

*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 internal use and does not reflect any official position of the WHO Secretariat.*

## HORN OF AFRICA



See also the WHO Press Release on how [health risks add to the crisis in Ethiopia](#) and the [weekly update for Ethiopia](#)

- ⇒ Most illnesses – other than the evident instances of diarrhoea or vomiting – entail a deterioration of the nutritional status, as the body consumes more energy to heal itself.
- ⇒ Malnutrition, weakens the immune system and raises the risk for communicable diseases.
- ⇒ On 23 July, WHO briefed the IASC weekly in Geneva on the impact of the global food crisis on health in the Horn of Africa.
- ⇒ On 25 July, WFP, WHO and UNICEF briefed the Humanitarian Liaison Working Group briefed in Geneva on the food and nutrition situation in Djibouti.
- ⇒ For *Ethiopia*, current humanitarian needs for health and nutrition are estimated at US\$ 25 million.

## Assessments and Events

- Across the region, 15 million people are facing a combination of drought, armed conflict, high food and fuel prices and a succession of poor harvests.
- In *Somalia*, Central, Hiran and Bakool regions are the most severely stricken. The number of people in need of assistance has risen to 2.6 million, up by 40% from January. About 180 000 children are acutely malnourished, of which less than a third have access to care. In Galgadud, Action Contre la Faim saw its caseload of malnourished children double in less than three months.
- In *Ethiopia*, 4.6 million people require food aid for the rest of the year. The situation seems to be worsening in Dire Dawa and East and West Hararge where the number of admissions in feeding centres is rising.
- In *Kenya*, 1.2 million people need food assistance and it is estimated that rising food prices have a significant impact on at least 70% of the overall population. The cholera outbreak continues in Nyanza Province with 1950 suspected cases and 81 related deaths registered. Kisumu East district is the worst affected.
- *Eritrea* is also suffering from rain failure and scarcity of water. In Southern Red Sea, cases of bloody diarrhoea have risen above the alert threshold.
- In *Djibouti*, at least 80 000 people are reported in an acute crisis. Global acute malnutrition for children under five is 17%, reaching 25% in parts of the north-west region.

## Actions

- From Nairobi, a WHO-led *Regional Health Emergency Group* monitors the situations, supports country-level coordination, and works at filling gaps – be they technical, such as protocols for outbreak control, or programmatic such as outreach services, and building capacities for stronger health action.
- In *Somalia*, WHO pre-positioned drugs and supplies in south-central under the care of partner NGOs. Trauma and cholera kits are also available. The WHO early warning system is functional in spite of insecurity.
- In *Ethiopia*, WHO visited Dire Dawa, Hareri and East Hararge to support health partners and introduce the new WHO Focal Point in the area. In Addis, WHO is working with the Federal MoH to strengthen crisis management and inter-sectoral coordination also at central level.
- In *Kenya*, the MoH and WHO are leading a multi-sectoral response to the cholera outbreaks.
- In *Eritrea*, District Health Teams are implementing outbreak response measures and health education on home management of diarrhoea and hygiene promotion.
- In *Djibouti*, WHO is part of an inter-agency discussion to consolidate an appeal to cope with combined effects of drought and soaring food prices.
- WHO's emergency work is funded by Canada, the United Kingdom, the CERF and the local Humanitarian Response Fund in Ethiopia, by Italy, the US and Australia in Somalia, by the CERF in Djibouti, ECHO, DFID and the CERF in Eritrea and Australia, Turkey and the CERF in Kenya.

## WEST AFRICA



## Assessments and Events

- In *Niger*, heavy rains in the region of Zinder killed six people and affected more than 22 000, of which many were displaced. Children under five account for a quarter of the affected population. Emergency needs include food and non food items, water chlorination and health care. Trauma is the main condition reported so far but cholera could resurface: as of 14 July, 540 cases and 52 deaths (CFR 9.8%) cases had been reported in the region. Malnutrition is a major concern with 71 875 cases and 142 deaths reported so far.
- In *Liberia*, flooding in Monrovia has affected more than 20 000 and briefly displaced approximately 800 across 17 communities.

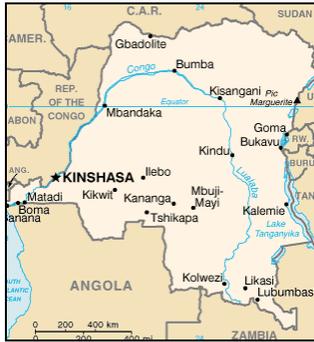
<p>⇒ In 2007, West Africa countries were affected by widespread floods. For 2008, meteorologists warn that the region is likely to receive above average levels of rainfall. Floods have already been recorded in Benin, Cote d'Ivoire, and Burkina Faso.</p>	<ul style="list-style-type: none"> <li>• In <i>Sierra Leone</i>, Kroo Bay, a slum settlement at the centre of Freetown, was severely affected by flash floods.</li> <li>• In <i>Guinea Bissau</i>, the number of people infected by cholera has doubled from 325 early July to 611 on 22 July and infections have spread to areas previously considered low risk.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• In <i>Niger</i>, WHO is providing two emergency health kits including cholera and malaria drugs and supplies to support the response of the regional government and MSF. WHO continues to support surveillance, coordination and control.</li> <li>• In <i>Liberia</i>, WHO provided 100 kg of chlorine as well as financial and technical support for water chlorination and health awareness activities. WHO intensified epidemiological surveillance and continues to monitor the situation. The Inter Country Team in Ouagadougou is using CAP 2008 funds from Ireland to support rapid assessment and information management.</li> <li>• In <i>Sierra Leone</i>, A MoH/WHO assessment in Kroo Bay recommended providing essential drugs, supplies and safe drinking water, strengthening immunization and health education and closer in-depth risk assessment.</li> <li>• In <i>Guinea Bissau</i>, WHO, UNICEF and partner NGOs are helping the MoH to stop the disease from spreading. WHO is helping the Government identify and treat cases and is seeking US\$ 555 000 to strengthen surveillance, medical outreach and supervision and provide essential drugs and supplies for effective case management. The funds from Ireland are also used to support training on case management.</li> <li>• WHO's emergency activities are funded by the WHO regular budget in <i>Sierra Leone</i>, ECHO, Spain and the UN Trust Fund for Human Security in <i>Liberia</i>, the WHO budget and the CERF in <i>Niger</i>, the WHO budget, Spain and the CERF in <i>Guinea</i>. A request for US\$ 555 000 has been made to the CERF to support the response in <i>Guinea Bissau</i>.</li> </ul>
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<p><b>CHAD</b></p>  <p>The weekly morbidity and mortality bulletin is available on <a href="#">HAC's web site</a></p>	<p><b>Assessments and Events</b></p> <ul style="list-style-type: none"> <li>• The situation is calm but vigilance is still required. Thefts and acts of banditry against humanitarian organizations continue, including attacks on their premises.</li> <li>• MSF-Holland has not yet resumed activities in Kerfi, near Goz Beida.</li> <li>• Between 9 June and 22 July, 18 cases of acute jaundice syndrome and two deaths were notified in Iridimi refugees camps in Iriba zone. Following the temporary departure of MSF-Luxembourg from Iriba for security reasons, epidemiological data are not collected. MSF hopes to resume activities shortly.</li> <li>• One case of acute flaccid paralysis was reported. Sample analysis is ongoing.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Following the rise in the number of cases of jaundice, the MoH and WHO conducted an investigation to Iridimi and Touloum camps to assess the situation and collect samples for analysis. In the absence of MSF, the MoH and WHO are looking into provisional solutions to ensure the provision of health care in Iriba.</li> <li>• WHO and the regional health authorities are reviewing capacities and needs of all laboratories in the east. Between 15 and 25 July, Bahaï, Iriba et Guereda were assessed.</li> <li>• WHO donated essential drugs, supplies, Ringer's Solution and pills of zinc against diarrhoea to support the ICRC delivering care in the five health centres of Adre.</li> <li>• WHO is preparing a training on the case management of malaria with artemisin-based combination therapies (ACTs) for health centres manager from Adre and Amdam. Donations of drugs and supplies will be organized at the same time. Aviation Sans Frontières-Belgique will provide logistical support.</li> <li>• WHO continues supporting local health authorities in producing regular morbidity and mortality bulletins.</li> <li>• WHO's emergency response is funded by the its own budget, Finland and ECHO. Chad is selected for the second round of under-funded emergency funding from the CERF.</li> </ul>
<p>⇒ On 21 July, WHO, UNICEF and UNHCR met to evaluate ongoing health activities in refugee camps in the east, define priorities areas of action and review potential gaps. Weak reproductive health and referral services in Bredjing, Treguine, Touloum and Iridimi were reported.</p>	

**Health Action in Crises**

WHO is working with partners to address the health aspects of crises in more than 40 countries. Check the Health Action in Crises Web site for more details: <http://www.who.int/hac/>

## DEMOCRATIC REPUBLIC OF THE CONGO



More information on the DRC is available on [HAC's web site](#)

### Assessments and Events

- Since 25 May, 64 000 Congolese nationals have been expelled from Angola into Kasai, and 150 000 more may be concerned by the similar measures. Destitute, the expellees need water, food, medication and transport. Women and girls are reportedly in an extremely vulnerable situation. Reports indicate cases of sexual violence and harassment.
- No adequate reception infrastructure is in place and local and national authorities appear unprepared and slow to react.

### Actions

- WHO is following up issues related to the expellees on a daily basis and is participating in all joint assessments. Medical kits have been pre-positioned in Kasai.
- WHO and Health Cluster are part of the committee created by OCHA to respond to the needs of those displaced from Angola, focusing on health aspects. WHO is developing a project to reinforce health care capacities in health centres and frontier posts in the areas of Kasai Occidental/Oriental, Bandundu where the expellees are residing.
- WHO's emergency activities are supported by Finland, the CERF and the local Common Humanitarian Fund.

## CHINA



More information on WHO's response is available on [WPRO's web site](#)

⇒ The UN China Appeal for Early Recovery Support was launched on 25 July in Geneva, requesting US\$ 33 million.

### Assessments and Events

- Following last May's devastating earthquake in Sichuan, the region's health care system suffered severe physical and human damage, adversely affecting all aspects of service delivery and preventive health care. The main health needs include:
  - surveillance, prevention and control of communicable diseases;
  - restoration of damaged health-care facilities and infrastructure;
  - physical rehabilitation of the injured;
  - psychosocial well-being and mental health of the vulnerable populations.
- Local authorities aim to restore basic medical services in every county, township and temporary shelter by the end of July and to have functional local hospitals in the whole quake zone by the end of the year.
- The Government reports 5100 temporary settlements, housing more than 5 million people. Over the next 6 months, water and sanitation services will be needed for these settlements, child centres, schools and hospitals.
- As of 17 July, the number of people affected by the earthquake remained at 46.24 million.

### Actions

- WHO provided or supported the local procurement of emergency health supplies and equipment, such as essential medicines, water purifiers, portable x-ray machines and ventilators. It also assisted in re-establishing capacity for preventing and controlling epidemics and communicable diseases and helped to reactivate essential functions of damaged frontline medical facilities.
- The MoH, WHO, UNICEF and UNFPA visited Gansu and Shaanxi Provinces to assess the effects of the earthquake on health services, the provision of care to displaced persons, the technical, human and material needs and the plans for early and medium-term recovery and reconstruction, and to identify priority areas of support for the international community.
- Under the Appeal, WHO is requesting US \$ 5.4 million to prevent a deterioration in the health status of the affected population by supporting the reconstruction and restoration of essential health services, providing essential water supplies, sanitation and hygiene services and designing and supporting mental health and psychosocial care activities.

## YEMEN



### Assessments and Events

- Population displacements to Sa'ada city continue. IDPs are accommodated in camps or with relatives and friends in the city. It is estimated that more than 130 000 people are affected by the conflict.
- The humanitarian situation in Sa'ada has reportedly deteriorated over the last weeks and the need for assistance increased. Yemen is one of the WHO priority countries for the food crisis with acute and chronic malnutrition at 14.3% and 58.2%, respectively.

### Actions

- A joint inter-agency mission is under preparation to assess the immediate needs and to reinforce the assistance already given. A coordinated plan of action will be formulated and implemented
- WHO is shipping three inter-agency health kits to support the provision of health care. WHO is putting together a project proposal for the CERF.

## INTER-AGENCY ISSUES

- The **UNDAC** Asia-Pacific Induction Course is taking place in Singapore on 13-25 July.
- **Myanmar.**
  - A briefing on the Launch of the revised appeal for Myanmar took place in Geneva on 24 July.
  - The ASEAN's Post-Nargis Joint Assessment (PoNJA) report was launched in Singapore on 21 July.
- The IASC **Gender** Sub-Working Group will meet on 23 July. The SWG e-learning initiative group will meet on 31 July. The SWG next face to face meeting will take place in New York on 6 and 7 October.
- **Global Food Crisis.**
  - OCHA briefed on the impact of the crisis in central and west Africa.
  - On 23 July and inter-agency meeting on the Central Emergency Response Fund discussed proposed CERF allocations for the food crisis.
- The inter-agency group on the **CERF** met on 24 July.
- The UN **Executive Committee on Humanitarian Affairs** (ECHA) will meet next on 30 July.
- **Clusters.**
  - A Workshop on the Cluster Approach will take place in Bujumbura, Burundi around mid-August.
  - A global Cluster Lead meeting with the World Economic Forum will be held on 9 September.

## GLOBAL FOOD CRISIS

The global food security crisis endangers the lives of millions of people, particularly the world's poorest who live in countries already suffering from acute and chronic malnutrition. The health implications are immense, particularly in the 21 countries that WHO says suffer from acute or chronic malnutrition, and include, among others:

- Increased malnutrition, child and maternal mortality and morbidity, and communicable diseases.
- An inability for the poorest to afford healthy food, forcing them to buy low-quality products, negatively changing dietary patterns, and increasing the burden of noncommunicable diseases.
- Less money to spend on health services because of higher food bills. This will affect greatly people living with HIV/AIDS and tuberculosis in particular.

To respond to the health threats, WHO provides guidance to the UN Secretary-General's High Level Task-Force on the Global Food Security Crisis. The Task-Force was formed in April 2008 to create and coordinate the implementation of a prioritized action plan. WHO's fundamental considerations are to:

- Underscore the human dimension of the crisis.
- Monitor its impact on nutrition, health and poverty, plus its effect on the Millennium Development Goals.
- Provide sound information and analyses to target the most vulnerable groups.

For more information please see the WHO's web site on the [health impacts of the global food security crisis](#)

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

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