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 operational use and does not reflect any official position of the WHO Secretariat.

DEMOCRATIC REPUBLIC OF THE CONGO

Assessments and Events
- After a sudden offensive that reached the immediate vicinity of Goma on 29 October, the rebels have declared a unilateral ceasefire that is holding so far.
- Over 45,000 IDPs are reported on the roads fleeing Rutshuru, Kiwanja, Rubaya and Goma. They are all in desperate need of protection, food, water, shelter and medical care. Hundreds are reported to enter daily into Uganda.
- The violence has seriously impacted on health services in North Kivu with widespread looting of health centres. Goma hospital is stretched to its capacity with the amount of wounded.
- Hygiene conditions are very precarious and there is concern over the propagation of the ongoing cholera outbreak. Cases of measles are also reported in the areas affected by the conflict.
- The provision of supplies for treatment of injuries and infections and of safe water and sanitation is critical to save lives and to prevent communicable disease outbreaks.
- Lack of security is hampering access to IDPs, but assessments are starting in the more stable areas, such as Minova and Beni. Although many NGO partners suspended their operations, some are resuming activities where they can.

Actions
- WHO provided four basic health kits to the NGO International Medical Corps for their health posts in the two UNHCR camps in Kibati. To prepare for potential outbreaks of cholera, WHO had earlier provided IMC with Ringer Lactate and a basic supply of drugs.
- WHO also provided surgical supplies to Goma hospital and supported the quick rehabilitation of the hospital’s blood bank. WHO is also reinforcing epidemiological surveillance in the area.
- As the Health Cluster lead, WHO called an emergency meeting on 31 October with all partners in Goma. The Health Cluster in Goma estimates that five additional health kits will be necessary if the situation continues to deteriorate.
- WHO has offices with emergency focal points in Goma and in Bukavu, and staff in Kinshasa are on standby to assist. The WHO offices in Rwanda and Uganda are monitoring the situation at the borders.
- WHO supplies are pre-positioned in neighbouring provinces as well as in Burundi, Rwanda and Uganda, ready to be shipped as requested. On 30 October the Government of Italy announced a new donation of drugs for this crisis.
- WHO’s emergency activities in the DRC are funded by Finland, Italy, the CERF and the Pooled Fund for the DRC.

PAKISTAN

Assessments and Events
- In the early hours of 29 October, a 6.4 magnitude earthquake hit Balochistan in a remote, mountainous region north-east of Quetta. The Government is reporting 150 dead and 300 injured in the town of Ziarat, which was the worst hit. At least 500 households are also affected in Pishin district. Scores of people are injured or missing and 15,000 are homeless.
- The two affected areas are accessible to relief convoys and the rural health centre in the town of Kawas in Ziarat is functioning as the referral hospital.
- An inter-agency joint assessment mission (WHO, UNICEF, UNHCR, WFP, FAO) has compiled an initial report on Khanozai, Zarghoon and Khusab villages in Pishin district. Most urgent needs of the affected population include winterised tents, blankets and warm clothing for 7500 families, food items for 5500 families and rehabilitation of water supply schemes.
- Lack of access to health services, exposure to freezing temperatures at night and low immunization coverage, especially for measles and tetanus, are the main health concerns.
In Quetta, two coordination meetings were held with provincial disaster and health authorities, WHO, UNICEF, FAO, UNFPA, UNHCR and WFP.

On 30 October, WHO conducted in Islamabad its first emergency Health Cluster meeting on coordination of activities. The second meeting, co-chaired, with the MoH will be held on 3 November.

**Actions**
- The Government has declared emergency status for all the hospitals of the province particularly in Ziarat. The National Disaster Management Authority sent tents, blankets and other supplies, and provincial health authorities have dispatched ambulances, medicines and medical teams to the affected area.
- A health coordination office is being established in Balochistan consisting of the Provincial Department of Health, the Provincial Disaster Management Authority, WHO and cluster partners.
- WHO and its UN partners are now carrying out field assessments in the affected area of Ziarate and Pishin to obtain a clearer picture of the health needs.
- WHO sent a new emergency health kit and five mini emergency health kits from Islamabad, providing enough supplies for 20 000 people for 3 months, and is flying trauma supplies for 400 people from the UN Humanitarian Response Depot in Dubai.
- WHO is activating the disease early warning system in the affected districts.
- WHO’s emergency activities are funded by the CERF, Sweden and USAID.

**YEMEN**

**Assessments and Events**
- Starting 23 October, a tropical storm and 30 hours of torrential rain have caused heavy flooding in the east. Hadramout and Al-Mahra governorates have been declared a disaster zone. As of 29 October, 180 people were reported dead and 10 000 displaced, while many people remain missing. Damage is extensive, especially in Hadramout where most homes are built of mud bricks.
- Roads linking Hadramout’s capital, Mukala, with the local airport and the Aden governorate have been damaged. Many roads have been washed away.
- Waterborne diseases and malaria are the main health concerns. Access to and restoration of health services is critical to prevent avoidable deaths and illnesses from acute respiratory infections, measles and pregnancy complications.

**Actions**
- WHO is supporting the MoH to coordinate the work of all international and national health partners.
- In Hadramout, WHO flew one inter-agency emergency health kit with enough medicines to treat 10 000 patients. WHO is also arranging the delivery of additional medicines and supplies for up to 20 000 people, including antimalarial and diarrhoeal drugs. WHO is also supporting the MoH to strengthen surveillance and vector control activities.
- A UN rapid assessment mission, including WHO, UNICEF, IOM, WFP and UNHCR, is visiting the affected area. The findings of the mission could provide the basis for a possible Flash Appeal.
- WHO has provided US$ 100 000 from its regular budget for the immediate local procurement of supplies. Emergency activities are funded by the CERF.

**ETHIOPIA**

**Assessments and Events**
- The number of new admissions to feeding centres has stabilized in most of the country. However, the drought is expected to continue in already food-insecure areas of the Somali region, the low lands of Oromiya, south-east SNNP and northern Afar. According to the Famine Early Warning System network, food security will further deteriorate over the coming months.
- In Amhara, the region most affected by the ongoing acute watery diarrhoea (AWD) epidemic, a series of rapid assessments are investigating the impact of AWD on malnutrition in Mekdela, Goba, Alamata and Samre Sharti districts.
- Between 13 and 19 October, 51 AWD cases were reported in 18 districts, bringing the total number of cases reported since 1 January to 3778. As of 19 October, 56 measles outbreaks – 7539 cases and 22 deaths – had been reported nationally.

**Actions**
- WHO, UNICEF and NGOs are supporting Regional Health Bureaus (RHB) in affected regions with the running of feeding programmes, focusing on:
  - training and supervision of surveillance, screening and cases management,
  - provision of funds for operational costs, guidelines, protocols, nutrition and medical supplies;

For more information see the [weekly update](http://www.who.int/hac/).
### Ethiopia’s Disaster Preparedness and Response Bureau and Save the Children-UK

- The price of maize increased by more than 250% in the last 12 months in Gode, Fik and Korah.

### Health Action in Crises

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### CHAD

**Assessments and Events**
- Due to insecurity, MSF and Action Against Hunger have suspended most of their activities in the areas of Dogdore and Ade. IMC has not yet returned to Amnabak camp (16,000 refugees) since their withdrawal on 6 October.
- Hepatitis E continues to affect the population. As of 19 October, 1881 cases and 22 deaths were reported. Poor access to care and lack of essential medicines is hampering the response to the outbreak. Between 20 to 26 October, 8 suspected measles cases were reported in Abeche district, down from 21 cases the previous week.

**Actions**
- With key partners, WHO is strengthening surveillance activities and case management for the hepatitis outbreak.
- WHO is supporting investigations for the measles cases. Following the MoH vaccination campaign conducted last week for all children aged 9 months to 14 years, the health centre in Koibo has not recorded new cases this week.
- From 23 to 29 October, a IASC Global Health Cluster assessment mission visited the various health partners in Goz Beida.
- WHO’s emergency response is funded by ECHO, Italy Finland and the CERF.

### GUINEA BISSAU

**Assessments and Events**
- The cholera outbreak has seen a slight decline in the total number of cases during the last two weeks. As of 28 October, more than 12,230 cases and 201 deaths had been reported, with an average of 140 new cases each day.
- However, despite efforts, the epidemic is still not under control. This is due, mostly, to the total decay or absence of water and sanitation infrastructures – including in the capital where only 25% of the population has access to (untreated) tap water – and lack of motivated and qualified government staff in the field.
- The current epidemic could last for at least another three months, and a new peak is expected by November.

**Actions**
- WHO and national and international partners are supporting the MoH to contain the outbreak and conduct regular joint assessment and supervision missions.
- WHO and UNICEF are preparing a new request for rapid response funds from the CERF to continue supporting the national response through health, water and sanitation and hygiene interventions. The objective is to stop the epidemic through appropriate public health actions, intensive information, health education and social mobilization activities.
- The response so far as been funded by Italy and the CERF.
**NIGER**

**Assessments and Events**
- The situation is still dominated by the cholera outbreak in Tahoua and Maradi regions but the number of cases has been declining since mid-September. Five new cases were reported between 13 and 19 October, for a total of 953 cases and 70 deaths this year.
- This is high malaria transmission season. And incidence and mortality rates are on the rise. Between 8 September and 12 October, the incidence rate was at 600/100 000 people, the highest value observed for this period over the last three years. During the same period, 89 106 suspected cases of malaria, including 139 deaths, were notified in all but one of the country’s 42 health districts.
- As of 12 October, a total of 137 815 cases of malnutrition were notified nationwide, including 296 related deaths.

**Actions**
- WHO is supporting health authorities to control the cholera outbreak with cholera kits and essential drugs.
- WHO participated to the inter-cluster reunions between the Health, WASH and Nutrition for the finalization of the projects for the CAP 2009 for West Africa.
- WHO is supporting the MoH revise the national training of nutrition for community health workers.
- WHO’s activities are funded by the CERF.

**ZIMBABWE**

**Assessments and Events**
- The new government has not yet been formed due to a disagreement on the allocation of key ministries.
- The humanitarian situation remains critical. As far as health is concerned, the surveillance system is weak and access to basic services is compromised by poor infrastructure, limited availability of essential drugs, supplies and equipment, inadequate human resources, unclear policies and insufficient supervision. According to the media, the country’s two largest referral hospitals in Harare are no longer able to provide health care.
- The cholera outbreak in Chitungwiza is under control. As of 20 October, 145 cases and 16 deaths (CFR 11%) had been reported in Chitungwiza. There are reports of more cholera cases in other parts of Harare.

**Actions**
- WHO has played a coordination role in the response to the cholera epidemic.
- The Country Office has requested emergency health kits from the UN Humanitarian Depot in Dubai to strengthen the national and provincial stocks ahead of the anticipated cholera outbreaks during the coming rainy season.
- WHO, as the Health Cluster lead, has guided the 2009 CAP process for the health sector. A total of 13 health projects have been developed with partners. The projects focus on coordination, surveillance, public health emergencies, access to health services and the needs of specific vulnerable groups.
- Funds to support humanitarian health activities were received from Italy, Ireland and the CERF.

**HONDURAS**

**Assessments and Events**
- Since 16 October, prolonged heavy rains have caused floods and landslides in Honduras as well as in Belize, Costa Rica, Guatemala and Nicaragua. A state of emergency was declared in Honduras where more than 270 000 people are affected. All but one of the 18 departments have been flooded and more than 38 500 people have taken refuge in shelters. Some areas are accessible only by boat.
- No outbreaks have been reported but the main causes of morbidity are gastrointestinal diseases and acute respiratory infections. Health personnel, emergency health and reproductive health kits and medical supplies are urgently needed to provide immediate care to the affected populations.

**Actions**
- WHO/PAHO has deployed experts on disaster management and SUMA use.
- In the Flash Appeal, WHO/PAHO is requesting US$ 1.24 million to support:
The UN is launching a Flash Appeal requesting US$ 17 million to respond to the crisis in Honduras.

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### PHILIPPINES

**Assessments and Events**
- The armed conflict between rebels and government forces has severely affected communities in Mindanao. More than 510,000 persons were displaced during the height of the conflict and as of 28 September, almost 65,500 were still living in shelters.
- IDPs are vulnerable to diarrhoea and respiratory infections because of crowding and less than ideal environmental conditions in shelters.

**Actions**
- Early October, WHO provided about US$ 318,000 to support the emergency health needs of displaced populations in Mindanao.
- National Health Cluster members, led by WHO, local government officials and humanitarian NGOs operating in the conflict-affected areas are working together to strengthen coordination and information management.
- WHO continues to provide technical support to the regional health clusters of Regions X, XII, and ARMM
- Health Cluster members with funding support from CERF are monitoring the progress of allocation and distribution of emergency supplies and equipment in coordination with regional and provincial health offices.
- WHO discussed with the Department of Health the various activities being conducted to address the mental health and psychosocial support needs of affected populations.
- Funding is made available through the UN CERF.

### INTER-AGENCY ISSUES

- The IASC Taskforce on Climate Change met on 27 October.
- The IASC Gender e-learning group met on 29 October. WHO and IRC co-chair this group and the process is managed by InterAction. The next meeting of the IASC Gender Sub-Working Group will take place on 5 November.
- The United Nations Development Group task team on Disaster Risk Reduction (TT-DRR) will meet on 3 November.
- Clusters.
  - A tri-cluster training (health, water, sanitation and hygiene, nutrition) will take place in Amman on 3–8 November.
  - The Task Team/Global Cluster Leads will meet on 6 November.
  - The next face to face meeting of the Global Health Cluster will take place in New York on 11–13 November.
- On 5 November, the IASC Weekly meeting in Geneva will update on the recent inter-agency Real Time Evaluation in Myanmar.
- The UN Committee on Humanitarian Affairs will meet on 6 November.
- The next Emergency Directors Meeting will be held in Rome on 18 November.
- On 7 November, the Humanitarian Liaison Working Group in Geneva will update on the latest developments in the Democratic Republic of the Congo.
- The 2008 meeting of the Consultative Group on the use of Military and Civil Defence Assets will take place in Geneva on 18 November.
- The 72nd meeting of the IASC Working Group will take place in Rome from 19-21 November.
- The Global CAP 2009 Launch will be held in Geneva on 19 November. The Abu Dhabi launch will take place on 24 November.

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

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