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.

HORN OF AFRICA

Assessments and events:
- As the Long Rains season is finishing across the Horn, forecasts remain bleak. A successful agricultural season would bring only short-term relief as the structural causes of vulnerability, such as the precarious economic basis and the poor service and security network, would remain unchanged.
- The rains have caused extensive flooding in Ethiopia, affecting more than 363 000 people and bringing new concerns of cholera and malaria outbreaks.
- As of 19 September, the total number of cases of acute watery diarrhoea (AWD) reported in Ethiopia is 19 176, including 182 deaths. To date, Oromiya, Amhara, Somali and Tigray regions, the Southern Nations, Nationalities and People’s Region and the capital Addis Ababa are affected.
- In Kenya, the flow of Somali refugees has tripled to 300 a day. Some 22 000 Somalis have now fled into Kenya since the beginning of the year.

Actions:
- In Ethiopia, two new WHO projects were approved by the CERF. The projects, amounting to US$ 250 000 and addressing the AWD outbreak and prevention and control of malaria in flood-affected areas, will strengthen surveillance, support health sector coordination, prevent excessive mortality through early diagnosis and treatment, early detection and prevention and provide essential drugs, medical supplies and training on case management.
- In Kenya, WHO is looking into strengthening disaster reduction activities through community participation, radios and laboratory supplies, training district health staff in project design and management and preparing for an influx of Somali refugees.
- In Somalia, the activities conducted under the CAP and the CERF produced positive achievements in terms of immunizations, trainings and information management. New plans at short- and medium-term include strengthening outreach for outbreak control, training new staff on primary health care and improving surveillance and information management.
- The inter-regional hub in Nairobi continues providing technical and programme coordination support to the WHO Country Offices.
- WHO’s emergency activities are supported by a grant from the Central Emergency Response Fund (CERF), Italy for Djibouti and Sweden for Somalia and for supporting health cluster coordination.

CÔTE D’IVOIRE

Assessments and events:
- Eight people have died and at least 62 000 sought medical assistance since the petroleum waste was unloaded in August.
- Fear and the severity of the symptoms have caused anxiety among the population. The justified decision of the Government to waive user fees has contributed to an increase in utilization of health services. Shortages of drugs and medical supplies were reported countrywide.

Actions:
- WHO Headquarters staff from the Department for the Protection of Human Environment and HAC are supporting the WHO staff in Abidjan in responding to this emergency.
- HAC supported PHE in providing the national authorities, the WHO Country Office and partners with advice on environmental and epidemiological surveillance and case management.
- On 20 September, HAC participated in a press conference with PHE on the nature, dimension and public health impact of the toxic waste and on WHO’s action.
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/

LEBANON

Assessments and events:
- As Lebanon rapidly moves closer to early recovery, the UN emergency humanitarian operations in Lebanon will officially end on 24 October.
- However, international agencies will continue to provide assistance with food, medical supplies, water and non-food items and services where needed.
- According to the surveillance system, the most frequently reported conditions are common watery diarrhoea, respiratory infections and injuries.

Actions:
- The national plan on mental health and associated trainings on emergency psychosocial assistance are being finalized with partners.
- WHO conducted monitoring and evaluation visits to referral hospitals and health units in Rachaia, Tyre and Zahle. A proposal to strengthen disease surveillance and outbreak response is being finalized with the MoH.
- The MoH, supported by WHO and in collaboration with local and religious authorities and concerned municipalities, is implementing this week a vector control spraying campaign in the Bekaa valley.
- WHO is facilitating field visits of and contacts with beneficiaries for International Health Partners, one of the main donors during the crisis, currently on a mission in Lebanon to share lessons learned.

SUDAN

Assessments and events:
- In Darfur, security, at its lowest since operations in Darfur began in 2004, continues to worsen. According to UN assessments, this deterioration could lead to new large-scale displacements, interrupt basic services such as clean water and healthcare, and increase the humanitarian community’s dependence on helicopters and planes to deliver aid.
- Between 21 April and 15 September, 7323 cases of cholera, including 229 deaths, were reported in northern Sudan.
- In Darfur, cholera continues. In South Darfur, the cumulative number of cases is 1245. The outbreak has spread to Northern Edd Al Fursan where 69 cases were reported last week.
- In North Darfur, 178 cases were reported as of mid-September. The health situation continues to deteriorate in Tawila, Dar Es Salam and Kutum as NGOs have suspended their activities due to insecurity.
- In West Darfur, 110 cases have been reported in Morni, 72 in Nertite, 114 in Kutrum and 44 in Gildo. Since 1 August, Medair has reported 164 cases of acute jaundice syndrome in Um Shalaya Chadian refugee camp, including six deaths. Blood samples have been sent to Khartoum.
- In South Kordofan, the State MoH and WHO visited flood-affected areas in El Fula and El Muglad. No immediate health problems were identified but vector control programmes should be initiated rapidly.
- In Kassala, an ongoing influx of refugees from Eritrea is reported.
Health Action in Crises

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SUDAN

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

Actions:
- A WHO mission from HAC and the Regional Office will join the Sudan WHO staff in conducting an in-depth assessment of urgent needs in Darfur.
- In South Darfur, in Edd Al Fursan, WHO is supporting the MoH for cholera prevention activities – case management, chlorination of water points community awareness, and provision of guidelines and medicines.
- WHO participated in a joint assessment mission to Kubum where several hundreds people have been displaced by fighting.
- In North Darfur, WHO continues supporting the State MoH in responding to the cholera outbreak. Interventions include water and sanitation activities, training on case management and environmental health, social mobilization and health education.
- Malaria prevention activities continue, including spraying and distribution of insecticide-treated bed nets.
- In West Darfur, WHO is monitoring the cholera outbreak in Morni, Nertite, and Katrum and co-chairs, with the State MoH, the disease outbreak preparedness and response meetings.
- WHO supports the State MoH in coordinating the health response ensuring information management and sharing. WHO provided guidelines on cholera and acute jaundice syndrome to all health partners and donated Ciprofloxacin and oral rehydration salts to El Geneina hospital and MSF-France.
- In Um Shalaya, the NGOs Medair and Concern continue water chlorination and health promotion activities against acute jaundice.
- In East Sudan, WHO is monitoring the cholera outbreak in Kassala and the risk it poses to other parts of the State. WHO co-chairs with the State MoH the disease outbreak preparedness and response task force.
- WHO donated some medicines and supplies against cholera to the MoH in Kassala and Gedaref.
- In 2006, contributions for WHO’s emergency activities were received from the European Commission, Finland, Ireland, Norway, Switzerland, the CERF and the 2006 Common Humanitarian Fund.

OCCUPIED PALESTINIAN TERRITORY

Assessments and events:
- The European Union gave the green light to renewing a temporary international mechanism used to channel funds to needy Palestinians.
- The strike of health services is ongoing. Health workers continue providing health care for emergency cases and maintaining the vaccination programme.
- A follow-up meeting on the Stockholm Conference reviewed the immediate needs as identified through the revised UN consolidated appeal. These include the restoration of civilian infrastructures – electricity, water and sanitation, health, agriculture, and education – as well as underlying policy concerns, including movement and access issues.

Actions:
- WHO updated UN agencies, donors, NGOs and other health partners on the situation and presented its latest monitoring report on health indicators and services.
- WHO participated in a workshop called by the Palestinian NGO Forum to discuss and develop a monitoring and evaluation framework for the health sector supporting the planning process.
- WHO and the International Committee of the Red Cross and Red Crescent are working on the supply of drugs and medical consumables to the MoH.
- WHO participated in a Needs Assessment Framework (NAF) preparation workshop organized by OCHA in Ramallah. WHO will lead health sector partners (UN agencies and NGOs) for the 2007 NAF.
- WHO organized a task force meeting on drugs with the participation of UNFPA, UNICEF, the Italian Cooperation and Care International. WHO, UNICEF and UNFPA are supporting the MoH to improve the drug management information system.
- WHO has begun a series of presentations on Avian Flu for both local and
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NIGER

Assessments and events:
- Excessive rains in the regions of Agadez, Zinder, Tahoua, Dosso and Tillaberi have caused severe flooding and affected up to 43,000 people.
- According to the national committee managing disasters, more than US$ 110,000 are still needed for the construction of shelters and the provision of food, blankets, bed nets, medicines and consumables.
- The outbreaks of cholera are ongoing; between January and 18 December, 564 cases and 47 deaths (CFR 8.3%) were recorded nationwide, including 141 cases in Zinder, and 141 cases in Maradi.

Actions:
- The WHO Country Office is coordinating its action with Headquarters and the Regional Office to ensure a prompt response to the population’s needs.
- WHO provided medicines and consumables as well as petrol to support outreach activities in flood-affected areas.
- To support the MoH response to the cholera outbreak, WHO pre-positioned four cholera kits, conducted an investigation mission and provided guidelines, drugs and medical supplies as well as vehicles and drivers in Maradi and Zinder.
- No voluntary contributions have been received in 2006.

INTER-AGENCY ISSUES

- **CERF.** On 18 September, the inter-agency meeting on the Central Emergency Response Fund discussed reporting and updated on the next Advisory Group Meeting to take place in Geneva on 12 October.
- **Gender-based Violence.** On 21 September, the GBV Group of the IASC Gender Taskforce will update on the field testing process, funding and next steps and discuss possible training on the GBV guidelines.
- **Clusters.**
  - **Cluster Website.** On 26 September, the Humanitarian Reform Web Group will hold its first meeting.
  - **Early Recovery.** On 28 September, the Working Group will discuss local needs assessments for early recovery and on 29 October, the joint UN/World Bank review of post conflict needs assessments now under way.
  - **Nutrition.** The Cluster Working Group will meet in Rome on 4-6 October.
  - **Cluster Guidance.** On 9 October, the IASC Working Group will discuss the revised Cluster Guidance Note.
  - **Health.** The Cluster Working Group is expected to meet in Geneva on 10-11 October.
- **Colombia.** Following a recent visit by the Representative of the UN Secretary-General on Human Rights of IDPs, an IASC mission is in the country on 18-26 September to assess protection, humanitarian assistance and early recovery, all identified as main gap areas.
- **Mental Health and Psychosocial Support.** On 22 September, the IASC Taskforce discussed the draft *Guidance on Mental Health and Psychosocial Support in Emergency Settings* and the future of the Taskforce.
- **Gender.** The next meeting of the IASC Gender Taskforce will take place on 6 October.
- **Emergency Training.** The 2nd Emergency Team Leadership Programme will take place in Geneva on 8-13 October.
- **Public Health Pre-Deployment.** On 26 November-9 December, WHO will conduct the next public health pre-deployment course in Geneva.

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

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