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.

HAITI

For more information see also the WHO Regional Office for the Americas web site.

- WHO/PAHO is leading the Health Cluster. All partners participate in the weekly coordination meeting to exchange information regarding access to difficult areas, needs and gaps, health status, services delivery and response, water and sanitation.
- Only 6% of the US$ 108 million Flash Appeal has so far been donated, including 72.2% of the Health Cluster’s requirements.

Assessments and Events
- Extensive flooding, mudslides and destruction of bridges are trying the Haitian public health system. Gonaïves was especially affected and the health system of the Artibonite department is substantially damaged.
- No outbreaks have been reported so far. More and more cases of diarrhoea and respiratory and skin infections are reported, but the numbers are within the expected range after a hurricane. There are reports of suspected malaria cases in Artibonite, an endemic area. Two deaths have been attributed to tetanus and the nationwide vaccination campaign, planned for 2009, has become a priority.

Actions
- With support from the UN Stabilization Mission in Haiti, the MoH, the ICRC, MSF-Belgium/France/Holland, Merlin and Médecins du Monde are making progress in assessing the situation in hard-to-reach areas.
- In cooperation with various NGOs, the MoH has strengthened its capacity for disease surveillance. A form designed by WHO/PAHO, the Centres for Disease Control and Prevention and the MoH, was distributed to all departments. WHO/PAHO has deployed two epidemiologists and one infectious disease specialist.
- To preclude a possible outbreak of malaria, WHO/PAHO provided medical supplies and stepped up vector control activities. A request for the provision of impregnated bed-nets is being examined.
- As part of the Flash Appeal, WHO/PAHO requested US$1 million to coordinate the health sector response, implement epidemiological surveillance, early warning and vector control measures and support access to health care. Another US$ 3.2 million is being sought by partners, including UNICEF, UNFPA, Pharmacies Sans Frontières, Comité International and Médecins du Monde.
- The CERF has pledged US$ 500 000 and Canada US$ 222 010 to support WHO/PAHO’s activities.

HORN OF AFRICA

See also the weekly update for Ethiopia and Somalia.

- Nearly 17 million people urgently need food, up from 9 million in early 2008, as drought, food prices and conflict continue, said the UN Emergency Relief Coordinator, warning that if donors do not provide US$ 716 million quickly the Horn could return to the famine of the 1980s and 1990s.
- In Somalia, two international staff from Médecins du Monde were kidnapped along the border with Ethiopia.
- In Kenya, a workshop for the CAP 2009 was organized in Nairobi on 23-24 September.

Assessments and Events
- The Famine Early Warning System Network (FEWS-NET) reports that rains should return to many drought-affected areas of east Africa within the next month.
- In Ethiopia, the WFP reports improved nutritional situation in parts of Oromiya and SNPP thanks to food aid and new harvests. In Gambella, more than 91 500 people are affected by the floods. The main health threats are diarrhoeal diseases and malaria. Meanwhile five districts in Afar, Amhara and Oromiya reported new cases of acute watery diarrhoea (AWD). A WHO/UNICEF/Regional Health Bureau (RHB) assessment mission reported lack of clean water, poor sanitation and weak health promotion activities.
- In Kenya, at least 35 000 people are facing extreme food and water shortage in Mandera along the border with Somalia and Ethiopia due to drought and poor rains. A number of IDP camps have been closed.
- In Somalia, violent fighting is racking Mogadishu. The main hospital in town has just not enough staff to attend the overwhelming number of injured.
- In Djibouti, FEWS-NET reckons that recurrent drought and high food prices have made an estimated 285 000 people (45% of total population) food-insecure. Global acute malnutrition among children under five averages 17%, reaching 25% in the north-west district of Tadjourah.

Actions
- In Ethiopia, WHO allocated emergency drugs and medical supplies for flood-affected facilities in Gambella. Three WHO surveillance officers are assisting the RHB coordinate health interventions, strengthen disease surveillance and ensure the provision of basic health care. WHO also provided medical supplies to Amhara health authorities as well as technical support, treatment protocols and guidelines to strengthen AWD centres.
In Djibouti, the UN Country Team appealed for US$ 31.7 million for six months to support the Government respond to the food and nutrition crisis WHO is requesting US$ 1.3 million.

In Somalia, partners are trying to scale-up integrated emergency livelihood and humanitarian assistance. OCHA reports that only 11% of the health sector and 29% of the nutrition sector have been funded so far. In Kismayo, WHO provided an emergency medical kit covering 10,000 people for three months.

In Djibouti, WHO has received US$ 210,833 from the CERF Secretariat to strengthen the decentralization of emergency response. WHO is:
- strengthening the outreach of mobile teams with drugs and operational funds, and
- involving communities in referral of malnutrition or communicable disease cases.

WHO's emergency work in the Horn of Africa (Eritrea, Ethiopia, Kenya and Somalia) is funded by Canada, China, the CERF, ECHO, Italy, the United Kingdom, USAID and the local Humanitarian Response Fund.

GEORGIA

Find more information on the WHO Regional Office For Europe web site.

WHO is the lead agency for health and nutrition. In collaboration with the MoH, the 14 UN and NGO health partners have developed a comprehensive strategy to address the needs of 128,000 IDPs.

The first Health Cluster coordination meeting in Gori took place on 24 September with representatives from national and local health authorities, health partners, USAID and the EU.

A IASC mission conducted a rapid humanitarian assessment in South Ossetia on 16–20 September.

The Flash Appeal is being revised according to the results of the joint need assessment. It includes four health priorities: coordination; disease surveillance and nutrition monitoring; access to essential health services; and rehabilitation of health facilities.

Assessments and Events

- EU civil monitors are expected to be in Georgia on 1 October. Their deployment will allow to increase UN and OSCE assessment missions in the buffer zone.
- Most of those displaced by the events of last August are residing in collective centres in and around Tbilisi.
- In South Ossetia, about 60% of the health network, including the Republican Hospital in Tskhinvali and 49 health stations, is reportedly damaged. There are no rumours of outbreaks but signs of major increase in the number of deaths or conditions that demand immediate action. However disease surveillance and health information seem weak.
- Widespread psychosocial distress and trauma are reported. Older people who have remained behind are particularly vulnerable.

Actions

- The Government and humanitarian organizations work together to respond to the needs of the displaced.
- In Tbilisi, WHO and UNICEF have agreed upon a new coordination mechanism to accommodate the growing number of NGOs that wish to implement psychosocial and child friendly activities.
- A request for US$ 149,800 to ensure health information and coordination and access to essential health services for IDPs was approved by the CERF Secretariat. The project will aim to
  - assess and monitor changes in health needs and available resources and disseminate information on critical gaps,
  - support strategic, operational and technical coordination between national and international partners, and
  - organize and support the delivery of emergency and primary health care to the most vulnerable IDPs.
- Following the assessment mission to Tskhinvali, WHO and UNICEF recommend improving information collection and the immediate provision of vaccines. The most suitable and practical arrangements need to be identified to start with this immediately and continue in the medium term.
- WHO emergency activities are supported by its regular budget and the CERF.

CHAD

See also the weekly mortality and morbidity report for eastern Chad.

The Security Council expanded until 15 March 2009 the mandate of the United Nations Mission in the Central African Republic and Chad (MINURCAT). It also expressed its intention to authorize a

Assessments and Events

- The hepatitis E outbreak in Dogdore IDP camp persists with seven new cases reported between 8 and 14 September, bringing the total to 1,036 cases and 10 deaths since the beginning of the outbreak.
- Meanwhile 422 cases of acute watery diarrhoea, including 157 in Guereda district, and 49 cases of bloody diarrhoea, including 32 in Iriba, were notified by the early warning and response system. No deaths were reported for either outbreak. No samples have been taken so far.
- A case of measles was notified in Abeche health district.
- From 16 June–21 September, 127 cases of jaundice were reported in Bredjing refugee camp, including one related death. The trend seems to be rising.
- Since January, 16 cases of polio have been reported, including one in Bredjing.

Actions

- WHO is supporting surveillance and response activities. WHO is planning to expand its field presence to Sarh to increase its response to the needs of the refugees from the Central African Republic.
- In Ouaddai, WHO, UNHCR and regional health authorities are investigating the jaundice outbreak in Bredjing. A report will be available shortly.
- In Wadi Fira, WHO is preparing a donation of laboratory equipment and

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WEST AFRICA

For more information, see also Niger weekly epidemiological bulletin and WHO/EPR disease outbreak news on Guinea Bissau.

As lead of the Health Cluster, WHO is supporting the preparation of the CAP 2009 for West Africa. The food prices crisis and its implications on health will be the main issue.

Assessments and Events

- Countries traditionally food insecure have all been affected by floods.
- As reported by FEWS-NET, above-average rains across the region have benefited crops and water resources but have also resulted in localized flooding and flood-related damage to bridges, roads, railways, and other infrastructure.
- Floods continue to raise the risk for waterborne diseases such as cholera.
- In Niger, two new foyers of cholera have appeared in September in Tahoua’s Keita and Konni districts; between 8 and 23 September, 185 cases and eight deaths have been reported in the two districts. Since 1 January, 778 cases and 63 deaths have been reported nationwide. Lack of information and sensitization explains the high number of cases at the beginning of the outbreak.
- In Guinea Bissau, 7,166 cases of cholera and 133 related deaths (CFR 1.9%) have been reported as of 21 September.
- In Guinea, the outbreak of cholera in Boke and Bofia prefectures is abating but timeliness of reporting is weak as mobility is hampered by the rains. The outbreak of cholera in neighbouring Guinea Bissau, coupled with the rainy season, constitute a threat to the proper termination of the outbreak. A case of yellow fever in being investigated in N’Zerekore.

Actions

- The health sector will concentrate its activities on life-saving and affordable primary health care to ensure that vulnerable and malnourished people do not die of communicable diseases, that they need not spend excessive time and money to get themselves and their dependants vaccinated or treated and that those who have special nutritional needs receive appropriate treatment.
- In Niger, WHO is sending a diarrhoeal diseases kit to treat 700 people.
- In Guinea Bissau, WHO is supporting health care in under-serviced areas, supervising surveillance and case management and providing laboratory supplies and operational funds.
- In Guinea, WHO is supporting the MoH to consolidate the fight against cholera by strengthening surveillance and investigation. Care is needed to consolidate the campaign, contain the outbreak and prevent its spread to other localities.
- WHO’s activities in Niger, Guinea Bissau and Guinea are funded by the regular budget and the CERF. Additional funds were provided by Norway in Niger and Italy in Guinea Bissau.

INTER-AGENCY ISSUES

- An inter-agency Needs Assessment and Analysis meeting took place in Geneva on 23 September.
- The Education Cluster Working Group held its first meeting in London on 24–25 September.
- The UNDG-ECHA Working Group on Transition met on 26 September.
- Clusters. An IASC Task Team/Global Cluster Leads meeting will be held on 29 September.
- The IASC Taskforce on Climate Change will meet on 1 October while the IASC informal group on climate change and displacement will meet on 14 October.
- The Inter-Agency Working Group on Disarmament, Demobilization and Reintegration will meet on 2 October.
- Gender. The IASC Gender Sub-Working Group will meet face to face in New York on 6–7 October. The Sub-Working Group is chaired by WHO and UNFPA. The IASC Gender e-learning group will meet face to face in New York on 8 October. The group is co-chaired by WHO and the International Rescue Committee and the process is managed by InterAction.
- On 7 October, UNICEF will brief the Humanitarian Liaison Working Group in Geneva on the situation of children in the Democratic People’s Republic of Korea.
- The UN Executive Committee on Humanitarian Affairs will meet on 9 October.
- The Inter-Agency Group on Humanitarian Coordination will next meet on 20 October.
- The next meeting of the IASC Sub-Working Group on Preparedness and Contingency Planning will be held on 23–24 October.

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

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