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. The reports usually cover a selection of the situations for which a combined UN system humanitarian appeal has been launched. The WHO contributions in each situation are provided through a mix of different WHO programmes, often in cooperation with different departments in WHO regional offices and Headquarters. The remit 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.

**SOUTH ASIA EARTHQUAKE**

More information is available at:
http://www.emro.who.int/cha/pakistan.htm
and
http://www.whoindia.org/EN/Section33/Section34/Section215/Section359.htm

**Inter-agency Activities**

- **Coordination.** On 14 November, the IASC Taskforce on the South Asia earthquake updated on current health concerns in Pakistan (WHO, UNICEF) and humanitarian presence in affected areas.
- The next TF meeting will take place on 23 November.

**Assessments and events:**

- One month after the earthquake, the official death toll stands at more than 73,000 and the number of injured is close to 70,000. Additional rapid and coordinated assistance is needed, covering shelter, medical care, safe water and food, to reduce the risk of more deaths from cold, disease and hunger.
- An outbreak of acute watery diarrhoea has been reported in a spontaneous camp in the district of Muzaffarabad. The outbreak is linked to extremely poor sanitation and hygiene situation in the camp. Other reports of communicable diseases include two deaths from suspected meningitis, cases of acute jaundice syndrome (laboratory confirmation pending) and cases of measles to which vaccination teams have responded immediately. The increasing number of acute respiratory infections could become a major killer especially among children.

**Actions:**

- In Muzaffarabad, more than 400 cases of acute watery diarrhoea are treated in the camp clinic.
- WHO works with local and national health authorities and partners (UN and NGOs) assessing water supplies and sanitation facilities, providing essential items (chlorine tablets, buckets and soap) and health care (rehydration treatment) and supporting the rehabilitation of water treatment plants, pumping stations and sanitation facilities.
- WHO continues active investigation of rumours of potential disease outbreaks. A telephone-based outbreak alert and notification system is functioning at WHO in Muzaffarabad. An increasing number of health partners are contributing to the system.
- WHO is looking into strengthening laboratory facilities at the Pakistan Islamic Medical Association (PIMA) Hospital in Muzaffarabad, including the provision of lab kits and technical guidance. The PIMA Hospital has the highest outpatient attendance among all hospitals and serves the main camp in the city. Currently equipped to carry out limited bacteriological tests, it will be expanded to a full fledged public health laboratory.
- WHO has received sufficient supply of drugs for November. It has provided so far 27 New Emergency Health Kits (NEHK) and more supplies are in the pipeline at short and medium term.
- WHO activities in Pakistan are supported by Australia, Canada, Denmark, Ireland, Italy, Japan, Monaco, Norway, the Slovak Republic, Sweden, Switzerland, Turkey, the UK and the US. Thanks are also due for the many private contributions received.
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/disasters/

MALAWI

Assessments and events:
- In August, the Malawi Integrated Nutrition and Food Security Surveillance System reported that the average number of severely malnourished children admitted in the 76 Nutrition Rehabilitation Units has increased by 17% between September 2004 and September 2005.
- The main health care providers are the MoH, totalling 60% of all facilities, and the Christian Health Association of Malawi (CHAM) at 37%. CHAM facilities charge user fees that bar access for the poorest people. This is compounded by the current food insecurity. The unfolding food crisis could advance the resolution of this issue.

Actions:
- Supporting the Country Team and health partners, WHO is completing a one-month mission. The main areas of work were revising the Flash Appeal for the Food Crisis and preparing a mortality survey and an access to services and performance of health facilities survey.
- For the survey, 35 team leaders were trained on data collection and the survey is now being carried out under their direction. Analysis will take place at the end of the month.
- Following the Appeal, WHO, partners and donors are re-examining the health and nutrition priorities, including cholera preparedness and response, improved access to basic and referral health services and the scaling up of community-based management of malnourished children as a complement to MoH Nutrition Rehabilitation Units.
- As it is expected that food insecurity and the underlying problem of HIV/AIDS will continue for the coming years, WHO and partners are exploring ways to integrate humanitarian interventions in the district planning under Sector-wide Approach.

WEST AFRICA

Assessments and events:
- Since the beginning of the year, cholera outbreaks in ten countries (Burkina Faso, Gambia, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Sao Tome & Princeipe and Senegal) have affected 54,906 people and caused 901 deaths (figures reported by late October). The greatest numbers of cases were notified in Guinea Bissau with 23,455 cases, including 381 deaths (CFR 1.6%), and in Senegal with 27,461 cases, including 394 deaths (CFR 1%).
- The Malian Government also has notified WHO of 21 suspected yellow fever cases including 14 deaths between 7 and 27 October in the Kayes Region of western Mali.

Actions:
- On 31 October, WHO, UNICEF, national health authorities and NGOs launched a Flash Appeal for USD 3.24 million, including USD 1.8 for WHO, to assist the governments of Gambia, Guinea-Bissau, Mali, Mauritania, Sao Tome and Senegal to prevent the epidemic to spread further. The situation in Burkina Faso, Guinea, Liberia and Niger is under control. WHO is actively involved in the response to the cholera epidemic in Niger in its emergency activities in that country.
- In Mali, a team from the MoH, MSF and WHO is carrying out an epidemiological assessment in the area affected by the yellow fever outbreak. The MoH is requesting 4 million doses of vaccine to increase coverage in the surrounding districts.
- To eradicate the wild poliovirus throughout the region, a fourth round of synchronized immunization vaccination campaigns is taking place in Burkina Faso, Cape Verde, Côte-d’Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Nigeria, Senegal, Sierra Leone and Togo. A fifth round is planned between 10 and 15 December.

Inter-agency Activities
- On 15 and 16 November in Dakar, the UN convened a regional consultation on food security in the Sahel. In the past 30 years, acute food crises have affected the region roughly every ten years. The meeting focused on immediate and structural determinants as part of efforts to mitigate and prevent future crises. WHO participated.
DEMOCRATIC REPUBLIC of the CONGO

Assessments and actions:
- According to OCHA’s reports, the security situation has worsened during the month of October, increasing the number of vulnerable people particularly in the districts of Ituri and Tanganyika and in the provinces of North and South Kivu.
- A just released MSF epidemiological survey in five regions scattered around the country (Kilwa, Inongo, Basankusu, Lubutu, Bunkeya) from March to May 2005 present mortality rates indicative of a catastrophic health situation in three of the five zones. Access to healthcare is generally very poor and is available to one out of two or three people only. Despite the efforts of health partners, measles and polio vaccination coverage is far from comprehensive in the zones visited. Last, disorder and violence still plague large sections of the population, particularly in the East of the country, where the situation remains unstable from Ituri in the North, to Upper Katanga in the South, and across Kivu and Maniema.
- Following up on a first WHO mission on the health system reform, a second visit will be organized before the end of the year to pursue the process. The broad plan of the mission includes normative work (benchmarks, infant and maternal health, immunization, malaria and other priorities problems) and meeting with partners, and aims at promoting consensus on the reform strategy, strengthening WHO’s role in the DRC and following up on the Maputo meeting.

NIGER

Assessments and events:
- The results of the WFP preliminary food security investigation and of studies conducted by UNICEF, Action Against Hunger and MSF-Spain revealed that the nutritional situation remains alarming, poverty is increasing and current food supplies will only cover 3 to 4 months in some regions. Current strategies should combine emergency and development aids to respond to the crisis as well as allow for future economic growth.
- No new cases of cholera have been reported in Tahoua and Tillaberi since 27 October.

Actions:
- WHO continues to co-chair the health partners’ coordination meetings in Zinder, Tillaberi and Niamey.
- A WHO malaria consultant carried out a mission to Maradi and Zinder to verify the distribution of rapid tests and artesunate/amodiaquine medication for severely malnourished children in health centres in the two regions.
- A WHO expert from HQ is carrying out a three-week visit to support the development of strategies ensuring vulnerable groups access to health services.
- WHO attended a meeting of health partners with the Humanitarian Aid Department of the European Commission (ECHO) delegation on needs and strategies for 2006.

WEST BANK /GAZA STRIP

Assessments and events:
- On 11 November, the EU Informal Humanitarian Policy Dialogue Forum held a meeting focusing on UNRWA Job Creation Programme and the Harvard University Programme on Humanitarian Policy and Conflict Research.
- The Security Management Team meeting in Jerusalem briefed on the security situation and the upgrade to security level 2 in Jordan following the bombings in Amman. WHO presented the Avian Influenza preparedness plan for UN staff in the West Bank and Gaza.

Actions:
- WHO continues to support Avian Influenza preparedness activities and to ensure coordination among partners.
- Ten nurses completed a three-week training in Brussels organized by the European, Palestinian and Israeli Cities for Health and Social Partnership (EPIC) in coordination with the city of Brussels, the Brugmann and Saint Louis.
Pierre University Hospitals and the Haute Ecole Francisco Ferrer.

- WHO/Healthinforum published its monthly newsletter. Main topics include the Palestinian Authority preparedness plan for Avian Influenza, new data on children released by the Palestinian Central Bureau of Statistics and a project to support mothers and newborn in Bethlehem to be implemented by the Holy Family Maternity Hospital. The newsletter can be viewed at www.healthinforum.org

INTER-AGENCY ISSUES

- **IASC WG.** On 21 and 22 November, the IASC Working Group will discuss issues related to the humanitarian reform and the role of the humanitarian community in the Avian Flu and Human Influenza pandemic preparedness.

- **Nutrition in Emergencies.**
  - On 16 November, the IASC Cluster Group discussed the 2006 work plan, resource implications and the cluster progress report.
  - The first meeting of this Cluster will take place in Florence from 5 to 7 December to finalize the workplan. Other topics include lessons learned from the response to the South Asia Earthquake, response triggers and the WHO Tracking Health Performance and Humanitarian Outcomes Workshop and the adoption of benchmarks for nutrition in emergencies

- **Early Recovery.** On 14 November, the IASC Group finalized the 2006 work plan, discussed resource implications and completed the cluster progress report due for submission to the IASC Secretariat on 15 November.

- **Emergency Telecommunications.** The IASC Group held a meeting in Geneva between 15 and 17 November to prepare the cluster progress report also due for submission on 15 November.

- **Third International Conference on Early Warning (EWCIII).** The second meeting of the EWCIII Consultative Committee took place in Geneva on 15 November to update on preparations, incoming project proposals and expected outcomes of the conference.

- **ECHA.** On 16 November, the UN Executive Committee on Humanitarian Affairs discussed the response to the South Asia earthquake and recent developments in Eritrea and Zimbabwe.

- **ISDR.** The twelfth Session of the Inter-Agency Task Force on Disaster Reduction will be held in Geneva on 22 and 23 November to discuss progress in the implementation of the Hyogo Framework and the work modalities of the revised ISDR system. The Emergency Relief Coordinator will chair an expert panel on transforming disaster experiences into opportunities.

- **Tsunami Recovery.** The next IASC-UNDG Taskforce on Tsunami Recovery will meet on 23 November.

CAP Launch. The 2006 Consolidated Appeals will be launched in New York on 30 November.

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

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