Each week, the World Health Organization 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.

WEST AFRICA FLOODS

In Ghana, the UN Disaster Assessment and Coordination (UNDAC) team established a humanitarian coordination centre in Tamale (the capital of northern Ghana) to assist the Government’s response to the floods.

Assessments and Events
- Torrential rains continue to have impact on at least 12 countries, affecting over 500 000 people. Flooded crops, lost livestock and damaged infrastructure are expected to exacerbate the already precarious food and health security. Increased risk for malaria and waterborne diseases is expected and is of immediate concern.
- In Ghana, OCHA reports more than 20 people have died and over 260 000 are affected. Serious food shortages are anticipated. Cases of diarrhoea, dysentery and cholera have been reported in the upper east regions.
- In Togo, the Government reports 64 999 people affecteds with 20 deaths and 60 injured; 11 055 are reported homeless. The WHO Regional Office reports inaccessibility as a major constraint in the assessment of health needs. Conditions suggest that outbreaks of waterborne illnesses are possible.
- In Niger, the Government reports 16 700 people affected by floodwater. A crisis was declared by the Government on 8 August. A lack of drinking water and waterborne disease continues to be experienced.

Actions
- WHO is monitoring the situation and providing support and supplies (essential drugs and consumables) to affected countries where needed.
- In Ghana and Togo, field assessment missions are ongoing.
- In Ghana, the Ministry of Interior has established a Inter-Ministerial Disaster Relief Committee and district task force teams to oversee activities in their respective communities.

EAST AFRICA FLOODS

Assessments and Events
- Floods from heavy rains have killed scores of people, displaced thousands, and caused losses of livestock. Hailstorms and landslides have also compounded the problem in some areas. Thousands of families have been displaced to inadequate shelters and are faced with food insecurity, malaria and waterborne diseases.
- In eastern, central and northern Uganda, authorities report that the floods have killed nine people, and affected over 300 000. The immediate needs are most critical in the Teso sub-region.
  - A number of IDP camps in the north have been swept away by floods. Several communities are reported to be cut off by flood water.
  - Widespread contamination of water sources is reported.
  - Health centres in the affected areas are experiencing severe shortages of critical drugs to treat malaria, diarrhoeal diseases and acute respiratory infections and shortages of anti-retrovirals.
- In Ethiopia, OCHA reports that 17 people had died, with over 4000 head of livestock drowned. The floods have affected at least 183 255 people across the country and displaced over 41 660. More than 4000 people are currently stranded after a dam failure in the Afar region.
- In Somalia, the water level of the Shabelle is dangerously high.
- In Rwanda, 15 people have died, and over 1000 are homeless. Hailstorms and landslides destroyed livestock and property in the Northern Province.
- In Kenya, 20 000 people have been displaced in south-west Budalangi region, with rains destroying crops and drowning livestock. The displaced people have settled in six camps relying on aid from the government and relief agencies.
- In Sudan, rains and flooding have disrupted the provision of aid and services to people newly displaced or re-displaced by conflict; 250 000 people remain homeless from flooding. The latest floods bring the total of those directly affected to over 550 000.

Actions
- In Uganda, a Flash Appeal is being launched in response to the floods. The
A Flash Appeal for Uganda has been launched requesting US $42 992 252 to address urgent humanitarian needs. Agencies participating in the Appeal will also apply to the CERF to fund the most urgent interventions in key sectors.

In Ethiopia, WHO national consultants conducted field visits to some of the flood-affected kebeles of Assyita and Mille woredas in Afar Region. Ethiopia has received US $10 million in CERF allocations in 2007 some of which are being used to address flood needs.

In Sudan, UN and partners feel that they are reasonably prepared to respond to the newly displaced. The UN is providing clean water to 2.2 million as a prevention measure against waterborne diseases, mainly through chlorination.

In Kenya, WHO, UNICEF and OCHA are considering a joint assessment to identify gaps in the response in cooperation with the Government and other aid agencies.

The Inter-Agency Appeal to support the health needs of displaced Iraqis in neighbouring countries was launched in WHO on 18 September. The inter-agency appeal seeks US$ 84 852 332 to provide support to national efforts aimed at improving access to health care for displaced Iraqis living in Syria, Jordan and Egypt.

As of 12 September, 23 districts in northern Iraq have reported confirmed cases of cholera: all sixteen districts of Sulaymaniyah, all five districts of Kirkuk and two of seven districts of Erbil.

The first laboratory confirmed case of cholera in Baghdad was reported on 19th of September in a 25 year old female.

Basra: 511 cases of acute watery diarrhea were reported as of 18th of September. None tested positive for vibrio cholera, but on the 17th of September, a 7 month; breast and bottle fed child tested positive for *vibrio cholera*.

Since the outbreak began on 23 August, ten people have died, over 1100 are diagnosed with cholera, and 15 000 are showing diarrhoea and vomiting.

The provision of safe water and sanitation is a challenge but remains the critical factor in reducing the impact of the current cholera outbreak.

WHO supports health authorities in generating better quality data on the current outbreak. Additionally, surveillance systems and preparedness against cholera have been boosted in all the provinces neighbouring the affected areas.

WHO is assisting with sampling water from public supply sources to ensure it meets safety standards.

WHO has pre-positioned ten Interagency Diarrhoeal Disease kits, each with the capacity to treat 100 severe cases.

WHO has produced and distributed information posters on cholera to health authorities of affected provinces to standardize case management in all healthcare settings.

WHO’s emergency activities are funded by Japan and the UNDG ITF.

In the Mweca, Luebo and Knanga areas of Kasai Occidental, 381 cases and 172 deaths are associated with infectious diseases outbreaks. As of 19 September, nine confirmed cases of Ebola haemorrhagic fever have been reported from the health zone of Kampungu.

In North Kivu, As 14 September, 12 944 families displaced from conflict have been registered in Mugunga and Bulengo, west of Goma. The large number of IDPs in this area are at increased of waterborne diseases. OCHA reports an alarming increase in rates of acute malnutrition, reaching close to 19%.

WHO supports the WHO Country Office, the Regional Office for Africa and headquarters are supporting the MoH in Kinshasa and in the field at the location of the outbreak. Additional staff, outbreak response equipment and supplies, including personal Protective equipment (PPE) have been brought to the area.

WHO is working with representatives from the MoH and Médecins Sans Frontières to upgrade the existing facilities. Of high priority is the establishment of a mobile field laboratory to be attached to the existing isolation ward for rapid diagnosis of patients and to differentiate between the different pathogens, such as Shigella dysenteriae type 1, that are also associated with this outbreak. At the
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/

**CHAD - CENTRAL AFRICAN REPUBLIC**

- The deployment of a multi-national force under EU command is expected. This presence will hopefully begin to establish stability allowing for increased humanitarian aid and relief.

**Assessments and events:**
- In early September, trade unions in Chad suspended a strike that had closed hospitals and schools in the capital for three months.
- Heavy downpours continue to limit humanitarian aid efforts in the east. Residual flooding continues to cut land access to Koukou and Angarana.
- The WHO disease surveillance system in the east reports 5027 new consultations from 14 reporting sites for the week of 12-18 September. There were 566 cases of acute watery diarrhoea, 104 cases of bloody diarrhoea, 311 cases of suspected malaria, 1003 cases of acute respiratory infections and 23 cases of jaundice. No death was reported from any health facility during this period.
- Over the past weeks, violent conflict in northern Central African Republic has forced some 12,000 people to leave their community between the towns of Markounda and Silambi. A UN assessment mission confirms the displaced peoples are under extreme hardship and unable to meet their basic needs. Reports indicate a sharp increase in acute respiratory infections among these most recently displaced.

**Actions:**
- In Chad, WHO organized a training on the utilization of rapid tests and artemisinin-based medicines for the management of malaria for nurses in Adré health district. Some 4000 paracheck rapid tests were given to the ICRC for distribution to health centres.
- WHO and partners held a workshop on waterborne diseases in Abéché; the level of preparation of the various participants and well as the identification of out-of-reach health facilities were the main topics of discussion.
- WHO and UNHCR met to review health sector needs for the CAP 2008.
- The UN and its partners have mobilized US$43 million against the total appeal requirements of US$83 million. The Emergency Relief Coordinator may approve an allocation from the CERF to supplement funds available.
- Emergency activities in Chad are supported by Italy, ECHO and the CERF.

**OCCUPIED PALESTINIAN TERRITORY**

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

- On 12 September, WHO met with UNFPA, UNICEF and OCHA to discuss the Consolidated Appeal Process (CAP). During the meeting, participants agreed on priority needs, vulnerable areas, vulnerable groups and specific objectives.

**Assessments and events:**
- UN agencies have been informed that all crossings into the oPt will be standardized by the end of the year. Further, there will be a reduction from 12 crossings to five for all import/export. OCHA reports the impact on humanitarian services will be serious and humanitarian organizations anticipate major difficulty in meeting the needs of the population.
- The Union of Medical Professionals announced on 12 September that it will continue its current strike, initiated on 26 August, until the end of Ramadan. Personnel have been limiting their service to the hours of 08:00-11:00. It is reported that the strike is impacting more at the secondary level than the primary health care level.

**Actions:**
- On 11 September, WHO hosted the interagency logistic coordination meeting. Problems related to border crossings and holiday closures were discussed as the will affect the delivery of shipments.
- The WHO Work-Plan and related budget of the pharmaceutical sector for the next two years was finalized in the framework of the Joint Programme Review and Planning Missions exercise.
- On 12 September, the WHO mental health team in Gaza met the director of the National Society of Rehabilitation, a local NGO, to discuss the possibility of including the psychosocial component in the community based rehabilitation project implemented by the NGO.
**INTER-AGENCY ISSUES**

- **Clusters.**
  - The Emergency Shelter Cluster workshop on emergency management is ongoing in Skovde, Sweden.
  - A face to face meeting of the Global Water, Sanitation and Hygiene Cluster will take place in Geneva on 25 and 26 September.
  - The next face to face meeting of the Global Health Cluster will take place in Nairobi the week of 26 November.
- The Inter-Agency meeting on Disaster Risk Reduction will take place on 9 October (changed from 25 September) in Geneva at the IFRC.
- **Protection from Sexual Abuse and Exploitation.** The UN Executive Committee on Humanitarian Affairs/UN Executive Committee on Peace and Security and NGOs Taskforce on Protection from Sexual Abuse and Exploitation met on 20 September.
- On 20 September, the Representative of the UN Secretary-General on Human Rights of Internally Displaced Persons briefed the Humanitarian Liaison Working Group in Geneva on the outcome of his recent mission to Côte d’Ivoire.
- On 21 September, the IASC Weekly meeting in Geneva updated on the human rights situation in Sri Lanka, the outcome of the IASC Working Group Retreat and the upcoming Global Symposium+5.
- **Contingency Planning.** The inter-agency drafting group on the revision of the IASC Contingency Planning Guidelines will meet in Geneva on 24 and 25 September. The IASC Sub-Working Group on Preparedness and Contingency Planning will meet in Geneva on 26 and 27 September.
- The UNDG Darfur Working Group on Recovery and Development will meet on 25 September.
- **Central Emergency Response Fund.** The next CERF inter-agency meeting will take place on 25 September.
- Humanitarian Reform workshops will be held in Niger, Senegal (regional refresher) and Sudan. Workshops are also planned to take place in Haiti and Afghanistan.

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

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