### CHAD

The concern for outbreaks of further diseases of water contamination (cholera, dysentery, typhoid) with significant avoidable morbidity and mortality cannot be overestimated. The weekly coordination meeting focused on the hepatitis E outbreak, with a highlight of the express need for contributing partners to respect urgent obligations.

#### Assessments and events:
- The number of cases of hepatitis E in the eastern IDPs camps, mainly Koloma and Gouroukouan, continues to be increasing. The reported number of cases grew from 43 and no deaths last week to 55 cases and one death this week bringing the total number of cases to 563 with eight deaths. The increasing incidence of hepatitis E and the coming rainy season are extremely concerning as it indicates great risk for outbreak of other oral faecal disease such as cholera, dysentery and typhoid.
- All nine samples sent from Goz Beida to the laboratory at Val de Grace Hospital in Paris were confirmed positive for hepatitis E.
- In the past two weeks, increasing violence around Goz Beida and insecurity (attacks and carjacking on AU Headquarters and MSF vehicles) around Abeche are hampering humanitarian efforts.
- The strike of the country’s civil servants, including government-run hospitals and clinics has been ongoing for seven weeks.
- A visit to refugee camps in Eastern Chad by the Foreign Minister of France on 9 June was followed by high level political discussions and airlifts of humanitarian supplies by the French Military to Goz Beida.

#### Actions:
- WHO and the MoH have revised an eight point response plan to the hepatitis E outbreaks, highlighting reinforcement of sanitation practices and education, ensuring access to clean water and continuation of surveillance and support activities.
- Two interagency missions where undertaken to Goz Beida: the first on 18 June to assess nutritional status and the second on 19 June to provide supervision and continued surveillance of the hepatitis E epidemic.
- Two trainings took place during the past week. The first was a training organized in cooperation with the International Medical Corps and dealt with blood safety. The second, in Abéché, was on TB case management.
- WHO continues coordinating health activities with partners on the ground.
- Emergency activities are supported by ECHO, Italy and the CERF.

### SUDAN

Sudan agreed to allowing an additional 20 000 African Union peacekeepers into the Darfur region, augmenting the current force of 7000.

#### Assessments and events:
- In West Darfur, reports of increased violence in Sirba area, near the border with Chad, have raised concerns of further population displacement and insecurity. UNDSS has recommended suspension of all activities.
- In South Darfur, WHO is monitoring the situation in Yassin following the report of 33 cases of suspected measles; more than 100 have been reported over the past few months. Cases of acute jaundice have also increased in Abusala (25 cases) and Al Salam camp (60 cases).
- Between 1 January and 18 May, the Federal MoH reported 1898 suspected cases of meningitis and 106 deaths from 13 out of 15 states of northern Sudan. Several districts still exceed the epidemic threshold.
- In southern Sudan, the meningitis outbreak is almost over. Between 1 January and 20 May, 11 894 cases and 668 deaths were reported. During the same period, 8101 cases of AWD and 355 deaths were reported.

#### Actions:
- In Darfur, rehabilitation of health facilities and access to hospital care for IDPs remain important aspects of WHO’s work.
- In South Darfur, the State MoH and WHO conducted an investigation of Yassin to collect samples and ensure that appropriate case management is provided. Cases of jaundice are being discussed with concerned partners to strengthen environmental interventions. WHO is supporting the State MoH in preparing a training on AWD case definition and case management in Al Daen and Adilla.
### Health Action in Crises

**Central African Republic**

**Assessments and events:**
- An assessment of the 2625 refugees around the town of Sam Ouandja showed a significant risk for health. The impending rainy season, lack of shelter, drinking water and poor hygiene among this vulnerable malnourished group could lead to disease outbreak.
- WFP airlifted and shipped supplies to the area.
- Insecurity across the north continues to affect humanitarian operations as evidenced by the 11 June killing of an MSF volunteer.

**Actions:**
- WHO provided needs assessment of the Sam Oundja site highlighting the urgent needs of shelter, sanitation and food.
- WHO deployed two qualified nurses and provided obstetrical supplies for 300 deliveries, dressing kits for 50 wounds, and essential drugs with preparations for future provisions.
- Coordination with other involved parties to ensure disease surveillance and outbreak response and address vital needs.
- Emergency activities are funded by Finland and the CERF.

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**Occupied Palestinian Territory**

**Assessments and events:**
- Since 15 June, violence has largely stopped; the MoH reports 135 dead and 487 wounded. Despite the relative calm, resumption of normal activities and humanitarian aid has slowed due to border closings.
- Currently all but one of Gaza’s hospitals are functioning but with immediate needs of fuel, laboratory supplies, drugs, and specialized vascular surgery equipment.
- At Erez crossing, 250 Gaza residents fleeing the new political environment have been camped out initially without basic services. Humanitarian aid is reported to be provided by various agencies.

**Actions:**
- A WHO truck with 30 pallets of drugs and laboratory reagents arrived in Gaza on 19 June. At the urgent request of the MoH, WHO and UNFPA are procuring emergency anaesthetics and analgesic drugs expected to reach Ramallah next week.
- WHO convened an inter-agency/partners logistics meeting on 18 June to share information and coordinate action.
- Training on good manufacturing practices took place in Ramallah 16-21 June. A nutritional Training of Trainers about surveillance will take place on 24 June in Ramallah.
- In 2007, WHO’s emergency activities are funded by ECHO, Norway and Italy.
LEBANON

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

Assessments and events:
- The humanitarian crisis has resulted in 163 deaths, including that of two Lebanese Red Cross workers on 11 June.
- The overcrowding and stretching of host communities’ capacities continues, as camp residents have set up refuge in Badawi camp, or are hosted in community centres, mosques and schools and supported by UNRWA.
- Concern over mines and booby trapping of buildings could prevent an immediate resettlement.
- No changes in incidence of communicable diseases were reported.

Actions:
- Current needs are reportedly being met by health agencies and organizations.
- WHO continues to monitor health parameters and recommended a polio and measles vaccination campaign which is currently being conducted by UNICEF. To date, 11,638 vaccinations have been given.
- WHO’s emergency activities in 2007 are funded by Kuwait, Qatar and the World Lebanese Cultural Union.

HORN OF AFRICA

On 29 June, the WHO Assistant Director-General, Health Action in Crisis, will brief the IASC weekly meeting in Geneva on his recent mission to Somalia.

Assessments and events:
- In Eritrea, three new cases of meningitis were reported in Northern Red Sea. Such sporadic cases do not justify an epidemic alert, but are alarming given the low population immunity and the fact that it is not yet the height of the hot season.
- In Ethiopia, 76,098 cases of AWD and 874 related deaths were reported as of end of May. There was a slight increase in the number of new cases in May compared to April. Most cases are reported in Somali, Harari, in Oromiya (East Hararge zone) and Amhara (Oromiya zone).
- In Kenya the MoH reported 1578 suspected cases of cholera with 57 deaths between late March and 13 June. Two measles outbreaks have also been reported with a total of 215 cases and one death, one of the outbreaks concerned the Dadaab refugee camp.
- In centre south Somalia, as of 8 June, 36,275 cases of AWD and 1102 deaths have been reported; cases seem to be decreasing in all ten affected regions.
- In Somaliland a total of 2060 cases of AWD and 30 deaths have been reported between 22 March and 16 June. However, during the last week reported cases have decreased by 8% and case fatality rate has decreased from 5.26% one month ago to 1.09%.

Actions:
- In Eritrea, thanks to ECHO support, WHO is implementing a programme of mortality reduction in the coastal areas, focused on reducing maternal risk and improving Integrated Management of Child Illness in the rural areas.
- In Ethiopia, WHO is working in Oromiya, SNNPR, Afar, Somali and Harari providing technical support to district health offices in controlling the AWD epidemic. They concentrate on filling priority gaps, assisting in coordination, advocacy and resource mobilization and health staff training. In some districts they are involved in case management and community education.
- WHO, UNICEF and PSI are working together to establish a countrywide household water treatment network. Draft terms of reference will be shared with the Federal MoH and the Ministry of Water Resources soon.
- In Kenya, WHO is supporting the MoH with supply of cholera kits.
- In Somalia WHO continues to support monitoring of AWD sites. In Hargeisa, WHO is working with local health officials on outbreak investigation, surveillance, training and water quality monitoring: including site visits and immediate interventions at the Hargeisa General Hospital and water treatment booster centre.
- WHO activities are supported by the CERF, Canada, Italy, Norway, Sweden, the United States and Finland for Somalia and cluster coordination, by the CERF and the local Humanitarian Response Fund in Ethiopia, the CERF in Kenya as well as by the CERF and ECHO in Eritrea.
YEMEN

Assessments and events:
- A ceasefire agreement brokered with assistance from Qatar officially began on 19 June and with a cessation of violence. There is a report of some IDPs returning to their homes.
- Four months of renewed internal conflict in the northern province of Saada have created between 35,000 and 42,000 IDPs, the majority of whom have fled the region, and are staying with relatives or in two make-shift camps.

Actions:
- WHO is working with the MoH, ICRC, UNHCR, WFP, UNFPA and the Yemeni Red Crescent Society to assess the IDPs’ health needs and provide assistance.
- Medical kits, tents, mattresses and blankets as well as food have been distributed to 20,000 displaced.
- Staff from the Yemeni Red Crescent Society are treating 20-30 cases a week with sick IDPs being referred by the ICRC to a hospital in Saada City.

INTER-AGENCY ISSUES

- **Clusters.**
  - The Health, Nutrition, and Water Sanitation Clusters met on 20 June.
  - Global Cluster Leads will meet on 29 June.
  - The second Cluster/Sector Lead Training (CSLT) will take place in Montreux on 2-6 July.
- The Advisory Group on the **Use of Privatised Security by Humanitarian Actors** met on 21 June.
- **ECHA.** On 21 June, the UN Executive Committee on Humanitarian Affairs discussed Somalia, Northern Uganda and the Middle East.
- **Consolidated Appeal Process.**
  - The CAP Sub-Working Group met on 21 June. The next SWG meeting will take place on 19 July.
  - A CAP/Central Emergency Response Fund Training will take place in Rome on 2-4 July.
  - The CAP Mid Year Review will be held in Geneva on 17 July in the margins of the ECOSOC Humanitarian Segment (16-18 July).
- An inter-agency **Central Emergency Response Fund** meeting took place on 22 June.
- An inter-agency meeting on **Public-Private Collaboration for Humanitarian Action** will take place in Geneva on 28 June.
- **Somalia.** On 29 June, the WHO Assistant Director-General, Health Action in Crisis, will brief the IASC weekly meeting in Geneva on his recent mission to Somalia. **Preparedness and Contingency Planning.** Preparations have started for an inter-agency consultation of Contingency Planners to take place in Geneva on 2-4 July.
- **Gender and Humanitarian Action.** The next IASC Gender Sub-Working Group will take place on 6 July.
- The newly established **IASC Reference Group on Human Rights and Humanitarian Action** will meet on 10 July.
- The first meeting of the **Global Humanitarian Platform** will take place in Geneva on 11-12 July.
- **ECOSOC.** The Humanitarian Segment of ECOSOC will take place in Geneva on 16-18 July.
- The **Good Humanitarian Donorship** annual meeting will take place in Geneva on 20 July.

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

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