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.

**OCCUPIED PALESTINIAN TERRITORY**

Assessments and events:
- With the Palestinian Authority operating at only a quarter of its 2005 budget, access to food, jobs and basic services are jeopardized.
- The Palestinian MoH is the main provider of public health programmes and ensures about 60% of the health services.
- The worsening situation has prompted humanitarian agencies to revise upwards the 2006 CAP by 80%, from US$ 215 million to US$ 385 million. The bulk of the new funding will go towards boosting emergency employment programmes, expanding food aid and increasing the amount spent on essential medical supplies to cover shortages.
- Although there has been a mobilization of pledges from the international community on drug donations, concern remains for covering the staff salaries and the running costs of the health delivery services.

Actions:
- With the MoH, UNRWA, other UN organizations, NGOs and donors in the field, WHO is monitoring the impact of the current situation on the performance of health care services.
- As requested by World Health Assembly Resolution 59.3, WHO organized a meeting (12 June) to review the current health situation in the oPt and identify ways of averting a humanitarian health crisis. Participants included technical staff from the MoH, UNRWA, OCHA, the World Bank, donors and other agencies.
- During the meeting, the development of an interim mechanism to prevent any disruption of basic services and bridge the current gaps in the delivery of health services and public health care was discussed.
- WHO's 2006 activities have been funded by the Organization’s Regular Budget and a contribution from Norway.


**INDONESIA**

Assessments and events:
- As of 12 June, the MoH reported 6633 deaths and 129 326 injured.
- The communicable diseases surveillance and early warning system has been established in hospitals, health centres and temporary health posts.
- As of 12 June, 46 cases of tetanus, including 15 deaths, have been reported.
- According to the Provincial Health authorities, the immunization coverage is low, averaging 10% for measles and 4.6% for tetanus. Immunization stocks appear sufficient but the cold chain capacity is inadequate in some areas.

Actions:
- Measles and tetanus immunization campaigns, coupled with vitamin A supplementation, have been implemented by mobile clinics. Approximately 130 000 children under five were vaccinated. Guidelines on tetanus prevention and management were developed by national and regional health authorities with support from WHO.
- The faculties of Medicine of University of Indonesia, the Gadjah Mada University of Yogyakarta and the Klaten Mental Hospital, supported by the MoH and WHO, are conducting a rapid assessment of the mental health status of affected populations.
- Since the beginning of relief operations, HAC has been maintaining regular teleconference contact with the Country and Regional Offices in Yogyakarta, Jakarta and New Delhi.
- 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. Australia, Canada, Iceland, Monaco, Sweden, the United Kingdom and the United States have already promised financial support to WHO.


⇒ On 13 June, the IASC Task Force updated on the humanitarian situation and discussed the proposed timeframe for revising the Response Plan.
### TIMOR LESTE

**Assessments and events:**
- Security appears to be slowly improving, but an estimated 100,000 people are still living in temporary camps around Dili.
- The overall health system is performing well with most hospitals and health facilities fully functional.
- Acute respiratory infections are the major health concern.

**Actions:**
- HAC is keeping regular contact with the Regional Office in New Delhi and the Country Office in Dili.
- In cooperation with UNFPA and UNICEF, WHO has provided immunization kits, hospital supplies and support to pregnant women in camps.
- WHO participated in the Flash Appeal launched on 12 June. The Appeal seeks to mobilize US$ 18.9 million to meet basic needs, prevent the spread of disease and provide shelter to those in need over the next three months. In cooperation with UNICEF and UNFPA, WHO is requesting US$ 1.3 million to support coordination, epidemic preparedness, early warning and response and to supply drugs and consumables.

### SUDAN

**Assessments and events:**
- In Darfur, the recent escalation in violence is impacting people’s access to essential services. Sustained public health measures are needed but funding shortages now threaten the fragile health system.
- Since 24 May, 85 cases of acute watery diarrhoea, including 4 deaths, have been reported in South Darfur. The rainy season, poor health coverage because of insecurity and violence and rapid population movements can intensify the public health risk from the cholera outbreak also in other areas.
- Since 5 May, 114 cases of cholera have been reported by the South Kordofan MoH. More than 40 patients were admitted to Kadugli Hospital.
- As of 2 June, 14,601 cases of cholera, including 445 deaths (CFR 3%), have been reported in Southern Sudan.

**Actions:**
- Although the cholera outbreak in South Darfur has not been formally declared yet, WHO and UNICEF are assisting the Federal MoH in drafting a proposal to strengthen operations for outbreak control and response in the affected states. The MoH response has contributed to lessening the intensity of the outbreak.
- The Federal MoH requested assistance from WHO for surveillance, coordination and case management and from UNICEF for environmental control and social mobilization.
- WHO continues to provide training, technical guidance and reference materials on the diagnosis and case management of acute watery diarrhoea and malaria and on the Integrated Management of Childhood Illnesses.
- In North Darfur, WHO continues supporting the State MoH with supplies and equipment for water quality control. Routine monitoring is ongoing in Abu Shouk and Al Salaam camps.
- The Cholera Taskforce finalized a preparedness and response plan.
- WHO is preparing a workshop on screening for mental illness, diagnosis and psychological interventions targeting State MoH staff.
- In anticipation for possible floods during the oncoming rainy season in Kassala, WHO and health partners are working on a preparedness and response plan, to be coordinated by the State MoH.
- In 2006, contributions for WHO’s activities were received from the European Commission, Finland, Ireland, Switzerland, the Central Emergency Relief Fund and the 2006 Common Humanitarian Fund.
**DEMOCRATIC REPUBLIC OF THE CONGO**

**Assessments and events:**
- At least 800 EU soldiers are expected to arrive in Kinshasa shortly. They will remain throughout the country’s upcoming presidential and legislative elections, which are scheduled for 30 July.
- The humanitarian crisis in Katanga continues to be of major concern due to the limited access available to the estimated 165 000 displaced people. A WHO/MoH assessment mission to Mitwaba, Dubie and Malemba Nkulu in Katanga, showed severe shortages of food and non-food items as well as lack of access to health services.
- Three cases of imported polio have now been reported in the DRC, the country’s first cases in nearly 6 years. The first two were reported in Bas Congo, where over 80% of children have had oral polio vaccine, making the province one of the best-immunized in the country. The third case was reported in Kasai Occidental. Five cases of acute flaccid paralysis (AFP) have been reported in several hospitals in Kinshasa.
- As of 13 June, 100 cases of suspected pneumonic plague, including 19 deaths, have been reported in Ituri district, Orientale province.

**Actions:**
- The first round of polio immunization was carried out from 9 to 11 June in Bas-Congo, targeting close to 550 000 children under five. The campaign was organized by the MoH with technical and financial support from WHO.
- WHO is supporting active AFP surveillance and reinforcing provincial response plans.
- In Ituri, a team from MSF-Switzerland, WHO and the MoH have been in the area affected by the plague to assess the situation and provide support to the local health authorities.
- Isolation wards have been established to treat patients; close contacts are being traced and receiving preventive treatment. Control measures have been difficult to implement because of security concerns in the area.
- In South Kivu, WHO is preparing a list of health centres having received training in the proper use of artemisinin-based combination treatment (ACT) prior to the distribution of ACTs.
- A new emergency health response WHO Focal Point has been recruited to be posted in Bunia in the district of Ituri.
- In 2006, WHO’s activities are supported by Finland. Funds have been pledged by the Humanitarian Fund and the Central Emergency Relief Fund.

**IRAQ**

**Assessments and events:**
- WHO works in partnership with the MoH and other health stakeholders to ensure the provision of accessible, affordable and comprehensive health services in Iraq.
- The main areas of work which encompass all of WHO’s activities are access to quality health services, health policy, planning and sustainable development, human resource development, mother, child and reproductive health, prevention and control of communicable and non-communicable diseases, and social determinants of health.
- From January to March, WHO provided technical assistance in research methodology to a number of psychiatric studies, of which five focused on the prevalence of psychiatric problems in primary school children, adolescents and working children. The studies indicate high rates of mental disorders, in line with findings from other countries in conflict situations.

**Actions:**
- WHO continues providing medical oxygen for hospitals in Ninawa governorate and supporting the rehabilitation of 12 primary health care facilities in Suleymania. More than 83% of the work has been completed.
- Under the leadership of UNFPA, UNICEF and WHO are working on a comprehensive plan to address emergency obstetric care. WHO focuses on policy strategy and capacity building and UNICEF on social mobilization and information, education, and communication.
- During the second round of Polio National Immunization Days, more than...
97% of the targeted 4.8 million children under five were reached. WHO and UNICEF supported the MoH in the implementation of the campaign.

• With the oncoming season, WHO continues providing technical and logistic support to health authorities in Basra in preparation for potential cholera outbreaks. Support included training, supplies and technical support for surveillance.
• Malaria and leishmaniasis spraying campaigns have been completed in several governorates.
• Support for the above mentioned activities was received from the UNDG ITF and the United States.

INTER-AGENCY ISSUES

• IASC Clusters Working Groups.
  ➢ The Water, Sanitation and Hygiene Cluster met in Geneva on 12-13 June.
  ➢ The next meeting of the Nutrition Cluster will take place in New York on 11-12 July.
• CAP. On 13 June, the Sub-Working Group updated on the Mid-Year Review and discussed CAP countries for 2007.
• UNPFA. On 14 June, UNFPA briefed the humanitarian community in Geneva on its role in emergency preparedness, response and recovery.
• Geographic Information Support Teams (GIST). The annual meeting is take place in Rome on 15-16 June.
• Gender. A meeting of the IASC Taskforce took place on 16 June.
• Humanitarian Coordinator Issues. The second meeting of the IASC Group will take place on 19 June.
• IASC Working Group. Preparations are ongoing for the next meeting hosted by WHO in Geneva from 5-7 July 2006.

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

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