

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.

<p>KYRGYZSTAN</p>  <p>See the Regional Office for Europe web site for more information.</p> <p>⇒ A flash appeal may be forthcoming to prepare the health system and health facilities for a potential crisis during the winter.</p>	<p>Assessments and Events</p> <ul style="list-style-type: none"> On 5 October, a 6.6 magnitude earthquake struck the villages of Sary-Tash and Nura, south-east of Osh, at the border with Tajikistan and China. A first survey reports extensive damage in Nura. As of 8 October, the Chief Physician in Osh reported 74 people killed and 142 injured, of which 43 and 93 respectively were children. About 211 homeless families have been identified. The numbers are not expected to rise dramatically as the region is sparsely populated. Remoteness, limited access and difficult communication are hampering assessments and relief activities. Freezing temperatures are reported at night. Health workers are reporting an urgent need for psychosocial support. <p>Actions</p> <ul style="list-style-type: none"> The Ministry of Emergencies (MoE) is assessing casualties, damages and needs in the surrounding villages and has mobilized search and rescue workers, ambulances and helicopters for evacuations. UN agencies are supporting damage assessment. The MoE and MoH are providing relief. Initial needs in Nura have been met. The MoH plans to deploy a field hospital in Sary-Tash to ensure the provision of specialist services (surgery and intensive care, paediatric services, etc.). Two WHO emergency health kits stored in Osh Hospital's warehouse were used immediately, ensuring the availability of essential drugs. As support from the international community is increasing, UN agencies are compiling a table to review who is doing what where to improve coordination and avoid duplications. Funding for WHO's response has been provided so far by the regular budget.
<p>OCCUPIED PALESTINIAN TERRITORY</p>  <p>More information is available at: www.emro.who.int/palestine/</p> <p>⇒ In January, ECHA called for the establishment of a task force to map out critical issues and propose practical solutions to Palestinian and Israeli authorities.</p> <p>⇒ The recently-established humanitarian country team activated the protection and food security clusters in August. Discussions are taking place for rolling out the Health and Water/Sanitation Clusters.</p>	<p>Assessments and Events</p> <ul style="list-style-type: none"> Access to quality health care has been further eroded in 2008 while the number of vulnerable people has risen. In the West Bank, the increasing number of road blocks and check points continues to restrict the movement of patients and health staff. Those most affected are children and women of childbearing age, older people as well as disabled and chronically sick people. In Gaza, a recent study demonstrated that the closure negatively affects all facets of life. The results show that 47% of patients are not able to get drugs, that social visits have diminished by 79% due to worsening financial and social conditions and that 96% of the people are sad or depressed. Children and women are excessively affected particularly in terms of nutritional deficiency. Supply of essential medicines to Gaza could also become problematical. The central drug store has not received any deliveries since 1 September apart from two shipments of urgently needed supplies which were coordinated by WHO. Finally, the situation is aggravated by the health workers strike. <p>Actions</p> <ul style="list-style-type: none"> In Gaza, WHO monitors the impact of the health workers' strike on the delivery of services in MoH hospitals and clinics that may have long-term repercussions. The CAP brought together UN agencies, the authorities, international and national NGOs and donors in Gaza, Hebron, Nablus and Ramallah. The objectives for the health sector include: <ul style="list-style-type: none"> advocating for improved access to health care; ensuring that vulnerable populations have access to quality essential health services; ensuring a coordinated response to new and emerging health needs and greater protection against environmental hazards and natural disasters; empowering vulnerable communities by their strengthening capacities to address

	<p>immediate health needs.</p> <ul style="list-style-type: none"> • Adequate funding is needed for monitoring, coordination and advocacy. • WHO's emergency activities are funded by ECHO, Italy, Norway, OCHA-Spain and the CERF.
<p>HORN OF AFRICA</p>  <p>For Ethiopia, see the weekly update, for Somalia the Health Cluster Bulletin and the Monthly Morbidity and Mortality Bulletin, and for Eritrea the weekly update.</p> <p>⇒ A workshop gathering the Health and Nutrition Clusters in the region is being planned for mid-November in Nairobi to discuss their contribution in the response to the food crisis.</p> <p>⇒ In Somalia, fighting in Mogadishu claimed the lives of 11 persons on 6 October. Meanwhile a group of 52 NGOs issued an appeal for better access in the country, complaining that attacks on aid workers were hampering the response to one of the world's worst humanitarian disasters.</p>	<p>Assessments and Events</p> <ul style="list-style-type: none"> • In <i>Ethiopia</i>, rainfalls have improved water and pasture availability in most parts of the country, but excessive precipitation also damaged crops in Gambella region, where floods killed five people, affected about 91 700 and displaced more than 35 800. Increasing food insecurity and malnutrition in other areas continue. • In <i>Eritrea</i>, the combination of poor rains, decreased food production and the increased global prices is affecting the most vulnerable groups. • In <i>Kenya</i>, the decision to close camps for by post-election IDPs has left thousands in the Rift Valley Province stranded in transit camps. The cholera outbreak in Bungoma and Mount Elgon districts continues with 92 cases and four deaths last reported. • In <i>Somalia</i>, the number of people in need of assistance has risen to 3.2 million, a 77% increase since January, due to rising food, fuel and water prices, drought and insecurity. Meanwhile violence is affecting the delivery of assistance. • In <i>Djibouti</i>, the Famine Early Warning Systems Network reports that more than half the population – 340 000 – is food insecure and needs emergency aid. <p>Actions</p> <ul style="list-style-type: none"> • In <i>Ethiopia</i>, WHO is leading the health sector response. In Gambella, the Regional Health Bureau, WHO, UNICEF and the NGO PSI are training health workers on AWD case management to avert the risk of waterborne diseases. • In <i>Kenya</i>, WHO is supporting the MoH through an emergency response plan. • In <i>Somalia</i>, WHO delivered in Kismayo an emergency medical kit providing drugs and supplies for 10 000 people for three months. The MoH and WHO have set up a disease early warning system for epidemic-prone diseases in the Lower Shabelle region. • In <i>Djibouti</i>, WHO has received US\$ 210 833 from the CERF Secretariat to strengthen mobile teams with drugs and operational funds and engage communities in the referral of cases of malnutrition or communicable disease. • WHO's emergency work in the Horn of Africa (Djibouti, Eritrea, Ethiopia, Kenya and Somalia) is funded by Canada, ECHO, the United Kingdom, the CERF and the local Humanitarian Response Fund.
<p>CHAD</p>  <p>See also the weekly mortality and morbidity report for eastern Chad.</p> <p>⇒ According to FEWSNET, up to 70 000 people have been affected by flooding in north-western Cameroon and southern Chad. The IFRC is predicting a longer and wetter rain season than normal. Flooding expose people to respiratory infections, malaria and diarrhoeal diseases, including cholera.</p>	<p>Assessments and Events</p> <ul style="list-style-type: none"> • Rising banditry across the east has forced several aid organizations to suspend temporarily their work. According to OCHA, an estimated 37 000 IDPs living in Dogdore and Ade could be left without health care, food assistance and water and sanitation services unless security improves. • Insecurity is increasingly hampering the transport of referral patients to district hospitals. Nutritional surveys underline the conflict's impact on health. In Ouaddaï, moderate and severe malnutrition are at 15% and 3% and rising. In Abeche's hospital, care for severely malnourished children is inadequate as facilities and intensive care equipment are lacking and active detection is weak. • The hepatitis E outbreak in Dogdore and Bredjing camps is ongoing with 49 new cases reported during the last week of September. Since 1 January, 1755 cases and 22 deaths have been reported in the east. • Between 1 January and 30 September, 24 cases of wild polio virus were reported in Chad, compared to 21 for the whole of 2007. <p>Actions</p> <ul style="list-style-type: none"> • WHO and key partners are strengthening surveillance and case management. • The CERF Secretariat has granted funding for two WHO projects under the under funded emergency window. The first, of US\$ 189 144, aims at reducing undernourished child mortality at the Abeche hospital paediatric unit by providing equipment, drugs, logistic support and infrastructure. The second, of US\$ 347 982, aims at increasing access to primary health care for IDP and local populations in low-coverage areas by refurbishing Hadjer Hadid health centre, whose central location can benefit an urgent surgical facility. Both projects will

<p>⇒ A Health Cluster implementation assessment mission is planned for the end of October.</p>	<p>be implemented with health partners such as Save the Children UK, International Medical Corps, <i>Pharmaciens Sans Frontières</i>, UNICEF and the regional health authorities.</p> <ul style="list-style-type: none"> On 25 September, WHO organized in Ouadda's Amleyouna sub-prefecture a training on surveillance and case management for acute flaccid paralysis for workers in public health facilities and camp health centres alike. More trainings are planned. WHO's emergency response is funded by its own budget, Finland and ECHO.
<p>CENTRAL AFRICAN REPUBLIC</p>  <p>⇒ A new Common Humanitarian Fund allocated US\$ 2.5 million to priority projects, including health activities. It will help provide assistance to 110 000 IDPs, 83 000 returnees and one million people in the north and the south-east. Close to 2.8 million have been pledged by Ireland, the Netherlands, Norway, the United Kingdom and Sweden.</p>	<p>Assessments and Events</p> <ul style="list-style-type: none"> The situation remains challenging. Multiple population displacements are severely affecting the health and livelihoods of tens of thousands of people. Dilapidated health care infrastructure and services, insufficient human resources and lack of funding make humanitarian assistance essential but insecurity is limiting access for humanitarian workers. The MoH quarterly epidemiological survey for June–September highlights malaria, meningitis, measles, neonatal tetanus and rabies as the main conditions of concern. A case of yellow fever was reported and a vaccination campaign is planned. The surveillance system is weak and reporting low and irregular. <p>Actions</p> <ul style="list-style-type: none"> WHO, UNICEF and IMC organized a mission to assess the roll out of the cluster approach. Preliminary results show that partners have different views about the role of the cluster and the initiative has difficulties in reaching the periphery. Coordination is emerging outside of Bangui but communication from the capital to the field is very weak. Among the main recommendations made by the mission, WHO emphasizes the need to systematize the use of data collection tools elaborated in coordination with the MoH and the need to enhance information-sharing particularly with the periphery. WHO and UNICEF supported the Community Hospital in Gbahon after at least seven people were killed and more than 20 badly burned on 26 September when a petrol tanker exploded while villagers tried to salvage fuel from it. WHO's emergency activities are funded by Finland, the Humanitarian and Development Partnership Team (HDPT) and the CERF.
<p>SUDAN</p>  <p>See the Country Office web site for more information.</p>	<p>Assessments and Events</p> <ul style="list-style-type: none"> In <i>Gedarif</i>, the total number of cases of acute watery diarrhoea (AWD) reported since the start of the outbreak in July is 163, including three deaths. Cases have markedly decreased but continue in Gedarif locality, in spite of ongoing cleaning campaigns. Since the beginning of outbreak during last year's floods season (July) 1418 cases and 72 deaths have been reported. In <i>Blue Nile</i>, almost half of the 1200 inhabitants of Balila village, near Kurmuk town, need medical treatment. This situation is likely to affect many villages in this remote areas where thousands of former refugees have returned from Ethiopia in the past few months. Last week a UN report indicated that at least 69 children had died of malnutrition-related causes, diarrhoea and malaria after floods washed away crops in isolated villages. In <i>Southern Sudan</i>, 49 cases of cholera and 12 related deaths were reported in Bar-el-Ghazal's Aweil town between 29 September and 5 October. In addition, 24 measles cases were reported in Warab's Gogrial town, many in inaccessible areas. <p>Actions</p> <ul style="list-style-type: none"> In <i>Gedarif</i>, WHO is helping health authorities control the outbreak by providing essential drugs, such as Ringer Lactate, and technical support. In <i>Blue Nile</i>, WHO and partners visited Balila to assess the situation and deliver essential drugs, nutritional supplies, blankets and bed nets. A State MoH health worker and a nurse stayed on to ensure the proper distribution of supplies. The Resident Coordinator requested that proper landing sites be prepared in several affected places to facilitate the delivery of food and non-food supplies by UNMIS helicopters. In <i>Southern Sudan</i>, WHO and the MoH/GoSS visited measles-affected areas to strengthen case management and surveillance and conduct health education

activities. A vaccination campaign is under preparation.

- WHO's activities in Sudan are supported by the regular budget, the CERF, the Common Humanitarian Fund, ECHO, Finland, Ireland, Italy and USAID.

CHOLERA IN WEST AFRICA



For more information, see also [Niger weekly epidemiological bulletin](#) and [WHO/EPR disease outbreak news on Guinea Bissau](#).

⇒ Hundreds of public sector workers across the country, including nurses, doctors and civil servants, are striking over salary arrears, leaving basic services running at minimum capacity.

Assessments and Events

- In *Guinea Bissau*, recent data report 9826 cases and 178 deaths as of 5 October. Weekly figures continues to rise with 1304 cases reported from 29 September to 5 October. Bissau continues to be the most affected with 6766 cases and 60 deaths (69% of all reported cases).
- In *Niger*, the outbreak in Tahoua's Keita and Birni N'Konni districts and in Maradi commune remains active but the weekly number of cases dropped from 128 on 15–21 September to 62 during the last week of September. Overall, 814 cases and 62 deaths have been reported in 2008 (CFR 7.61%).

Actions

- In *Guinea Bissau*, WHO and national and international partners are supporting the MoH contain the outbreak.
- In *Niger*, WHO provided essential drugs and supplies against cholera to health authorities and fuel to facilitate coordination, chlorination and sensitization activities in all affected areas. WHO organized a mission to Keita and Birni N'Konni districts to evaluate control measures and make recommendations where necessary.
- WHO's emergency activities in Guinea Bissau and Niger are supported by the regular budget and the CERF. Additional funds were provided by Norway in Niger and Italy in Guinea Bissau.

INTER-AGENCY ISSUES

- **Gender.** The IASC Gender Sub-Working Group met face to face in New York on 6-7 October. WHO and UNFPA co-chair this SWG. The IASC Gender e-learning group met face to face in New York on 8 October. WHO and IRC co-chair this group. The process of is managed by InterAction.
- On 7 October, UNICEF briefed the **Humanitarian Liaison Working Group** in Geneva on the situation of children in the Democratic People's Republic of Korea. The next meeting with the ICRC will take place on 16 October.
- The UN **Executive Committee on Humanitarian Affairs** met on 8 October.
- On 8 October, the **IASC weekly meeting** in Geneva updated on neglected emergencies.
- The IASC Sub-Working Group on the **Consolidated Appeals Process** met on 9 October. The CAP 2009 launch will be held in Geneva on 19 November.
- An inter-agency meeting on the **Central Emergency Response Fund** was held on 10 October.
- The **IASC HIV Taskforce** will meet on 13-14 October.
- The IASC informal group on **climate change and displacement** will meet on 14 October.
- The IASC Advisory Group on **Human Rights and Humanitarian Action** will meet on 14 October.
- The next meeting of the informal IASC Group on **Humanitarian Space** will be held on 17 October.
- The Inter-Agency Group on **Humanitarian Coordination** will meet on 20 October.
- **Clusters.** A donor-cluster lead meeting will be held in Geneva on 22 October.
- The IASC Sub-Working Group on **Preparedness and Contingency Planning** will meet on 23-24 October.

[INTERNATIONAL DAY FOR DISASTER REDUCTION – 8 OCTOBER 2008](#)

The price we pay for the failure of hospitals or health facilities due to disasters is too high. Recognizing this, the UN system is using the annual International Day for Disaster Reduction to advocate for "Hospitals Safe from Disasters." Special attention must be given to ensuring the physical and functional integrity of health hospitals and facilities in emergency conditions.

For more information see the new [Hospitals Safe from Disasters](#) web site.

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

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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/>