

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 [Health Cluster Bulletins](#), the [Weekly Morbidity and Mortality Report](#) and the [WHO Pakistan Office web site](#).

See also the latest press release [WHO steps up emergency response to Pakistan crisis](#) and the [WHO photo gallery on the crisis](#).

- ⇒ The Health Cluster is part of the inter-agency Conflict Early Recovery Initial Needs Assessment (CERINA) planned to start this week to assess the needs of IDPs and returnees in conflict-affected areas.
- ⇒ A UNHCR official was killed on 16 July by unidentified gunmen in Kacha Garhi camp near Peshawar. A security guard was killed and another employee was wounded in the attack.
- ⇒ WHO participated in the inter-cluster mission to Pakistan from 13–17 July.

* NWFP: North Western Frontier Province;
FATA: Federally Administered Tribal Areas.

Assessments and Events

- Concern continues regarding the provision of health care to IDP and host populations in Peshawar, Mardan, Nowshera, Charsadda and Swabi districts.
- According to the disease surveillance system, 67 000 consultations were reported in the five districts between 27 June and 3 July. Acute respiratory infections continue to be the leading cause of morbidity with 21% followed by acute diarrhoea (8%). The upcoming monsoon rains will further exacerbate health risks, particularly in crowded camps, where excess water will place increased strains on hygiene, sanitation and disease control systems.
- As of 15 July, over 20 000 IDPs have returned to Swat and Buner districts as part of a voluntary returns process organized by the Government. The increasing number of returns is highlighting the urgent need to restore the health system in conflict areas. Buner, which counted 36 facilities before the conflict began, saw one facility destroyed and 21 damaged while in Swat, at least 18 of the 80 pre-existing facilities were destroyed and 21 damaged.
- Equipment, medicines and supplies, ambulances and staff, especially female, are also needed. According to health authorities in Swat, there were 33 male doctors posted against 125 posts last April and only seven female doctors against the same number of posts. In Buner, there are only two female doctors working at in the district headquarter hospital. However, mobilizing medical staff, especially female, is a challenge due to security concerns.
- The Disease Early Warning System needs to be setup in these districts.

Actions

- WHO is supporting the MoH in guiding and coordinating emergency activities. WHO is setting standards, building capacity, identifying gaps and, where necessary, filling them as provider of last resort.
- The Health Cluster has sent 3 Mini Emergency Health Kits, 1 Cholera Kit, 1 full Italian Trauma Kit and 1 Surgical Kit to Buner district health department on 13 July as well as, 3 Mini Emergency Health Kits, 1 Cholera Kit, 1 Italian full Trauma Kit to Swat district health authorities on 14 July. Moreover, 9 Mini Emergency Health Kits were sent to different IDP camps and mobile clinics in Mardan and Charsadda districts between 8 and 14 July.
- WASH and Health Cluster partners are getting bracing the health system ahead of the monsoon season and sanitation and hygiene and water quality will need rigorous and continuous monitoring and robust coordination.
- The Health Cluster is facing shortage of funds to revitalize the disrupted health system in the conflict affected districts. WHO and health partners have received funds from the USA, Italy, Norway and DFID. ECHO has pledged funding to WHO.

SUDAN



For more information see www.who.int/hac.

Assessments and Events

- In the greater *Darfur* region, the health situation remains stable with morbidity within normal range and mortality below the emergency threshold. Acute respiratory infections, bloody diarrhoea, malaria and acute jaundice syndrome are the main reported conditions. In North Darfur, one suspected measles case was reported from Abu Shouk and five suspected meningitis cases were reported from Zam Zam (1), Shangil Tobay (2) and Tabit (2). Merlin is providing health services in Kalma Camp (South Darfur) covering the gap created by the expulsion of other NGOs last March.
- In South Kordofan, ...
- In *South Sudan*, the security situation in Abyei remains volatile and health contingency plans were developed for the area.

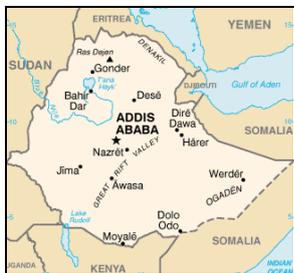
Actions

- In *South Darfur*, WHO is helping covering the gap created by the departure of IRC former clinic in Ottash camp and Muslim Aid running the clinic in Sakalae camp through provision of drugs and supplies for an estimated 3000 IDPs. Two

suspected cases of AWD were reported from Nyala with no death. WHO and state MoH investigated the cases and samples were sent to the Central Public Health Laboratory for analysis.

- In *West Darfur*, strengthening of EWARS and routine communicable disease surveillance system is ongoing. Communication equipment is being dispatched to WD to cover gaps and ensure timely response. During the reporting period communication equipment have been installed in 4 health facilities and are currently operational
- In *North Darfur*, preparations for the rainy season and the joint contingency plans include aspects of health education hygiene promotion and collaboration with the Wash and Nutrition sectors.
- In all three Darfur states, WHO continues to conduct regular monitoring of health facilities to ensure free access to health care for IDPs.
- In *South Kordofan*, WHO will support access of the displaced population to medical care in case of fighting and possible population displacement. As part of the contingency plan for the possible violence in Abyei following the Arbitration decision, WHO has completed a matrix for available medical staff and supplies that may be deployed during the possible crisis.
- WHO's activities in Sudan are funded by Australia, Monaco, the CERF, the Common Humanitarian Fund, ECHO, the ERF, Finland, Italy and the USA.

ETHIOPIA



For more information see the [HAC web site](#).

⇒ The Federal MoH has reported four cases of Influenza A.

Assessments and Events

- In the Somali region, the nutritional situation is generally considered as either serious or critical, with global acute malnutrition ranging from 14.5 to 21.9% and severe acute malnutrition from 0.8 to 2.3%. Persistent water shortages and poor immunization rates are aggravating the situation.
- According to the Federal MoH, 567 new cases of acute watery diarrhoea (AWD) and five deaths have been reported from Afar, Somali, Oromiya, Harari and SNNP regions last week, for a total of 1876 cases and 34 deaths (CFR 1.9%) between 8 June and 5 July.

Actions

- WHO and partners are addressing the AWD outbreak at federal and regional level. WHO continues to provide technical support to the affected regions of Somali, Oromia, SNNPR, Afar and Harari through provisions of emergency drug kits to government and NGO partners, supporting assessment, assist in monitoring and supervision and strengthening surveillance activities.
- WHO visited 4 affected woredas (Bosat, Fentale and Adim Tulu woreda) and Arsi zone(Marti woreda)of Oromia Region, seriously affected by AWD. The identified gaps are poor case management, critical gaps of water treatment supply and poor coordination.
- Regular meetings of the technical committee of the Emergency Health and Nutrition Task Force continue with WHO support. To strengthen the nutrition response, the Government, with WHO and UNICEF support, organized a Training of Trainers on OTP rollout for 64 MOH and NGO workers from Oromiya, Amhara and SNNPR.
- WHO's emergency activities are funded by Finland, Italy and the CERF.

KENYA



For more information see www.who.int/hac

⇒ Authorities have reported 22 laboratory confirmed cases of Influenza A.

Assessments and Events

- Numerous inter ethnic, cattle rustling and other resource-based (mainly water and pasture) conflicts across the northern parts of the country continue.
- In Kenya's north-western Turkana region, poor rains are heightening food insecurity in an area where three quarters of the population already depends in food aid.
- Dadaab refugee camps continue to experience a continuous influx of new refugees from Somalia with more than 40 000 new arrivals registered.
- The ongoing cholera outbreak has affected 32 districts since January, with 4185 cases and 90 deaths (CFR 2.2%) reported so far.

Actions

- WHO is appealing for US\$ 877 000 to respond to the needs of the host communities hosting the refugees in Dadaab and Kakuma. WHO's emergency activities are funded by Italy and the CERF.

Health Action in Crises

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CHAD



For more information see www.who.int/hac.

Assessments and Events

- In the east, banditry attacks on the humanitarian workers continue, marked by robberies and car hijacking.
- The meningitis outbreak is ongoing with four suspected cases reported between 29 June and 5 July, for a total of 71 suspected cases and six deaths (CFR 8.4%) since 1 January. A further 31 cases of measles were reported during that same week, bringing the total for 2009 to 1125 cases and 11 related 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.
- After two months of implementation, WHO and health district authorities reviewed the achievement of the community focal points for nutritional surveillance set up in 18 villages around Abeche. The impact is encouraging as is shown by the number of malnutrition cases detected among children under five. Surveillance is more difficult among nomadic communities.
- WHO activities are funded by ECHO, Italy, Finland, Spain and the CERF.

BENIN



⇒ Another Interagency Emergency Health Kit was sent to Togo where Heavy rains in early July caused several small floods in the southern maritime region.

Assessments and Events

- Benin declared a state of emergency and called for international humanitarian aid after floods caused by heavy rains hit the south of the country. At least 50 000 people have reportedly been displaced or affected by the floods in Cotonou and the surrounding area and along the entire southern coastline. As of 13 July, 43 out of 77 communes are reportedly affected by floods.
- The Government, UN agencies and NGOs have begun assessments in Cotonou, Porto-Novo, Abomey-Calavi and along the coast. Preliminary results show that safe drinking water, bed nets and blankets and essential medicines are urgently needed. Acute respiratory infections are a concern, as well as malaria and cholera outbreaks due to stagnant water and the possible contamination of underground water reservoirs.

Actions

- A UNDAC team was deployed to support assessments, identify needs and prepare for upcoming rains. In addition, three thematic groups were established (Health, WASH and Communications) to refine identified needs and determine the next steps. Nine health centres in Cotonou were identified as referral centres, one in Porto-Novo and four in Abomey-Calavi.
- WHO is coordinating the response to health needs, including bed nets, with partners and reviewing with all the possibility of providing free health care to affected people.
- WHO is also strengthening disease surveillance to ensure among other that outbreaks if meningitis do not occur.
- A complete Interagency Emergency Health Kit is being shipped to Cotonou, providing enough supplies and medicines for 10 000 people for three months.
- WHO is preparing a project proposal for flood response for the CERF Secretariat under the rapid response window.

SRI LANKA



For more information:
<http://www.searo.who.int/eha> or
<http://www.whosrilanka.org>

Assessments and Events

- The total number of IDPs remains unchanged, at around 280 000 people. They are accommodated mainly in Vavuniya, but also in Mannar, Jaffna and Trincomalee. New welfare zones are being established to decongest existing centres and accommodate IDPs moved from schools and other official edifices.
- With the support of health partners, the MoH is ensuring the provision of health care to IDPs, including antenatal care, nutrition and disease surveillance and child health.
- Staff from other provinces were recruited to assist local health providers. The MoH appointed post intern doctors and specialists to IDP sites permanently to develop a routine health system. However, considering the number of people to be served, more personnel and other resources are needed.
- There are 14 primary health care centres and four referral hospitals in the IDP-hosting areas and mobile teams are operating in the temporary sites.
- Lack of timely supply and distribution of safe drinking water and poor sanitation remain a major issue, resulting in poor personal hygiene and heightened risk for communicable diseases.

Health Action in Crises

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<p>⇒ Following the Government's decision of lifting some restrictions in accessing the camps, UN and other agencies continue engaged on the humanitarian assistance</p>	<p>Actions</p> <ul style="list-style-type: none"> • WHO's priorities remain the provision of adequate health care, including mental health and psychosocial support, access to safe drinking water and sanitation, and prevention of disease outbreaks. • WHO is supporting the MoH in strengthening disease surveillance. The Communicable Disease Weekly Update, done in collaboration with regional health authorities, has shown a decrease in cases of chicken pox, hepatitis A, diarrhoea and dysentery between 12 and 26 June. • WHO's emergency activities are funded by Italy, the CERF and the South-East Regional Health Emergency Fund.
<p>INDONESIA</p> 	<p>Assessments and Events</p> <ul style="list-style-type: none"> • On 17 July, two bomb explosions in the JW Marriott and the Ritz Carlton hotels in South Jakarta have killed a reported 11 people and injured 52. MoH mobile teams were immediately deployed to the sites. <p>Actions</p> <ul style="list-style-type: none"> • WHO joined the MoH crisis centre team to support rapid assessment and alert hospitals for mass casualty management.
<p>INTER-AGENCY ISSUES</p> <p>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.</p> <ul style="list-style-type: none"> • An inter-agency meeting on 15 July to prepare for World Humanitarian Day (19 August). • A meeting of the Humanitarian Liaison Working Group in Geneva on Côte d'Ivoire (16 July) and on reproductive health in emergencies (22 July). WHO is part of the panel of speakers. • The IASC Taskforce on Information Management on 16 July. • A meeting of the Common Humanitarian Funds on 16 July. • CERF inter-agency meeting on 16 July. • The 74th IASC Working Group meeting in Geneva, 13-15 July. • The eighth Emergency Directors Meeting in Geneva on 16 July. • The Advisory Committee of the IASC Gender e-learning Initiative, which is co-chaired by WHO. • The ECOSOC Humanitarian Affairs Segment in Geneva, 20-22 July. • The Mid-Year review of the Consolidated Appeals Process on 21 July. • The IASC Weekly meeting in Geneva on 22 July. • A Good Humanitarian Donorship- IASC meeting on 23 July. • A Global Cluster Lead meeting on 24 July. • A meeting of the Humanitarian Coordination Group on 24 July. 	
<p>ECOSOC HUMANITARIAN AFFAIRS SEGMENT, INFORMAL SIDE EVENT MONDAY 20 JULY 2009, 13.15-14.45, PALAIS DES NATIONS, ROOM XXIV (E BUILDING)</p> <p>The complex health challenges posed by humanitarian crises need to be addressed through solid partnerships of relevant stakeholders. The implementation of the Health Cluster has been an important step in this direction. As Health Cluster leading agency, WHO is responsible for coordinating international efforts for emergency response in health and providing authoritative, evidence-based guidance to Member States and other partners, ensuring gaps are filled and survivors are able to rebuild their communities.</p> <p>Join WHO, cluster partners and government counterparts to discuss the challenges involved in preparing for and providing humanitarian health action using the cluster approach and the successes achieved so far. This event will also mark the launch of the Health Cluster Guide and other tools developed by the Health Cluster.</p> <p>Topics include</p> <ul style="list-style-type: none"> • Taking stock - Achievements and challenges of Health Cluster work (Dr Lopez- Acuna, Director WHO/HAC/REC) • Doing together - The value of partnerships in humanitarian health action (Ms Carolyn Miller, Chief Executive, Merlin) • Field action - Example of coordinated field action (by videoconferencing, Dr Custodia Mandlhate, WHO Representative in Zimbabwe and Dr Adik Wibowo, WHO Representative in Myanmar) • Working with governments - Collaboration with existing systems (by videoconferencing, Dr Carmencita Banatin, Director Health Emergency Management Staff of the Philippines Department of Health) <p>The event will be co-chaired by Ms Catherine Bragg, OCHA/DERC, and Dr Eric Laroche, WHO ADG/HAC.</p>	

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

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