**CHAD**

- In the CAP 2007, WHO is appealing for US$ 2,545,851 to support coordination, disease and nutritional surveillance and accessibility to health care for IDPs in eastern Chad as well as coordination and surveillance in southern Chad.

**Assessments and events:**
- Escalating unrest is hampering efforts to help a quarter of a million Sudanese refugees and Chadian nationals displaced by the fighting across the region.
- After a rebel assault on the eastern town of Abeche on 25 November, international relief agencies have begun evacuating non-essential staff.
- Abeche is central to aid operations in eastern Chad, assisting 218,000 Sudanese refugees from neighbouring Darfur as well as 90,000 Chadians who have fled attacks.

**Actions:**
- WHO staff is stationed in Abeche, including three internationals. They have expertise in emergency response, epidemiology, public health and laboratory technology.
- WHO is supporting the local hospital and the NGO MSF, supervising case management of wounded people, in the field of laboratory capacity, such as blood testing.
- WHO is providing laboratory reagents and supplies and essential drugs.
- A trauma kit has arrived to N’Djamena, to be dispatched to Abeche shortly.
- WHO has met with ECHO to discuss how supplies can be better reoriented to respond to the conflict.
- A loan from the United Kingdom revolving emergency funds has helped WHO initiate emergency activities in Chad.

**HORN OF AFRICA**

- The UN announced plans to launch a US$17 million aid appeal for Somalia.
- In the CAP 2007, WHO is appealing for US$ 16,641,541 to support, among others, life saving health services, mental health services, health laboratory services, health information, water quality surveillance, disease prevention and control.

**Assessments and events:**
- As of 28 November, 40,341 cases of acute watery diarrhoea (AWD) have been reported in Ethiopia including 435 deaths. The ongoing flooding in Somali region is exacerbating the situation.
- In Somalia, 75 cases of AWD have been reported in Nugal region and 50 in the Lower Juba region, an area that has been affected by the recent floods. 80% of cases reported to be under 5 years of age.
- Insecurity is deteriorating very fast and tensions are rising. The refugee influx towards Kenya has reduced due to the floods and worsened road conditions but it is expected to rise sharply as the water recedes.
- In Kenya, access to clean drinking water is a concern in Garissa, Ijara and Isiolo. Provision of latrines is difficult due to the ongoing population movements, raising the risk for waterborne diseases. The most common conditions reported include malaria, acute respiratory infections, diarrhoeal diseases and malnutrition.

**Actions:**
- In Ethiopia, the MoH continues to provide assistance in cooperation with WHO, other UN agencies and NGOs on management of communicable diseases, hygiene, sanitation and health surveillance.
- In Kenya, a mission from Headquarters started on 30 November to provide technical support and strengthen coordination.
- Additional essential drugs are expected to be delivered soon.
- WHO and the MoH have finalized plans for the implementation of a mobile water quality testing project in flood-affected areas chiefly during outbreaks.
- In Somalia, a joint WHO/MoH assessment team has gone to Nugal. In the Lower Juba region, NGOs are providing medical treatment, supplies and water and sanitation.
- WHO activities in the Horn of Africa are supported by grants from the CERF, as well as Italy for Djibouti and Sweden and Finland for Somalia and cluster coordination.
<table>
<thead>
<tr>
<th>OCCUPIED PALESTINIAN TERRITORY</th>
<th>Assessments and events:</th>
</tr>
</thead>
</table>
| In the CAP 2007, WHO is appealing for US$ 6,267,451 to support the management of non-communicable and communicable diseases, mental health, health sector preparedness and capacity to respond to emergencies, coordination and information management and nutrition surveillance among others. | • Starting on 26 November, a ceasefire has been agreed upon for the Gaza Strip. Both Israeli and Palestinian officials have said they would like to extend the ceasefire to the West Bank.  
• The general strike of Palestinian Authority (PA) employees continued throughout October in protest against the non-payment of salaries. The strike negatively affects medical facilities and other services, particularly in the West Bank. |
| More information is available at: [http://www.who.int/hac/events/opt_2006/index.html](http://www.who.int/hac/events/opt_2006/index.html) | **Actions:**  
• On 21 November WHO visited Al Ahli Hospital, the main NGO hospital in Hebron as well as MoH and NGOs health facilities in Tulkarem to assess the impact of the strike.  
• WHO and WFP discussed coordination on food security management and food vulnerability system and areas of collaboration, especially in the area of household nutrition surveys.  
• WHO met with ECHO to discuss the implementation of the nutrition project "Strengthening Nutrition Surveillance System in the oPt" funded by ECHO.  
• On Thursday, 23rd of November, the WHO representative met with the representative of Finland to review the health situation and the Finnish support to the health sector through the CAP.  
• WHO’s 2006 emergency activities are funded by the Organization’s Regular Budget and contributions from ECHO, Finland, Japan and Norway. |
| In the CAP 2007, WHO is appealing for US$ 6,267,451 to support the management of non-communicable and communicable diseases, mental health, health sector preparedness and capacity to respond to emergencies, coordination and information management and nutrition surveillance among others. | **Assessments and events:**  
• In Darfur, the volatile security is affecting access to health primary health care as many NGOs have suspended or decreased their activities.  
• Meanwhile, reduced NGO and UN presence is marked by a deterioration of sanitary and hygiene conditions in camps as reflected in an increase in bloody diarrhoea consultations in Abu Shoak IDP camp in North Darfur, and Otash camp in South Darfur.  
• Between 28 January and 28 November, 19,155 cases of cholera have been reported in southern Sudan, including 558 deaths. Meanwhile 256 cases of meningitis have been reported in Yei, Central Equatoria, since 1 October and 26 in Yambio, Western Equatoria, since 30 October.  
• Some 2000 people displaced by unrest in Majok Athou, Northern Bar al Ghazal, are left without shelter, water or basic health services.  
• In Upper Nile, 148 cases of cholera and 11 deaths have been reported between 30 October and 28 November.  
• In the Red Sea, a WHO survey shows that almost 30% of the 124 facilities visited are not functioning either due to lack of staff, drugs and basic equipment or to insufficient rehabilitation. However, all eight rural hospitals and 94% of health centres are functioning despite erratic power supply and lack of X-ray and blood bank facilities. |
| On 29 November, UNHCR briefed the humanitarian community in Geneva on its operations in Sudan. | **Actions:**  
• In Darfur, Rehabilitation of health facilities remains an important aspect of WHO’s activities. WHO also continues supporting access to hospital care for IDPs. Surgery supplies were provided to El Fasher Teaching Hospital and two emergency basic kits to the NGO Partner International Aid.  
• In southern Sudan, the MoH (MoH/GoSS), with support from local health authorities, UNICEF, WHO and NGOs, reactivated the epidemic taskforce to respond to cholera in Juba and meningitis in Central and Western Equatoria.  
• A mass meningitis immunization campaign using trivalent and bivalent vaccines is ongoing in Yei; up to 61,500 people have been vaccinated so far.  
• WHO is supporting the MoH/GoSS in strengthening surveillance in Yambio and promoting timely detection and management of cases. Training materials on case management for health workers have been sent to the affected areas.  
• WHO is coordinating with MSF-France, the International Rescue Committee and Tear Fund-UK to ensure that the basic health services, water and sanitation needs of IDPs in Majok Athou are addressed. |

**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/hac/](http://www.who.int/hac/)
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/

**In Upper Nile**, the State MoH, WHO, UNICEF and Médecins du Monde are coordinating cholera case management, surveillance and water and sanitation activities. WHO will conduct an assessment in the affected area next week.

WHO assisted the MoH/GoSS in finalizing the draft *Southern Sudan Pharmacy Policy*.

Contributions for WHO’s emergency activities were received from ECHO, Finland, Ireland, Norway, Switzerland, the United States as well as the CERF and the 2006 Common Humanitarian Fund.

**Assessments and events:**

- There are about 40,000 refugees from the Democratic Republic of the Congo, 17,500 from Rwanda and 116,000 IDPs living in various camps across the country, while about 430,000 Burundians remain in Tanzania.
- Free health care for children under five and pregnant women is supported by ECHO who provided drugs for all health infrastructures for the period September to November.

**Actions:**

- WHO and the MoH organized a field monitoring and follow up mission in the provinces to evaluate the adequacy and the use of the drugs provided by ECHO. Discussions are ongoing with DFID for the next three-month period.
- WHO works in close collaboration with partner NGOs and local health authorities to ensure that access to health services is available for vulnerable population.
- WHO provides the MoH with logistic and technical support for case management, investigation and for the reinforcement of the disease surveillance system.

**BURUNDI**

In the CAP 2007, WHO is appealing for US$ 4,088,380 to support health sector coordination, epidemic response and early warning for outbreak control and access to Health Services to vulnerable persons, among others.

**INTER-AGENCY ISSUES**

- **Clusters.**
  - Global Clusters. On 30 November, the OCHA Humanitarian Reform Support Unit discussed the outcome of the 15-17 November IASC Working Group meeting and updated on cross cutting issues.
  - Water, Sanitation and Hygiene. The Cluster Working Group met on 30 November and 1 December.
  - Training. On 4 December, a meeting with global cluster leads and other partners will discuss the findings of the cluster/sector leadership training assessment by InterWorks between 30 October and 10 November.
  - Camp Coordination and Camp Management. The next cluster meeting will take place on 7 December.
  - Global Cluster Appeal. On 12 December, donors, cluster leads and partners will discuss the inter-agency report on the use of funds raised against the 2006 Appeal and the preparation of the 2007 Appeal.

- **Oslo Guidelines.** The 2006 annual meeting of the Consultative Group on the use of Military and Civil Defense Assets (MCDA) was held in Oslo on 27 November, with the launch of the updated Oslo Guidelines.

- **Information Management.** The IASC Technical Team on Information Management met on 27 November.

- **Gender and Humanitarian Action.** The IASC Sub-Working Group met on 27 November.

- **Internally Displaced Persons.** On 28 November, the Emergency Relief Coordinator briefed the humanitarian community in Geneva on OCHA plans for the integration of the Internal Displacement Division (IDD).

- **Central African Republic.** On 29 November, the Humanitarian Liaison Working Group in Geneva briefed on the outcome of an inter-agency humanitarian mission.

- **Sexual Violence in Conflict Settings.** On 29 November-1 December, WHO/Gender and Women’s Health will organize in Geneva an inter-agency consultation on ethical, safety and methodological issues in researching, monitoring and documenting sexual violence in emergencies.

- **Civil-Military Coordination.** On 29 November, the IASC Weekly meeting in Geneva briefed on UN civil-military coordination in Integrated Missions.

- **CERF.** On 29 November, the Inter-Agency meeting on the CERF updated on the use of the funds, the IASC Working Group, under-funded allocations in 2007 and the CERF conference in New York on 7 December.

- **Substance Abuse in Conflict Situations.** On 30 November and 1 December, the WHO Department of Mental Health/Substance Abuse and UNHCR organized a joint meeting on substance use in conflict-affected populations.

---

**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/hac/
• MSF. On the occasion of its 25th anniversary, MSF Switzerland is organizing two days of reflection on humanitarian practices and stakes in Geneva on 4 and 5 December.

• Sexual Abuse and Sexual Exploitation. A conference on sexual exploitation and abuse by UN and NGO personnel will take place in New York on 4 December.

• ECHO-UN Dialogue. A strategic programming dialogue between ECHO and UN humanitarian agencies will take place in Brussels on 5 December.

• ECHA. On 5 December, the UN Executive Committee on Humanitarian Affairs will discuss Uganda and the DRC.

• Gender-based Violence. The GBV Group of the IASC Gender Sub-Working Group will meet on 8 December.

• Framework Team. The next meeting of the Framework Team will take place on 11 December in New York.

• IASC Plenary. The next Plenary meeting of Heads of Agency will take place on 12 December. It will discuss progress and outstanding challenges for the humanitarian reform, the global humanitarian platform, the IASC Work Plan for 2007 and Calendar of events. The UN Secretary-General has been invited to discuss humanitarian reform.

• HIV/AIDS in emergencies. OCHA and UNAIDS are organizing a brainstorming session in Geneva in December to discuss whether or not to reconvene the IASC Taskforce on HIV/AIDS in emergencies.

• Disarmament, Demobilization and Reintegration. The UN Integrated Disarmament Demobilization and Reintegration Standards will be launched on 18 December.

SPECIAL EVENTS

Public Health Pre-Deployment Course
From 26 November to 9 December, WHO is conducting in Geneva the second public health pre-deployment course. It will be launched simultaneously as WHO establishes new procedures for rapid deployment of public health teams in crises including the establishment of a public health response roster. The course also integrates the humanitarian reforms and the new mechanisms including the Health Cluster system that has been created for improved humanitarian response.

Inter-Regional Coordination Meeting (GSG)
An extraordinary meeting of the Global Steering Group of WHO Three-Year Programme to Enhance WHO Performance in Health Action in Crises (TYP) took place in Geneva on 27-28 November. The Group, which is composed of the Regional Advisers for Emergency Preparedness and Response of all six Regional Offices and representatives of HAC Senior Management in Geneva met to finalize details of the planning documents for the implementation of the TYP in its third year. In addition, current implementation status, technical issues, and the planning beyond the TYP were also discussed. As an outcome of the meeting, a funding proposal will be finalized over the coming days, which will then be circulated to funding partners.

CONSOLIDATED APPEALS PROCESS 2007

The United Nations launched on 30 October an appeal for almost US$ 4 billion to provide food, water, medicine and other emergency assistance to help millions of people struggling to survive in areas of conflict and natural disasters in 29 countries or regions in 2007. WHO is requesting a total of US$ 76 371 048 (Sudan excluded) to better respond to the health needs of crisis-affected populations.

The Appeal seeks humanitarian funding for the following crises: Sudan, the Democratic Republic of the Congo (DRC), the occupied Palestinian territory, West Africa, Uganda, Somalia, Zimbabwe, Chad, Burundi, the Great Lakes Region, Cote d’Ivoire, Central African Republic (CAR), and the Republic of Congo.

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

MAP DISCLAIMER: The presentation of material on the maps contained herein does not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or areas or of its authorities, or concerning the delineation of its frontiers or boundaries. Map source: Perry Castaneda Library Map Collection, University of Texas at Austin.