LEBANON HUMANITARIAN CRISIS

Assessments and events:

- The UN Security Council adopted on 11 August Resolution 1701 calling for a full cessation of hostilities. Israeli armed forces are withdrawing from the South of Lebanon but the naval blockade remains in effect.
- The Lebanese Higher Relief Committee estimates that 200 000 displaced have returned, or are in the process of returning, to the South. UNHCR estimates that at least 48 000 people had left Syria and returned to Lebanon.
- Priorities include addressing the health needs of the rapidly returning population, including the threat of unexploded ordnance and cluster bombs in the South.
- The focus of health partners is shifting to early recovery and reconstruction of the health system.

Actions:

- WHO is establishing desks in the UN humanitarian hubs in Tyre and Saida.
- WHO sent a logistician and a public health expert to Saida to prepare for the rapid assessment of health facilities in areas previously inaccessible.
- The MoH, the American University of Beirut and WHO are training 50 public health students and family doctors who have volunteered to carry out the assessment of 800 health facilities all over the country.
- WHO will provide supplies for three months to the public health laboratory at El Hariri University Hospital in Beirut. It is the first of six laboratories to be identified as reference centre for the confirmation of suspected outbreaks. The hospital will provide free laboratory tests for the displaced.
- WHO will lead the technical subgroup of the Water and Sanitation Cluster. To ensure rapid results of water quality tests, WHO has agreements with the Central Laboratory and the Environmental Health laboratory of the MoH.
- Geographical mapping of health activities is ongoing to facilitate equal distribution of supplies.
- WHO offloaded 67 tons of fuel in Beirut to be distributed to 18 hospitals in Tyre, Saida and Nabatiye to enable them to function for at least ten days.
- WHO is sending one trauma kit and six doctor’s kits with equipment for over 100 operations to the hospital in Marjayoun.
- In Syria, the MoH, the Syrian Red Crescent Society and NGOs will implement disease surveillance in the camps with WHO technical assistance.
- Pledges for health activities were received from the CERF, Australia, Canada, ECHO, Iceland, Italy, Ireland, Japan, Norway and Sweden.
- The revised Flash Appeal, which will incorporate the transitional phase of rehabilitation/recovery, is expected to be published by 28 August. It will be followed on 31 August, by an international donor conference hosted by the Government of Sweden.


- An IASC Task Force on Lebanon meets twice weekly exchanging information on the situation and the operations.
- On 15 August, the Expanded Core Group of the UN ECHA discussed Lebanon.
- On 16 August, OCHA debriefed the IASC weekly meeting in Geneva on humanitarian missions to Lebanon and Syria.
- On 18 August, the UNHCR Assistant High Commissioner for Operations briefed the humanitarian community on her recent visits to Lebanon and Syria.
- On 18 August, Lebanon Resident Coordinator briefed the UNDG Working Group on Early Recovery and Reconstruction on (1) needs assessments and coordination mechanisms; and (2) the recovery framework, the transition plan and the donor conference in Sweden on 31 August.
- On 22 August, the IASC Cluster on Water, Sanitation and Hygiene will brief the humanitarian community in Geneva on WASH issues in Lebanon.

OCCUPIED PALESTINIAN TERRITORY

Assessments and events:

- The conflict and financial crisis facing the Palestinian Authority continues to impact on the delivery of health care, especially in Gaza.
- Shortages of drugs and supplies are reported from various health services across the oPt.
- The UN Secretary General spoke last week on the urgent need to work towards a solution to the current crisis.

Actions:

- WHO continues assessing hospitals and primary health centres in the oPt, especially across Gaza.
- Starting with regular monitoring of health status and services, WHO is now focusing a more in-depth analysis on specific issues such as underweight, diarrhoea, immunizations and personnel attendance.
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/

More information is available at:
http://www.who.int/hac/events/opt_2006/en/index.html or
http://www.bridgsmagazine.org

WHO convened a coordination meeting with UN Agencies and the ICRC to discuss intersectoral aspects of the current crisis, including the impact of shortages of electricity and water on the health sector.

In Gaza, WHO briefed representatives from Norway on the health situation, needs and available resources.

WHO’s 2006 emergency activities are funded by the Organization’s Regular Budget, a contribution from Norway and a UN Trust Fund for Human Security funded by Japan.

SRI LANKA

Assessments and events:

- Since the beginning of the year, renewed violence the northeast between the Government and the LTTE has killed over 800 people and displaced 90 000; it has also caused loss of staff, damage to equipment, scarcity of medicines and increased levels of ill health. The capacities of the health system are overstretched.
- Two decades of violent conflict have worn down family structures and social safety nets and exhausted populations’ resilience and coping mechanisms. Vulnerability of communities, families and individuals is extreme.
- Violence is also making the implementation of post-tsunami recovery programmes increasingly difficult, while more than 500 000 people are still receiving assistance, about half of them displaced.
- A deterioration of the humanitarian space is reported with threats, attacks, limitations to access and new bureaucratic procedures.

Actions:

- WHO is planning to support local health authorities to protect the health of affected and vulnerable populations. WHO’s support would be channelled through the existing health delivery system of the MoH and of NGOs working the affected districts of Trincomalee, Batticaloa, Mulliathivu, Vyunia and Jaffna.
- WHO’s plan, estimated at US$ 600 000, will focus on health assessments, health coordination, identifying and filling gaps and strengthening local health delivery systems.

HORN OF AFRICA

Assessments and events:

- In Ethiopia, during the past month devastating floods have killed several hundreds of people and affected thousands. So far, 364 people are reported dead and 6000 to 10 000 displaced in the South after the Omo River burst its banks while 254 people are reported dead and 250 missing in the eastern city of Dire Dawa.
- Officials and aid workers say the numbers could be much higher as the worst affected areas are inaccessible. Other rivers such as the Awash and Wabi Shabelle are expected to overflow soon.
- The Government is appealing for international help.
- In Somalia, malnutrition remains the greatest humanitarian concern. About 58 000 children under five are malnourished in Bay, Bakool, Gedo, Middle and Lower Juba.
- More than 213 wild polio cases have been confirmed since July 2005; the outbreak was first centered on Mogadishu, but has since spread.
- In Eritrea, a household survey carried out in Gash Barka and South and North Red Sea States revealed that only 10 to 36% of children under two suffering from diarrhoea were properly rehydrated by their caretakers. The acute and chronic malnutrition levels among women and children under five remain very high.

Actions:

- In Ethiopia, WHO participated in an interagency mission to Dire Dawa to assess the needs of populations displaced by the floods. WHO is providing essential drugs and technical assistance. In the South Omo Valley, WHO is part of a mobile health team composed of staff from the regional health bureau, the USAID-funded Ethiopia Child Survival and Systems
Strengthening Project (ESHE) and UNICEF, which will supply vaccinations, treatment and malaria nets to the affected population.

- On 4-8 August a UNICEF, WHO, OCHA and MoH mission investigated an outbreak of acute watery diarrhoea in West Arsi zone. Preliminary data indicate 10,966 cases and 132 deaths since the outbreak. The Regional Health Bureaus, UNICEF, WHO, and the NGOs MSF, Merlin, Population Services International and Action Against Hunger are currently working on treatment, prevention and control including education materials.

- In Somalia, on 21-23 August WHO is organizing in Wajid a workshop on management of drug supplies for pharmacists.

- The next polio immunization campaign is scheduled for 10 September. WHO and UNICEF are working on resource mobilization.

- In Eritrea, the measles vaccination campaign conducted by the MoH, WHO and UNICEF at the end of June reached more than 380,000 children, i.e. 95% of the targeted population. A survey is ongoing to clarify the regional disparities in coverage.

- WHO’s emergency activities are supported by a grant from the Central Emergency Response Fund (CERF). Additional support is provided by Italy for Djibouti and Sweden for Somalia.

DEMOCRATIC REPUBLIC OF THE CONGO

Assessments and events:

- The humanitarian situation remains a subject of concern in the eastern provinces. OCHA reports precarious living conditions for both displaced populations – whose number is rising – and returnees, and widespread abuses by the armed forces and the militias.

- More than 150,000 displaced persons are under severe distress south of Bunia, in the District of Ituri, including 45,000 in Geti. Access to health care is difficult and there is no safe drinking water. There are also about 200,000 displaced people in Katanga and 685,000 in North Kivu, including 105,000 displaced in the last 3 months.

- Cholera is spreading; in Ituri, more than 100 cases have been reported since mid-July, including 36 cases and two deaths in Geti. Nyemba and Kaleme health zones in Katanga have reported 73 cases since the beginning of the month and more than 1000 cases during the first half of 2006. In South Kivu, 90 cases were reported in Uvira and in surrounding areas.

- In Bas Congo, the cholera outbreak in Muanza and Kitona districts continues, with more than 70 cases recorded since mid-May.

- Eight cases of polio have reported so far from various regions.

Actions:

- In South Kivu, WHO supported the MoH in recruiting and training new staff for the cholera treatment centres. Case management is provided by the NGO Aide Médicale Internationale (AMI) through the Rapid Response Mechanism.

- In Bas Congo, WHO supports the MoH response to the cholera outbreak.

- Nationwide, WHO supports the MoH in organizing the next polio immunization campaign. Training was provided for 40 supervisors.

- Health Cluster meetings are held regularly in Kinshasa. The preparation of the humanitarian action plan for 2007 is among the main topics discussed.

- A joint WHO Headquarters and AFRO mission went to Kinshasa from 7 to 11 August to discuss how to best further the rolling out if the Health Cluster in the DRC and how to move towards a result-oriented Health Cluster action plan for 2007.

- In 2006, WHO’s activities are supported by Finland. Funds have been received by OCHA’s Humanitarian Fund and the Central Emergency Relief Fund (CERF).
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<tr>
<th>CENTRAL AFRICAN REPUBLIC</th>
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<tbody>
<tr>
<td>• Armed violence continues in the North. Since September 2005, thousands of people have been forced to flee their villages and are unable to return home. Up to 55 000 are internally displaced and 45 000 have crossed into neighbouring Chad.</td>
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<td>• The Government called for a meeting with UN agencies, international NGOs, donors and bilateral partners to discuss security in the country.</td>
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<td>• Nationwide, immunization coverage among children under five is very low, averaging 40% for DTP and polio and 70% for BCG.</td>
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<th>CENTRAL AFRICAN REPUBLIC</th>
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<tr>
<td>• A joint WHO and UNICEF immunization campaign (TB, yellow fever, diphtheria, pertussis, tetanus, polio, measles and hepatitis B as well as deworming and distribution of vitamin A and of bed nets) has been launched on 29 July in all conflict-affected areas. Two further campaigns will be conducted in September and October.</td>
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<tr>
<td>• WHO is preparing for possible floods in Bangui, improving surveillance for epidemic-prone diseases and the provision of safe drinking water.</td>
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<td>• Support for 2006 emergency activities in CAR was received from Finland.</td>
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<th>UGANDA</th>
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<tr>
<td>• The talks between the Government and the LRA are continuing.</td>
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<td>• Security in the districts of Pader, Gulu and Kitgum remains stable.</td>
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<tr>
<td>• End of July, the cumulative number of cases of cholera in Kitgum was 977, including 13 deaths. Most of the new cases were reported in areas where access to safe water is limited and hygiene and sanitation remain poor. No new cases have reported in Pader and Gulu were the cumulative numbers of cases are 22 and 28 respectively.</td>
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<td>• Since the beginning of the measles outbreak in June and as of end of July, 347 cases of measles and 12 deaths have been confirmed in IDP camps in Pader and 35 cases and one death in Kitgum.</td>
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<tr>
<td>• Surveillance, social mobilization and promotion of environmental and personal hygiene continue in all cholera affected districts.</td>
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<td>• WHO produced posters and brochures on community strategies to prevent the spread of cholera. They were translated into Madi, the main language of the affected Adjumani area.</td>
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<td>• In Kitgum, the Norwegian Refugee Council organized drama competitions in primary schools as a new form of community sensitization. WHO provided funds and information material to this intervention which should reach up to 80 000 children.</td>
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<td>• In Gulu, WHO is working on the mapping of municipal IDP settlements and the location of reported cholera cases.</td>
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<tr>
<td>• In Pader, a MoH water and sanitation expert supported by WHO conducted water quality testing and chlorination, risk assessments, inspection and sanitation activities as well as training and support to local health authorities.</td>
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<tr>
<td>• A mass measles and polio vaccination campaign is planned in Gulu, Lira, Apac and Karamoja on 25-27 August. The 14-16 July campaign had reached more than 69 000 and 62 500 children for polio and measles respectively.</td>
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<td>• A consultant was recruited to reactivate the community-based disease surveillance in Kitgum and Pader and conduct training in the two districts.</td>
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<td>• A Sexual and Gender-based Violence team is visiting five northern districts to produce a documentary film and implement the community mobilization component of the project funded by Finland.</td>
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<td>• CARE International confirms that it will oversee the construction of six maternity shelters in Gulu and Pader.</td>
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<td>• In 2005-2006, WHO’s emergency activities were supported by ECHO, Finland, Norway, Sweden, the United Kingdom and the United States.</td>
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### BURKINA FASO

**Assessments and events:**
- Heavy rains in the North of the country have caused floods in the town of Gorom Gorom and the surrounding villages. No deaths were reported but damage is important; several hundred of houses have been destroyed and an estimated 6000 people are affected.
- Risks for health include cholera and waterborne diseases, respiratory infections and a possible rise in the number of malaria cases.

**Actions:**
- OCHA, FAO, WFP, UNICEF and WHO have set up a taskforce and are coordinating the response needs with the national authorities.
- WHO is monitoring the health situation and keeping in close contact with the MoH and other health partners.

### INTER-AGENCY ISSUES

- **Indonesia.** On 15 August, the IASC Taskforce updated on the humanitarian situation and discussed cluster coordination and handover to UNDP.
- **CERF.** On 16 August, the inter-agency meeting on the Central Emergency Response Fund discussed the second round of CERF allocations to under-funded crises as well as country programmes and apportionments, administration of grants and training schedule and materials.
- **CAP.** The next meeting of the IASC CAP Sub-Working Group will take place on 22 August.
- **ECHA.** On 23 August, the UN Executive Committee on Humanitarian Affairs will update on the humanitarian situation in Lebanon, the occupied Palestinian territory and Darfur.

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

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