

*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.*

**INDONESIA**



More information is available at <http://www.searo.who.int>

- ⇒ A total of 38 NGOs have registered at the health office in Padang Pariaman. WHO is leading the Health Cluster in Padang and Jakarta, which includes 51 members.
- ⇒ The National Disaster Management Agency has said the rehabilitation and reconstruction phase would commence before 1 November.
- ⇒ The ERC visited the affected areas on 13 October and met with Health Cluster partners and NGOs in Padang to discuss issues and needs.

**Assessments and Events**

- Heavy destruction is reported in Sumatra following the 7.9-magnitude earthquake that hit the island on 30 September. More than 1115 deaths have been confirmed. The 9-October Humanitarian Response Plan for the West Sumatra Earthquake estimates that 1.25 million people were severely affected.
- Overall 363 health facilities, including Padang’s main referral and tertiary care hospital (M Jamil Hospital), were damaged or destroyed (29 hospitals, 81 community health centres, 184 supporting community health centres, 48 village clinics, two pharmaceutical warehouses, five official buildings and 14 official houses), impeding the provision of health services. At present around 50% of health facilities are functioning at full capacity.
- Preliminary water and sanitation assessments report extensive destruction of water and sanitation infrastructure in the three most affected areas.
- There are 256 people still receiving care for injuries and close to 17 350 were treated for acute respiratory tract infections, skin infections and diarrhoea in out patients services.
- The Health Department reports 1333 international and national medical staff working in the affected areas and a further 3000 on reserve. It believes its own staff is sufficient and that there is no need for additional specialists.
- Access to those affected in some remote areas remains a problem.

**Actions**

- The WHO regional and country offices deployed four staff members to set up the operational platform with the MoH and to help coordinate the response.
- WHO is participating in the assessments that are taking place in affected areas.
- WHO, the MoH and Health Cluster partners are meeting regularly to assess and fill in gaps. Partners have formed several sub-clusters dealing with:
  - integrated mobile teams for surveillance and disease prevention and control;
  - psychosocial support and mental health;
  - reproductive, maternal child health and nutrition.
- WHO and Health Cluster partners are coordinating with the WASH Cluster on water and sanitation in hospitals, the Protection Cluster for psychosocial support and mental health and the Early Recovery Cluster.
- The Provincial Health Office, the MoH and the Health Cluster are strengthening district coordination with a planned WHO support staff for every district.
- The four water purification kits (each kit can supply 4m3 of clean water per hour) and 10 surgical kits (each kit provides basic supplies for 100 persons for 10 days) donated by Norway have arrived in Padang. The Health Cluster in coordination with Hospital Directors and the Provincial Health Office are deciding on their distribution among priority health facilities.
- The Humanitarian Response Plan launched on 9 October is requesting US\$ 36 million to help the Government respond to the damage caused by the earthquake. The Health Cluster is seeking US\$ 2.5 million, of which US\$ 1.5 million is for WHO.
- WHO has sent a proposal to the CERF Secretariat for a Rapid Response grant.

**PHILIPPINES**

**Assessments and Events**

- Two weather events have swept across Luzon island over the past weeks. First Tropical Storm Ketsana (Ondoy) affected more than 4 million people in 1902 barangays in the central and western regions of the island, including Manila. Typhoon Parma (Pepeng) then hit the north, affecting more than 3 million people in 4472 barangays. Overall more than 300 000 people are residing in at least 620 shelters, while more are staying with relatives and host communities.
- Many areas in the north are still flooded and inaccessible.
- According to the National Epidemiology Center (NEC), the main causes of morbidity in Ketsana evacuation centres are acute respiratory infections (53%), skin infections (19%), diarrhoea (15%) and fever (9%). Preliminary data from



For more information see <http://www.wpro.who.int/philippines/home>

- ⇒ It is essential to coordinate all health activities with the DoH to prevent duplication efforts and ineffective resource mobilization and utilization.
- ⇒ The impact on the infrastructure is important with up to US\$ 31 million-worth of damage reported in health facilities.
- ⇒ A new [public health risk assessment and interventions](#) has been released by the WHO Programme on Disease Control in Humanitarian Emergencies on the situation following the two Typhoons.
- ⇒ The country is threatened by upcoming Typhoon Lupit which is expected to strike land on 21 October.

- areas affected by Parma show that wounds, upper respiratory tract infections, skin infections and hypertension are the main complaints.
- NEC confirmed an outbreak of acute watery diarrhoea (AWD) with 97 cases, all but one among children under five, and two deaths in one barangay in Marilao, Bulacan and one evacuation centre in San Pedro, Laguna. Swift response has lowered the number of cases from 50 to 1–2 per day.
  - As of 15 October, NEC also confirmed 812 cases of leptospirosis and 58 related deaths in three barangays (Tumana, Concepcion, Malanday) of Marikina, east of Manila. The number of new cases in the weeks following Ketsana increased by 5.6% compared to the same period in 2008, surpassing the epidemic threshold.
  - Most hospitals are providing free services.
  - Surveillance, case management and preventive measures need to be reinforced in all evacuation centres and flood-affected areas. More resources are needed to contain the spread of waterborne diseases and to scale up access to essential health services for all affected populations.
  - In areas affected by Parma, health needs assessments in affected communities and evacuation centres remain essential.

#### Actions

- The DoH Task Force set up following Ketsana has developed strategies for leptospirosis prevention, control and management. WHO is providing technical guidance to the DoH and the Health Cluster on leptospirosis and acute watery diarrhoea case management as well as leptospirosis rapid diagnostic test kits.
- WHO donated 20 diarrhoeal disease kits – providing treatment for up to 10 000 people – to the DoH’s Emergency Management Staff and NGOs to help contain the spread of waterborne diseases.
- WHO also delivered 60 Inter-agency Emergency Health Kit basic units on 10 October, covering the health needs of 180 000 people for a month. An inter-agency emergency health kit is in the pipeline to provide basic health care to 10 000 people for three months.
- The MoH and WHO have organized disease surveillance systems in the evacuation centres.
- WHO/HQ deployed two logisticians to provide logistic support to the Country Office and liaise with the Logistics and WASH Clusters.
- In Parma-affected areas, WHO is participating in the ongoing UN/government rapid needs assessments.
- In the Flash Appeal launched on 6 October, WHO and Health Cluster partners are seeking US\$ 7.35 million to respond to the emergency, of which US\$ 3.45 million are for WHO.
- The CERF secretariat has approved a proposal for US\$ 557 061 for WHO.

## WEST AFRICA



For more information on flood-affected populations as of 14 October 2009 see also [reliefweb](http://reliefweb.org).

#### Assessments and Events

- Since the rainy season started in June, flash floods have killed 187 people and affected more than 635 200 including 264 000 Senegal, 150 000 in Burkina Faso, 79 100 in Niger, 55 000 in Ghana, 27 400 in Guinea, 20 000 in Benin, 12 500 in Mali, 12 200 in Gambia, 9000 in Mauritania, 2000 in Côte d’Ivoire and 1455 in Sierra Leone.
- Sierra Leone reported 103 deaths, followed by Ghana (24), Mali (20), Côte d’Ivoire (19), Burkina Faso (eight), Niger (seven) and Senegal (six).
- Stagnating water and contaminated water supplies and sanitation facilities raise the risk for waterborne diseases. No major communicable disease outbreaks have been recorded, but there have been reported increases in malaria and diarrhoeal disease cases.

#### Actions

- WHO supports health ministries and UN partners in conducting health assessments, coordinating health activities and providing medical supplies.
- In *Burkina Faso*, a Flash Appeal was launched on 12 September for US\$ 18.5 million, including US\$ 444 115 for WHO. The WHO Country Office also mobilized US\$ 193 739 from the DPC programme for the MoH. Overall WHO sent four Inter-agency Emergency Health Kit (IEHK) with basic medicines for 40 000 people for three months and four Diarrhoeal Disease Kits (400 severe cholera cases or 1600 moderate cases).
- In *Sierra Leone*, The Office of the President and the MoH, with support from WHO and other agencies, mobilized resources for rescue operations. WHO sent five basic IEHK units and eight IEHK malaria units, providing basic health care for 13 000 people for three months.

### Health Action in Crises

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- In *Niger*, the Government launched an appeal for international support on 6 September. WHO sent 20 basic IEHK units and 20 IEHK malaria units.
- In *Senegal*, a national emergency plan was activated and an appeal for UN support was launched on 27 August. WHO sent one IEHK.
- In *Mali*, WHO sent 15 basic IEHK and 15 basic IEHK units covering the health needs of 30 000 people for three months.
- WHO Country Offices are supporting their respective MoH to strengthen disease surveillance in affected areas by providing:
  - expertise to rehabilitate critical health services,
  - logistic and financial support for existing surveillance programmes,
  - refresher training on surveillance and alert systems for waterborne disease outbreaks.
- WHO's 2009 emergency activities in Burkina Faso were supported with CERF funding and activities in Niger were funded by Belgium, the CERF and France.

## CHAD



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

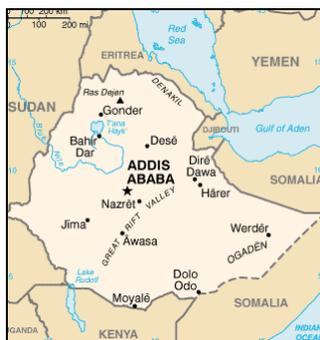
### Assessments and Events

- Between 28 September and 11 October, two suspected measles cases were notified in eastern Chad, bringing the total since 1 January to 1239 cases and 14 deaths. During the same period, 20 cases of acute jaundice were notified. Of these nine were reported in Adre health district, including two in Bredjing camp, five in Goz Beida health district, four in Am Timan health district and one in Abeche health district's Gaga camp. Since 1 January, 595 suspected cases were notified including four deaths.
- During the same period, 155 acute watery diarrhoea were recorded in Abeche, bringing the total since 1 January to 3559.
- During the same period, four cases of acute flaccid paralysis were reported: one by the Abeche regional hospital and three in the Goz Beida health district (Ablelaye, Gouroukoun and Goz Beida district hospital). Samples were taken.

### Actions

- WHO organized a training workshop on HIV diagnostic and blood transfusion quality in Abeche health school. Twelve health staff from Sila, Wadi Fira and Ouaddai health districts participated in the training to reinforce capacities in eastern Chad.
- The ongoing survey on AIDS awareness, behaviours and practices among people in eastern Chad has begun in Abeche health district. The investigation is covering both the IDP and host populations. During four days, 20 suburbs around Abeche will be covered. Participants trained 26 reviewers and organized a survey awareness campaign to prepare households for the reviewers' visits.
- WHO and Action Against Hunger met to review the current nutrition programme in the regional referral hospital's paediatric ward.
- WHO's emergency activities are funded by the CERF, the Common Humanitarian Fund, ECHO, Finland, Ireland, Italy and Spain.

## ETHIOPIA



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

⇒ According to the Federal MoH, six Influenza A cases have been confirmed in the country.

### Assessments and Events

- According to the Federal FMOH, 634 new acute watery diarrhoea (AWD) cases and one death (CFR 0.2%) were reported from Afar, Amhara, Somali, Oromiya, and SNNP Regions and Addis Ababa city between 21 and 27 September. The continuous movement of hundreds of thousands of pilgrims and migrant labourers to and from holy water sites and private farms are contributing to the spread of the disease.
- Food security is deteriorating particularly in many parts of Somali Region, and in East and West Harergerhe, Arsi and West Shewa zones of Oromiya Region. In parts of southern Somali Region, there are reports of livestock deaths, increased and unusual human migrations from rural to urban areas and to Food Distribution Points and critical water and pasture shortage. Following two consecutive poor *belglu* seasons in 2008, pastoralists have not fully recovered their livestock.

### Actions

- WHO continues to provide technical support to regions for the food and nutrition crisis and for strengthening AWD surveillance and on-the-job training of health workers to improve case management.
- The Federal MOH, regional health bureaus (RHB) and humanitarian partners developed contingency plans to address the re-opening of schools since mid-September.
- WHO sent 14 Inter-agency Diarrhoeal Diseases Kits (IDDKs), two Inter-agency Emergency Health Kits (IEHK), seven supplementary malaria modules and 15

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IEHK modules, or enough supplies to cover the needs of 25 000 people.

- WHO's emergency activities are funded by the CERF and Finland.

## SOMALIA



For more information see [www.who.int/hac/crises/som/en/index.html](http://www.who.int/hac/crises/som/en/index.html), [www.emro.who.int/somalia/](http://www.emro.who.int/somalia/) and [www.emro.who.int/somalia/CollaborativeProgrammes-cha.htm](http://www.emro.who.int/somalia/CollaborativeProgrammes-cha.htm)

⇒ Information on the current stocks of AWD supplies for the Health Cluster can be found at [www.emro.who.int/somalia/healthcluster.htm](http://www.emro.who.int/somalia/healthcluster.htm)

### Assessments and Events

- Acute watery diarrhoea (AWD) continues to affect public health. In Mogadishu's Banadir Hospital, two out of 10 samples tested positive for cholera. The hospital, which is maintaining a register for all AWD cases since February, reported 3846 cases and 56 deaths between 23 February and 27 September, of which 84% and 75% respectively were among children under five. In Bakool's Rabdhure District, 90 cases (99% affecting children under five) and four related deaths (CFR 4.4%) were reported between 19 August and 9 October., seven districts in Lower and Middle Jubba reported 121 AWD cases (86% affecting children under five) between 27 September and 4 October and a further 118 between 5 and 11 October. Respectively 37 and 24 cases were reported during the same periods in Lower and Middle Shabelle.
- Hostilities in Lower Jubba continue. As of 14 October, 213 casualties were reported by the Kismayo General Hospital since early October. According to local partners, IDPs have started to return, although an unknown number remain displaced in Jamame District.

### Actions

- WHO pre-positioned supplies in Banadir Hospital as well as water testing equipment for WASH partners. WHO is coordinating activities with UNICEF as WASH Cluster lead.
- WHO will train health partners, including international and local NGOs, in AWD case detection and management in Mogadishu, Afgooye Corridor, Bakool and Cadale.
- WHO continues to monitor the situation in Kismayo and positioned further medicines and supplies in the region.
- WHO and health partners are developing a flood contingency plan in conjunction with WASH partners to be able to respond to potential flooding in South Central Somalia. The plan sets out specific needs for supplies, training for disease control and operational support. This initiative has been incorporated within general AWD preparedness activities.
- With CERF funding, WHO and Muslim Aid have established three new outpatient departments (OPDs) in the Afgooye Corridor to serve IDP communities. WHO also provided five basic health units to the eight OPDs operated by Muslim Aid. The clinics will extend essential health services to IDP populations in the Afgooye Corridor.
- WHO provided 3-month-worth of diesel to the COOPI-run Baidoa Hospital to support the uninterrupted delivery of essential health services particularly to conflict-affected communities in the region.
- The WHO Country Office has received two Humanitarian Response Fund grants to support infectious diseases outbreak response and women and children health services (US\$ 202 000 and 235 000 respectively).
- WHO's emergency activities are funded by the CERF and the Humanitarian Response Fund.

## 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.

- An inter-agency meeting on Lessons Learned from the 2009 **World Humanitarian Day** celebration on 13 October.
- A presentation on **OCHA's strategic framework for 2011-2013** on 13 October.
- An inter-agency meeting on **UN Action against Sexual Violence in Conflict** in New York on 13-14 October.
- The 4th training partnership meeting of Inter-Agency Working Group on **reproductive health in crises** in Geneva on 14-16 October.
- The IASC Taskforce on **Information Management** on 15 October.
- An inter-agency meeting on **Natural Disasters in Asia-Pacific** on 16 October.
- An IASC consultation on **humanitarian civil-military relations** on 19 October.
- The Launch of the **NGOs and Humanitarian Reform Project Synthesis Report** on 21 October.
- The **ISDR joint work planning workshop** on 22 October
- The IASC Taskforce on **Meeting Humanitarian Challenges in Urban Areas** on 23 October.

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## **INTERNATIONAL DAY FOR DISASTER REDUCTION (IDDR)**

WHO teamed up with United Nations, national and non-governmental partners to mark this year's International Day for Disaster Reduction (IDDR) on 14 October, which was dedicated to the need to make "Hospitals Safe from Disasters". The day coincided with the culmination of the two-year World Disaster Reduction campaign based on the same theme and organized by the UN International Strategy for Disaster Reduction, WHO and the World Bank.

Events were held worldwide to mark the IDDR, with a key global event taking place in London (hosted by the UK Health Protection Agency) and related events in China, Egypt, Nepal, Nigeria, Panama, South Africa, Tajikistan and Thailand.

WHO launched a Thematic Platform on Disaster Risk Reduction for Health, which brings together national and international health partners in a forum to promote best practice in reducing the threat to health from hazards and making health systems better prepared to respond.

The IDDR builds on the ongoing World Health Day campaign of WHO dedicated to a similar theme, "Save lives. Make hospitals safe from emergencies".

For more information, see [Live podcast of Global event from London](#), [Goodwill Ambassador Jet Li](#) on the importance of making sure hospitals can withstand disaster and a WHO online radio podcast on [Providing health care in times of crisis](#).

See also <http://www.who.int/hac/events/iddr/en/index.html>

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

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