

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

Assessments and events:

- Health professionals are concerned about the impact of power outages on household food safety and hospital care. Spoiled food and the lack of power to treat waste water could lead to outbreaks of communicable diseases.
- The two-month emergency stocks of essential drugs held at the MoH hospitals in the Gaza Strip are running low in selected items, including heparin, surgical plaster and disposables (sutures, needles and cannula).

WHO Actions:

- Supporting the MoH in ensuring the provision of power to hospitals in the Gaza Strip.
- Visited health facilities from 26 to 29 June, in Hebron, Bethlehem, Gaza City, Khan Younis and Rafah to monitor the impact of the crisis and assess needs.
- Monitoring the situation and has developed, with other UN partners, a list of indicators to assess the accessibility of health care.
- Reviewed the contingency plan for Gaza and is coordinating activities and needs with UN agencies, ICRC and NGOs.
- Working with partners in the donor community to support the health sector and prevent a deterioration of the health situation, particularly by providing essential drugs where shortages are most acute.
- WHO's 2006 activities have been funded by the Organization's Regular Budget and a contribution from Norway.

SUDAN



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

Assessments and events:

- As of 23 June, 2406 cases of acute watery diarrhoea, including 90 deaths, were reported in nine out of 15 states in *Northern Sudan*.
- In *South Darfur* the outbreak started on 24 May and so far there have been 106 cases reported, including 4 deaths,.

WHO Actions:

- In response to the outbreak of acute watery diarrhoea (AWD) in *Northern Sudan*, the MoH, WHO, UNICEF and partner NGOs are strengthening case management, surveillance, social mobilization and chlorination of water sources. Technical guidance and reference materials have been made available. Efforts are under way to mobilize cholera kits as an in-kind donation.
- In *North Darfur*, preparedness activities have increased due to the AWD outbreak. Two Training of Trainers workshops on case management, preparedness and epidemic response were conducted. A mobile team including MoH and NGO members will be trained on epidemic response and will focus on inaccessible areas.
- In *South Darfur*, the MoH was supported in responding to an outbreak of AWD in the town of Kass. The team assessed the chlorination of water and discussed a preparedness plan with health partners. Other activities included the distribution of case management guidelines, health education and hygiene promotion.
- Provided laboratory supplies for the detection of AWD and trained medical staff working in Kass hospital and IDP clinics,.
- In *West Darfur*, a meningitis vaccination campaign was carried out in Zalingei.
- A measles immunization campaign, targeting children between 9 months and 15 years, is ongoing and it has reached 37% of the target population so far.
- In 2006, contributions for WHO's activities were received from the European Commission, Finland, Ireland, Switzerland, the Central Emergency Response Fund and the 2006 Common Humanitarian Fund.

INDONESIA



More information is available at: <http://www.who.int/hac/crises/idn/sitrep/en/index.html> or at http://www.searo.who.int/en/Section23/Section1108/Section2077_11723.htm

- ⇒ On 6 July, a meeting on assistance to communities affected by the earthquake in Indonesia will take place in Geneva.
- ⇒ The next meeting of the IASC Taskforce on the Indonesia Earthquake will take place on 12 July to update the humanitarian situation, provide feedback from the launch of the Earthquake Response plan and discuss cluster coordination.

Assessments and events:

Yogyakarta earthquake

- As of 26 June, the MoH reported 6736 dead and 45 201 injured. Between 300 000 and 500 000 homes were destroyed or damaged. The number of homeless people ranges from 1 to 2 million.
- A total of 76 cases of tetanus, including 25 deaths, have been reported.
- Access to safe water and adequate sanitation remain a problem for the affected population.

Sulawesi flash floods and landslides

- The death toll remains at 285. Access to affected areas is difficult and stocks of food and medical supplies remain limited.

WHO Actions:

Yogyakarta earthquake

- Treatment programmes supported by WHO and the Australian Government Overseas Aid Program AusAid have been organized to supply vital medicine to tetanus patients.
- A mass immunization campaign has been completed with 76.6% coverage for measles and 45.3% for tetanus.
- Distributed emergency health and surgical kits and provided cars, ambulances and radio equipment. Water and sanitation assessments were carried out and environmental health programmes were developed.

Sulawesi flash floods and landslides

- Staff were deployed in the affected areas to conduct a health assessment and is providing support to the national and local health authorities.
- The Indonesia Earthquake Response Plan was launched in Geneva on 6 June. WHO is requesting US\$ 5.4 million to cover the health needs of the affected populations. Thanks to pledges totalling US\$ 2.24 million from Australia, Canada, Iceland, Monaco, Sweden, the United Kingdom and the United States, over 40% of total funds requested have been obtained.

HORN OF AFRICA



Progress reports are available from Eritrea, Ethiopia and Kenya. A Field report on the assessment carried out in the North Red Sea region of Eritrea is also available. They can be seen at: <http://www.who.int/hac/crises/international/hoafrika/en/index.html>

Assessments and events:



- Some 8.5 million people mainly from pastoralist communities across the region are affected.
- According to the Famine Early Warning Systems Network, despite temporary improvements because of the rains, conditions are expected to worsen as the dry season progresses. As a result, affected pastoral areas will continue to require support in the near future.
- Coordination at district level in most of the countries is still weak. Logistic support to outreach services remains a challenge as equipment (vehicle, cold chain, etc.) is worn out and malfunctioning in some places.
- In *Eritrea*, field assessments confirm the fragility of the health sector in areas of the North Red Sea: human resources and medicines are scarce and the support systems are precarious. Disease surveillance is in place but capacity is lacking to analyse the data and identify outbreaks quickly.
- In *Ethiopia*, civil unrest in the Borena zone has displaced thousands. In the Gelana zone, 400 households were displaced by floods. The trend for communicable diseases indicates an improvement but follow up is necessary as deterioration could follow the dry season.
- In *Somalia*, rains have brought little relief. The acute crisis continues. Supplementary and therapeutic feeding is reaching only 16% of the estimated 58,000 malnourished children in 5 regions.

WHO Actions:

- Helping the MoH in *Djibouti* to improve the capacities of the country's mobile units. A rapid survey revealed that qualified human resources are available locally. Work is ongoing to reinforce nutritional surveillance.
- In *Eritrea*, the MOH, WHO and UNICEF, carried out a nation-wide mass measles immunization and vitamin A supplementation campaign from 28 June to 2 July. The campaign targeted about half a million children who are under five years old.
- In *Ethiopia*, a needs assessment in all affected zones is being supported. Contingency plans will be developed to strengthen the emergency response., Essential drugs are being provided to the Somali and Oromiya regions. In Gelana, the spraying of households is being supported to combat the rising

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	<p>incidence of malaria.</p> <ul style="list-style-type: none"> • In <i>Kenya</i>, training on Integrated Disease Surveillance and Response (IDSR) continues. Eight district health management teams were trained in Garissa and Isiolo on epidemic preparedness and response, data management, laboratory support and surveillance, training and supervision. • Providing technical, logistic and financial support for training health service providers on the management of severe malnutrition. • Carried out a Rapid Health Assessment to determine the health situation in the South and Central Zones in <i>Somalia</i>. Over 1 million children have been vaccinated against measles, half of them in south Somalia. • WHO's activities are supported by a grant from the Central Emergency Response Fund (CERF). Additional support is provided by Norway for Ethiopia, Italy for Djibouti and Sweden for Somalia.
<p>TIMOR-LESTE</p>  <p>More information is available at: http://www.who.int/hac/crises/tls/en/index.html</p>	<p>Assessments and events:</p> <ul style="list-style-type: none"> • The security situation has improved but remains fragile. More than 68 000 people are living in IDP camps in Dili and another 80 000 in camps outside the capital. • Acute respiratory infections remain the most frequently reported disease and sporadic cases of diarrhoea are also occurring. • MoH mobile medical teams and 90% of the national health services are still operational. <p>WHO Actions:</p> <ul style="list-style-type: none"> • The surveillance system set up by the MoH during the first week of the crisis is being supported. The system covers more than 80% of the IDP population in Dili and will be expanded further as security permits. • An investigation and response team was established to develop activities to contain and prevent further outbreaks. • Laboratory capacity is being strengthened for the early detection of diseases with epidemic potential. National staff is being trained to detect and respond to outbreaks. • WHO participated in the Flash Appeal launched on 12 June, requesting US\$ 1.3 million to support coordination, epidemic preparedness, early warning and response, maternal health, gender-based violence prevention and the provision drugs and consumables. No pledges have been received.
<p>NIGER</p> 	<p>Assessments and events:</p> <ul style="list-style-type: none"> • A nutritional survey carried out at the end of 2005 by the Government, UNICEF and CDC revealed a 15.3% acute malnutrition rate among children under five, ranging from 9% in Niamey region to 28% in Tahoua region. • As of 15 June, UNICEF and its partners reported 130 110 cases of malnutrition (16 645 severe and 113 465 moderate). • As of 4 June, 4152 cases of meningitis, including 294 deaths (CFR 7.1%) have been reported in Maradi, Dosso, Niamey and Tillabery. Over the same period in 2005, 1000 cases had been reported, including 108 deaths. • Since February, 226 cases of cholera, including 22 deaths (CFR 9.7%) were reported in Tillabery, Maradi and Niamey. No new cases have been reported since 12 June, but the upcoming rainy season could trigger new outbreaks. • The trend for malaria is showing an 8% increase compared to the same period in 2005. <p>WHO Actions:</p> <ul style="list-style-type: none"> • The Country Office is monitoring the situation in close cooperation with national health authorities. • WHO/EHA inter-country coordinator conducted a support mission to Niger from 25 June to 3 July. • Health authorities are being supported to build capacity for the management of severe malnutrition; reinforce coordination to ensure targeted and appropriate response in under-served zones; strengthen surveillance of and preparedness against diseases outbreaks; and develop and implement emergency policies and strategies to facilitate access to health/nutritional care. • No voluntary contributions have been received in 2006.

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DEMOCRATIC REPUBLIC OF THE CONGO



Assessments and events:

- Three cases of polio have been confirmed in DRC since May, two from Bas Congo and one from Kasai Occidental, following two separate importations of wild poliovirus. Prior to these cases, DRC had successfully stopped polio transmission in 2000 and had been polio-free from 2001 to 2005. The country now faces a serious risk of the disease spreading across the country and an emergency outbreak response is needed.

WHO Actions:

- An Emergency Outbreak Response plan has been quickly developed and polio immunization activities targeting 1.6 million children under age five in the Bas Congo province were implemented between 13-15 June.
- From 14 July, polio immunization activities will be conducted, targeting 5.8 million children under age five in Bas Congo, Kasai Occidental, Kasai Oriental, Bandundu and Katanga. Some 15 000 teams of vaccinators will administer 7 million doses of monovalent oral polio vaccine to prevent the further spread of the crippling disease.
- WHO and the MOH have planned additional polio immunization activities in August and in September targeting a total of 10 million children, and WHO is requesting US\$ 5.4 million to cover the cost of operations, procurement of oral polio vaccine (through UNICEF), and to strengthen the acute flaccid paralysis (AFP) surveillance network.
- In 2006, WHO's activities are being supported by Finland. Funds have been pledged by the Humanitarian Fund and the Central Emergency Relief Fund.

INTER-AGENCY ISSUES

- **IASC Working Group.** From 5-7 July, WHO is hosting the 65th IASC Working Group meeting. On the agenda: Humanitarian Reform, Cluster Approach, Strengthening the Humanitarian Coordinators System, the Health and Nutrition Tracking Service, Gender and Humanitarian Assistance, Human Rights and Humanitarian Action, the Needs of Older People in Crises, Advocacy for Neglected Emergencies, Humanitarian Security, Early warning/Early action and CAP issues.
- **Humanitarian Reform.** On 7 July, the IASC Cluster Leads will meet in Geneva to discuss cluster training, evaluation of clusters, cross-cutting tools and guidance and cluster funding.
- **Gender-based Violence.** The next meeting of the GBV Group of the IASC Taskforce on Gender and Humanitarian Action will take place on 11 July.
- **IASC Nutrition cluster.** The next face to face meeting of the IASC Nutrition Cluster will take place in New York on 12 and 13 July.
- **UN-NGO relations.** Heads of Agencies will take place in an IASC-NGO meeting in Geneva on 12 and 13 July to enhance the effectiveness of humanitarian action.
- **ECOSOC Humanitarian Segment.** The ECOSOC Humanitarian Segment will take place in Geneva from 14-19 July 2006.
- **Internal Disaster Response.** On 17 July, IFRC is organizing an ECOSOC side event entitled "Improving the Legal Framework for the Facilitation, Coordination and Regulation of International Disaster Response".
- **Humanitarian Funding.** The Launch of the Mid-Year Review of the Humanitarian Appeal 2006 will take place on 18 July.
- **Early Recovery.**
 - On 7 July, the IASC Early Recovery Cluster will discuss monitoring, evaluation and impact assessment.
 - On 12 July, the UNDP Assistant Administrator and Director of the Bureau for Crisis Prevention and Recovery, and representatives of the Cluster Working Group will present the outcomes of the CWGER workshop held on 8-9 June 2006.
- **Tsunami Recovery.** On 5 July, the IASC-UNDG Taskforce on Tsunami Recovery will update on the Development Assistance Database and the Tsunami Recovery Impact Assessment & Monitoring System (TRIAMS).

Please send any comments and corrections to 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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