

*Each week, the World Health Organization Department for Health Action in Crises in Geneva produces information highlights on the health aspects of selected 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 internal use and does not reflect any official position of the WHO Secretariat.*

## OCCUPIED PALESTINIAN TERRITORY



More information is available at:  
[http://www.who.int/hac/events/opt\\_2006/en/index.html](http://www.who.int/hac/events/opt_2006/en/index.html)

⇒ During the Stockholm conference on 31 August on the Lebanon crisis, WHO updated the international community on the health situation in the West Bank and Gaza and presented the most urgent needs.

### Assessments and events:

- Salaries of civil servants have not been paid since last March but allowances were paid through the Temporary International Mechanism. Most health workers are still going to work, but they are threatening to suspend all services as of 2 September, including in patient care, with the exception of emergency cases.
- Shortages of resources and supplies are compromising the MoH capacity to deliver care. Patients in need of long term treatments, especially dialysis and cancer patients, are particularly affected.

### Actions:

- WHO continues assessing the situation in hospitals and primary health centres in the Gaza Strip and the West Bank.
- Thanks to a pledge from ECHO, WHO is developing a project to strengthen the pharmaceuticals supply and management system.
- The WHO Mental Health Team conducted field activities in Hebron, Bethlehem and Ramallah. WHO is working with partners to re-organize the mental health referral system.
- WHO presented an update on the current emergency in the health sector during a meeting with donors hosted by ECHO.
- UNICEF and WHO are assessing the immunization programme in Gaza.
- WHO's 2006 emergency activities are funded by the Organization's Regular Budget and contributions from Norway.

## LEBANON



More information is available at:  
<http://www.who.int/hac/crises/lbn/en/index.html>

⇒ The IASC Task Force on Lebanon meets twice weekly exchanging information on the situation and the operations.

⇒ The revised Flash Appeal, was launched on 31 August during the donor conference in Stockholm.

⇒ On 1 September, the Humanitarian Coordinator presented the revised Flash Appeal to the humanitarian community in Geneva and briefed on the Stockholm Donor Conference.

### Assessments and events:

- Up to 100 000 pieces of unexploded ordnance remain in South Lebanon, a major obstacle to operations and a pressing humanitarian concern.
- Half of all potable water supplies in South Lebanon have been damaged.
- Preliminary results of the health facility assessment show that up to 83% of all Primary Health Care facilities in Bint Jbeil and Marjayoun are not functioning. Shortages of fuel, drinking water, and medical supplies are a concern.

### Actions:

- WHO is training NGOs and MoH staff on early warning and surveillance. More than 100 people from health centres in Hermel, Nabatieh and Jezzine and Tyre have attended so far.
- The Health Cluster in Tyre distributed drugs and supplies to Marjayoun, Ben Jbeil and An Nabatiyeh hospitals and to Beit Leif, Al Zahla and Kfar Kila health centres.
- An assessment of the main public health laboratories in Hermel, Baalbeck, Nabatieh and Jezzine founds that they are well equipped. WHO will provide reagents and other supplies.
- NGOs are moving their activities to South Lebanon. The Health Cluster meeting in Tyre was well-attended, and another public health officer is now in Tyre.
- A meeting was held on 26 August with WHO, UNICEF and the Syrian MoH to evaluate the emergency response during the crisis, the lessons learned and recommendations to strengthen preparedness.
- Pledges for health activities were received from the CERF, Australia, Canada, ECHO, Iceland, Italy, Ireland, Japan, Norway and Sweden.
- During the Stockholm Conference, donors nearly doubled expectations of aid, pledging US\$ 940 million of help to rebuild Lebanon.

## SRI LANKA



⇒ The IASC country team in Sri Lanka launched on 30 August a Common Humanitarian Action Plan (CHAP) requiring US\$ 37.5 million for urgent relief from September to December 2006.

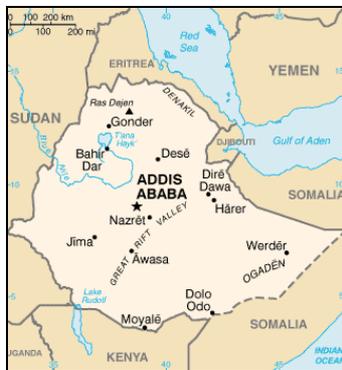
### Assessments and events:

- Since April, up to 200 000 people have been displaced by renewed violence and are at risk of injury or death whether because of cross fires or because of loss of access to health care and other lifelines.
- This is making children, women of reproductive age, elderly people and patients with chronic conditions, such as diabetes, extremely vulnerable.

### Actions:

- Health partners are planning to coordinate and assist local authorities to:
  - Improve immunization coverage;
  - Provide timely treatment and proper referral to the sick and injured;
  - Address cases of sexual violence;
  - Provide psychosocial support;
  - Monitor the overall performance of the public health system.
- WHO is participating in the CHAP and requesting US\$ 2 million to reduce avoidable mortality and morbidity by strengthening the presence and capacity of health personnel in affected areas, replacing lost assets and supplies and reactivating or upgrading key health facilities and programmes.

## ETHIOPIA



⇒ The Disaster Prevention and Preparedness Agency (DPPA) and humanitarian agencies said US\$ 27, and not 61 million, as initially estimated, would be required to meet the emergency food, non-food, and rehabilitation needs for people affected by the floods.

### Assessments and events:

- Since late July, floods are affecting an estimated 199 000 people across eight regions. In many districts the floods have damaged the health network and washed away medical supplies.
- The health impact include deaths, injuries and general distress. Further health effects can be expected due to population displacements and damages to vital infrastructures and systems. The risk of outbreaks and malnutrition is greatly increased.
- Since the beginning of the outbreak in Gambella early April, 16 555 cases of acute watery diarrhoea (AWD), including 196 deaths have been notified. Reportedly, the outbreak is subsiding in the areas first affected, but it has spread to new areas, including the capital Addis Ababa.

### Actions:

- A joint MoH, OCHA, WHO and UNICEF assessment was carried out in the regions most affected by the AWD outbreak. WHO, UNICEF and NGOs are assisting the MoH with case management, prevention and control.
- WHO provided essential drugs and sent two emergency field staff to strengthen surveillance immediately after the floods in Dire Dawa. Further assistance including medical supplies, logistics and water and sanitation support is still required.
- WHO AFRO has deployed a multi disciplinary team to support the response.
- The Federal MoH and WHO estimate that 20 million people are at risk of AWD and are approaching the international community with a project proposal of USD 873 000.

## HORN OF AFRICA



More information is available at:  
<http://www.who.int/hac/crises/international/hoafrika/en/index.html>

### Assessments and events:

- According to early warning analysts, residents in most of the areas of Kenya and Somalia will continue to need emergency humanitarian support until the end of 2006. These areas continue to face high malnutrition rates, worsened by poor health and hygiene conditions, while civil insecurity complicates the crisis, particularly in Somalia.
- In *Somalia*, a Food Security Analysis Unit survey reports a Global Acute Malnutrition rate in Gedo, Lower and Middle Juba exceeding 20%.
- More than 25 000 people are affected by floods in Jowhar.
- In *Kenya*, leishmaniasis in Wajir hospital seems to have stabilized, with 53 cases reported between 17 July and 11 August. There are no drug shortages.

### Actions:

- In *Kenya*, a joint WHO and MoH team will visit Isiolo and Kadjiado districts to follow up on the implementation of the surveillance system. WHO will provide financial support for supervision.
- WHO is supporting a public awareness campaign against leishmaniasis.
- In *Somalia*, WHO and UNICEF mobilizing resources for the next polio

### Health Action in Crises

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	<p>immunization campaign, scheduled for 10 September.</p> <ul style="list-style-type: none"> <li>• WHO is monitoring the situation in Jowhar.</li> <li>• In <i>Eritrea</i>, WHO and UNICEF are supporting MoH's outreach activities for nomadic populations in North and South Red Sea.</li> <li>• WHO's emergency activities are supported by a grant from the Central Emergency Response Fund (CERF). Additional support is provided by Italy for Djibouti and Sweden for Somalia.</li> </ul>
<p><b>SUDAN</b></p>  <p>More information is available at:  <a href="http://www.emro.who.int/sudan/">http://www.emro.who.int/sudan/</a></p> <p>⇒ On 5 September, the UNDG Technical Working Group updated on the Darfur Joint Assessment Mission.</p>	<p><b>Assessments and events:</b></p> <ul style="list-style-type: none"> <li>• The Emergency Relief Coordinator, Jan Egeland, spoke of a man-made catastrophe of an unprecedented scale in the <i>Darfur Region</i>, urging for a political solution to maintain humanitarian efforts.</li> <li>• The cholera outbreak in <i>northern Sudan</i> is ongoing. Between 21 April and 25 August, 6573 cases, including 209 deaths, were reported in 14 of the 15 states. Close to a quarter of all cases were reported in North Kordofan, followed by Khartoum State (14%) and White Nile (13%).</li> <li>• There is a decrease in the number of reported cases and in the case fatality ratio (from 9% to 3.2%). However, the outbreak is spreading to new areas. Previously unaffected <i>North</i> and <i>West Darfur</i> have reported 91 and 80 cases respectively since 18 August. Case fatality ratio stands at 10%.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• WHO is participating to the cholera task force of the Federal MoH, taking responsibility for risk assessment, surveillance and standardization of case management.</li> <li>• In <i>West Darfur</i>, WHO, MSF-CH and the State MoH have prepared cholera treatment centre plans for El Geneina, Zallingi and other towns and major IDPs camps. WHO participated in community awareness raising activities on cholera and trained 60 people on water chlorination in El Geneina.</li> <li>• Following the report of 127 suspected cases of acute jaundice syndrome by Medair in Um Shalaya camp for Chadian refugees, WHO is assisting in the collection of samples for laboratory confirmation.</li> <li>• In <i>North Darfur</i>, WHO assists the State MoH in responding to the cholera outbreak. With support from UN and NGO partners, WHO has built and equipped a 50-bed Cholera Treatment Centre in El Fasher hospital.</li> <li>• In <i>South Darfur</i>, WHO trained 52 technicians on Indoor Residual Spray for the anti-malaria campaign organized by OXFAM, CARE, the Norwegian Refugee Council, WHO and the State MoH in Kalma Camp.</li> <li>• In <i>Khartoum</i>, WHO provided the State MoH with medical supplies for mobile clinics as a part of the cholera preparedness plan.</li> <li>• In 2006, contributions for WHO's emergency activities were received from the European Commission, Finland, Ireland, Norway, Switzerland, the CERF and the 2006 Common Humanitarian Fund.</li> </ul>
<p><b>CHAD</b></p> 	<p><b>Assessments and events:</b></p> <ul style="list-style-type: none"> <li>• The arrival of the rainy season facilitates the spread of waterborne diseases and hinders access to several zones hosting local population, displaced people and refugees, including the areas of Goz Beida and Gaga, where a large number of refugees are living.</li> <li>• Since March, 123 cases of suspected hepatitis E, including 3 deaths, have been notified in Gaga camp. Local health authorities requested assistance from WHO and partners to respond to the outbreak.</li> <li>•</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• The six samples sent to the Val de Grâce in Paris by WHO have tested positive for hepatitis E.</li> <li>• The MoH, HCR and WHO conducted a mission to Gaga camp in July and August to support the elaboration of a response plan in coordination with the NGOs Oxfam, Africare and Cord covering surveillance, water and sanitation, sensitization and hygiene promotion as well as case management.</li> <li>• WHO's emergency activities are funded by the United Kingdom and ECHO.</li> </ul>

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## DEMOCRATIC REPUBLIC OF THE CONGO



### Assessments and events:

- An outbreak of typhoid fever has been reported in Libenge, in northwest *Equateur province*. Fifteen cases and three deaths have been notified so far.
- Surveillance reveals an increase in cholera cases in *Katanga*, particularly around a Kalemie (143 cases) and Kinkondja (85 cases). MSF-France and other partners are strengthening case management.
- Eight cases of polio have reported so far from various regions.

### Actions:

- Between 18 and 20 August, WHO, UNICEF and partners supported the MoH with the implementation of a new round of polio immunization targeting 5.7 million children under five in *Bas Congo, Kinshasa, Kasai Oriental and Occidental, Bandudu and Katanga*.
- WHO mobilized staff and vehicles to support the vaccination campaign.
- WHO supported the delivery of 22 tonnes of medicines and emergency kits donated by the Government of Italy for displaced people in Katanga.
- WHO participated in a joint mission on the Kalehe-Nyabibwe axis, North of Bukavu in *South Kivu*, where several thousands households are still displaced straining the resources of the host communities. Fourteen zones affected by cholera, malaria and measles outbreak will receive supplies.
- WHO is deploying twelve new Emergency Focal Points and epidemiologists to the various provinces
- In 2006, WHO's activities are supported by Finland. Funds were received from OCHA's Humanitarian Fund and the CERF.

## INTER-AGENCY ISSUES

- **Indonesia.** On 5 September, the IASC Taskforce will update on the situation and plans for the next months and discuss cluster coordination.
- **Pakistan.** On 6 September, the IASC-UNDG South Asia Earthquake Taskforce will update on the implementation of the ERRA/UN Early Recovery Plan and discuss contingency planning and preparedness for the coming winter, capacity building for disaster preparedness and the findings of the Joint draft OCHA/UNDGO/UNDP mission report.
- **Clusters.**
  - **Emergency Shelter.** On 6 September, the Cluster Working Group will discuss training, update on the draft monitoring and reporting tools and brief on activities in Lebanon and Somalia.
  - **Nutrition.** the Cluster Working Group will meet in Rome on 4-6 October.
  - **Health.** The Cluster Working Group is expected to meet in Geneva on 10-11 October.
  - **Cluster Guidance.** On 9 October, the IASC Working Group will discuss the revised Cluster Guidance Note.
- **CERF.** On 31 August, the inter-agency meeting on the Central Emergency Response Fund discussed expenditure, implementation and reporting for CERF grants.
- **Contingency Planning.** The next inter-agency meeting on emergency preparedness and response will take place early September.
- **Gender.** On 6 September, the IASC Taskforce on Gender and Humanitarian Action will update on the draft handbook *Women, Girls, Boys and Men, Different Needs – Equal Opportunities*.
- **Framework Team.** The Framework Team will meet on 7 September.
- **IASC Weekly.** On 30 August, the IASC Weekly meeting in Geneva updated on the humanitarian situation in eastern Chad and northern Uganda.
- **Mental Health and Psychosocial Support.** On 22 September, the IASC Taskforce will discuss the draft *Guidance on Mental Health and Psychosocial Support in Emergency Settings* and the future of the Taskforce.
- **Emergency Training.** The 2<sup>nd</sup> Emergency Team Leadership Programme will take place in Geneva on 8-13 October.

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

**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. Map source: Perry Castaneda Library Map Collection, University of Texas at Austin.

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