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.

Assessments and Events

- Approximately 2 million people are currently displaced in NWFP’s Peshawar, Mardan, Nowshera, Charsadda and Swabi districts, raising the total population in these districts to more than 10 million. Overall, 90% of the IDPs are living with host families while the remainder in scattered in more than 20 IDP camps.
- The health care system’s capacity to continue providing life-saving care remains of concern given the massive influx of people. Hospitals and other facilities are under extreme strain and struggling to counter multiple health threats, such as diarrhoea, acute respiratory infections, measles, traumas and mental distress.
- Between 20 and 26 June, 179 surveillance sites distributed among the five affected districts reported 77,681 consultations. The main health concerns were acute respiratory infections and acute diarrhoea for children five and under. Two cases of acute watery diarrhoea among IDPs were confirmed and confined in Mardan district. Further information is available in the.
- According to government officials, more health workers, particularly female doctors and lady health workers, are needed to address the needs of IDPs. Other urgent needs include:
  - Lab, blood bank and operating theatres supplies in secondary level hospitals;
  - Ambulances for referral services;
  - Increased implementation/reporting for the Disease Early Warning System;
  - Strengthening of warehouses for appropriate storage of medicines.
- Returnees and populations remaining in conflict zones have limited access to health care as roughly 60% of facilities in the Swat Valley and other affected areas are reportedly damaged, looted or destroyed. Private health care providers, who were responsible for 60–70% of services in some areas, have stopped.

Actions

- WHO is supporting the MoH in guiding and coordinating emergency activities. WHO is setting standards, building capacity, identifying gaps and, where necessary, filling them as provider of last resort.
- WHO is buying ambulances to improve the referral of patients to secondary and tertiary level hospitals as well as providing medicines and building warehouses in Islamabad, Peshawar and Mardan to brace the health sector for outbreaks of communicable diseases ahead of the upcoming monsoon season.
- WHO donated emergency health kits and supplies to Médecins du Monde, CORDAID, Merlin and Frontier Primary Health Care as well as 2100 packets of oral rehydration salts to the National Commission for Human Development mobile units in Mardan district. Since August 2008, WHO has provided enough medicines and supplies to treat almost 800,000 people.
- The Health Cluster supported the establishment of 12 diarrhoea treatment centres in the five affected districts and WHO donated cholera kits to Mardan and Charsadda hospitals.
- WHO and health partners are conducting multiple health assessments to identify urgent needs and gaps, such as in Buner and Dera Ismail Khan districts. In collaboration with the Peshawar Institute of Prosthetic and Orthotics Sciences, WHO also completed a survey on the needs of persons with disabilities in five camps. The survey identified 1153 persons, 25 of whom were provided with prosthetic devices in Swabi district’s Shah Mansoor Hospital.
- WHO and health partners have received funds from the USA, Italy and DFID. ECHO has pledged funding to WHO. According to Relief Web’s Financial Tracking system, as of 3 July the Health and Nutrition Clusters had received 25% of funds requested in the revised Pakistan Humanitarian Response Plan.
SRI LANKA

For more information:
http://www.searo.who.int/eha or
http://www.whosrilanka.org

Assessments and Events
• As of 22 June, more than 276 000 people were living in IDP camps, including up to 262 500 in Vavuniya, 11 000 in Jaffna and smaller numbers in Mannar and Trincomalee districts. Most IDPs in Vavuniya are housed in six welfare villages in Cheddikulam.
• Most inpatient services are provided by five government hospitals, while four hospitals in Jaffna are also providing care. In addition, field hospitals were set up by the French and Indian governments and Medecins Sans Frontieres. More health staff, particularly specialists are needed as the number of IDPs increases. The MoH is in the process of recruiting additional manpower.
• A weekly health bulletin monitoring the trend of epidemic-prone communicable diseases has been initiated by the MoH with WHO support.

Actions
• WHO is supporting the Regional Director of Health Services and the Director for IDP Health coordinate health activities.
• WHO provided assistance to construct two semi-permanent quarters in Cheddikulam for the doctors which can accommodate 48 persons and provided 300 beds and mattresses and 100 side -cupboards to hospitals in Vavuniya, Mannar and Cheddikulam.
• A referral Hospital in the Zone III constructed by Sewa Lanka with WHO support and equipped by Mercy Malaysia has started functioning.
• WHO provided 400 large garbage bins to improve solid waste collection inside the sites.
• Published the first edition of the Communicable Disease Weekly Update in collaboration with RDHS and Director IDP Health.
• WHO’s emergency activities are funded by Italy, the CERF and the South-East Regional Health Emergency Fund.

SUDAN

For more information see www.who.int/hac.

Assessments and Events
• In all Darfur States, the health situation remains stable with morbidity in normal range and mortality below emergency threshold. In South Darfur, the expulsion of MSF-France and subsequent eviction of MSF-Switzerland from Jebel Marra are causing concern, particularly as the area is inaccessible to the State MoH.
• Health partners all over the country are preparing for the upcoming rainy season and the heightened risk of waterborne diseases.

Actions
• In Darfur, WHO is supporting acute watery diarrhoea (AWD) preparedness and response:
  ➢ In West Darfur, WHO and the State MoH trained rapid response teams on AWD/flood plan and, together with IMC conducted an AWD awareness session for community health workers at Alryad IDP camp.
  ➢ In South Darfur, WHO and the State MoH trained health staff in Nyala on AWD case detection and management, notification and sample collection.
  ➢ In North Darfur, WHO and the State MoH trained laboratory technicians on safety precaution and laboratory confirmation of AWD and meningitis.
• In South Darfur, WHO donated essential drugs and laboratory supplies to the State MoH and the National Health Corporation to cover the gaps in delivery of health services. WHO, UNICEF and OCHA conducted two missions to Kalma camp to assess service quality in two of the camp’s primary health care centres and the availability of drugs and supplies.
• In North Darfur, WHO and health partners are discussing modalities to introduce the cluster approach.
• In West Darfur, WHO and the State MoH visited Kerenik village primary health care facility to identify possible gaps. Shortage of staff and health education, as well as of essential drugs and of clean delivery and STI kits were reported.
• In Gedarif and Kassala, WHO and the State MoHs are cooperating on AWD preparedness ahead of the flooding season. Diarrhoeal diseases kits were pre-positioned in critical places to enhance the response in case of outbreak and the MoH set up treatment centres in high-risk areas.
• WHO’s activities in Sudan are funded by Australia, Monaco, the CERF, the Common Humanitarian Fund, ECHO, the ERF, Finland, Italy and the USA.
SOMALIA

Assessments and Events
- A new wave of fighting in Mogadishu since early May has displaced approximately 200,000 people in addition to over 400,000 already displaced in and around the capital and along the Afgooye Corridor. Increasing numbers of IDPs are fleeing to Kismayo, where living conditions are sharply deteriorating. IDP camps are overcrowded with little access to basic services, sanitation, food and shelter. Most displaced are reported to be in poor health.
- In Mogadishu, hospitals and medical facilities are overcrowded with insufficient safe water, poor hygiene and sanitation raising the risk of outbreaks. Pregnancy related complications, vaccine-preventable illnesses, unmanaged chronic diseases, and complications of trauma are also of concern.

Actions
- Health Cluster partners are providing financial, technical and material support to approximately 105 Mother and Child Health Centres, 31 hospitals and five mobile clinics in south and central Somalia’s Lower Shabelle, Lower Juba, Bay, Mogadishu and the Afgooye Corridor. Urgent needs include:
  - Improved access and availability of skilled, and emergency obstetric care;
  - Basic primary and secondary health care services including life saving drugs and other medical/trauma supplies;
  - Improved surveillance, early detection and timely outbreak response capacities;
  - Immunization coverage for vaccine-preventable diseases;
  - Clinical and emergency surgical services in Mogadishu.
- WHO’s emergency activities are by Italy, Norway and the US.

For more information see the HAC web site and the Health Cluster Donor Alert and latest Health Cluster Update.

According to reports from UNHCR’s local partners in Somalia, the fighting in the past week has killed 105 people and injured 382. MSF reported being forced to close a paediatric hospital and three health clinics in the north of Mogadishu.

ETHIOPIA

Assessments and Events
- The Federal MoH reported 589 new acute watery diarrhoea cases (AWD) and nine related deaths (CFR 1.5%) in Somali, Oromiya and SNNP regions between 22 and 28 June, bringing to 2093 cases and 56 deaths (CFR 2.7%) the total reported in Afar, Somali, Oromiya, SNNP and Harari in June.
- Reports from Oromiya, SNNPR, Afar and Harari indicate that the outbreak is spreading to new districts. Lack of clean water, proper sanitation, medical care and overcrowded living conditions in state farms and holy water sites is highly conducive to AWD transmission.
- Insufficient rains in February–March and failed root crops in parts of SNNPR is expected to affect harvests and increase food insecurity. According to aid workers, almost five million people require emergency food assistance. About 12% of children aged under five suffer from acute malnutrition and 51% are chronically malnourished, according to WHO data.

Actions
- WHO and partners are addressing the AWD outbreak at federal and regional level. Regular meetings of the technical committee of the Emergency Health and Nutrition Task Force continue with WHO support.
- WHO is providing technical support to regions in responding to the food and nutrition crisis. To strengthen the response, the Government, with WHO and UNICEF support, organized a Training of Trainers on outpatient therapeutic feeding for 64 MoH and NGO workers in Oromiya, Amhara and SNNP regions on 2 and 3 July.
- WHO’s emergency activities are funded by Finland, Italy and the CERF.

For more information see the HAC web site.

The Federal MoH confirmed a third case of Influenza A during the last week of June.

CHAD

Assessments and Events
- In the east, an upsurge of attacks on humanitarian worker’s residences, robberies and car hijacking has been reported during the last weeks.
- From 29 June to 5 July, 31 suspected cases of measles, including 20 in Iraba health district, and four suspected cases of meningitis were notified in eastern Chad. Since 1 January, 1125 cases of measles and 71 suspected cases of meningitis have been reported in the area. With six related deaths, meningitis case fatality is at 8%. No district has reached epidemic or alert threshold.
- Sixteen suspected cases of acute jaundice were reported between 22 June and 5 July, including 7 in Adre health district, four in Gozbeida, 2 in Biltine, 1 in Guereda and 1 in Iriba. Samples have been sent to the reference laboratory.
- Following the training workshop organized in several areas on nutritional surveillance and the early detection of malnutrition among children under-five, community focal points in Abeche health district have begun transferring malnourished children to the therapeutic feeding centre of Abeche hospital’s

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The new UN Resident Coordinator and the OCHA Representative in Chad visited the WHO sub-office in Abeche on 6 July. New funding under the second round of under-funded emergencies was discussed.

**Central African Republic**

Assessments and Events
- Torrential rain and floods have left almost 11 000 people homeless in Bangui since mid-June. Half of the capital’s eight districts are affected by the floods. The Government requested UN agencies for assistance.
- In Vakaga prefecture’s town of Birao, several wounded are reported following armed fighting between various ethnic groups. About 3000 are displaced in Birao and 4000 other in the surrounding areas, while a further 1000 have sought refuge to neighbouring Sudan. Humanitarian aid staff members were confined to the UN compound.
- Four cases of wild polio virus have been reported since January: one in Nana Mambere prefecture and three in Pahoua prefecture. A human case of rabies was reported in Bangui; 65 cases were reported in 2008.

Actions
- WHO, MSF and the Red Cross are assessing to assess the needs of people affected by the floods in Bangui. WHO also donated basic medical supplies to the health facilities of affected suburbs and reinforced surveillance for epidemic-prone diseases.
- WHO participated in the interagency assessment mission to Birao and, at the request of the MINURCAT, provided medicines and supplies for the treatment of 100 persons wounded by the fighting, as well as basic and malaria medicines for 1000 for three months.
- Last June, WHO pre-positioned essential supplies in Bamingui-Bangoran and Vakaga prefectures to support emergency response activities.
- WHO’s emergency activities are funded by Finland, the Humanitarian and Development Partnership Team and the CERF.

**Benin**

Assessments and Events
- Benin declared a state of emergency and called for international humanitarian aid after floods caused by heavy rains hit the south of the country. An estimated 396 000 people have been affected in Cotonou and the Government reported that some 2000 families had already been displaced. Authorities report needs for food, potable water, essential medicines, blankets and insecticide-treated bed nets.
- Experts say Benin, Cameroon, Ghana, Nigeria and Togo are becoming more prone to floods. Forecasts for July to September suggest a high probability of rainfall higher than normal in these countries.

Actions
- WHO, FAO, UNHCR and UNICEF are taking part in preliminary assessments to ascertain the most immediate needs of the population. An UNDAC team is to be deployed to support coordination of the response. The team expected to arrive in Cotonou on 11 July.
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.
- The UN Executive Committee on Humanitarian Affairs monthly meeting on 29 June.
- CERF inter-agency meetings on 30 June and 10 July.
- Inter-agency meetings ahead of World Humanitarian Day in Geneva (19 August) on 30 June and 8 July.
- An informal discussion between global cluster leads and early recovery advisers and cluster coordinators on 1 July.
- IASC weekly meetings on Civil and Military Coordination (1 July) and Inter Agency Emergency Simulation and the International Search and Rescue Advisory Group (8 July).
- The monthly meeting of the IASC Sub-Working Group on the Consolidated Appeals Process (2 July) and the Launch of the CAP Mid Year Review (21 July).
- The retreat of the IASC Sub Working Group on Preparedness and Contingency Planning on 2 and 3 July.
- The IASC HIV Taskforce meeting on 3 July.
- An inter-agency meeting on Sri Lanka on 9 July.
- The eighth Emergency Directors Meeting in Geneva on 16 July.
- The Advisory Committee of the IASC Gender e-learning Initiative, which is co-chaired by WHO.
- The ECOSOC Humanitarian Affairs Segment in Geneva, 20-22 July. WHO is organizing a lunch time side event on 20 July on the implementation of the health cluster at the country level.

ECOSOC HUMANITARIAN AFFAIRS SEGMENT, INFORMAL SIDE EVENT
MONDAY 20 JULY 2009, 13.15-14.45, PALAIS DES NATIONS, ROOM XXIV (E BUILDING)
The complex health challenges posed by humanitarian crises need to be addressed through solid partnerships of relevant stakeholders. The implementation of the Health Cluster has been an important step in this direction.
As Health Cluster leading agency, WHO is responsible for coordinating international efforts for emergency response in health and providing authoritative, evidence-based guidance to Member States and other partners, ensuring gaps are filled and survivors are able to rebuild their communities.
Join WHO, cluster partners and government counterparts to discuss the challenges involved in preparing for and providing humanitarian health action using the cluster approach and the successes achieved so far. This event will also mark the launch of the Health Cluster Guide and other tools developed by the Health Cluster.
Topics include
- Taking stock - Achievements and challenges of Health Cluster work (Dr Lopez- Acuna, Director WHO/HAC/REC)
- Doing together - The value of partnerships in humanitarian health action (Ms Carolyn Miller, Chief Executive, Merlin)
- Field action - Example of coordinated field action (by videoconferencing, Dr Custodia Mandlhate, WHO Representative in Zimbabwe (to be confirmed) and Dr Adik Wibowo, WHO Representative in Myanmar,
- Working with governments - Collaboration with existing systems (by videoconferencing, Dr Carmencita Banatin, Director Health Emergency Management Staff of the Philippines Department of Health)
The event will be co-chaired by Ms Catherine Bragg, OCHA/DERC, and Dr Eric Laroche, WHO ADG/HAC.

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

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