In this issue: The health response to the crises in Gaza, Iraq, Central African Republic and Yemen

The Gaza crisis

Situation highlights
On 7 July 2014, a humanitarian emergency was declared in the Gaza Strip, following an escalation in hostilities involving intense Israeli aerial and navy bombardment and Palestinian rocket firing into Israel. The humanitarian impact of these hostilities in Gaza comes against a backdrop of heightened vulnerability and instability in Gaza. The whole population of Gaza, 1.8 million, are in need of humanitarian assistance, including health services.

Prior to the conflict, Gaza residents were served by 32 hospitals. The 13 Ministry of Health (MoH) hospitals managed 90% of patients requiring secondary and tertiary care, every month treating more than 80,000 patients in emergency rooms and conducting more than 3,000 major surgical operations.

Since the onset of the conflict ten hospitals and at least 12 primary health clinics have been damaged. Nine hospitals have been closed due to damage incurred, and/or due to lack of security for staff and patients to access services, substantially reducing total hospital bed capacity in Gaza. Large numbers of injured have overwhelmed the hospitals that remain functional, with a 50% increase in major surgical procedures.

Shortages of drugs and disposables have been an ongoing challenge, with 122 types of drugs and 459 types of disposables out of stock in Gaza as of June 2014. These shortages have been exacerbated by the increase in demand as a result of the conflict. All elective surgical procedures have been stopped, to enable the MoH to cope with the increased number of emergency surgical operations for injuries. Generator fuel shortages pose an additional problem. Hospitals currently depend on their diesel-powered generators to an unanticipated extent, after damage to one of the main turbines of the Gaza power plant further reduced electric power supply.

Health priorities
- Support the provision of public health services through activities such as coordination of medical goods and supplies; deployment of medical staff and mobile clinics; strengthening disrupted disease surveillance system, provision of generators and fuel to maintain electricity in order to maintain services as well as the cold chain.
- Facilitate the entry of medical supplies and medical delegations to Gaza, to assist the medical teams in performing special medical interventions.
- Maintain MOH/WHO emergency operations room in Ramallah, to monitor and manage health assistance to Gaza including donations to the Health Sector.
- Advocate for Right to Health in crisis in coordination with OCHA and the Humanitarian Country Team.
- Coordinate among different clusters/sectors, to synergize efforts and strengthen cooperation among all partners responding to the crisis.
WHO/Health Cluster response

- The Ministry of Health with WHO’s support is running an emergency operation in Ramallah, to monitor and coordinate the health situation in Gaza.
- In the first week of July, the MoH delivered over 23 trucks loaded with medical supplies; several thousands of blood bags have been delivered by ICRC. According to MoH records, over US$10.6 million worth of medicines, medical supplies and equipment have been delivered to health care facilities in Gaza thanks to the contributions from donors and international organizations.

Iraq

Situation highlights:

On 9 June, militias captured the Ninewa Governorate including Mosul along with most parts of the Diyala and Salahadin governorates north of Baghdad. This has caused massive internal displacement and causalties among civilians and the Iraqi security forces. According to the UN, as of 11 July, there are an estimated 1.2 million displaced people.

The lack of security in the affected areas makes it difficult for the population to access basic supplies and services. Humanitarian space and secure access for needs assessment and medical support are limited.

Health priorities

Assessment and prioritization of key needs and gaps

- Determine the health needs of the displaced population.
- Assess the capacities of the Government clinics and hospitals with regards to human resources, medicines, supplies and equipment.
- Prioritize the service delivery package offered to the displaced population in the camps and strengthen the referral system.

Surveillance and control of communicable diseases

- Strengthen health service delivery mechanisms and the referral system in Ninewa and other relevant governorates.
- Surveillance and control of communicable diseases, including strengthening the early warning system for outbreak detection and early response.

Delivery of health services including injuries, chronic diseases and mental health disorders

- Support to immunization services for polio, measles, and other vaccine preventable diseases.
- Provide medicines and supplies for the treatment of injuries, along with life-saving antibiotics, disinfectants, antiseptics, etc.
- Strengthen the surgical and orthopaedics departments within the hospitals.
- Support the Department of Health and partners in community mental healthcare.
- Support medical reproductive health units to establish services in the new settlements.
- Provide training for health professionals.
- Health education, health promotion and hygiene awareness.
- Provide emergency public health technical expertise and develop guidelines and standards to be used in IDP settlements and by the Department of Health
- Make specialized public health professionals available to support the delivery of service.
- Strengthen the health information system for data analysis and dissemination.
Supply of essential medicines and medical supplies
- Provide lifesaving emergency medicines and emergency kits including, Inter-agency Emergency Health Kits, trauma kits, and other specific kits, depending on needs. This will include lifesaving medicines for patients suffering from chronic diseases where the interruption of treatment is life threatening.
- Procure consumables and parts for the maintenance of medical equipment (e.g. for dialysis machines).

Coordination and Information:
- The existing coordination mechanism of the Health and Nutrition Cluster System, co-chaired by the Department of Health and WHO, will be strengthened to include all health partners. Information collection, analysis and dissemination will be the hallmark of this strategy.

Health response
Delivering health services
- WHO has delivered medicines and medical supplies for more than 170,000 beneficiaries in areas affected by the crisis. WHO is providing the Directorate of Health in Dohuk and Erbil with medical supplies for mobile clinics delivering trauma care. In Kirkuk, WHO has provided interagency emergency health kits, trauma kits, oral rehydration salts and diarrhoeal disease kits for more than 35,000 direct beneficiaries. WHO has also provided medicines and surgical supplies to a hospital in Fallujah to treat almost 45,000 people.

Determining the risks to public health
- WHO has deployed a public health expert to Mosul to assess health gaps and needs for the affected populations. A team from WHO is also assessing the risk of epidemics in Dohuk and Erbil and will ensure that systems are in place to rapidly respond and contain disease outbreaks.
- WHO has strengthened its disease early warning alert and response system in Kurdistan and Mosul to monitor disease outbreaks.

Launching vaccination campaigns
- WHO and the directorates of health in Dohuk and Erbil have launched emergency polio and measles vaccination activities for internally displaced people.

Scaling up and coordinating the response
- The WHO Country Office is scaling up its response to the crisis. An Emergency Coordinator and a Health Cluster Coordinator for Dohuk are in place. Public Health Officers and other professionals have been deployed to reinforce coordination, health information management and dissemination.
Central African Republic

Situation highlights

The security situation in the Central African Republic remains highly volatile and unpredictable. There are ongoing attacks against civilians by armed groups. Approximately 2.5 million people are in urgent need of humanitarian aid.

Humanitarian operations are hampered by insecurity and insufficient funds to deliver the needed goods and services. The health infrastructure and the premises of humanitarian organizations have been looted, including those of WHO, severely handicapping the potential for an effective humanitarian response.

A recent assessment revealed that access to basic services have improved mainly in Bangui and surrounding districts. However, the provision of advanced health services for life threatening conditions is still weak due to the lack of health workers, medical equipment and supplies that were looted. The lack of essential medicines, supplies and health professionals has seriously impeded the provision of primary and secondary health care. There is limited support for essential health care, reproductive health, infant and child health and nutrition.

Malaria is the first cause of morbidity and mortality followed by diarrhoeal diseases and acute respiratory infection. The risk of malaria and cholera increases with the rainy season the especially for people living in crowded conditions. The recurrent measles outbreak have been linked to poor immunization coverage.

The humanitarian community published a revised Strategic Response Plan in February 2014 with activities to cover up to December 2014. WHO, as leader of the Health Cluster, has contributed to this plan.

Health priorities

- Repair and rehabilitation of the damaged health infrastructure.
- Ensure access to safe drinking water.
- Provide free life-saving healthcare services, including for 24 500 newly affected people in Dékoa, Bouka and Kaga Bandoro.
- Strengthen communicable disease surveillance, early warning and response systems for water and vector-borne diseases in particular.
- Distribute mosquito nets to improve protection against malaria.
- Carry out additional vaccination campaigns for vulnerable children to prevent disease outbreaks.

WHO/Health Cluster response

Critical filling of gaps in the health sector:

- Support to free access to health services in Bangui and surrounding districts, including more than 235 000 consultations; 3136 safe deliveries and 3100 trauma surgeries were performed.
- Restoration of the blood bank.
- Provision of medical supplies to health partners to cover the needs of more than 230 000 people for three months and for 31 500 safe deliveries.

Communicable disease prevention and control:

- The disease Early Warning and Response Network to detect and respond to communicable diseases is now covering 82% of IDPs sites (33 sites).
- About 200 000 children (out of 341 000 targeted) have been immunized against measles and polio.

Scaling up and coordinating the response:

- From 25 December – 18 June, 49 international staff were deployed by WHO to support the Health Cluster.
- A Heath Leader, a dedicated Health Cluster Coordinator and a co-facilitator were brought in to support the crisis response.
- The Health Cluster developed the Strategic Response Plan (both the 100 days
Emergency Risk Management and Humanitarian Response
June/July 2014

Health emergency highlights

and the one year plans).

- Survey conducted of all health facilities countrywide (more than 750) for a recovery plan to scale up health services.
- Sub-offices have been established in Bouar, Kaga Bandoro and Bambari.
- Regular updating of the Who is Doing What Where and When map of health partners activities.

Technical expertise:

- Strategies for Sexual and Gender-based Violence and Mental Health have been developed.
- A contingency plan for cholera has been prepared.

Yemen

Situation highlights

Heavy fighting in the last week of May 2014 between militants and Government forces in Amran Governorate, northern Yemen, has displaced over 30 000 people, according to humanitarian partners (OCHA, 9 July). Lack of access is seriously restricting humanitarian partner’s ability to deliver assistance.

Assessments by the International Organization for Migration (IOM) and the Yemeni Government’s Executive Unit for IDPs indicate that the immediate needs of the internally displaced people in Abyan are principally health, food, water and sanitation.

A prolonged shortage of fuel across Yemen has led to electricity outages, increased food prices, forced several hospitals to close and affected water supply to several towns and villages in the last three months.

Within Yemen:

- People without access to safe water and sanitation: 13.1 million
- Food insecure people: 10.5 million
- People without access to health care: 8.6 million
- Acutely malnourished children: 1 million
- Internally displaced people: 306 614

Health priorities

- Prevention, control and provision of a public health response to communicable disease outbreaks.
- Ensure the provision of essential package of life-saving health care services, including essential reproductive health and the Minimum Initial Service Package (MISP).
- Ensure maximum level of vaccine coverage through boosting the routine immunization and launching of immunization mass campaigns.
- Support the recovery of the Yemeni health system, at both the national and local levels, with a focus on conflict and instability affected areas.

Health Cluster response

WHO and health partners continue to support the current health emergency response by:

- The Ministry of Health, the World Health Organization and partners are distributing essential drugs to district hospitals in Mudiyah and Lawdar Districts, Abyan Governorate. The district hospital in Lawdar is also supported with medical staff.
- The Ministry of Health has provided three ambulances for referrals of emergency cases, while various health partners have donated equipment. Serious needs remain in terms of equipment, drugs and staff.

Statistics

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<td>Total expenditure on health as % of GDP (2010)</td>
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* purchasing power parity international $
** per 1000 population

Source: WHO/GHO.

Funding US$ 2014

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Source: OCHA/FTS

WHO’s emergency activities in 2013 and 2014 in Yemen have been supported by the Central Emergency Response Fund (CERF), Finland, Japan,
WHO and Health Cluster Second Emergency Surge Training: 10-17 June 2014

“Rapid surge for an effective country health response during emergencies”

The second WHO and Health Cluster Emergency Surge Training took place in Geneva 10-17 June. There were 27 participants from Health Cluster and WHO standby partners and WHO country offices, regional offices and headquarters. The training included modules on leadership/humanitarian context, information and technical expertise, core (supportive) services, and operational and professional effectiveness.

The training also included a two-day simulation exercise where participants were able to exercise the systems and procedures established by the Emergency Response Framework (ERF) in the context of the Transformative Agenda (TA) protocols and apply them in a field level simulation of the first seven days following a sudden onset emergency. During this training, people from different expertise and experience were trained as a team, and to practice key deliverables in line with WHO core functions and performance standards outlined by the ERF and the TA.

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