

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.

INDONESIA



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

Yogyakarta

Assessments and events:

- As of 10 June, the MoH reported 6725 deaths and more than 45 200 injured. Between 300 000 and 500 000 homes were destroyed or damaged. The number of homeless people ranges from 1 to 2 million.
- The number of tetanus cases continues to rise: 71 cases have been identified as of 20 June, with 27 subsequent fatalities.

Actions:

- Measles and tetanus immunization campaigns are ongoing. As of 22 June, 42% of the affected population of Yogyakarta and Central Java has been immunized against tetanus and 74 % against measles.
- WHO is supporting provincial, national and regional health authorities in social mobilization for the vaccinations and in developing guidelines on tetanus prevention and management respectively.
- The Indonesia Earthquake Response Plan was launched in Geneva on 6 June. WHO is requesting US\$ 5.4 million to cover 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 , somewhat over 40% of total funds requested have been obtained.

Sulawesi

Assessments and events:

- Flash floods and landslides in South Sulawesi last week killed 285 people and injured 46. Close to 140 are missing and over 7 500 have been displaced.
- The MoH opened health posts in affected areas, deployed a surveillance team for emergency sanitation and sent medical and food supplies. According to MoH, the main causes of consultation are, in order, tetanus, scabies and ARI.
- Medicines, safe water and food are needed.

Actions:

- WHO deployed staff in the affected areas on 23 June to conduct a health assessment. WHO is in contact with national and local health authorities to provide requested support.

TIMOR-LESTE



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

Assessments and events:

- It is estimated that more than 68 000 people are living in IDP camps in Dili and another 80 000 in camps outside Dili.

Actions:

- Between 13 and 24 June, the MoH, WHO and UNICEF organized a measles immunization campaign covering about 30 000 children between 6 months and 14 years in Dili IDP camps. Vitamin A and anti-helminthic drugs were given and a nutritional assessment was conducted at the same time.
- WHO and other UN agencies carried out a rapid assessment of IDP camps. Technical support was provided to establish integrated disease surveillance and develop a standard protocol for the outbreak investigation and response team.
- WHO and the CDC team of the MoH are working together to locate chronic patients living in the IDP camps and provide medicines for their treatment.
- WHO delivered 405 packs containing more than 24 000 chlorine tablets for water purification in IDP camps.
- WHO has prepared two projects for epidemic preparedness and response and drugs and consumables for emergency response, amounting to US\$ 1.28 million which were included in the Flash Appeal.

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>

⇒ On 27 June, Mr Kjell Bondevik, Special Humanitarian Representative of the UN Secretary-General for the Horn of Africa, briefed the IASC in New York on his two visits to the region.

Assessments and events:

- An estimated 8.5 million are affected.
- Despite the recent rains, relief will continue to be needed throughout the affected areas.
- In *Ethiopia*, civil unrest in the Borena zone has displaced thousands. An emergency needs assessment conducted by the Ethiopian Government, UN agencies, and donors estimated that beneficiaries will increase by 1.1 million people in the Somali Region.
- In *Eritrea*, diarrhoea and pneumonia continue to be the top causes of morbidity and mortality in children under five.

Actions:

- On 14-15 June, WHO organized in Nairobi, a Health Cluster inter-country meeting to review interventions in the Horn over the past three months and agree on a common strategy with stronger inter-country coordination
- The main areas for intervention include assessment and monitoring, immunization, management of malnutrition, control of outbreaks and communicable diseases, reproductive health, water and sanitation, primary access to and referral for quality health services and essential medicines.
- WHO has established an inter-regional hub in Nairobi to support the roll-out of the Health cluster. Furthermore, WHO plans to strengthen its own capacities by recruiting extra country staff, setting up a roster of experts for quick deployment, strengthening equipment, supplies and logistic capacity and investing in dialogue with partners to mobilize resources at a country level.
- In *Djibouti*, WHO is bolstering health outreach services through the provision of new mobile units and strengthening existing MoH units in the drought affected districts.
- In *Eritrea*, WHO supported a two week IMCI training workshop to strengthen skills to manage diarrhoea, acute respiratory infection, malaria and malnutrition
- In *Ethiopia*, WHO is assisting the MoH and has activated surveillance operations in the Borena zone and provided essential drugs to the Somali Regional and Oromiya regions to offset drug shortages.
- In *Kenya*, WHO has posted a new international EHA focal point in its Country office
- In *Somalia*, WHO has been requested by UNICEF to assist in setting up a programme for water quality monitoring.
- WHO's activities are supported by a grant from the Central Emergency Response Fund (CERF). Additional support is provided by Norway in Ethiopia and Italy in Djibouti.

DEMOCRATIC REPUBLIC OF THE CONGO



Assessments and events:

- Over 100 000 new cases of TB were notified in 2005. MoH has declared this a national emergency.
- In Ituri, more than 124 cases of pulmonary plague, including 21 deaths, have been notified.

Actions:

- WHO has made TB control one of its priority activities.
- WHO is conducting a mission in Ituri to review and support the local response to the plague outbreak. So far, identified needs include support for case management, drugs, petrol and vehicles for outreach activities.
- With all health partners WHO is working at a contingency plan to meet the health needs of any crisis that might follow the elections of 30 July.
- In 2006, WHO's activities are supported by Finland. Funds have been pledged by the Humanitarian Fund and the Central Emergency Relief Fund.

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UGANDA



Assessments and events:

- The Government is planning to resettle in their home areas up to 1.45 million IDPs currently living in camps in northern Uganda.
- Measles and cholera are spreading throughout camps in Pader and Kitgum. As of 26 June, 81 suspected cases of measles and 22 cases of cholera were reported in Pader. In Kitgum there were 9 cases of measles and the number of cholera cases has risen to 818, including 11 deaths.
- Kitgum Town is most affected, recording an alarming increase in cholera. Case management and prevention activities are taking place. Gulu district remains on high alert.
- According to the district health authorities, overcrowding, poor sanitation and hygiene, and inadequate access to safe water continue to facilitate the spread of cholera and the lack of qualified clinical staff is hampering outbreak control.
- Health authorities are requesting technical guidelines, and support for improved latrines and water sources.

Actions:

- The MoH and WHO immediately responded to the measles outbreak with a mass vaccination campaign for children under five in the affected camps. Mass vaccination will be scaled up in the coming months.
- WHO is supporting community mobilization for mass measles vaccination, providing technical support and follow up of case management, conducting assessments, and providing drug and vaccine supplies.
- WHO is cooperating with district health authorities in Pader to enhance surveillance for cholera, provide adequate safe water and improve environmental hygiene; WHO led a sensitization campaign on prevention and hygiene in seven camps throughout the affected Districts.
- In 2005-2006, support was received from the European Commission, Finland, Norway, Sweden, the United Kingdom and the United States.

ANGOLA



Assessments and events:

- As of 19 June 2006, a total of 46 758 cholera cases, including 1893 deaths have been reported (CFR 4.0%).
- Fourteen out of 18 provinces are affected; of all cases, 49% have occurred in Luanda and 17% in Benguela provinces. Although current trends show a decline in most provinces, WHO estimates that 125 cases are being reported each day.
- Thirty-five percent of cholera victims have been children under five.

Actions:

- A plan of action for cholera has been drawn up and agreed upon by all partners at country level, for short, medium and long-term action to reduce the risk from this and possible future outbreaks.
- WHO is sending Interagency Diarrhoeal Disease Kits to the most affected provinces and continues to support the Ministry of Health in its surveillance, water and sanitation, social mobilization and logistics activities.

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INTER-AGENCY ISSUES

- **Somalia.** On 26 June, the IASC weekly meeting in Geneva updated on the humanitarian situation in Somalia.
- **Sexual Abuse and Sexual Exploitation.** On 27 June, the UN Executive Committee on Humanitarian Affairs/UN Executive Committee on Peace and Security (ECHA/ECPS) Taskforce on Protection from Sexual Exploitation and Abuse discussed the strategic direction for the coming year.
- **Framework Team.** On 27 June, the Framework Team discussed new countries and regions of concern.
- **ECHA.** On 29 June, the Executive Committee on Humanitarian Affairs discussed the humanitarian situation in Timor-Leste, Somalia and oPt, and updated on the Central Emergency Response Fund. The Emergency Relief Coordinator, Jan Egeland, chaired the meeting.
- **Iraq.** On 29 June, the Deputy Special Representative of the UN Secretary-General in and Resident Coordinator/ Humanitarian Coordinator in Iraq, briefed the UNDG Technical Working Group in New York.
- **Health Cluster.** On 30 June, the IASC Health Cluster Training sub-group discussed the draft Terms of Reference for the Group and Health Emergency Action Response Network (HEAR-NET).
- **IASC Working Group.** From 5-7 July, WHO will host the 65th IASC Working Group meeting. The meeting will discuss humanitarian reform, the cluster approach, strengthening the Humanitarian Coordinators system, Health and Nutrition Tracking Service (proposed by WHO), 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.
- **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.
- **Nutrition.** The next face to face cluster meeting of the IASC Health Cluster Working Group will take place in New York on 11 and 12 July.

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

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