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.

**ZIMBABWE**

Assessments and Events
- The health situation is characterized by poverty, food insecurity, weak human and material government capacity and high HIV/AIDS prevalence. The cholera outbreak is only the most visible and acute of a number of problems.
- As of 4 December, 12 700 cases of cholera and 570 related deaths were reported in nine of the country’s 10 provinces. The trend of new suspected cases has been rising since 20 November. The upcoming rainy season is expected to exacerbate the situation and raise further the number of cases.
- The crisis is exacerbated by the breakdown of infrastructure: lack of safe drinking water, poor sanitation, failing health system and reduced health force. The case fatality rate averages 4.5% (it should be less than 1%), demonstrating weaknesses in case management and/or infection control practices.
- The Government asked for urgent international help to address the outbreak and wider health sector challenges.

Actions
- WHO is working with the MoH and NGO and Health Cluster partners to monitor and respond to newly reported outbreaks and with WATSAN Cluster partners to provide safe water to communities in need.
- Health partners are supporting cholera treatment centres in 26 districts.
- Health Cluster partners have agreed on a comprehensive cholera response plan, that addresses gaps in detection, assessment, organization of response, case management, surveillance and public information and are mapping the distribution of agencies by province.
- To fill these gaps, WHO procured medicines and supplies for 800 severe cholera cases or 3200 moderate cases and more is due to arrive. On 25 November, WHO also delivered enough supplies to treat 50 000 people for three months for common conditions. A HAC logistician is in Harare to set up a supply chain.
- WHO is deploying an outbreak investigation and response team, including logisticians and epidemiologists as well as social mobilization, media management and WATSAN specialists.
- WHO issued an initial call for US$ 2 million to respond to the outbreak. Detailed proposals for additional support are being finalized.
- In 2008, funds to support humanitarian health activities have been received from Italy, Ireland and the CERF.

**DEMOCRATIC REPUBLIC OF THE CONGO**

Assessments and Events
- MONUC reports that some IDPs are gradually returning home. According to UNHCR, more than 90 000 people are unaccounted for.
- Massive population displacements, weak health services and lack of safe drinking water and proper sanitation continue to threaten the health of hundreds of thousands of people. Cholera persists, with 9746 cases reported since January, including 3091 cases and 92 deaths between 1 September and 23 November. Malaria, diarrhoea and respiratory infections are common among children under five in camps and conflict-affected areas.
- At least half of the province’s health zones are functioning and reporting to the epidemiological surveillance system.

Actions
- From Goma, WHO continues to provide technical and logistic support and to distribute donated medical supplies to NGOs providing health care in camps and affected districts.
- WHO is strengthening epidemiological data collection in health facilities. An epidemiologist is supporting a disease early warning system to help health authorities and partners analyse trends and respond swiftly to potential outbreaks.
On 5 December, UNHCR updated the humanitarian community in Geneva on its operations in the east.

Discussions are ongoing with NGO partners to organize surveillance on mortality and malnutrition in some health zones.

WHO emergency activities in the DRC are funded by Australia, Finland, Italy, Norway, the CERF and the Pooled Fund for the DRC.

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**UGANDA**

On 3 December, UNICEF updated the humanitarian community in Geneva on the situation in Uganda.

See also the HAC web site.

**Assessments and Events**

- Between 10 and 16 November, 57 new cases of hepatitis E and two deaths were registered in Acholi and Lango sub regions, bringing the total number of cases reported in 2008 to 9051 with 141 deaths (CFR 1.56%), including 8975 in Kitgum district.
- The incidence of malaria in Lango sub region dropped from 15 906 cases between 2 and 9 November to 13 861 between 17 and 23 November, a 13% reduction. Incidence is however much higher than in 2007 at the same period, which can be explained by increased reporting, lack of anti-malarial drugs in health facilities and inadequate malaria prevention at community level.
- Up to 30 000 people have crossed into Uganda from the neighbouring Democratic Republic of the Congo to seek refuge.

**Actions**

- In Lira and Pader, WHO supported a drug inventory.
- In Kitgum, WHO is supporting hepatitis E cases management and community mobilization in affected sub-counties.
- In Karamoja, WHO distributed one cholera and two meningitis kits to each of the region’s five districts. A draft mini demographic and health survey in Acholi and Karamoja is circulating among stakeholders for comments.
- WHO deployed a public health officer to support strengthening disease surveillance and preparedness in Kisoro, Kanungu and Isingiro districts where the refugees from the DRC are located. A retrospective mortality survey among recent refugees recently arrived from the DRC is under discussion.
- WHO’s activities in Uganda are supported by the UK, Sweden, ECHO, Norway, Finland the US and the CERF.

**CHAD**

On 2 December WHO participated in the WATSAN Cluster meeting in Abeche to inform on its recent water quality control rapid evaluation.

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

**Assessments and Events**

- In the east, security is still unpredictable with isolated incidents, such as inter communal clashes in Toro, being reported.
- The main health problems remain malnutrition, malaria, diarrhoeas and outbreak diseases (hepatitis E). HIV/AIDS prevalence continues to rise, particularly in the south. Food insecurity is rising all over the country. Low funding of the health sector in the CAP 2008 (53%) precludes the provision of essential services to cover the needs of vulnerable people.
- From 1 January to 30 November, 2084 cases of jaundice and 28 related deaths (CFR 1.3%) were notified in eastern Chad, including 16 cases in Adre and Goz Beida between 24 and 30 November. The number cases reported each week has been diminishing since August. During the same period, 237 measles cases were notified, including 157 in Abeche health district. In 2008, 29 cases of polio have been reported in Chad including four in the east (compared to 22 in 2007).

**Actions**

- WHO is supporting measles surveillance and case management and mapping of health activities by health partners in eastern Chad.
- WHO, WFP, UNICEF, UNHCR and national health authorities organized a training of trainers on the management of severe acute malnutrition for 15 nurses and health workers from Abeche, Adre, Goz-Beida and Amdam. Further training is planned on the WHO child growth standards.
- WHO also trained 25 physicians and nurses from various hospitals and health centres in the region on the prescription of antiretroviral treatment. Until now only one person was qualified.
- The CAP 2009 for Chad is requesting US$ 198 million including US$ 17 million for the health sector. Resources are needed to cover humanitarian needs and expand the cluster roll out at the national level.
- WHO’s emergency response is funded by ECHO, Italy, Finland, Spain and the CERF.
**CENTRAL AFRICAN REPUBLIC**

**Assessments and Events**
- The peace process continues, despite tensions in conflict-affected areas and reported fighting between government and rebel troops.
- Overall 209,000 Central Africans remain displaced within their country or across borders in Chad, Cameroon, and Sudan. In the north-western Ouham, Ouham-Pende, Gribingui and Nana-Mambere prefectures, 95,000 people are displaced, living in dire circumstances with little access to basic services such as health, water, sanitation, and hygiene.
- From 17 to 23 November, five cases of meningitis were notified in Bossangoa, Kabo, and Bouar.

**Actions**
- From its sub-office in Bossangoa, in Ouham, WHO is supporting disease surveillance, capacity building, and needs assessment in the north-west. In coordination with regional health authorities, workshops on integrated disease surveillance prefecture and on the management of victims of sexual and gender-based violence are under preparation for Nana Mambere prefecture.
- In cooperation with MSF Belgium/Spain/Holland, WHO is monitoring the situation of IDPs in Kabo, Moyenne Sido, and Markounda sub-prefectures.
- In coordination with the MoH, WHO, UNFPA, and UNICEF are strengthening emergency obstetric and neonatal services and community involvement.
- WHO, local health authorities, and MSF are monitoring the meningitis outbreak.
- Funding for WHO’s emergency activities has been received from Finland, the Humanitarian Development Partnership Team, and the CERF.

**HORN OF AFRICA**

**Assessments and Events**
- In Ethiopia, reports indicate that food commodities prices have declined with the new harvests but remain much higher than ordinarily. Between 24 and 30 November, the Emergency Nutrition Coordination Unit recorded 2103 new admissions to therapeutic feeding centres in SNNP, Oromiya, Afar, Tigray, Amhara, and Somali regions. For now, 6.4 million people need relief assistance and 84,000 children under five need therapeutic feeding nationwide. In the Somali region, 117,200 flood-affected people require emergency assistance.
- No new cases of acute watery diarrhoea (AWD) have been reported for now two weeks. As of 23 November, Cumulative 3804 cases had been reported nationally (CFR 0.6%). Lack of safe water supply and sanitation and inadequate health care and food safety in some districts explains the persistence of the outbreak and underlines the need for vigilance.
- In Kenya, an increase in AWD cases in Mandera district is reported, with 1046 cases and 12 deaths (CFR 1.1%) notified between 28 October and 17 November.
- In Somalia, the UN estimates that 3.2 million people, or 40% of the population, are in need of aid. According to UNICEF, around one in six children under five in southern and central Somalia is acutely malnourished.
- In Eritrea, the suspension of diesel supply to UN agencies continues to negatively affect field monitoring and supervisory activities.

**Actions**
- In Ethiopia, WHO continues to support regions to respond to the food crisis allocating US$ 14,295 to Amhara and US$ 6900 to Harari to support training on the management of severe malnutrition. In SNNP, WHO provided emergency medicines and deployed an investigation team to Decenech district to evaluate needs. WHO continues to support the WASH and nutrition task forces to coordinate water and sanitation-related nutrition and AWD interventions.
- In Kenya, a MoH/provincial health authorities/WHO technical team is assessing the situation in Mandera district.
- In Eritrea, WCO supports MoH supervision in the Northern Red Sea, Gash Barka, and Anseba regions to assess health services delivery and provide on-the-job training. WHO also supports community-based therapeutic feeding in Gash Barka region and conducts refresher and induction trainings for health workers.
- WHO’s emergency activities in Ethiopia are funded by Canada, Italy, OCHA (funds from DFID) and the CERF. Finland has announced a EUR 450,000 contribution for Ethiopia. In Somalia, activities are funded by China, Italy, Norway, and USAID and in Eritrea by ECHO, the UK, and the CERF.
**Assessments and Events**

- Niger’s environment, which alternated periods of drought with severe flooding, continues to threaten food security. Nutritional surveys conducted since 2005 show that global acute malnutrition (GAM) has dropped from 15.3% to 10.7% in 2008.
- Dosso, Diffa, Tillabéri and Zinder regions continue with a rate above the 10% emergency threshold. Between January and October, 157,588 malnutrition cases and 351 related deaths were notified.

**Actions**

- WHO nutrition and emergency staff visited Maradi region (GAM 9.9%) to assess how health authorities and partners were coping with withdrawal of MSF-France and Action Contre la Faim and to plan possible support activities. The main gaps to fill include:
  - capacity building and supervision for health staff on case management, prevention, detection and referral;
  - provision of learning material for sensitization and community awareness activities;
  - strengthened data collection and transmission and regular nutritional surveys;
  - provision of pediatric supplies for health facilities;
  - reinforced cooperation and coordination of health and nutritional activities.
- WHO’s activities are funded by the CERF.

**INTER-AGENCY ISSUES**

- On 3 December, WHO briefed the IASC weekly meeting in Geneva on the 11-13 November Global Health Cluster meeting in New York. The meeting also updated on Georgia.
- **Consolidated Appeals Process.**
  - On 24 November, the CAP was also launched in Dakar (for West Africa) and Jerusalem (for the occupied Palestinian territory). The CAP kick off will take place on 15 January in Geneva.
  - The IASC CAP Sub Working Group met on 4 December.
- The annual High Level Conference of the Central Emergency Response Fund was held in New York on 4 December.
- On 4 December, the International Federation of Red Cross and Red Crescent Societies briefed the Humanitarian Liaison Working Group in Geneva on strengthening legal frameworks for disaster response.
- The UN Executive Committee on Humanitarian Affairs met on 5 December.
- The Flash Appeal for Kyrgyzstan will be launched in Geneva on 9 December.
- On 10 December, the Director a.i. of the Health and Nutrition Tracking Service (HNTS), an inter-agency initiative hosted by WHO, will brief the IASC weekly meeting in Geneva on its activities.
- **Gender.** The IASC Gender Sub-Working Group will meet on 10 December.
- The next IASC Plenary meeting will take place in New York on 16 December.
- **Clusters.** The IASC Task Team/Global Cluster Leads will meet on 16 December.

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

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