Each week, the World Health Organization Health Action in Crises in Geneva produces information highlights on critical health-related activities in countries where there are 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.

CARIBBEAN HURRICANES/STORMS

For more information, see also WHO’s press releases on activities in Cuba and Haiti and the WHO/PAHO web site.

 población

In Haiti, the UN and partners have launched a Flash Appeal requesting US$ 107.7 million to help the population recover from the hurricanes for the next six months.

WHO/PAHO is leading the Health Cluster in Haiti, organizing a thrice-weekly meeting in Port-au-Prince, co-chaired with the MoH, to exchange information regarding access to difficult areas, evaluation of needs and gaps, information on health status, health services delivery and response, water and sanitation.

In Gonaives, WHO/PAHO, MSF-Belgium and the MoH are organizing daily Health Cluster meetings.

An information meeting on hurricanes Gustav, Hanna and Ike was held in Geneva on 16 September.

Assessments and Events

- In Haiti, national authorities report 423 people dead and 800,000 affected by Fay, Hanna, Gustav and Ike. Flooding affected numerous health facilities in Gonaives, Port de Paix and Les Cayes and Gonaives referral hospital is expected not to function in the future. A field hospital is considered until a new one is built. Nationwide, most health facilities are intact but remained inaccessible till recently in several areas.
- In Cuba, 2.6 million people, or just under a quarter of the population, were evacuated due to Hurricane Ike. Medical facilities in the west were extensively damaged, jeopardizing health care delivery and hampering disease surveillance and control activities. Rapid rehabilitation of damaged facilities is under way and assessments are being conducted in eastern Cuba.
- In the Dominican Republic, more than 43,000 people were affected. Eleven hospitals sustained structural damages in Jamaica as did the Grand Turk Hospital in the Turks and Caicos Islands.
- Safe drinking water and epidemiological surveillance are priorities.

Actions

- Several WHO/PAHO experts on disaster management, epidemiology, logistics, water and sanitation and environmental health were deployed across the region.
- In Haiti, WHO is seeking US$1 million to coordinate the health sector response, implement epidemiological surveillance, early warning and vector control measures and support access to health care in the affected areas. Another $3.2 million is being sought for urgent health projects by WHO partners, including UNICEF, UNFPA, Pharmaciens Sans Frontières, Comité International, and Médecins du Monde-France/Switzerland/Canada. Priorities are to:
  - ensure access to health care for affected population, including pregnant women;
  - provide nutritional support for 250,000 childbearing age women, 40,000 pregnant women and 130,000 children under five; and
  - ensure treatment for people with chronic diseases.
- In Cuba, WHO/PAHO is requesting US$1.2 million to provide medical supplies and equipment and ensure access to health care for more than 2 million people in the eastern and western provinces, including nearly 200,000 now living in shelters. Vulnerable groups such as pregnant women, children, the elderly and those with disabilities and injuries are particularly targeted. US$ 524,000 have already been secured from the CERF to re-equip health facilities and provide maternal and child health care in Pinar del Rio province and on Isla de la Juventud, off the southern coasts.

GUINEA BISSAU

Assessments and Events

- As of 17 September, 6552 cases of cholera and 123 related deaths (CFR 1.9%) had been reported. All of the country’s 11 health regions have been affected, including the Bijagos islands which have reported 158 cases. Bissau remains the most affected area with 71% of all reported cases and 31% of all deaths.

![Graph showing number of cholera cases and deaths per week (5 May - 13 September 2008)](graph.png)

**Total number of cholera cases and deaths per week (5 May - 13 September 2008)**

**Actions**

- WHO is using CERF funding to support several health centres and mobile
HORN OF AFRICA

See also the weekly update for Ethiopia
See also the Somali Health Cluster Bulletin

The new Monthly Morbidity and Mortality Bulletin for Somalia is available on the HAC web site.

In Ethiopia, a recent report from the Emergency Nutrition Coordinating Unit identified 84 hotspot districts in Oromia, 15 in Tigray, 31 in SNNP and 21 in Amhara. These areas report high levels of severe acute malnutrition and health-related nutrition problems such as skin infection and oedema in children.

Assessments and Events
- In Ethiopia, A joint Federal MoH and WHO assessment conducted on 5-12 September found that needs remain high in the flood-affected areas of Gambella. Health priorities include strengthening surveillance, providing essential drugs and supplies and covering operational cost to support MoH staff relocation and supervision. In Amhara’s Minjar Shenkora district, WHO, UNICEF and the Amhara Regional Health Bureau recorded 1633 cases of acute watery diarrhoea and related 19 deaths between 14 August and 14 September.
- In Kenya, the Kenya Food Security Steering Group says that 1.38 million people in rural areas will not be able to meet their minimum food requirements in the coming six months. In the Northern and Rift Valley regions, global acute malnutrition has risen to 22% in Mandera and 29% in Turkana. About 20 000 Somali refugees have recently crossed into the North-Eastern province; 40 000 new arrivals are expected in already congested camps by the end of the year.
- In Somalia, the number of people in need of assistance has risen to 3.2 million, a 77% increase since January, due to rising food, fuel and water prices, drought and insecurity. Meanwhile violence is affecting the delivery of assistance.
- In Djibouti, the Famine Early Warning Systems Network reports that more than half the population – 340 000 – is food insecure and needs emergency aid due to drought and high food prices.

Actions
- In Ethiopia, WHO provided drugs and US$ 33 743 to support the response in Gambella. In Amhara, WHO, UNICEF and local and regional health authorities are providing training on case management, surveillance, reporting and hygiene promotion, as well as distributing chlorine and essential drugs and supplies.
- In Kenya, a health meeting was held on 2 September on the refugee situation in the North-Eastern province, co-chaired by the Health Provincial Medical Officer and WHO. The PMO and WHO will ensure the logistics for a immunization campaign and the presence of additional health workers.
- In Somalia, WHO distributed in Kismayo an emergency medical kit providing drugs and supplies for 10 000 people for three months. The MoH and WHO have set up a disease early warning system for epidemic-prone diseases in the Lower Shabelle region. Between 14 July and 10 August, the system reported 2739 consultations, of which 14% were due to diarrhoeal diseases and 12 % to acute respiratory infections. Between 13 August and 2 September, it reported 146 cases of acute watery diarrhoea in Merka hospital of which 11 were confirmed V. Cholerae.
- WHO's emergency work in the Horn of Africa (Djibouti, Ethiopia, Kenya and Somalia) is funded by Canada, China, the CERF, ECHO, Italy, the United Kingdom, USAID and the local Humanitarian Response Fund.

DEMOCRATIC REPUBLIC OF THE CONGO

See also the monthly bulletin and the monthly Cluster Update.

Assessments and Events
- In North Kivu, more than 100 000 people have been forced from their home in Masisi and Rutshuru health zones following fighting between the military and rebel forces. Growing insecurity in the area has compelled humanitarian partners, such as MSF, to evacuate and reduce their aid. Several health centres are reportedly running out of drugs and medical supplies. Other threats to health include uncertain access to safe drinking water and the risk of outbreaks of communicable diseases.
- In South Kivu, the cholera outbreak in Fizi health zone has abated during the past two weeks. Since 28 July, 492 cases and two deaths have been reported.

Actions
- In North Kivu, WHO and health partners are considering vaccinating children under five against polio starting on 18 September as a case of wild polio virus among displaced children was notified in Rutshuru health zone in April. WHO pre-positioned several emergency health kits in Goma.
- In South Kivu, WHO, MSF-Holland and Aide Médicale Internationale are supporting local health authorities. Health Cluster partners are working together to support community activities and prevent the recurrence of the outbreak.

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/
- WHO’s emergency activities in the DRC are funded by Finland, the CERF and the local common humanitarian fund.

### CHAD

**Assessments and Events**
- In eastern Chad, violence targeting humanitarian staff continues, impeding their ability to help nearly 300,000 refugees and 200,000 IDPs in the area.
- The hepatitis E outbreak in the IDPs camp of Dogdore is ongoing with 51 new cases reported in week 36 bringing the total to 1029 cases with 10 deaths. Meanwhile in Bredjing camp, 537 new cases of acute watery diarrhoea and one case of acute flaccid paralysis were reported. Samples were taken for testing.

**Actions**
- WHO participated in the OCHA-organized meeting to review and plan ECHO financial support – the first priority remains strengthening the outreach and quality of the humanitarian response for all vulnerable populations.
- WHO also participated in the HIV/AIDS technical committee meeting to assess the effects of 2008 activities.
- WHO is supporting hepatitis E surveillance and response activities and training health staff all around the region on surveillance and reporting. Last week staff from health centres in Wadi Fira’s Iriba district were trained. Meanwhile laboratory technicians are also taught about operational and diagnostic techniques for communicable diseases.
- EHA/AFRO and HAC are supporting the preparation of the CAP 2009.
- WHO’s emergency response is funded by its own budget, Finland and ECHO. Chad is selected for the second round of under-funded emergency funding from the CERF.

### CENTRAL AFRICAN REPUBLIC

See also the [weekly mortality and morbidity report](http://www.who.int/hac/) for eastern Chad.

- The MoH nominated a national focal point for health emergencies in the east.
- The Secretary-General proposed that the SC consider sending 6000 UN troops to replace a EU force in eastern Chad and north-eastern CAR, whose mission is set to expire on 15 March 2009.

**Assessments and Events**
- In the north-east, the situation remains volatile and insecurity is impacting negatively on the delivery of humanitarian assistance.
- In the Bamingui-Bangoran prefecture, 257 cases of malaria, including 59 severe, were treated in August. During the same period, 37 cases of diarrhoea were reported as well as 36 cases of sexually transmissible infections (STIs) and 20 cases of malnutrition, of which seven were severe. Health staff is poorly qualified, with only two trained nurses in the prefecture, and poorly motivated due to salary arrears. The surveillance system is weak due to weak reporting.

**Actions**
- The WHO sub office in Ndele provided training on the case management of STIs to 27 health workers from the Ndele hospital and the voluntary testing centre. Drugs were donated from the Bangui Office to support the hospital’s activities in that field.
- Alongside representatives from donors and NGO partners, WHO participated in an evaluation of the NGO Aide Médicale Internationale activities in the Bamingui Bangoran health prefecture. Together, partners and local health authorities revised the local action plan and humanitarian priorities for the CAP 2009. The visit was followed by rapid assessments in Kotissako and Bamingui health centres – both were found to adequately equipped for the cold chain but some drugs shortages were reported.
- WHO sent a facilitator to support the 9-10 September OCHA CAP workshop.
- WHO’s emergency activities in the CAR are funded by Finland and the CERF.

### NIGER

- Resurgence of cholera in Maradi with 25 cases during week 36 compare to 21 cases and 1 death on week 35. Nationwide it has been reported 586 cases with 51 deaths from week 1 to week 36. Malnutrition prevalence remains high with a total of 119,777 cases and 257 deaths so far reported.

**Actions**
- WHO is supporting the health authorities to control the cholera outbreak.
- WHO continues to provide support in surveillance, coordination and control of diseases, in addition to the supply of emergency kits.
- Emergency activities are supported by the WHO budget and the CERF and by in-kind donations from Norway.

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**Health Action in Crises**

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ZIMBABWE

The Prime Minister has called for international support “to help raise the country off its economic haunches.”

A workshop is planned for 6-7 October to organize the CAP 2009.

The Emergency Relief coordinator issued a statement to call on donors to step up their funding, particularly to priority sectors and projects. The 2008 Consolidated Humanitarian Appeal is currently funded at 60% of the US$ 394 million required. The health sector is funded at 61%.

See the Country Office web site for more information.

SUDAN

See the Country Office web site for more information.

The Emergency Humanitarian Coordinator said that the increasing violence in Darfur is threatening the delivery of humanitarian aid to hundreds of thousands of needy people.

Assessments and Events

- Chronic under-funding and brain drain have been plaguing all levels of the health system for several years:
  - In rural areas, immunization coverage has decreased due to reduced outreach services;
  - Critical shortages of essential drugs and medicines are reported;
  - Disease surveillance systems are weak with poor transmission and completeness at district level;
  - Recession and high inflation have reduced the supply of antiretroviral drugs while high public transport costs threaten the capacity of patients on ART to collect their medications;
  - The costs of artemisinin-based combination therapy forced the National Malaria Control Programme to introduce ACT in malaria prone districts by slow phases;
  - Procurement of supplies and training activities for preparedness, disease surveillance and control continue on a low scale but high staff turn-over in the public sector jeopardize the retention of knowledge.
  - Several major cities are facing problems of waste management and water purification due to lack of foreign currency to purchase equipment and chemicals.
- The cholera outbreak in Chitungwiza City is under control. No new case has been reported this week. The total numbers of cases and deaths have been confirmed to be 95 and seven respectively.
- The ban on NGOs has been lifted.

Actions

- The main health-related issues, for which funding is needed, include:
  - Provision and distribution of medicines and supplies to health centres;
  - Continuity of immunization programmes through outreach services;
  - Provision of incentive for health workers to keep peripheral health facilities open;
  - Access to antiretroviral therapy and voluntary counselling and testing;
  - Access to artemisinin-based combination in all malaria-prone districts;
  - Stronger disease surveillance and response to outbreaks, including stockpiling emergency kits, communication equipment, and logistic support;
  - Support to water quality control for improved water supply and sanitation.
- WHO and UNICEF have established two cholera treatment clinics, which are now mainly managed by Médecins Sans Frontières.
- WHO is chairing the Health Working Group and is monitoring sectoral needs. The coordination of health activities is conducted through weekly sector and interagency meetings and working groups and through the IASC meetings.
- WHO’s emergency activities are funded by its regular budget, Ireland and the CERF.

Assessments and Events

- In Blue Nile, UNHCR reported poor health conditions in Balila locality, a high return area.
- Heavy rains in Gedarif and Kassala have caused floods and damages. Around 300 families were affected by flood in Gedarif’s Al-Hawata Administrative uni and 329 others were affected in Kassala’s Banat area.
- In South Sudan the numbers of acute watery diarrhoea (AWD) and acute bloody diarrhoea cases are rising. The flooding which had mostly affected Aweil counties is decreasing, but some areas remain inaccessible. Although AWD cases are diminishing, new pockets have appearing in Aweil Town.

Actions

- WHO organized a interagency mission to Balila in Kurmuk on 14 September. Staff from the State MoH, UNMIS and the UN Military Observers, UNHCR and WHO to conduct rapid assessment and establish a one day field clinic with four physicians, one nurse and a laboratory technician and conduct rapid assessments in the area. WHO facilitated the transport of medical supplies against malaria.
- A joint assessment mission was organized in Al-Hawata while a rapid inter-agency assessment of the affected Banat community provided drugs, mosquito nets and spraying.
- In South Sudan, the MoH/GoSS, supported by WHO and MSF-Spain, is assessing the AWD outbreak.
- WHO’s activities in Sudan are supported by the regular budget, the CERF, the Common Humanitarian Fund, ECHO, Finland, Ireland, Italy and USAID.
### Assessments and Events

- The Palestinians are becoming more dependent on foreign aid, mainly due to a sluggish economy stifled by continued Israeli restrictions on trade and movement, the World Bank said in a report Wednesday.
- The union of health professionals has announced the extension of their strike for the fourth week. However, more than two-thirds of Gaza’s 11 MoH hospitals are working. All required services are provided but the number of elective surgeries is reduced.

### Actions

- WHO held a meeting with international and national NGOs and UN agencies to share information on current preparation process for the CAP 2009. A workshop is planned on 23-24 September for this purpose.
- WHO monitors the impact of the health workers’ strike on the delivery of services at the MoH hospitals and clinics.
- WHO met with the heads of the nursing, mother and child health and nutrition departments at the MoH to discuss supervision and monitoring of the nutrition surveillance system. Field visits to primary health care (PHC) clinics will resume in October to monitor the implementation of the surveillance system.
- WHO and Médecins du Monde-Spain discussed the content of the translated guide on mental health and neurological diseases in PHC and the possibility of disseminating this guide to health care facilities. With MDM-France, discuss the content of two mental health modules they will organize in the PHC facilities.
- WHO’s emergency activities are funded by ECHO, Italy, Norway, OCHA-Spain and thee CERF.

### INTER-AGENCY ISSUES

- The 85th UN Civil-Military Coordination training course is taking place in Constanta, Romania on 14-19 September.
- An IASC Expert meeting on climate change and migration/displacement met in Geneva on 15 September.
- On 16 September, the Humanitarian Liaison Working Group in Geneva briefed on Disaster Risk Reduction.
- The 17 September IASC Weekly meeting in Geneva briefed on Georgia.
- The 18 September, an inter-agency meeting discussed the Central Emergency Response Fund evaluation matrix.
- The IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings will hold its first face to face meeting in Geneva on 22-26 September. It will be chaired by WHO, UNICEF and Terre des Hommes.
- An inter-agency Needs Assessment and Analysis meeting will take place in Geneva on 23 September.
- The first meeting of the Education Cluster Working Group will be held in London on 24-25 September.
- Clusters, An IASC Task Team/Global Cluster Leads meeting will be held on 25 September.
- Gender. The IASC Gender Sub-Working Group will meet face to face in New York on 6-7 October. It will be co-chaired by WHO and UNFPA. The IASC Gender e-learning group will meet face to face in New York on 8 October under the chairmanship of WHO and IRC. The process is managed by InterAction.
- The UN Executive Committee on Humanitarian Affairs will meet on 9 October.

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

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