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.

### PAKISTAN

More information on is available on the EMRO Regional Office web site.

- Pakistan is on the UN list of countries most affected by the food price crisis. More than half the children suffer from stunting and about 9% from wasting. A recent study of 1407 households in two Sindh districts conducted by Action against Hunger has placed the prevalence of acute malnutrition at 22%.

### WEST AFRICA


- In the region, Burkina Faso, Mali, Niger and Nigeria are on the WHO list of priority countries for the Global Food Security Crisis.
- Many people have not yet recovered from the 2007 floods that affected 800 000.
- The CAP 2009 strategy will also address the humanitarian repercussions of the food price crisis. A CAP workshop is planned in Dakar on 10-11 September.

### Assessments and Events

- **Burkina Faso, Guinea-Bissau, Mali, Mauritania and Niger are the hardest hit by rising food prices. Although Benin, Liberia, Nigeria, Sierra Leone and Togo fare better, they also have pockets of vulnerability. Burkina Faso, Mali, Niger and Nigeria report wasting above 10% and stunting above 40%. Since 1 January, 73 197 cases of malnutrition and 147 related deaths have been reported in Niger through the nutritional surveillance system.**
- **Chronic food insecurity is now exacerbated by the floods that are affecting Togo, Benin, Burkina Faso, Niger, Mauritania Sierra Leone and Liberia.**
- **Post-floods assessments have been conducted in Niger, Liberia and Togo.**
- **Increases in risk for malnutrition, communicable and vaccine-preventable disease are expected, especially among children in vulnerable communities.**
- **Chlorine for water treatment, essential drugs and supplies against cholera, malaria and other water-related diseases, bed nets and cash for surveillance, training of health workers and operational support are needed.**

### Actions

- In flood-affected countries, WHO is supporting MoHs with assessments; case management for malaria, diarrhoeal and other diseases; training of health workers; outbreak surveillance and investigation; chlorination of water sources; health education and provision of health kits.
- **WHO is compiling and updating health needs in six priority countries – Niger, Burkina Faso, Mali, Benin, Togo and Mauritania – in preparation for the CAP 2009 for West Africa.**
- **WHO’s relief and recovery activities in the region are funded by its regular budget, Ireland, Norway, Spain, ECHO and UNHCR. WHO mobilized medicines, supplies and funds from Norway for Niger. Flash Appeals are being launched in Togo and Benin. Niger and Burkina Faso are both on the list of countries recommended for allocations for the food crisis by the CERF.**
Assessments and Events

- In Ethiopia, five districts in Amhara and one in Oromiya reported 44 new cases of acute watery diarrhoea. As of 27 July, 1192 cases had been reported nationwide. The Somali region, with its weak public infrastructures, low health coverage and lack of qualified staff, is among the most affected by the food crisis. It also hosts many IDPs and refugees.
- In Kenya, severe malnutrition and an outbreak of leishmaniasis are reported in the north of the country. An estimated 20 000 IDPs in 32 camps are threatened.
- In southern and central Somalia, security drastically deteriorated, forcing several agencies to reduce their activities. In Lower Shabelle, more than 5000 people have been displaced in Kourtunrawary and Afgoye due to heavy rains. Between 28 June and 1 August, 541 cases of acute watery diarrhoea were reported from Middle and Lower Juba regions.
- In Djibouti, drought and inflation continue to exacerbate food insecurity for the most vulnerable segments of the population. WFP and UNICEF estimate that acute malnutrition has risen from 28.9% in 2006 to 33.4% in 2007 and chronic malnutrition from 20.6% to 21.8%.
- In Uganda, the crisis is especially severe in Karamoja, where all health and nutritional indicators are worse than the national averages and where 707 000 persons – 70% of the population – depend on food assistance.

Actions

- In Ethiopia, WHO conducted an assessment in Amhara that confirmed the inadequacy of access to water, sanitation and household hygiene. A WHO expert is assisting local health authorities to strengthen surveillance and prevention activities. WHO is also supporting SNNPR’s Shashego district in monitoring diseases after floods in early July affected 23 100 people.
- In Kenya, WHO is monitoring the outbreak of leishmaniasis and looking into strengthening the early warning system and providing essential drugs.
- In Somalia, WHO and health partners are maintaining the best possible health services to IDPs and other vulnerable groups despite insecurity. WHO provided 20 emergency health kits, each providing drugs and supplies for 10 000 people for three months. Another 20 emergency kits as well as 20 diarrhoeal disease kits and 10 trauma kits were pre-positioned in Garowe, Hargeisa, Wajid, Merka, Mogadishu, Baidoa, Buroma and Luuq. More kits are expected in the coming weeks. In Lower Shabelle, WHO, CONCERN, CARE and other Health Cluster partners are monitoring the situation and are ready to intervene.
- In Djibouti, the UN Country Team is preparing a CAP to support the country’s response to the food crisis. WHO is assisting the MoH to provide essential health care to the most vulnerable groups in Obock, Tadjourah and Dikhil districts.
- In Uganda, WHO is requesting US$ 1.97 million from the CERF Secretariat to reduce avoidable mortality and morbidity from communicable diseases and malnutrition in Karamoja.
- WHO’s emergency work in the Horn of Africa (Ethiopia, Somalia, Djibouti, Eritrea, and Kenya) is funded by Canada, the United Kingdom, the CERF and the local Humanitarian Response Fund. Djibouti, Kenya and Eritrea are on the list of countries recommended for allocations for the food crisis by the CERF.
**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/)

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### Guinea Bissau

**Assessments and Events**
- The cholera outbreak is not yet under control, mostly because of the extremely poor quality of water and sanitation infrastructures. As of 4 August, eight of the country’s 11 regions are affected and 1257 cases and 31 deaths are reported.
- Despite the recent change of Prime Minister, it is expected that stability will be sustained and elections will be held in November as planned.

**Actions**
- WHO is supporting case management at Bissau’s main hospital. There are signs that treatment protocols are better respected, and the consumption of Ringer Lactate is reducing.
- WHO, UN partners and NGOs are supporting health authorities control the outbreak and are developing a new set of long-term recommendations to improve the water and sanitation infrastructure. WHO also provided fuel and mobile phones to the MoH to strengthen surveillance.
- The WHO inter-country team in West Africa provided US$ 20 000 from its regular budget to train health workers on cholera case management. A request for US$ 555 000 has been made to the CERF to respond to cholera. WHO also supported the MoH in designing a proposal for the African Development Bank.

### Sudan

**Assessments and Events**
- Heavy rains in Northern Bahr el-Ghazal state have caused flooding in the town of Aweil, killing at least 20 people and making 39 000 homeless. Another 1500 are displaced by floods in neighbouring Warrab state.
- The floods have raised fears of increased cases of cholera, typhoid and malaria. Cases of cholera are rumoured in Aweil.
- In Upper Nile State, a cholera outbreak has been confirmed in Nasir County. Between 14 and 20 July, 63 cases and one death were recorded. This brings the number of confirmed outbreaks of cholera since January to 10, with up to 2230 cases and 40 deaths recorded.

**Actions**
- UN partners are conducting assessments and supporting the initial provision of food, and non-food items.
- WHO is investigating the reported cholera outbreaks. In addition, WHO has pre-positioned a diarrhoeal diseases kit in Aweil to help the initial response.
- WHO’s activities in Sudan are supported by the regular budget, as well as by the CERF, the Common Humanitarian Fund, ECHO, Finland, Ireland, Italy and USAID.

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### Inter-Agency Issues

- On 6 August the IASC Weekly meeting in Geneva updated on Pandemic Influenza Preparedness and the 2008 ECOSOC.
- An inter-agency meeting on the Central Emergency Response Fund was held on 8 August.
- The inter-agency Central Asia Taskforce will meet on 11 August.
- Clusters. 
  - A workshop on the cluster approach will be held in Bujumbura, Burundi (date to be confirmed).
  - A global cluster lead meeting with the World Economic Forum will be held on 9 September.
- The International Disaster and Risk Conference will be held in Davos on 25 August.
- Gender. The IASC Gender Sub-Working Group e-learning initiative will meet on 28 August. The Sub-Working Group will meet on 3 September. A face-to-face meeting will be held in New York on 6-7 October.
- The UN Executive Committee on Humanitarian Affairs will meet on 5 September.
- The 85th UN Civil-Military Coordination training course will be held in Constanta, Romania, on 14-19 September.
- An IASC expert meeting on climate change and migration/displacement will be held in Geneva on 15 September.
- A inter-agency preparatory meeting for the sixth Emergency Directors Meeting (Rome, 18 November) will be held on 15 September.
- The first meeting of the Education Cluster Working Group will be held in London on 24-25 September.

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FOOD SECURITY CRISIS: A PUBLIC HEALTH APPROACH

The global food security crisis endangers the lives of millions of people, particularly the world’s poorest who live in countries already suffering from acute and chronic malnutrition. The health implications are immense, particularly in the 21 countries that WHO says suffer from acute or chronic malnutrition: Bangladesh, Burkina Faso, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Ethiopia, Eritrea, India, Lao People’s Democratic Republic, Madagascar, Mali, Myanmar, Nepal, Niger, Nigeria, Pakistan, Somalia, Sudan, Timor-Leste and Yemen.

Based on the primary health care approach, WHO promotes the establishment of mechanisms – surveys, enhanced surveillance routines, etc. – to identify the major causes of morbidity, the population segments or geographical areas that are most underserved and the number of children under five, pregnant women and chronic patients. The information thus obtained can be used to set up and guide institution- and/or community-based systems for sustainable health outreach and cross-sector/cluster cooperation. As expected results:

- People would lose less nutrients due to illness because they have better access to clean water, sanitation, immunization and timely health care,
- People would spend less time or money to get their children and/or themselves vaccinated or treated,
- People who have special nutritional needs (i.e. malnourished individuals, growing children, pregnant women and patients with chronic diseases such as TB or AIDS) would receive more food.

To respond to the health threats, WHO provides guidance to the UN Secretary-General’s High Level Task-Force on the Global Food Security Crisis. WHO has finalized a broad plan of action to respond to the health challenges posed by the food crisis. Priorities include:

- monitoring the impact on nutrition, health and poverty;
- providing health and nutrition assistance, especially to most vulnerable groups;
- preventing the loss of health progress in affected areas;
- linking programme responses to long-term food and nutrition policies.

For more information please see the WHO’s web site on the health impacts of the Global Food Security Crisis.

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

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