the DPRK.
- **Good Humanitarian Donorship.** WHO attended a debriefing on Good Humanitarian Donorship (?).
- **HIV/AIDS.** WHO finalized a proposal with UNAIDS for a unified budget and workplan for 2006-07
- **Malaria in emergency settings.** WHO attended UNHCR's annual pre-Executive Committee NGO consultation on Malaria in complex emergencies.

Logistics

- **UNJLC.** WHO provided a trainer for the UN Joint Logistical Centre training course, 20-24 September, (presenting the SUMA Supply Management software).
- **Darfur/Sudan.** WHO teams installed fly-away GPN (?) kits in sub-offices in Darfur to improve communication between WHO/HQ and Khartoum.

List of Acronyms/Abbreviations:

AFP	Agence France Presse
AFRO	WHO Regional Office for Africa
ALN	AlertNet
CAP	Consolidated Appeals Process
CAR	Central African Republic
CCS	Country Cooperation Strategy
CIMCORD	Civil-Military Cooperation Center
CHT	County Health Teams
CO	Country Offices
DDRR	Disarmament, Demobilisation, Rehabilitation, Reintegration
DRC	Democratic Republic of Congo
DPPC	Disaster Prevention and Preparedness Commission
DPRK	Democratic People's Republic of Korea
ECHA	Executive Committee on Humanitarian Affairs
ECHO	European Commission Humanitarian Office
ECOSOC	Economic and Social Commission
FT	Framework Team
GAR	Global Alert and Response (to outbreaks)
GIST	Geographical Information Support Team
GOS	Government of the Sudan
HAC	Health Action in Crises
HC	Humanitarian Coordinator
HIC	Humanitarian Information Centre
HLWG	Humanitarian Liaison Working Group
IASC	Inter-Agency Standing Committee
IDPs	Internally Displaced Persons
ICG	International Cooperation Group (on global vaccine distribution)
IMCI	Integrated Management of Childhood Illnesses
IRIN	Integrated Regional Information Network
ITNs	Insecticide-treated bednets
MoH	Ministry of Health
MONUC	United Nations Organization Mission in the Democratic Republic of the Congo
MSF	<i>Médecins San Frontières</i>
NA	Needs Assessment
OCHA	Office for the Coordination of Humanitarian Affairs (UN)
oPt	occupied Palestinian territory
RW	ReliefWeb
SAHIMS	Southern Africa Humanitarian Information Network
SPLM	Sudanese Peoples Liberation Movement
STIs	Sexually Transmitted Infections
TF	Task Force
UNAMI	UN Assistance Mission in Iraq
UNDAC	United Nations Disaster Assessment and Coordination
UNDG	United Nations Development Group
UNHAS	United Nations Humanitarian Air Service
UNJLC	United Nations Joint Logistics Centre
UNRRU	United Nations Relief and Recovery Unit
UNRWA	United Nations Relief and Works Agency
VHF	Viral Haemorrhagic Fever
WG	Working Group

MAP DISCLAIMER: *The presentation of material on the maps contained herein does not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or areas or of its authorities, or concerning the delineation of its frontiers or boundaries.*

Health Action in Crises World Health Organization

[http://www.who.int/disasters/
crises@who.int](http://www.who.int/disasters/crises@who.int)

tel. +41-22-791 21 11