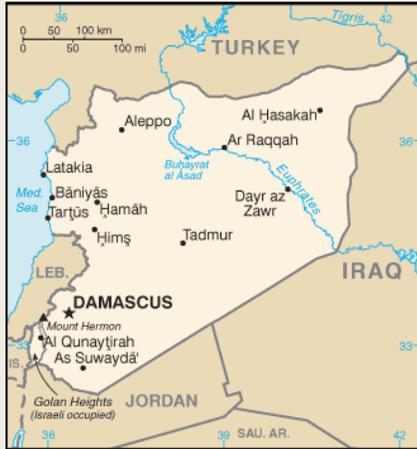




November, 2012

This monthly report, which is not exhaustive, is designed for operational use and does not reflect any official position of the WHO Secretariat.

The Syrian Arab Republic



Situation highlights

- After nearly 21 months, the conflict has spread to all 14 governorates.
- There are 1.2 million IDPs and more than 2.5 million people in need of humanitarian assistance.
- Due to insecurity, a lack of health personnel, and shortages in basic medical equipment and medicines, basic health services are struggling to function.
- 76% of hospitals and 15% of health centres have been damaged or destroyed.
- The functioning hospitals are often overwhelmed with patients.
- Hospitals and health facilities are reporting shortages of vaccines and life-saving medicines, especially antibiotics, anaesthesia, trauma medicines, intravenous fluid and medicines for diabetes and hypertension.
- Over half of the ambulances are damaged or out of service which negatively impacts the capacity to provide referral services.
- Reports indicate that a large number of health personnel have left the country.
- National vaccination coverage for the first quarter of 2012 dropped from 95% to 80%
- Access to safe water and appropriate sanitation in affected areas has been interrupted, leading to an increased risk of waterborne diseases.

Statistics

Total population	20 411 000
Gross national income per capita*	5 120
Life expectancy at birth m/f (years)	71/76
Probability of dying between 15 and 60 years m/f **	159/95
Total expenditure on health per capita* (2010)	174
Total expenditure on health as % of GDP (2010)	3.4

* purchasing power parity international \$
** per 1000 population

Source: WHO/GHO.

Health priorities

- Access to basic primary health care including access to medicines for chronic diseases
- Access to trauma care
- Strengthening of disease surveillance including an Early Warning and Reporting System
- Strengthened referral systems
- Improved health information systems
- Nutritional surveillance
- Coordination of emergency health activities

WHO response

- WHO has conducted rapid assessments for health facilities in all governorates to determine accessibility and functionality of health facilities.
- The Early Warning and Reporting System has been established. Data collection, using standardised health indicators, began in September for the 104 participating health facilities. Health Bulletins have been issued and disseminated regularly among health sector partners
- In the months of October and November, WHO supplied 650 000 doses of vaccines for children under five (for the Expanded Programme on Immunization) to Aleppo, Derezor and Rif Damascus.
- WHO and UNICEF are supporting the MoH with a measles and polio vaccination campaign (targeting respectively, 2 million and 2.5 million children under five) in affected areas.
- WHO provided medicines and medical supplies for over one million treatments, over 105 000 blood safety kits to the national Blood Bank, trauma surgery and emergency care supplies, intravenous nutrition fluid and intravenous supply sets to hospitals in affected areas.
- WHO is supporting mobile health teams and clinics. Ten mobile teams (each serving 600-700 people per month) are providing basic health services in Damascus, Rural Damascus, Homs, Hamah and Aleppo. The mobile clinics reach between 1600 and 2000 patients per month.
- WHO is supporting improved access to basic primary health care including access to medicines for chronic diseases

WHO's emergency activities in the Syrian Arab Republic have been supported by the Central Emergency Response Fund, Ireland, Italy, Norway, and the United States of America.

Funding US\$	WHO	Health Cluster
Requested	31 145 000	53 150 319
Received	7 993 078	13 648 289
Funding gap	25.7%	26%

Source: OCHA/FTS.

For more information:

<http://www.who.int/disasters/crises/syr>

Democratic Republic of the Congo



Statistics

Total population	65 966 000
Gross national income per capita*	320
Life expectancy at birth m/f (years)	47/51
Probability of dying between 15 and 60 years m/f **	442/331
Total expenditure on health per capita* (2010)	27
Total expenditure on health as % of GDP (2010)	7.9

* purchasing power parity international \$
 ** per 1000 population
 Source: [WHO/GHO](http://www.who.int).

Funding US\$	WHO	Health Cluster
Requested	NA	64 607 584
Received	11 161 262	40 131 090
Funding gap		62%

Source: [OCHA/FTS](http://www.ocha.org).

For more information:

<http://www.who.int/disasters/crises/cod>

Situation highlights

- The conflict has intensified since May 2012 in the East of the Democratic Republic of the Congo (DRC) causing a further reduction of humanitarian space to provide assistance. Recent reports estimate that there are 130 000 displaced people in and around Goma and 2.4 million displaced throughout DRC.
- A recent takeover of Goma by a rebel group forced the displacement of many people and the evacuation of international staff.
- Large proportions of the population remain inaccessible to humanitarian aid and access to healthcare is becoming increasingly limited.
- In 2012 to date, 151 health zones in eight provinces (out of a total of 11 provinces) have been affected by cholera. From January - November, 28 089 cases of cholera were reported with 671 deaths (with a case fatality of about 2.0%)
- From January - November, 54 909 cases of measles, with 1509 deaths (case fatality rate of 2.7%) were reported in 102 health zones.
- From 18 May to 6 November, 77 cases (36 laboratory confirmed, 17 probable, 25 suspected) of Ebola haemorrhagic fever were reported in Orientale Province. Of these, 36 were fatal (12 confirmed, 13 probable). The outbreak was declared over on 23 November.
- Food insecurity is affecting more than 17.3 million people, of whom more than 315 000 are in need of humanitarian assistance. The causes of the food crisis include factors such as: population displacements, widespread insecurity, lack of access to food, and loss of livelihood.

Health priorities

- Increase access to a minimum package of health services including required life-saving interventions such as basic health care, surgical services and emergency obstetric care to reduce maternal and child mortality.
- Promote access to water and sanitation in areas at high risk for the spread of diarrhoeal disease epidemics, especially ongoing cholera.
- Strengthen technical and institutional capacities in the surveillance and response to diseases with epidemic potential.
- Strengthen coordination of health partners to improve contingency plans and adapt responses to emerging situations.
- Strengthen community capacities (women and men, girls and boys) to reduce the risk of communicable diseases and to mitigate the impact of recurrent epidemics.

Health cluster response

- Support the provision of a minimum package of services in primary health care and a supplementary package for secondary health care.
- Health partner and MoH, activities responding to the cholera outbreak include: disease surveillance and monitoring with the Early Warning and Response Network (EWARN); support to case management (staff training and deployment), supplies provision, logistic support for treatment centers, social mobilization and water sanitation in collaboration with the WASH cluster.
- Provide essential medicines and medical supplies. For example 135 cholera kits, 490 measles kits (200 already distributed) and 250 malaria kits (IEHK basic malaria modules) have been provided.
- Support the Integrated Management of Childhood Illnesses. A measles vaccination campaign, conducted in 2012, targeted 5.9 million children and reached about 6 414 742 children 6-14 years old in 135 health zones.
- Health partners and the MoH provided support to measles case management and strengthened routine immunization. The EWARN system is also monitoring the measles outbreak.
- Provide health care workers with training and refresher training for outbreak early warning and response and preposition medical supplies for outbreak response.
- Support the rehabilitation of health centres, hospitals and maternity wards.
- Train health care workers in the management of cases of severe acute malnutrition with medical complications in children under five.

Democratic Republic of the Congo (continued)

- Vaccinate children for yellow fever during repatriation.
- Continue the provision of education activities on the prevention of transmission of diarrhoea and cholera. More than 1.4 million women, men, girls and boys have benefited so far from these education activities.
- Provide medical care and psycho-social support for victims of sexual violence.

The Health Cluster is urgently requesting US\$ 39.5 million to address the health needs of the population affected by recurrent diseases in vulnerable areas.

Health Cluster emergency activities in the Democratic Republic of the Congo have been supported by the Central Emergency Response Fund, the Common Humanitarian Fund (DRC), Denmark, Estonia, European Commission Humanitarian Aid Office, Finland, Germany, Italy, Japan, Luxembourg, Norway, OCHA Emergency Response Fund, the Russian Federation, Sweden, Switzerland and the United States of America.

occupied Palestinian territory



Situation highlights

- Following several weeks of intermittent conflict between Palestinian armed groups and the Israeli Air Force (IAF), a military offensive began on 14 November and lasted for eight days.
- During the conflict, 163 people were killed and 1269 injured in Gaza and six Israelis were killed and 224 injured.
- Hospitals operating by the MoH in Gaza are functioning but are struggling to cope with the large number of injuries with severely depleted medical supplies – 40% of the essential drug list items and 59% of the medical disposable list items were at zero stock, as of 20 November.
- Three hospitals and five primary health clinics were damaged by airstrikes and six ambulances suffered collateral damage.
- During the crisis, all elective surgeries in MoH hospitals were postponed because of the shortages of anesthesia and all non-urgent cases transferred to NGO hospitals.

Health priorities

- Essential medicines and medical supplies to cover shortages
- Emergency medical supplies for treating casualties and the chronically ill.
- As of 20 November, 245 medicines and 180 medical disposable items are urgently needed.

WHO response

- WHO is working with partners to provide essential medical supplies needed by the MoH.
- WHO and ICRC have coordinated with the Government of Israel for permits and delivery of 205 pallets of disposables, drugs and IV fluids to Gaza.
- WHO is leading the health sector coordination with the MoH and among health partners in Jerusalem, Ramallah and Gaza.

WHO is urgently requesting US\$10 million to purchase and distribute essential medical supplies.

WHO's emergency activities in the occupied Palestinian territory have been supported by the Islamic Development Bank, Norway, the Office of the UN Special Coordinator for the Middle East Peace Process and Switzerland.

For more information:

<http://www.who.int/disasters/crises/international/wbgs>

Statistics

Total population	4 169 000
Gross national income per capita*	-
Life expectancy at birth m/f (years)	72.5
Probability of dying between 15 and 60 years m/f **	-
Total expenditure on health per capita* (2010)	1.8
Total expenditure on health as % of GDP (2010)	16
Maternal mortality ratio (per 100 000 live births)	28

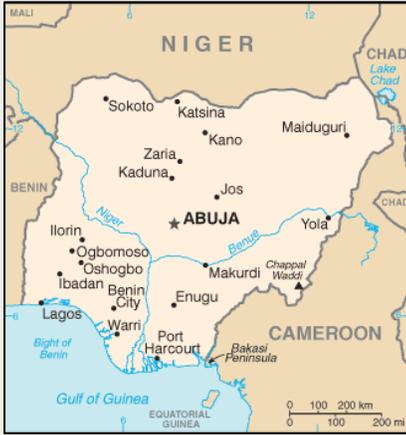
* purchasing power parity international \$

** per 1000 population

Source: [WHO/GHO](http://www.who.int/glo).

Funding US\$	WHO	Health Cluster
Requested	1 020 600	19 679 604
Received	1 005 099	16 662 743
Funding gap	98.5%	84%

Source: [OCHA/FTS](http://ocha-ftf.org).



Statistics

Total population	158 423 000
Gross national income per capita*	2 240
Life expectancy at birth m/f (years)	53/54
Probability of dying between 15 and 60 years m/f **	377/365
Total expenditure on health per capita* (2010)	121
Total expenditure on health as % of GDP (2010)	5.1

* purchasing power parity international \$
 ** per 1000 population

Source: [WHO/GHO](#).

Funding US\$	WHO	Health Cluster
Requested	1 000 000	
Received	0	
Funding gap	0%	

Source: [OCHA/FTS](#).

For more information:

<http://www.who.int/disasters/crises/nga>

Situation highlights

- Torrential rains in October caused the worst flooding in 50 years. At least 431 people have died and 1.4 million are displaced (UN-OCHA).
- The Federal Capital Territory and 35 out of 37 states have been affected. Of the 35 affected, 14 have suffered severe damage including destruction of bridges and civil infrastructure, health facilities and homes.

Health priorities

- Assess the health situation and public health threats in newly-flooded areas by deploying health staff as part of Government-led interagency teams.
- Strengthen disease surveillance for early detection and rapid response to outbreaks by adapting data collection and reporting procedures, training health staff and volunteers in the Nigerian Red Cross, deploying additional surveillance officers and prepositioning supplies.
- Support the efforts to restore access to basic and referral health care through the procurement and distribution of essential medicines and supplies, and the deployment of medical staff in highly affected areas.
- Support the Ministry of Health (MoH) in coordination and planning.

WHO response

- Epidemiologists and public health experts were deployed to support assessment of the health system and public health risks.
- Supplies for rapid response to disease outbreaks have been prepositioned (e.g. Inter-Agency Diarrhoeal Disease Kits (IDDKs), anti-malarial medicines and laboratory sampling equipment).
- Inter-Agency Emergency Health Kits (IEHKs) and medical supplies have been provided to cover basic health care services, addressing most of the common diseases (acute respiratory infections, diarrhoeal diseases, malaria, etc.).
- WHO is working with local NGOs to improve access to basic health care.
- WHO supported the deployment of additional health workers to increase access to health care: nurses and medical doctors were deployed to the operational health centres (including referral centres) in flood affected regions.
- Support has been provided to nutrition stabilization centers to deal with medical complications associated with severe and moderate malnutrition cases.
- Provision of training for health workers in the management of water and vector borne disease cases (malaria and potential haemorrhagic fevers, diarrheal disease, etc.) and for detection and management of complications related to moderate and severe malnutrition.
- Referral services supported through minimal rehabilitation of affected referral centers.

Global Consultation on the Health Emergency Risk Management Framework and Strengthening Public Health Preparedness (21-23 November 2012)

WHO, through the Assistant Directors-General for Health Security and Environment, Dr. Keiji Fukuda and for Polio, Emergencies and Country Collaboration, Dr. Bruce Aylward, convened a global consultation with expert representatives from the health and disaster management communities. The consultation provided guidance on the development and implementation of a framework to strengthen national and community capacities for managing health risks of emergencies. The proposed all-hazards Health Emergency Risk Management Framework, describes key principles, the essential capacities which should be in place in countries, and the roles and responsibilities of the health sector (including the WHO Secretariat) and other actors at all levels. Participants, including Ms. Margareta Wahlstrom, UN Assistant Secretary General for Disaster Reduction, also stressed the health dimensions of strengthening community resilience, the linkages to the International Health Regulations, and the important role of the health sector and partners in the dialogues under way for a successor framework to the Hyogo Framework for Action which ends in 2015, and the Sustainable Development Goals. A report of the consultation is expected in January 2013.

Policy Brief on Integrating Sexual and Reproductive Health into Health Emergency and Disaster Risk Management

In emergency situations there is often a lack of access to Sexual and Reproductive Health (SRH) services. These services need to be strengthened in preparation for future events, to reduce SRH-related morbidity and mortality in times of emergency. As part of this effort to strengthen national and local capacities, CARE, IPPF, Sprint, UNHCR, UNICEF, UNFPA, Women's Refugee Commission and WHO, have developed a Policy Brief on Integrating Sexual and Reproductive Health into Health Emergency and Disaster Risk Management systems. This policy brief identifies actions to integrate SRH services in all aspects of health emergency and disaster risk management, both for immediate health needs, such as saving lives in obstetric complications and preventing disease, as well in the long term to reduce vulnerability and to support sustainable development of health systems and communities. For more details, refer to: http://www.who.int/hac/techguidance/preparedness/SRH_policybrief/en/index.html.

WHO and the IASC Transformative Agenda

The IASC Transformative Agenda which was launched in December 2011, calls for all humanitarian organizations to collectively improve the timeliness and effectiveness of the collective response at the field level through stronger leadership, more effective coordination structures, and improved accountability for performance and to affected people. WHO's efforts to reform its own emergency work are fully aligned with the Transformative Agenda:

- WHO has developed an Emergency Response Framework which fully incorporated the principles under the Transformative Agenda.
- In line with the IARRM, WHO is conducting an organization-wide mapping of senior staff who are 'Level 3' capable, pre-qualified and available for immediate deployment (within 72 hours) for up to three months.
- WHO has contributed to the improvement of the Multi-cluster/sector Initial Rapid Assessment (MIRA) tool and is committed to participate in the needs assessment in the initial phase of a Level 3 crisis.
- WHO is finalizing, with IASC partners, an electronic information management tool to enable standardized to ensure humanitarian evidence based analysis.
- Clusters, including WHO, are expected to report on collective outcomes. WHA 65.20 has given a clear mandate to WHO and has asked the organization to fulfill its role as cluster lead agency.
- Responsibilities as Cluster Lead Agency include sharing information with partners on the health situation, on gaps in the response, on "who does what where", and to contribute to the strategic planning for the entire health sector. This will form the basis of the Flash Appeal and subsequent Consolidated Appeals.
- WHO continues to mobilize national and local capacities, and close engagement with governments, the private sector and other partners for a more effective emergency response.

Foreign Medical Teams

A Foreign Medical Team (FMT) Working Group meeting was held in Madrid, Spain, on November 15-16. Key stakeholders were invited including technical experts, Global Health Cluster representatives, representatives of providers of FMTs, donors, bilateral agencies as well as representatives of countries likely to receive FMTs.

The meeting reached consensus on two papers commissioned by the Working Group:

- Monitoring and reporting of foreign medical teams to national authorities
- Technical criteria for classification and minimal standards for foreign medical teams

The Working Group also reached agreement on the way forward for the process of wider consultation and endorsement of the documents, developed a roadmap for further use of the documents and made plans for a possible global registration process.

The Foreign Medical Team Working Group seeks to streamline the work of foreign medical teams sent to acute emergencies by ensuring teams adhere to minimal professional standards, agree to standardized reporting criteria and ensure they are integrated into the overall humanitarian response in support of the response of national authorities.