

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

- ⇒ On 29 May, an inter-agency coordination and information meeting with Member States took place in Geneva. The next coordination meeting is scheduled for 1 June.
- ⇒ Global Health Cluster teleconferences on health response to the Indonesia earthquake are taking place daily.
- ⇒ The first meeting of the global early recovery meeting on response to the Indonesia Earthquake took place on 30 May.

Assessments and events:

- Following the 6.2 earthquake which struck Java on 27 May, casualties have been rising steeply and are now estimated above 5500. More than 15 000 people are reported injured. The estimated number of displaced people ranges between 200 000 and 600 000
- Bantul district is the worst hit: most of the houses and one hospital were destroyed. Eleven of the 26 health centres are destroyed and four damaged; 20 sub-health centres out of 75 are reportedly destroyed.
- The remaining hospitals are treating patients at four times their capacity.
- Health, water and sanitation and shelter are a major humanitarian concerns.
- Emergency needs include antibiotics, anaesthetics and orthopaedic supplies; reconstructive orthopaedic surgery capacity and ambulances to evacuate the severely injured patients.
- Meanwhile, the threat of a volcanic eruption from nearby volcano Merapi, persists

Actions:

- Immediately after the earthquake, WHO accompanied MoH in the first assessment.
- The MoH has established a Coordination Centre in Yogyakarta, mobilizing personnel, medicines, equipment, and ambulances to set up mobile clinics.
- WHO in Indonesia is supporting the efforts of the health authorities by
 - Establishing a communicable disease surveillance network in cooperation with all local health actors.
 - Assisting in coordinating the health aspects of relief.
 - Assisting in the implementation of a vaccination campaign in affected areas.
 - Providing drugs and supplies.
 - Providing vehicles and communication equipment.
 - Supporting water and sanitation and environmental health with water quality control and public health promotion measures.
- WHO delivered 9 surgical kits, 7 New Emergency Health Kits, 3 diarrhoeal kits, as well as antibiotics and Ringer Lactate. A further 10 NEHK, 20 surgical kits, 5 diarrhoeal kits and anaesthetics are expected.
- WHO is working with international agencies and NGOs to develop a comprehensive Health Cluster plan covering requirements for the next 6 months.
- WHO has been requested by the MoH to assist in the coordination of contributions provided by health partners and UN agencies.
- Meanwhile, WHO continues to monitoring the nearby volcano Merapi.
- WHO needs US\$ 1.3 million to cover immediate needs. Meanwhile, the Organization is participating in the Indonesia Earthquake Response Plan launched in Geneva on 2 June.

TIMOR LESTE



- ⇒ WHO participated in the Inter-Agency videoconference on the humanitarian situation in Timor-Leste on 1 June.

Assessments and events:

- There are 70 000 people in temporary camps in and around Dili, as more people flee ongoing violence. People need clean water, shelter, food and health care.
- The international community has been assisting Timor-Leste since 1999, but the current unrest, which began in March, is restricting the movements of humanitarian agencies.

Actions:

- WHO supports MoH in coordination of response efforts and participates in interagency assessment of the IDP camps.
- DGR HAC has made available USD 25 000 to WR Timor-Leste.
- work is in progress to mobilize external funds from CERF and through a Flash Appeal.

SUDAN



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

Assessments and events:

- Insecurity in *Darfur* is impeding access to health care. The health facility utilization rate is below the minimal emergency benchmark of 1.4 visits per person per year.
- In *North Darfur*, insecurity is forcing many international NGOs to suspend their activities, resulting in poor surveillance and reporting.
- In *South Darfur*, the influx of IDPs around Nyala town is putting a strain on health, water and sanitation services and impacting on the environmental conditions in the camps.
- As of 28 May, 5923 cases of meningococcal meningitis have been reported throughout Sudan, including 472 deaths. In *northern Sudan*, a mass vaccination campaign in the worst hit areas averted the spread of the outbreak but did not stop transmission. In *southern Sudan*, areas in Warrap and Unity states are still reporting cases above the epidemic threshold.
- The outbreak of cholera in *Southern Sudan* continues. Since 28 January, 14 196 cases have been reported, including 424 deaths.

Actions:

- In *South Darfur*, WHO and the State and Federal MoH organized a workshop on the Integrated Management of Childhood Illnesses for 21 community volunteers in Dereig camp.
- WHO visited Sakali and Musee camps to review solid waste management and safe water practices and provide guidance.
- In *North Darfur*, WHO continues to provide technical support to the State for water quality control and more sustainable community-based solid waste management in the camps.
- WHO, UNICEF, the State MoH and partners are planning spraying for malaria control in the camps before the start of the rainy season.
- In *West Darfur*, WHO and UNICEF supported a training on the management of severe malnutrition in Wadi Salih, a region bordering on Chad.
- WHO will support the hospital in Garseila Town with drugs from June - Decr.
- In *Gedaref*, WHO conducted a training on cerebrospinal meningitis, malaria, tuberculosis and other diseases for doctors and medical assistants.
- In *Kassala and Red Sea State*, WHO and partners conducted several health and nutrition assessment missions.
- WHO donated medical supplies and equipment as well as 20 New Emergency Health Kits to the State MoH, three to UNHCR and one to the Sudanese Red Crescent Society.
- In 2006, contributions were received from the European Commission, Finland, Ireland, Switzerland, the Central Emergency Relief Fund and the 2006 Common Humanitarian Fund.

HORN OF AFRICA



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

Assessments and events:

- An estimated 8.5 million are affected by the ongoing drought. Lives are threatened by under-nutrition but also by measles, diarrhoeas, acute respiratory infections, meningitis and malaria. Polio is a persisting hazard across the affected areas. Children, pregnant and breastfeeding women and people living with HIV/AIDS are the most vulnerable. Poor access to health care reinforces the affected populations' vulnerability.
- In Kenya, 58 cholera cases and 1 death have been reported in Kakuma Refugee Camp in Turkana District.

Actions:

- In *Eritrea*, WHO and UNICEF are working with MoH for a measles campaign will start in mid-June .
- *WHO-Ethiopia* is negotiating a package of supplies and logistic support from Norway
- In *Djibouti*, Italy stated interest in supporting WHO emergency work .
- *WHO Kenya* has received part of the medical supplies it ordered while the ACT kits remain in the pipeline
- AFRO, EMRO and HQ will meet in Nairobi on 14-15 June to review progress of health emergency programmes in the affected countries.

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<p>⇒ A Health Cluster meeting is scheduled in Nairobi on 15 June back to back with the WHO; one to support consistent approaches under a common strategy and along best public health practices across the region.</p>	<ul style="list-style-type: none"> • The Emergency Relief Coordinator has granted WHO a total of USD 3.8 million from the Central Emergency Response Fund (CERF) for urgent, life-saving programmes in Djibouti, Ethiopia, Eritrea, Kenya and Somalia.
<p>DEMOCRATIC REPUBLIC OF THE CONGO</p> 	<p>Assessments and events:</p> <ul style="list-style-type: none"> • Fighting between the Government and armed groups in the North and centre of Katanga has displaced at least 165 000 people in the last 6 months. • The surrender of a Mayi-Mayi warlord and 150 of his militia men to UN peacekeepers is expected to lead to improved security for relief operations. <p>Actions:</p> <ul style="list-style-type: none"> • WHO provided technical and financial support to a joint mission with MoH to <i>Katanga</i> which assessed the health status of the displaced population living in the zone between Mitwaba, Dubie and Mlemeba Nkulu. Action is critical as the already weak health care system cannot cope with the recent influx of displaced people. • With financial and technical support from Italy, WHO is dispatching 16 New Emergency Health Kits, two cholera kits and two surgical kits to Katanga. They will be distributed among the MoH, MSF and local NGOs. • In 2006, WHO activities are supported by Finland and the Pooled Fund. A major funding gap remains.
<p>NIGER</p>  <p>⇒ On 2 June, UNICEF briefed the humanitarian community in Geneva on its activities in Niger.</p>	<p>Assessments and events:</p> <ul style="list-style-type: none"> • Niger, where last year's crisis pushed thousands of the poorest people further into poverty and debt, is again facing a difficult lean season. • From 1 January to 28 May, 29 596 cases of moderate malnutrition and 4088 cases of severe malnutrition have been reported nationwide through the national surveillance system. • From 1 March to 28 May, 147 cases of cholera have been reported, including 22 deaths. Most cases were reported in the regions of Tillaberi and Maradi. <p>Actions:</p> <ul style="list-style-type: none"> • The WHO Country Office is monitoring the situation in close cooperation with national health authorities. • WHO is supporting health authorities to strengthen surveillance of and preparedness against diseases outbreaks; coordinate health action and information to ensure targeted, appropriate response in under-served zones; develop and implement emergency policies and strategies to ensure access to health and nutritional care; and build capacity for the management of severe malnutrition at local level. • No voluntary contributions have been received in 2006 yet.

WEST BANK AND GAZA



⇒ During the 59th WHA, delegates, expressing concern at the deterioration of the economic and health conditions of people living in the OPT, passed Resolution 59.3 requesting WHO to organize an emergency meeting to address this humanitarian crisis, and to continue supporting the Palestinian health services.

Assessments and events:

- The European Commission has granted 34 million Euros to cover the most urgent needs of the population in terms of food, health, water and sanitation, work and protection.
- The capacity of the private sector to fill gaps in services provided by the Palestinian Authority, is extremely limited. The high cost of accessing private services is beyond the means of the majority of the population. Also, many of those previously able to afford these services are now resorting to government-run services, adding to the pressure on resources.

Actions:

- WHO led the health sector analysis and the preparation of the response plan for the revised 2006 CAP. The revised document aims at providing essential health services and provide water to communities with restricted access.
- Through ongoing health sector coordination, WHO maintains up-to-date information on drug availability and donor response to the crisis.
- WHO, UNICEF and UNFPA are discussing a mechanism to provide logistic support to the MoH for monitoring drugs availability and distribution, needs and donor response.
- WHO's 2006 activities have been funded by the Organization's Regular Budget and a contribution from Norway. A major funding gap remains.

INTER-AGENCY ISSUES

- **IASC Clusters Working Groups.**
 - The next meeting of the **Health Cluster** is scheduled for 6-7 June.
 - On 7 June, OCHA and IASC Cluster Leads will present sector updates on progress and challenges of the global appeal to the humanitarian community in Geneva.
 - On 8-9 June, the **Early Recovery Cluster** will hold a workshop in Geneva and review the implementation of the Cluster approach in DRC, Liberia, Uganda and Pakistan.
 - The next meeting of the **Water, Sanitation and Hygiene Cluster** will take place in Geneva on 12-13 June.
 - The next meeting of the **Nutrition Cluster** is planned for 11-12 July in New York.
 - A triple cluster meeting (health, nutrition, water, sanitation and hygiene) is under preparation.
- **Pandemic Influenza.** On 31 May, WHO briefed the IASC weekly meeting in Geneva on Pandemic Influenza preparedness and mitigation in emergency settings.
- **Natural Disasters.** On 1 June, an inter-agency meeting in Geneva discussed the Secretary-General's report on international cooperation and humanitarian assistance in the field of natural disasters, from relief to development.
- **Disarmament, Demobilization and Reintegration.** On 2 June, WHO is hosting in Geneva the Inter-Agency Working Group on DDR. The meeting will discuss endorsement by Heads of Agency of the Integrated Disarmament, Demobilization and Reintegration Standards (IDDRS) and update on the Operational Guide.
- **Early Warning -Early Action.** On 6 and 7 June, the IASC Sub-Working Group on Early Warning Early Action will meet in Rome.
- **Tsunami.** The next meeting of the IASC-UNDG Tsunami Taskforce will take place on 7 June
- **Information Management.** An inter-agency workshop will take place in Geneva on 7 and 8 June.
- **Human Rights of IDPs.** On 9 June, an ad-hoc IASC WG is expected to endorse IASC Guidance on the Human Rights of IDPs in Natural Disasters.
- **UNFPA.** On 14 June, UNFPA will brief the humanitarian community in Geneva on its role in emergency preparedness, response and recovery.
- **Gender.** The next meeting of the IASC Gender Taskforce will take place on 16 June.
- **Humanitarian Coordinators.** The 2nd meeting of the IASC HC Issues Group will take place on 19 June.
- **IASC Working Group.** Preparations have started for the next IASC WG meeting which will be hosted by WHO in Geneva from 5-7 July.

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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