

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 7 June, WHO organized a donor briefing to provide updates from Yogyakarta, WHO Indonesia, SEARO and HQ to representatives of Canada, Australia, Finland, Germany and France.

Assessments and events:

- The search and rescue phase is over, but treatment of victims continues.
- At of 8 June, more than 6500 persons are known to have died, while estimates put the number of injured requiring hospitalization to approximately 20 000. Over 60 000 houses have been destroyed and 300 000 damaged.
- The majority of people requiring hospitalization are elderly.
- Between 200 000 and 650 000 people are homeless. A third of these are living in makeshift shelters with no toilets or running water.
- A slight increase in the incidence of diarrhoea has been reported. In Bantul, a cluster of cases attributed to poor sanitation conditions were notified.

Actions:

- The early warning and disease surveillance system established by WHO and national health authorities is operational. Pre- and post- earthquake disease patterns are being compiled to detect trends. No outbreaks were reported.
- Mobile clinics supported by WHO have been deployed in affected areas. In collaboration with communities and hospitals, they will identify individuals with injuries needing referral for reconstructive surgery and rehabilitation.
- Starting 7 June, approximately 130 000 children under five were vaccinated against measles in Yogyakarta and Klaten districts. National, Provincial and District health authorities conducted the campaign with financial support from WHO, UNICEF, the American Red Cross and CDC/Atlanta. Vitamin A was distributed simultaneously.
- The MoH in cooperation with WHO, UNICEF, and other interested partners, has initiated a preventive immunization campaign against tetanus and diphtheria for all people over 15 years in affected areas. WHO and the MoH provided guidelines for management of tetanus.
- In cooperation with local authorities, WHO is conducting field-level water quality testing.
- A psychosocial assessment based on WHO's guidelines started on 5 June. Results should be available within a week.
- Meanwhile, WHO continues following closely the status of the nearby volcano Mt Merapi.
- 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 victims of the disaster. DFID, USAID, AUSAID, Iceland, Monaco and Sweden have already promised financial support to WHO.

TIMOR LESTE



Assessments and events:

- Timor Leste's Government met with rebel soldiers to seek reconciliation and a way out of the crisis.
- Up to 100 000 people have fled their homes to makeshift camps to escape the violence. UNHCR warned that violence could spill into the camps.
- The first aid flights started touching down on Monday, but insecurity is restricting the movements of humanitarian agencies. Limited needs assessments have been possible only in Dili and one or two isolated districts.
- The Government is appealing to the UN for assistance.

Actions:

- A inter-agency humanitarian aid coordination group, including the MoH and WHO, was set up led by the Government and supported by UN agencies, several humanitarian NGOs and key government agencies.
- The Humanitarian Assistance Coordination Group carried out a rapid assessment of the IDPs camps in Dili between 28 and 30 May. Priority areas are protection, food, water and sanitation, health and shelter.

⇒ On 1 and 5 June, OCHA organized inter-agency meetings on the humanitarian situation in Timor-Leste, connecting Dili, New York and Geneva, took place.

- WHO's priorities for the current crisis are:
 - Monitoring, collection, analysis, and utilization of relevant public health data;
 - Coordination of health actions among the various partners;
 - Communicable disease control;
 - Maternal, new born and child health preventive and curative services;
 - Support to the MoH to deliver essential public health functions;
 - Improved water, sanitation and hygiene for the camps;
 - Development, dissemination and communication of essential health messages.
- A three-month Flash Appeal is expected to be launched in New York early next week. WHO is participating to the Appeal, focusing on preparedness and response against outbreaks, health coordination and gap filling.

SUDAN



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

Assessments and events:

- Ongoing insecurity in *Darfur* is impeding access to health care.
- Between 24 May and 3 June, the Federal MoH in *South Darfur* reported 51 cases of acute watery diarrhoea, including four deaths (CFR 7.84%).
- As of 28 May, 5923 cases of meningococcal meningitis have been reported throughout Sudan, including 472 deaths.
- The outbreak of cholera in *Southern Sudan* continues. Since 28 January, 14 601 cases have been reported, including 445 deaths.

Actions:

- In *South Darfur*, a taskforce including the State MoH, WHO, UNICEF and other health partners was established to contain the outbreak and limit the spread of the disease among IDPs. Activities include:
 - A joint Federal MoH and WHO mission in Kass and El Daein;
 - A cholera treatment centre for 50 patients a day in Nyala;
 - Cholera kits pre-positioned in all high risk areas, supplementing other kits already pre-positioned in Kass, El Daein and Nyala;
 - Trainings of trainers and health education campaigns on personal hygiene;
 - Water quality monitoring and augmentation of chlorine levels at all water supply points in accordance with WHO guidelines in outbreak response
- In *North Darfur*, following the cholera outbreak in South Darfur, a cholera Task Force was set up to coordinate the prevention and containment of other possible outbreaks.
- Three cases of suspected meningitis were reported from Abu Shoak camp. Samples were sent to Khartoum for laboratory confirmation while the patients are receiving treatment in El Fasher hospital.
- WHO conducted a field mission to camps around Kutum to assess the water and sanitation systems and provide equipment (insecticides, protective clothing and chlorine for water disinfection) as well as technical and logistic support to national and international partners.
- Various medical drugs were donated to three rural hospitals (Kutum, Kebkabiya and Mallit) to cover the gap as stocks are running out.
- WHO donated an autoclave to El Fasher hospital to enable sample analysis at state level. Laboratory equipment was also donated to the NGO Malteser International to support their primary health care programme.
- In *West Darfur*, a cholera and malaria preparedness plan was activated. WHO is making an inventory of resources and partners in the region. Training in diagnostic and management guidelines were conducted.
- In 2006, contributions were received from the European Commission, Finland, Ireland, Switzerland, the Central Emergency Relief Fund and the 2006 Common Humanitarian Fund.

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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/inter-national/hoafrika/en/index.html>

Assessments and events:

- The short rainy season did not bring much improvement. Population are still vulnerable and, during the next six months, access to food will remain critical and dependent on food distribution.
- The lives of an estimated 8.5 million affected people 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.

Actions:

- In *Eritrea*, two National Programme Officers were recruited to strengthen information management. The health profiles of 28 affected districts are being compiled in collaboration with the School of Medicine. A household survey is being carried out in the priority provinces. Micro planning is ongoing for the coming measles immunization campaign, which will target 580 000 children under five and provide vitamin A supplementation.
- In *Ethiopia*, two National Programme Officers were recruited to strengthen coordination and surveillance and sentinel sites were identified to gather information. WHO is providing training on communicable diseases surveillance to local rapid response team as well as to staff in health facilities in Borena. Monitoring visits to Borena and Somali region are planned.
- In *Djibouti*, a new Focal Point for the coordination of CERF activities was recruited. Outreach activities for basic health care started and nutritional and communicable surveillance is undergoing.
- In *Kenya*, a taskforce was set up and the surveillance system strengthened to detect any outbreak of malaria following the short rainy season. Assessments in affected districts are ongoing; three out of nine are complete. The distribution of medical kits is planned for next week.
- In *Somalia*, WHO carried out consultations and assessments in affected areas to identify where the four New Emergency Health Kits and four diarrhoea kits are to be positioned. The acquisition of cold-chain supplies and equipment to strengthen the polio and measles campaigns is proceeding.
- In coordination with UNICEF and the Somali Red Crescent Society, WHO trained health workers from affected regions on surveillance and control of communicable disease (detection, investigation and response to selected epidemic-prone diseases including acute watery diarrhoea, measles, meningococcal diseases and malaria) in emergencies.
- 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.

GUINEA



Assessments and events:



- Outbreaks of cholera have been recurrent since April 2005 and are expected to continue with the arrival of the rainy season. In *Conakry*, *Moyenne Guinée* and *Guinée Forestière*, more than 4 000 cases and over 100 deaths have been recorded over the past 12 months.
- In *Guinée Forestière*, the cholera outbreak is continuing in Guédékou, N'Zérékoré region, with a rise in number since the beginning of May. As at 28 May, 694 cases have been notified in Guédékou, including 76 deaths.
- The town was severely damaged by fighting in 2000 and 2001 and water distribution is inadequate to support the estimated 100 000 inhabitants.
- Local health authorities have requested support to boost the response, including cholera kits, water treatment supplies as well as training on diagnosis and case management for health workers.

Actions:

- WHO, UNICEF and MSF Switzerland and Belgium have provided local health authorities with oral rehydration salts (Ringer Lactate), antibiotics and chlorine for the management of cases and helped establish a crisis

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	<p>committee. More supplies are needed to interrupt transmission.</p> <ul style="list-style-type: none"> • The WHO/EHA Coordinator also provided technical support to the health department on case investigation and management, surveillance, water treatment and health education. • A joint assessment mission of the MoH and the WHO African Regional Office is starting on 9 June in cholera-affected zones. • WHO prepared a project requesting cholera kits, rapid confirmation tests and transport media for samples. So far, no extra funding has been received to support these activities.
<p>BURUNDI</p> 	<p>Assessments and events:</p> <ul style="list-style-type: none"> • Due to the fact that Burundi is moving from an emergency phase to a transitional period, many project submitted in the CAP 2006 were not fully funded. • Displaced populations are one of the main challenges. There are about 40 000 refugees from the Democratic Republic of the Congo, 17 500 from Rwanda and 116 000 internally displaced people living in various camps across the country, while about 430 000 Burundians remain in Tanzania. <p>Actions:</p> <ul style="list-style-type: none"> • In collaboration with the MoH and provincial health authorities, WHO is working with UNICEF, UNFPA, UNHCR and partner NGOs to implement the inter-agency health access and essential package programme. Since 2004, the programme has been offering a combination of essential drugs and equipment, basic mother and child healthcare services, as well as training on including HIV/AIDS prevention and reproductive health activities to support vulnerable populations (including IDPs, refugees and returnees). • WHO met with USAID/OFDA on the implementation of a project to re-inforce the Government's capacities for epidemic response and coordination. • In preparation of the CAP 2006 revision, WHO organized a meeting of all health partners to define the sector priorities for the rest of 2006. WHO submitted four projects. • There have been no contributions to 2006 activities so far. WHO prepared a project for US\$ 500 000 for the CERF under the "under funded" countries window.
<p>CENTRAL AFRICAN REPUBLIC</p> 	<p>Assessments and events:</p> <ul style="list-style-type: none"> • Lack of access to health care and loss of capacity to prevent, detect and respond to epidemic outbreaks are the main determinants of risk to life and health in the country. • Three-quarters of the country's health infrastructure, including the cold chain system, is destroyed. Only about one-third of the infrastructure in the most affected zones has been rehabilitated. • The most affected people are found in the northern prefectures of Ouham, Ouham Pende, Nana Nambere and Ombella-Mpoko, totalling approximately 1 million and representing 35% of the country's population. <p>Actions:</p> <ul style="list-style-type: none"> • WHO is completing a field mission to four cities in the North to assess health needs in the context of sexual and gender based violence (SGBV). • Based on the findings of the mission, WHO will organize the local purchase of equipment and essential drugs for the implementation of a project on SGBV and obstetric care. • WHO donated drugs to the NGO CONASAN for the treatment of meningitis. Concurrently, WHO is providing technical support for the finalization of a training on meningitis surveillance to be held at the end of the month. • Support for 2006 activities has been received from Finland.

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INTER-AGENCY ISSUES

- **IASC Clusters Working Groups.**
 - The **Health Cluster** met on 6-7 June. Significant progress was made and consensus was reached among all partners in the way to structure the work of the Cluster and reinforce coordination mechanisms at field level during emergencies. The next meeting is planned for September.
 - On 7 June, OCHA and IASC Cluster Leads presented sector updates on progress and challenges of the global appeal to the humanitarian community in Geneva. Many donors announced pledges to the appeal.
 - On 8-9 June, the **Early Recovery Cluster** held a workshop in Geneva to 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.
- **Early Warning -Early Action.** On 6 and 7 June, the IASC Sub-Working Group on Early Warning Early Action discussed the IASC Humanitarian Early Warning Service web proposal.
- **Tsunami.** On 7 June the IASC-UNDG Taskforce updated on the IFRC/WHO Bangkok Meeting, debriefed on recent missions to Sri Lanka and Indonesia and updated on the ECOSOC Tsunami Report.
- **Information Management.** An inter-agency workshop took place in Geneva on 7 and 8 June.
- **Human Rights of IDPs.** On 9 June, an ad-hoc IASC WG is expected to endorse the *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 on 5-7 July.

HEALTH CLUSTER MEETING

The IASC Health Cluster Working Group, hosted by WHO, met in Geneva on 6 and 7 June. Participants from the UN system, the Red Cross and Red Crescent Movement, IOM and NGOs, discussed the development of a plan of work, the budget as well as the Cluster's mission statement and core commitment.

The Deputy Representative of the UN Secretary-General for DRC and Humanitarian Coordinator for the Democratic Republic of the Congo provided a brief update on the humanitarian priorities in the country. Health action in Timor Leste, the occupied Palestinian territory, the Horn of Africa, and Angola were also discussed.

The newly appointed Head of the OCHA Humanitarian Reform Support Unit briefed on the humanitarian reform agenda which aims at achieving more predictability and accountability in humanitarian response and ensuring that all aspects of the reform – the CERF, the cluster approach, the strengthening of the Humanitarian Coordinator system, and the strengthening of partnerships with NGOs – are coherently driven towards these aims.

ADDRESSING THE HEALTH SITUATION IN THE OCCUPIED PALESTINIAN TERRITORY

Following World Health Assembly Resolution 59.3 and in an effort to address the health needs of the population of the occupied Palestinian territory (oPt), WHO is organizing a technical meeting in Geneva on 12 June.

The main goal of the meeting is to review the current health situation and identify appropriate courses of action to avert a humanitarian health crisis and ensure the provision of health services in the oPt. Expected outcomes are to update the information available on the situation of the Palestinian health system and public health programmes; to identify the possible impacts of inadequate funding on the public health system; and to establish mechanisms to fill identified gaps and address humanitarian needs. Technical staff from the Ministry of Health, UNRWA, OCHA, concerned UN agencies as well as donors and stakeholders representatives will participate.

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

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