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.

**SRI LANKA**

More information is available at http://www.searo.who.int/LinkFiles/Sri_Lanka_ESR_7May09.pdf

- UN Security Council issued a press statement expressing its grave concern over the worsening humanitarian crisis and called for urgent action by all parties to ensure the safety of civilians.
- On 13 May, WHO participated in an inter-agency meeting on Sri Lanka.

**Assessments and Events**

- As of 14 May, 196 027 people are accommodated in temporary camps. The UN estimates that at least 50 000 people are still trapped inside the conflict zone.
- Wounded are evacuated to Vavuniya, Pulmudai, Chettikulam, Mannar and Padaviya hospital by the army and the ICRC. However, the ICRC reports that humanitarian assistance can no longer reach civilians and that it is no longer able to evacuate patients because of heavy fighting.
- Because of the recent large influx of people, camps in Vavuniya are overcrowded and only provide limited access to shelter, water and sanitation.
- Schools and other public buildings have been taken over to accommodate IDPs.
- There is a government-backed health system active in the enclave and the MoH recently sent drugs and medical supplies. However, lack of human resources and of proper facilities limits access to health care. Media reports that the conflict has caused government doctors to leave work at the only clinic left in the war zone.

**Actions**

- UN agencies and national and international NGOs continue to support the Government in the provision of health, shelter, food, water and sanitation.
- WHO is not present in the enclave but the Organization has been assisting the MoH to provide health care to IDPs in Vavuniya since January and elsewhere as the situation permits.
- WHO is supporting a 15-bed referral hospital in Zone 3 and providing medicine and equipments to increase the capacity of health facilities providing care for the IDPs. The French Government donated a 100-bed field hospital with a 75-person medical/support team is providing medical services at Chettikulam to civilians who fled the conflict.
- WHO recruited new staff, including an epidemiologist and an information officer, to strengthen its field office in Vavuniya. They will assist the MoH and regional health authorities coordinate with health partners to provide a comprehensive health services for IDPs.
- WHO received funding from Italy, the CERF and the South-East Regional Health Emergency Fund.

**PAKISTAN**

For more information see [www.who.int/hac](http://www.who.int/hac) and WHO’s Statement dated 12 May at [http://www.who.int/hac/crises/pak/releases/12may2009/en/index.html](http://www.who.int/hac/crises/pak/releases/12may2009/en/index.html)

- Pakistan’s military estimates that 1.3 million people are now displaced in the north-western tribal areas.
- A coordination meeting was held on 12 May together with the Pakistani military. One medical battalion will be mobilized.

**Assessments and Events**

- New violence has displaced 800 000 people in the North West Frontier Province (NWFP) since 02 May. They join almost 550 000 displaced since August 2008 and bring the total displaced population to over 1.3 million. This exacerbated humanitarian crisis has overwhelmed an already overstretched health system.
- The main causes of morbidity are acute respiratory infections and acute watery diarrhea. Overall, 22 outbreaks – acute watery diarrhea, bloody diarrhoea, measles, leishmaniasis, malaria, chickenpox and mumps – were detected between August 2008 and March 2009. Urgent needs include:
  - Water and sanitation to minimize risks for waterborne diseases.
  - Additional female health care providers to meet health needs of female IDPs.
  - Scaling up emergency care at the local level to ensure timely management of surgical and obstetric emergencies.
- A recent survey found that 21% of approximately 20 000 children aged 6-59 months suffered from acute malnutrition, 18% from moderate acute malnutrition and 3% from severe acute malnutrition.

**Actions**

- WHO is working with federal and local authorities, UN agencies and Health Cluster partners to identify and fill gaps in health care provision and monitor disease surveillance (through the disease early warning system already in place in the province).
- A three-member WHO surge team has travelled to NWFP to strengthen the WHO Country Office’s response to the current crisis in the Swat, Lower Dir
For more information see www.who.int/hac

Assessments and Events
- In Darfur, the health situation remains stable, with morbidity rates within normal ranges and mortality rates below the emergency threshold.
- As a result of expulsion of the NGOs, six primary health care centres in West Darfur stopped providing basic emergency obstetrical care and eight halted antenatal and post natal care and delivery services.

Actions
- WHO continues working with partners to fill the gaps left by the March expulsion and closure of 16 NGOs. The aim is to limit the disruption in the provision of health care and in the surveillance of communicable diseases.
- In West Darfur, WHO is discussing with the MoH to allow the NGOs IMC, CONCERN and Med Air to take over health facilities left vacant. UNFPA, WHO, UNICEF and the State MOH will assess the situation of basic emergency obstetrical care in affected areas next week.
- In South Darfur, WHO and UNFPA support the State MoH to monitor basic emergency obstetrical care services. Special attention is given to areas previously supported by the expelled NGOs with a focus on assessing gaps and disseminating reproductive health supplies. A joint State MoH/WHO team conducted a four-day assessment mission on primary health care services after AMI and Johanniter suspended their operations in Edelfursan locality.
- In North Darfur, the State health authorities are supporting hospitals to maintain free services for IDPs. WHO continues to support the hospitals with necessary medicines and supplies.
- In South Kordofan, WHO donated medical supplies to the State MoH in preparation for the rainy season.
- WHO’s activities in Sudan are funded by the CERF, the Common Humanitarian Fund, ECHO, the ERF, Finland and Italy.

Assessments and Events
- Two days of intensive fighting between government and rebel forces in the east near the town of Am Dam has raised concerns among UN agencies and aid groups caring for the estimated 450 000 Sudanese and Central African refugees living in camps in the area.
- The meningitis outbreak continues: between 1 January and 3 May, 1199 cases and 133 related deaths (CFR 11.1%) were reported countrywide. Between 4 and 10 May, 43 suspected cases and 3 related deaths were reported (CFR 7%).
- A yellow fever case was confirmed in the district of Iriba.

Actions
- WHO conducted a investigation mission to Salamat’s Daha village from 1 to 9 May to assess the needs of the estimated 17 000 refugees from the Central African Republic living there ahead of the rainy season. Results will be available shortly.
- WHO has begun training community focal points on the early detection of
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/

DEMOCRATIC REPUBLIC OF THE CONGO

Assessments and Events
- Between 27 April and 3 May, an outbreak of suspected meningitis in Ituri’s Aru district affected 29 people and caused four deaths (CFR 13.7%).
- In South Kivu, the number of cholera cases continues to decrease, with 61 new cases and one death from 27 April to 3 May, bringing the total reported since 1 January to 2744 cases and 24 deaths (CFR 0.87%). In North Kivu, 1737 cases of cholera were reported during the same period, including 35 new cases between 27 April and 3 May. Katanga is also reporting cases, with 20 new cases between 27 April and 3 May and 1629 since 1 January.

Actions
- In Aru district, WHO is supporting health authorities responding to the meningitis outbreak and provided 3800 bottles of ceftriaxone.
- In South Kivu, WHO continues supporting the provincial MoH’s response in affected areas, by providing medical supplies for case management. Other partners (Oxfam, AMI, the DRC Red Cross) also support the response.
- In North Kivu, WHO is updating its contingency plan and is working with other Health Cluster partners on joint evaluation missions.

WHO activities are funded by ECHO, Italy, Finland, Spain and the CERF. A request for a rapid response CERF grant for US$ 157 718 has been submitted.

INTER-AGENCY ISSUES

In order to keep health action in crises high on the inter-agency humanitarian agenda, WHO/HAC participated/will participate in the following meetings/activities.
- A Global Cluster Leads meeting with the IASC Sub-Working Group on preparedness and contingency planning on 11 May.
- The Humanitarian Liaison Working Group in Geneva on 12 May on Myanmar.
- A meeting of the inter-agency Central Asia Taskforce on 12 May.
- A meeting of the IASC Gender Sub-Working Group on 13 May.
- The IASC weekly meeting on 13 May on the implementation of the cluster approach in Ethiopia and in Myanmar.
- The Humanitarian Coordinators Retreat in Montreux on 13 and 14 May.
- An inter-agency meeting to prepare for the ECOSOC Humanitarian Affairs Segment on 14 May.
- A meeting called by UNHCR to brainstorm on the focus of the UN Secretary-General's report on refugees, returnees and IDPs in Africa on 15 May.
- An inter-agency meeting on the Central Emergency Response Fund on 19 May.
- The inter-agency needs assessment Group on 19 May.
- The IASC Taskforce on information management on 25 May.
- The UNHCR briefing on Iraq on 28 May.

ANNUAL REPORT 2008 – PRIMARY HEALTH CARE IN CRISES

Calling for a renewal of primary health care (PHC), the report recall that people are at the core of the PHC approach just as they are at the centre of humanitarian health action. it briefly analyses the impact of humanitarian crises on the four strategic areas for reform proposed by the 2008 World Health Report: universal coverage, service delivery, leadership and public policy.

On 20 May, WHO will brief the IASC Weekly meeting in Geneva on the HAC Annual Report 2008.

The report can be viewed online at: http://www.who.int/hac/about/annual_report/annual_report_2008.pdf.

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

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