**ASSSESSMENTS**

Heavy destruction is reported in Sumatra following the 7.9-magnitude earthquake that hit the island on 30 September. More than 1115 deaths have been confirmed. The 9-October Humanitarian Response Plan for the West Sumatra Earthquake estimates that 1.25 million people were severely affected.

**Actions**

- **WHO** regional and country offices deployed four staff members to set up the operational platform with the MoH and to help coordinate the response.
- **WHO** is participating in the assessments that are taking place in affected areas.
- **WHO**, the MoH and Health Cluster partners are meeting regularly to assess and fill in gaps. Partners have formed several sub-clusters dealing with:
  - integrated mobile teams for surveillance and disease prevention and control;
  - psychosocial support and mental health;
  - reproductive, maternal child health and nutrition.
- **WHO** and Health Cluster partners are coordinating with the WASH Cluster on water and sanitation in hospitals, the Protection Cluster for psychosocial support and mental health and the Early Recovery Cluster.
- The Provincial Health Office, the MoH and the Health Cluster are strengthening district coordination with a planned WHO support staff for every district.
- The four water purification kits (each kit can supply 4m3 of clean water per hour) and 10 surgical kits (each kit provides basic supplies for 100 persons for 10 days) donated by Norway have arrived in Padang. The Health Cluster in coordination with Hospital Directors and the Provincial Health Office are deciding on their distribution among priority health facilities.
- The Humanitarian Response Plan launched on 9 October is requesting US$ 36 million to help the Government respond to the damage caused by the earthquake. The Health Cluster is seeking US$ 2.5 million, of which US$ 1.5 million is for **WHO**.
- **WHO** has sent a proposal to the CERF Secretariat for a Rapid Response grant.

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**PHILIPPINES**

**Assessments and Events**

Two severe weather events have swept across Luzon island over the past weeks. On 26 September, Tropical Storm Ketsana (Ondoy) struck the central and western regions of the island and flooded most of the capital Manila. Ketsana left hundreds dead and injured and affected more than 4 million people in 1902 barangays. Typhoon Parma (Pepeng) then hit the north twice (3 and 7 October), bringing heavy rains and affecting more than 3 million people in 4472 barangays. Overall around 300 000 people are residing in at least 596 shelters, with many more staying with relatives and host communities.

- **WHO** has sent an extensive relief package to provide medical supplies and water purification kits for areas affected by the two storms.
- **WHO** has deployed teams to monitor the health situation and provide medical assistance.
- **WHO** and other agencies are working to establish a robust health response infrastructure to address the needs of affected populations.

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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 Department on 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.
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/
## CHAD

**Assessments and Events**
- Between 28 September and 11 October, two suspected measles cases were notified in eastern Chad, bringing the total since 1 January to 1239 cases and 14 deaths. During the same period, 20 cases of acute jaundice were notified. Of these nine were reported in Adre health district, including two in Bredjing camp, five in Goz Beida health district, four in Am Timan health district and one in in Abeche health district’s Gaga camp. Since 1 January, 595 suspected cases were notified including four deaths.
- During the same period, 155 acute watery diarrhoea were recorded in Abeche, bringing the total since 1 January to 3559.
- During the same period, four cases of acute flaccid paralysis were reported: one by the Abeche regional hospital and three in the Goz Beida health district (Ablelaye, Gouroukoun and Goz Beida district hospital). Samples were taken.

**Actions**
- WHO organized a training workshop on HIV diagnostic and blood transfusion quality in Abeche health school. Twelve health staff from Sila, Wadi Fira and Ouaddai health districts participated in the training to reinforce capacities in eastern Chad.
- The ongoing survey on AIDS awareness, behaviours and practices among people in eastern Chad has begun in Abeche health district. The investigation is covering both the IDP and host populations. During four days, 20 suburbs around Abeche will be covered. Participants trained 26 reviewers and organized a survey awareness campaign to prepare households for the reviewers’ visits.
- WHO and Action Against Hunger met to review the current nutrition programme in the regional referral hospital’s paediatric ward.
- WHO's emergency activities are funded by the CERF, the Common Humanitarian Fund, ECHO, Finland, Ireland, Italy and Spain.

For more information see [www.who.int/hac](http://www.who.int/hac)

## ETHIOPIA

**Assessments and Events**
- According to the Federal FMoH, 634 new acute watery diarrhoea (AWD) cases and one death (CFR 0.2%) were reported from Afar, Amhara, Somali, Oromiya, and SNPP Regions and Addis Ababa city between 21 and 27 September. The continuous movement of hundreds of thousands of pilgrims and migrant labourers to and from holy water sites and private farms are contributing to the spread of the disease.
- Food security is deteriorating particularly in many parts of Somali Region, and in East and West Harerche, Arsi and West Shewa zones of Oromiya Region. In parts of southern Somali Region, there are reports of livestock deaths, increased and unusual human migrations from rural to urban areas and to Food Distribution Points and critical water and pasture shortage. Following two consecutive poor belg/gu seasons in 2008, pastoralists have not fully recovered their livestock.

**Actions**
- WHO continues to provide technical support to regions for the food and nutrition crisis and for strengthening AWD surveillance and on-the-job training.

For more information see [www.who.int/hac/crises/eth/en/index.html](http://www.who.int/hac/crises/eth/en/index.html)

According to the Federal MoH, six
of health workers to improve case management.

- The Federal MOH, regional health bureaus (RHB) and humanitarian partners developed contingency plans to address the re-opening of schools since mid-September.
- WHO sent 14 Inter-agency Diarrhoeal Diseases Kits (IDDKs), two Inter-agency Emergency Health Kits (IEHK), seven supplementary malaria modules and 15 IEHK modules, or enough supplies to cover the needs of 25,000 people.
- WHO’s emergency activities are funded by the CERF and Finland.

**SONMALIA**

For more information see
[www.emro.who.int/somalia/](http://www.emro.who.int/somalia/)
and
[www.emro.who.int/somalia/CollaborativeProgrammes-eha.htm](http://www.emro.who.int/somalia/CollaborativeProgrammes-eha.htm)

诿 Information on the current stocks of AWD supplies for the Health Cluster can be found at
[www.emro.who.int/somalia/healthcluster.htm](http://www.emro.who.int/somalia/healthcluster.htm)

**Assessments and Events**

- Acute watery diarrhoea (AWD) continues to affect public health. In Mogadishu’s Banadir Hospital, two out of 10 samples tested positive for cholera. The hospital, which is maintaining a register for all AWD cases since February, reported 3846 cases and 56 deaths between 23 February and 27 September, of which 84% and 75% respectively were among children under five. In Bakool’s Rabdhure District, 90 cases (99% affecting children under five) and four related deaths (CFR 4.4%) were reported between 19 August and 9 October. Seven districts in Lower and Middle Juba reported 121 AWD cases (86% affecting children under five) between 27 September and 4 October and a further 118 between 5 and 11 October. Respectively 37 and 24 cases were reported during the same periods in Lower and Middle Shabelle.

- Hostilities in Lower Juba continue. As of 14 October, 213 casualties were reported by the Kismayo General Hospital since early October. According to local partners, IDPs have started to return, although an unknown number remain displaced in Jamame District.

**Actions**

- WHO pre-positioned supplies in Banadir Hospital as well as water testing equipment for WASH partners. WHO is coordinating activities with UNICEF as WASH Cluster lead.
- WHO will train health partners, including international and local NGOs, in AWD case detection and management in Mogadishu, Afgooye Corridor, Bakool and Cadale.
- WHO continues to monitor the situation in Kismayo and positioned further medicines and supplies in the region.
- WHO and health partners are developing a flood contingency plan in conjunction with WASH partners to be able to respond to potential flooding in South Central Somalia. The plan sets out specific needs for supplies, training for disease control and operational support. This initiative has been incorporated within general AWD preparedness activities.
- With CERF funding, WHO and Muslim Aid have established three new outpatient departments (OPDs) in the Afgooye Corridor to serve IDP communities. WHO also provided five basic health units to the eight OPDs operated by Muslim Aid. The clinics will extend essential health services to IDP populations in the Afgooye Corridor.
- WHO provided 3-month-worth of diesel to the COOPI-run Baidoa Hospital to support the uninterrupted delivery of essential health services particularly to conflict-affected communities in the region.
- The WHO Country Office has received two Humanitarian Response Fund grants to support infectious diseases outbreak response and women and children health services (US$ 202,000 and 235,000 respectively).
- WHO’s emergency activities are funded by the CERF and the Humanitarian Response 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.

- An inter-agency meeting on Lessons Learned from the 2009 World Humanitarian Day celebration on 13 October.
- A presentation on OCHA’s strategic framework for 2011-2013 on 13 October.
- An inter-agency meeting on UN Action against Sexual Violence in Conflict in New York on 13-14 October.
- The 4th training partnership meeting of Inter-Agency Working Group on reproductive health in crises in Geneva on 14-16 October.
- The IASC Taskforce on Information Management on 15 October.
- An inter-agency meeting on Natural Disasters in Asia-Pacific on 16 October.
- An IASC consultation on humanitarian civil-military relations on 19 October.
- The Launch of the NGOs and Humanitarian Reform Project Synthesis Report on 21 October.
The ISDR joint work planning workshop on 22 October
The IASC Taskforce on Meeting Humanitarian Challenges in Urban Areas on 23 October.

INTERNATIONAL DAY FOR DISASTER REDUCTION (IDDR)

WHO teamed up with United Nations, national and non-governmental partners to mark this year’s International Day for Disaster Reduction (IDDR) on 14 October, which was dedicated to the need to make “Hospitals Safe from Disasters”. The day coincided with the culmination of the two-year World Disaster Reduction campaign based on the same theme and organized by the UN International Strategy for Disaster Reduction, WHO and the World Bank.

Events were held worldwide to mark the IDDR, with a key global event taking place in London (hosted by the UK Health Protection Agency) and related events in China, Egypt, Nepal, Nigeria, Panama, South Africa, Tajikistan and Thailand.

WHO launched a Thematic Platform on Disaster Risk Reduction for Health, which brings together national and international health partners in a forum to promote best practice in reducing the threat to health from hazards and making health systems better prepared to respond.

The IDDR builds on the ongoing World Health Day campaign of WHO dedicated to a similar theme, “Save lives. Make hospitals safe from emergencies”.

For more information, see Live podcast of Global event from London, Goodwill Ambassador Jet Li on the importance of making sure hospitals can withstand disaster and a WHO online radio podcast on Providing health care in times of crisis.

See also http://www.who.int/hac/events/iddr/en/index.html

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

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