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

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

-Assessments and Events-

In North Kivu, South Lubero, Walikale and parts of Masisi are particularly affected by the fighting and subsequent population displacements. Almost 87,500 IDPs are recorded in Lubero while the number of displaced in Walikale has risen from zero to 140,000 since end of June. Insecurity is hampering humanitarian access.

- Twenty new cholera cases were reported between 27 July and 2 August, bringing the total since 1 January to 2,443 cases with 27 deaths (CFR 1%). The Nutrition Cluster reported 11,556 cases of severe acute malnutrition and 16,950 cases of acute malnutrition in North Kivu over the first six months of the year.
- In South Kivu, at least 536,000 IDPs were reported at the end of July, but this number is likely to rise due to the ongoing military operation. Fifty new cholera cases were reported between 27 July and 2 August for a total of 4,470 cases and 64 deaths (CFR 1.4%) since 1 January.
- In Orientale, LRA attacks are increasing in number and intensity in Haut and Bas Uélé. Some 17,000 people were displaced by LRA attacks in June, and there were an estimated 218,000 IDPs as of July. UNHCR reports that medical supplies are low, hospitals lack basic equipment and drinking water is in chronically short supply. Persistent insecurity is barring humanitarian partners from accessing populations and assessing needs.

-Actions-

In Lubero, WHO and Merlin are supporting an estimated 170,000 people, from both displaced and host populations. WHO provided 10 emergency medical kits (each kit is sufficient for 10,000 people for 3 months) to Merlin.

In Masisi, WHO is supporting Save the Children and Care International with controlling the cholera outbreak and has provided 400 litres of Ringer lactate.

The WHO sub office in Goma has stocks of medical and surgical supplies and of essential medicines to cover all urgent needs.

In Orientale, WHO has pre-positioned health kits in Bunia and Kisangani.

WHO’s emergency activities are funded by the CERF and the Pooled Fund for the DRC, Norway and Finland.

CHAD

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

-Assessments and Events-

- Between 3 and 9 August, two suspect cases of measles were notified in eastern Chad, both in Iriba health district. Since 1 January, 1,193 cases were notified including 12 deaths.
- During the same period, 12 cases of acute jaundice were notified, six in Goz Beida health district, four in Adré, one in Abéché and one by Am Dam. Since 1 January, 435 suspect cases were notified including two deaths.
- From 3 to 9 August, the 26 community focal points set up by WHO reported 1,599 children under five suffering from malnutrition.

-Actions-

On 6 August, a WHO consultant and a Government official from the national AIDS programme conducted a preliminary investigation on awareness, behaviours and practices among people in eastern Chad.

WHO and UNICEF conducted a joint mission to Goz Beida to support inter-cluster coordination for water and sanitation activities.

WHO is preparing a new donation of essential supplies and anti-malaria medicines for Daha health centre in Salamat, where close to 20,000 CAR refugees are residing. The area is currently inaccessible by road due to the rainy season and an alternative means of transport is being sought.

WHO’s emergency activities are funded by the CERF, the Common Humanitarian Fund, ECHO, Finland, Ireland and Italy.
Assessments and Events
- The Federal MoH reports an increasing number of acute watery diarrhoea (AWD) cases. Between 27 July and 2 August, 585 new cases and 13 deaths were reported, for a total of 6207 cases and 127 deaths (CFR 2%) since 1 January. Afar (1023 cases and 28 deaths), Somali (843 and 42) and Oromiya (3499 and 42) regions are reporting 86% of the cases. Addis Ababa, Harari and SNNPR* are also affected.
- Critical gaps include lack of funds, inadequate protection of water sources, poor hygiene practices insufficient equipment and medicines in treatments centres and poorly trained health staff. Case detection and management remains a challenge in remote communities where health workers have little experience. Multi sectoral coordination remains weak in many affected districts.
- No new cases of meningitis were reported between 27 July and 2 August and the total number of reported cases remains at 92 and 18 deaths (CFR 19.5%). The upcoming rains will likely halt risks of transmission.

Actions
- WHO continues to provide technical support against AWD in Somali, Oromiya, SNNP, Afar and Harari regions by providing emergency medicines to partners, supporting assessments, monitoring and supervision and strengthening surveillance. WHO is also organizing training to boost health staff capacities.
- The crude fatality ratio was above 2% in four of the 27 districts having reported AWD cases, indicating the need to reinforce case management. Health Cluster partners are identifying gaps and setting priority activities in these districts.
- WHO, UNICEF, OCHA and Health Cluster partners are advocating with the related ministries to foster multisectoral coordination at regional and district levels. The Health and WASH Clusters are coordinating their interventions to ensure maximum impact.
- WHO supported the strengthening of meningitis surveillance.
- Ethiopia, Spain and the Resident Coordinator’s Office have signed a three-year grant agreement for US$ 7 million to scale up child health, nutrition and food security in 16 woredas of Tigray, Amhara, SNNP and Oromiya regions. WHO, UNICEF, WFP and FAO are participating in the programme implementation.
- WHO’s emergency activities are funded by Finland, Italy, the Humanitarian Response Fund and the CERF.

SUDAN
Assessments and Events
- The humanitarian situation in Southern Sudan continues to deteriorate as a result of inter-tribal fighting and LRA attacks on populations in Sudan and in neighbouring DRC. Between January and June, more than 214 000 people were displaced by conflict within Southern Sudan while an estimated 21 000 Congolese crossed the border from DRC’s Orientale Province seeking refugee in Western and Central Equatoria States.
- The health situation is worsening accordingly, and cases of meningitis (226 cases and 12 deaths between 1 January and 12 July), acute watery diarrhoea and cholera (24 096 cases and 42 deaths) and polio (36 confirmed cases) are reported. Other threats include acute respiratory infections, measles and conditions associated with pregnancy and reproductive health.
- In Jonglei State, tensions remained high in Akobo County, where on 12 June inter-ethnic clashes left at least 185 dead, mainly women and children. There are more than 19 000 IDPs living in Akobo and the only operational hospital, managed by International Medical Corps, is overstretched by the influx of IDPs over the last six months.
- In neighbouring Pibor county, three samples tested positive for cholera out of 10 suspected cases. Additional samples were sent to Nairobi for further laboratory investigation. Two cholera outbreaks have been confirmed in Pibor County in the last nine months.

Actions
- WHO is working with UNHCR and NGO partners to support health services in refugee and IDP camps in Makpandu (Western Equatoria), Lasu (Central Equatoria) and Lologo in Juba.
- WHO strengthened communicable disease surveillance to reduce the risk of
YEMEN

Assessments and Events

- On 12 August, the armed forces began conducting offensives and airstrikes against Houthis loyalists in many districts of Sa’ada province. There are reports of casualties but WHO is awaiting confirmed figures.
- A UNHCR representative reported an increasing number of people fleeing the Malahidh area in recent days, while ICRC and the Yemen Red Crescent Society report that over 1100 families have been displaced since June. Media report that around 17 000 families have been displaced since the beginning of this week.
- Deteriorating security is restricting the work of humanitarian organizations. An estimated 100 000 people remain internally displaced as result of the conflict.

Actions

- The Country Team is activating a combined Health/Nutrition Cluster under the joint leadership of WHO/UNICEF.
- Following a request from the WHO Country office, HAC is sending two Trauma Kits A+B, providing medical supplies for 200 emergency surgical interventions. The supplies are expected to arrive in Yemen on 17 August from the Dubai humanitarian depot.
- WHO is expecting to send four more Trauma Kits A+B next week from the Depot in Brindisi thanks to the support of the Government of Italy.
- WHO is sending additional staff from its Eastern Mediterranean Regional Office in Cairo to support operations and is making extra funds available.
- WHO’s emergency operations are funded by Andorra and the CERF. HAC is seeking donor support for this new crisis.

PAKISTAN

Assessments and Events

- A number of IDPs are caught up in Buner district, unable to return to their homes because of new clashes along the border with Swat district. There are also several thousand new IDPS who have fled the fighting and are residing in a recently established camp in Buner district’s Swari village. The camp’s population was 5192 as of 4 August and the NGO Medical Corps has established a health post in the camp. Another camp is being established at Sultanwas for about 4000 people. A health clinic will be needed for this camp.
- A WHO assessment shows all operational health facilities in Buner district lack equipment, furniture and supplies and that most of the health facilities beyond Daggar are not operational.
- Meanwhile, 60 762 consultations were reported through the DEWS network between 18 and 24 July. Acute respiratory infections continue to be the leading cause of morbidity among IDPs accounting for 20% of all consultations among all age groups and 28% among children under five. Acute diarrhoea accounted for 9% of all consultations in all age groups and 18% in children under five.

Actions

- WHO is carrying out a joint assessment with Health Cluster partners to assess health needs in conflict-affected districts and is providing medicines and technical support to partners and local health authorities.
- Overall, the Health Cluster is supporting more than 400 facilities (including 32 hospitals, 22 rural health centres and 214 basic health units) as well as 37 health outlets in camps and 55 mobile units in host communities. The Cluster is strengthening four health facilities in Lower Dir and 10 in Swat and will provide ambulances, generators and equipment.
- Health Cluster partners have set up a medical camp for returnees in Swabi. It
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/

Also provides emergency health services and acts as a referral facility for Daggar hospital. In Daggar and Sultanwas, WHO will support health authorities by providing mobile health teams.

- Starting 17 August, Health Cluster partners (Merlin, IMC, Johanniter International, Paiman, CRDO and Sawera Foundation) will conduct health assessments to identify the needs of people displaced from South Waziristan to D.I. Khan, Tank and Bhakkar districts. WHO will provide technical support.
- WHO and health partners have received funds from the USA, Australia, Germany, Italy, Japan, the Republic of Korea, Norway, DFID and the CERF. ECHO also pledged funding.

**Assessments and Events**

- The number of IDPs remains unchanged at around 280,000 people hosted mainly in Vavuniya, but also in Mannar, Jaffna and Trincomalee.
- The Government is intent on resettling IDPs within 180 days and the MoH has drawn up complementary plans on the health sector implications of the resettlement scheme.
- The Government will also establish new camps to decongest the existing sites.
- There is a continuing need for a pre-hospital emergency care ambulance service. Water and sanitation issues are being addressed and active disease surveillance is in place, but communicable disease control remains a priority. Physicians from other parts of the country are deployed on a rotational basis. There is still an acute shortage of specialists as the number of IDPs has increased.
- The incidences of diarrhoea, dysentery, chickenpox and hepatitis continue to decrease.

**Actions**

- WHO is supporting the Government to expand health services, health staff mobility, water and sanitation interventions and implement the emergency mental health contingency plan. WHO also donated psychiatric drugs to the Vavuniya General Hospital.
- WHO supported a comprehensive assessment of the types of disability among the IDPs and their related needs.
- WHO also assisted in providing 3 cell phones and hiring a vehicle to provide transport to doctors visiting IDP sites.
- The MOH issued interim immunization guidelines for IDP settings which were approved by the National Advisory Committee on Communicable Disease.
- The humanitarian health sector is underfunded although the needs for recovery and rehabilitation are important. The health sector is appealing for US$ 7.4 million in the CHAP, of which US$ 4.5 million were requested by WHO.
- WHO’s emergency activities are funded by Italy, the CERF and the South-East Regional Health Emergency Fund.

**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.

- Inter-agency meetings on 11, 12 and 17 August to prepare for World Humanitarian Day on 19 August.
- Inter-Agency working group meeting on 13 August on the Democratic People’s Republic of Korea.
- IASC Taskforce meeting on Information Management on 3 September.
- The first meeting of the IASC Cluster Task Team to provide recommendations on mainstreaming cluster costs and functions by the end of 2009 on 4 September.
- The third meeting of the IASC Taskforce on meeting humanitarian challenges in urban areas in Rome on 7-9 September.
- An inter-cluster coordination meeting on 18 September.

**WORLD HUMANITARIAN DAY - 19 AUGUST**

In December 2008, the General Assembly determined to celebrate World Humanitarian Day on 19 August every year to “contribute to increasing public awareness about humanitarian assistance activities worldwide and the importance of international cooperation in this regard, as well as to honour all humanitarian and UN and associated personnel who have worked in the promotion of the humanitarian cause and those who have lost their lives in the cause of duty”. The purpose of the day is also to put emphasis on current humanitarian needs and challenges, and particularly on the beneficiaries on whose...
Health Action in Crises

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

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