

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

**PAKISTAN**



For more information see the [weekly morbidity and mortality bulletin](#) and

⇒ Health Cluster meetings are being held in Islamabad, Swabi, Lower Dir, Swat and Buner to coordinate and facilitate activities.

\* NWFP: North West Frontier Province, including Swat, and FATA: Federally Administered Tribal Areas, including Mohmand, Bajaur, and South Waziristan.

\*\* Buner, Charsadda, DI Khan, Lower Dir, Mardam, Nowshera, Peshawar, Swabi, Swat and Tank.

**Assessments and Events**

- In NWFP,\* acute respiratory tract infections (ARI) continue to be the leading cause of morbidity in all reporting districts,\*\* accounting for 32% of overall consultations and for 42% of consultations among children under five. It is followed by acute diarrhoea.
- In South Waziristan, military operations have spilled over into Orakzai Agency to the north, forcing over 40 000 people to seek shelter in Kohat and Hangu Districts. A multi-cluster rapid assessment in both districts showed:
  - in Kohat, a number of health facilities (including three hospitals) are in working order;
  - secondary level care facilities cannot deal with trauma and surgical cases;
  - supplies of medicines are inadequate and essential drugs for leishmaniasis and malaria, both endemic in this area, are missing;
  - in Hangu, most facilities had been damaged by blasts;
  - there are insufficient number of specialists, female medical officers and ambulances to cope with the increase in IDPs;
  - The disease early warning system needs to be implemented in both districts.

**Actions**

- On 7 December, the Health Cluster launched its second emergency obstetrics and neonatal care workshop for 24 health-care providers from Malakand Division. The workshop was held in Saidu Shariff Teaching Hospital, Swat District.
- Following the assessment in Kohat and Hangu districts, the Health Cluster sent essential medicines and emergency kits for the management of reproductive health and cholera cases. It also sent anti-snake venom and anti-rabies vaccines to Kohat district together with drugs to treat leishmaniasis. Organizations present in Kohat include WHO, UNFPA, the International Rescue Committee, the [Community Research and Development Organization](#), Tanzem khidmat-e-Khalq and Bungash welfare.
- WHO is providing medical support to the district health authorities in Kohat for the treatment of leishmaniasis.
- WHO also donated H1N1 vaccines to the MoH, enough to vaccinate 10% of the country's population.
- The Health Cluster has received 48% of the funds required in the revised Humanitarian Response Plan. WHO and partners have received funds from the USA, Australia, Germany, Italy, Japan, the Republic of Korea, Norway, Saudi Arabia, DFID, ECHO and the CERF.

**SOMALIA**



For more information see [www.who.int/hac/crises/som/en/index.html](http://www.who.int/hac/crises/som/en/index.html), and the [WHO Country Office in Somalia web site](#). A photo story titled [Somalia - Struggling to reach the sick](#) is available on the WHO web site.

**Assessments and Events**

- The humanitarian situation has sunk to its lowest levels in 18 years. Over the last twelve months, more than 1.5 million people have fled renewed heavy fighting in Mogadishu and other parts of South Central Somalia. Over 3.6 million people are now in desperate need of humanitarian assistance.
- Acute watery diarrhoea (AWD) continues to plague several areas in Somalia. Between 28 November and 6 December:
  - Banadir Hospital reported 65 cases and four related deaths. Children under five accounted for 89% of cases;
  - Lower and Middle Jubba reported 115 cases and no deaths, of which 28% were from Kismayo District. Children under five accounted for 73% of all cases.
- During the same period, 913 cases of acute respiratory infections (ARI) and 12 suspected measles cases were notified in Lower Shabelle.
- In Middle Shabelle, a WHO routine visit to Cadale health facility showed a stable AWD situation with 80 cases reported in November and 16 cases and one death from 1–12 December. The facility, run by Medair and [SAACID](#), has access to sufficient supplies from Wajid, in Bakool Region.

**Actions**

- In Mogadishu, WHO provided two Trauma Kits to hospitals treating those injured by the 3-December suicide bomb. Each kits provides for 200 surgical

<p>⇒ On 3 December, a <a href="#">suicide bombing at the graduation ceremony of Banadir University</a> killed 15 people, including the Minister of Health, a teacher from the medical college and several medical graduates. A further 50 people were injured, 13 of which seriously</p>	<p>procedures. WHO provided another two Trauma Kits to the MoH in Somaliland.</p> <ul style="list-style-type: none"> <li>• A pipeline for the distribution of emergency health supplies to parts of South Central Somalia is under preparation.</li> <li>• In the Afgooye Corridor, WHO is supporting Muslim Aid to maintain primary health care for IDP communities. The aim is to ensure an average of nearly 3 consultations per person per year.</li> <li>• WHO is conducting routine assessments in hospitals: Luuq and Bulla Hawa hospitals were visited recently and other visits are planned for Buale and Bay hospitals as well as in Puntland's Bosasso, Galcayo and Gardo hospitals.</li> <li>• WHO also conducts visits in villages to monitor the health situation and health activities. Ten villages in Lower and Middle Juba regions have been visited this past week.</li> <li>• WHO launched an <a href="#">call for urgent help</a> for Somalia, highlighting how the dramatic deterioration in security and the large funding deficit for humanitarian programmes have brought matters to a critical point. In the CAP 2010, WHO is requesting US\$16 million jointly with UNICEF, UNFPA, Merlin and Save the Children-UK, for seven projects devoted to primary health care, emergency obstetric care, outbreak response and health response coordination.</li> <li>• WHO's emergency activities are funded by the CERF and the Humanitarian Response Fund.</li> </ul>
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<p><b>SUDAN</b></p>  <p>For more information see <a href="http://www.who.int/hac">www.who.int/hac</a></p> <p>⇒ WHO conducted two training-of-trainers workshops on community case management during an influenza pandemic on (3–5 and 7–9 December in Juba).</p>	<p><b>Assessments and Events</b></p> <ul style="list-style-type: none"> <li>• More than 4 million people continue to be affected by the crisis in the Greater Darfur, including 2.7 million IDPs. The overall security situation in the Darfur, the east and in South Kordofan and Blue Nile states remains relatively calm though unpredictable. Some areas of West Darfur remain difficult to access due to restrictions on the movements of international staff.</li> <li>• The Early Warning and Response System (EWARS) in place in the three Darfur states reported 33 204 consultations between 5 and 11 December. Acute respiratory infections, bloody diarrhoea, malaria and acute jaundice were the main conditions notified. During the same period, the system now in place in east Sudan reported 27 274 consultations.</li> <li>• In South Sudan, 107 new Kala azar patients were confirmed in Malakal, Lankien, Old Fangak, Pieri and Ayod between 30 November and 6 December. One death was reported. Half of the patients are children under five.</li> <li>• Other conditions include malaria, with 8532 suspected cases reported between 30 November and 6 December mostly in Lakes and Central Equatoria States, and acute watery diarrhoea (AWD), with 1987 cases notified during the same period. Lakes, Warrap, Upper Nile and Unity States are the most affected.</li> <li>• State referral hospitals' capacity to treat injuries needs to be improved to relieve the pressure on the Juba Teaching Hospital where all trauma cases are currently being referred. Other needs listed by partners include: <ul style="list-style-type: none"> <li>➢ medical supplies and equipment for primary health care units in Enzo refugee camp, Naandi, Lainya, Bereka, Andrea and Baragu);</li> <li>➢ capacity building and training in Andrea, Baragu, Naandi units;</li> <li>➢ training on Kala azar diagnosis and management in Upper Nile and Jonglei States;</li> <li>➢ refresher training on the case management of epidemic-prone diseases overall;</li> </ul> </li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• WHO is leading the Health Cluster, which includes key partners such as the State MoH, UN agencies and nearly 100 NGOs.</li> <li>• In North Darfur, WHO continues to monitor the provision of free health care services to IDPs in El Fasher teaching hospital. WHO refurbished the hospital's pharmacy with antibiotics, IV fluids and analgesics for an estimated 1300 people.</li> <li>• WHO is monitoring El-Daein rural hospital and Nyala teaching hospital in South Darfur to ensure the provision of health care to IDPs and local communities. WHO and local staff assessed gaps in supplies which will then be filled by WHO.</li> <li>• In South Sudan, WHO continues to support disease surveillance (supervision, on-the-job training, data collection, analysis and dissemination) in all counties of Jonglei, Upper Nile and Western Equatoria States.</li> <li>• WHO and the MoH of the Government of Southern Sudan (MoH/GoSS) donated additional Kala azar medicines and diagnostic tests and conducted a workshop on case management and diagnosis in Malakal. A follow-up workshop on laboratory diagnosis and techniques is scheduled.</li> <li>• WHO is providing technical support to the rapid response team investigating AWD cases and collecting samples for laboratory testing. WHO will send cholera</li> </ul>
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rapid tests to some health facilities for on-site investigation.

- WHO's emergency activities in Sudan are funded by Australia, Italy, Finland, Monaco, the USA, ECHO, the CERF and the Common Humanitarian Fund.

## DEMOCRATIC REPUBLIC OF THE CONGO



For more information, see [www.who.int/hac/crises/cod/en/index.html](http://www.who.int/hac/crises/cod/en/index.html)

⇒ The WHO Representative in the Republic of the Congo visited Likouala Department where an estimated 84 000 refugees from the DRC have sought refuge.

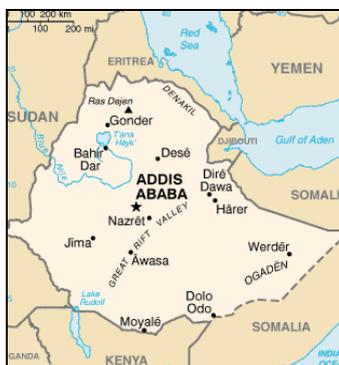
### Assessments and Events

- In *Equateur Province*, clashes and violence have displaced at least 150 000 people. According to the neighbouring Republic of the Congo, an estimated 84 000 have crossed the border into *Likouala Department*.
- Between 1 January and 6 December, 10 579 cholera cases and 105 deaths have been reported (CFR 1%) in *South Kivu*, and 5775 cases and 61 deaths (CFR 1%) in *North Kivu*. In *South Kivu*, weekly figures are currently decreasing. In *Katanga*, 4706 and 82 deaths (CFR 1.7%) have been reported during the same period in the district of *Tanganyika*.

### Actions

- In *Likouala Department*, WHO is sending staff members from Brazzaville to help coordinate the local and international response to the influx of refugees and to help strengthen disease surveillance in the area.
- WHO continues to support the cholera response in *South and North Kivu*. WHO is helping health authorities in *South Kivu* raise the people's awareness of the disease in *Baraka, Fizi Health Zone*. WHO provided megaphones and public campaigning items, as well as water purification supplies.
- The provincial committee for the fight against outbreaks is meeting weekly in *Bukavu* with WHO other partners support to coordinate all ongoing activities.
- WHO, UNICEF, the Congolese Red Cross, provincial health authorities, MSF-Holland and other NGO partners are supporting case management for sick people, chlorination of water sources and sensitization activities in affected districts (*Kadutu, Fizi and Bunyakiri*).
- In *Katanga*, WHO and Health cluster partners are supporting health authorities to strengthen surveillance, reporting and samples collection. WHO sent an emergency health kit to *Kalemie*, providing enough supplies for 10 000 people for 3 months. The supplies are redistributed to local partners, including particularly *Médecins de Monde-France*, for the treatment of patients. WHO also sent artemisinin combination therapies for the management of malaria cases.
- HAC is updating the EHA activities profile for the DRC, focusing on project activities, funding and human resources. This updated profile will gradually expand to include other crucial resources such as pre-positioned supplies and their locations, partners (NGOs, MoH, and UN agencies), and other programmes such as the Health Cluster. This overall picture will act as a rapid reference point for HAC/EHA activities and capacities. It will be systematically applied to update the profiles of other countries, helping WHO strengthen capacities for emergency response in the field.
- WHO's emergency activities are funded by Australia, the CERF, ENI, Finland, Norway and the Pooled Fund for the DRC.

## ETHIOPIA



For more information, see [www.who.int/hac](http://www.who.int/hac).

### Assessments and Events

- The multisectoral contingency plan for the first half of 2010 was released on 7 December. An estimated US\$ 270million is requested to support all sectors until June 2010, including US\$ 25.7 million for health and nutrition.
- The Health sector is concentrating on AWD, malaria, meningitis and measles as well as surveillance capacity building.
- WHO continues to receive reports on AWD outbreaks through its field consultants. Although no official figures have been obtained from the MoH yet, the outbreaks in *Oromiya* and *SNNP Regions* seem to be expanding:
  - In *Oromiya*, the outbreak which started *Bale Zone* on 28 November is now affecting 13 woredas (the most affected being *Guinner Woreda*) in the same zone and is expanding to neighbouring *Arsi* and *West Arsi Zones*.
  - In *SNNPR*, 11 woredas in *S. Omo, Gedio, Wolayita, silit* and *Gurage Zones* are reporting AWD cases.
- Immediate needs include medicines and supplies, water containers for household water treatment and funds to cover operational costs.

### Actions

- WHO's field consultants and data managers are providing technical support to the regional health bureaus to strengthen surveillance, early warning and outbreak investigation as well as AWD response assessment and on-the-job

### 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/>

- training for health workers to improve case management.
- WHO sent two Diarrheal Diseases Kits to Oromiya and two to SNNPR. Each kits provides enough supplies for 100 severe cases and 400 moderate cases.
- In SNNPR's Gedio Zone, WHO trained 31 surveillance focal persons in Burji Amaro and LiYu Woredas on the essential elements for setting up a cholera treatment centre. Issues related to hygiene, water and sanitation and case management were all reviewed and explained.
- WHO's emergency activities are funded by the CERF and Finland.

## INTER-AGENCY ISSUES

In order to keep health action in crises high on the inter-agency humanitarian agenda, WHO/HAC participated/will participate in the following meetings/activities.

- The IASC TF on **meeting humanitarian challenges in urban areas** on 7 December.
- The **Common Humanitarian Funds** Working Group meeting in New York on 8 December.
- The Annual **CERF** Conference in New York on 8 and 9 December.
- The **CAP** Sub-Working Group on 10 December.
- An inter-agency meeting on **World Humanitarian Day 2010** on 10 December.
- The IASC **Gender** e-learning Advisory Committee meeting on 10 December.
- The IASC **Gender** Capacity Steering Committee meeting on 11 December.
- An ad-hoc IASC Working Group on 11 December on **Needs Assessment and the Humanitarian Dashboard**.
- The **Emergency Directors** Meeting on 2010 priorities on 14 December.
- The Inter-Agency Working Group on **Disarmament, Demobilization and Reintegration** on 14 December.
- The HWLG on **natural disasters in Latin America** and the **Caribbean** (14 December) and on **Somalia** (16 December).
- The first meeting of IASC **Humanitarian Financing Group** on 15 December.
- The Humanitarian Working Group on the **Democratic People's Republic of Korea** on 15 December.
- The joint UN-OECD workshop on **transition financing** on 16 December.
- The IASC Weekly meeting in Geneva on 16 December on the use of the **cluster approach in Indonesia**.
- An inter-agency meeting on 16 December to discuss the draft agenda for the **Donor-Global Cluster Lead** meeting (16 February 2010).
- A meeting of IASC Focal Point on 16 December to discuss **IASC Priorities for 2010**.
- The IASC Taskforce on **needs assessment** on 18 December.
- An Inter-Agency Teleconference on **Sri Lanka** on 21 December
- The UN **ECHA** meeting on 21 December.

## HAC FORUM – 4 DECEMBER 2009

On 4 December, Representatives from more than 20 countries, along with UN agencies and NGOs, attended the 2010 WHO Humanitarian Forum. Officials praised WHO for its performance and leadership in the humanitarian sector, particularly in its role as Health Cluster leader. Presentations by HAC officials helped describe WHO's activities in emergency response, recovery and preparedness during 2009 and plans for 2010.

All the documentation is available at [http://www.who.int/hac/events/humanitarian\\_forum\\_2009/en/index.html](http://www.who.int/hac/events/humanitarian_forum_2009/en/index.html)

## HUMANITARIAN DAY AT THE UNITED NATIONS CLIMATE CHANGE CONFERENCE IN COPENHAGEN – 15 DECEMBER 2009

WHO joined with IASC members and OCHA to highlight the humanitarian impacts of climate change on 15 December during the COP-15 negotiations in Copenhagen. WHO Assistant General for Health Action in Crises, Dr Eric Laroche, helped launch the "Humanitarian Day" theme at a public event in a Copenhagen square, giving an address on the public health threats associated with climate change. Also speaking at the event, attended by several hundred people, were Emergency Relief Coordinator John Holmes, WFP Executive Director Josette Sheeran and IFRC head Bekele Geleta. WHO Goodwill Ambassador Jet Li also spoke on health issues during a roundtable event also on 15 December attended by Mr Holmes and Mary Robinson, the former Irish president and UN High Commissioner for Human Rights.

For more information, see also Jet Li's One Foundation: <http://www.onefoundation.cn/html/98/n-998.html>

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

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