

Each week, the World Health Organization Department for Health Action in Crises in Geneva produces information highlights on the health aspects of selected 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 internal use and does not reflect any official position of the WHO Secretariat.

**LEBANON
HUMANITARIAN CRISIS**



More information is available at:
<http://www.who.int/hac/crises/lbn/en/index.html>

- ⇒ The IASC Task Force on Lebanon meets twice weekly exchanging information on the situation and the operations.
- ⇒ On 22 August, cluster leads briefed the humanitarian community in Geneva.
- ⇒ The revised Flash Appeal, which will incorporate the transitional phase of rehabilitation/recovery, is expected to be launched on 31 August in Stockholm and Damascus. On the same day, the Government of Sweden will host an international donor conference.

Highlights # 121 corrigendum: one trauma kits providing for 100 operations was sent to Marjayoun on 17 August.

Assessments and events:

- The focus is shifting to early recovery and reconstruction. Health partners are looking at the needs of the health system.
- Unexploded ordnances (UXO) are a major concern for humanitarian operations. According to the UN Mine Action Coordination Center, UXO have thus far caused eight deaths (including two children) and 32 injuries.
- Preliminary results from the health facilities assessment indicate that a large number of primary health care facilities have serious structural damage, little or no resources, or are not functioning. The main concern is the lack of personnel and medical supplies.

Actions:

- The campaign organized by the MoH, WHO and UNICEF for IDPs and host families in Greater Beirut and Saida vaccinated about 20 900 children against measles and 8400 against polio.
- The MoH and WHO are launching the Early Warning and Response system (EWARS) on 26 August in Nabatieh. EWARS will provide information on priority diseases in the affected areas.
- WHO is providing the MoH and the Ministry of Energy and Water with 16 kits for micro biological and chemical testing, as well as 1000 rapid testing kits for fecal coliform.
- The MoH, with support from WHO and partners, is planning a rapid assessment of nutritional needs, focusing on children under five and other vulnerable groups.
- WHO continues to coordinate Health Cluster meetings twice weekly with the Syrian Red Crescent Society, and regular participation from UNHCR, OCHA, UNICEF and UNFPA.
- The first Health Cluster meeting in Tyre was co-chaired by the health authorities in South Lebanon and WHO. UNICEF, OCHA, Merlin, MSF, International Medical Corps and Save the Children participated.
- WHO is supporting the MoH in setting up a supply management system for medical warehouses in Beirut and affected areas.
- WHO delivered 50 boxes of essential drugs to Primary Health Care centres of the Ministry of Social Affairs and the NGO YMCA.
- Pledges for health activities were received from the CERF, Australia, Canada, ECHO, Iceland, Italy, Ireland, Japan, Norway and Sweden.

**OCCUPIED PALESTINIAN
TERRITORY**



Assessments and events:

- The impoverishment of the population is more acute now than it has ever been. There is a massive deterioration in living conditions and severe destruction of the infrastructure in the Gaza Strip.
- In July, a significant proportion of essential drugs were out of stock in the West Bank (24%) and Gaza Strip (17%).
- Ongoing violence is reported in both Gaza and in the West Bank.
- Palestinian civil servants have announced the launch of an open-ended strike on 2 September.

Actions:

- WHO shared the results of an analysis on the worsening trends of the population's health status with UN agencies, donors, NGOs and partners. The meeting also updated on donations and the needs of the Palestinian health system, particularly in terms of drugs.
- A WHO-led task force was formed with UNICEF, UNFPA, UNRWA, the World Bank, the Italian Cooperation and Care International to improve the coordination of support to the Palestinian health system. The task force will contribute to the drug availability monitoring system set up by WHO. A

More information is available at:
http://www.who.int/hac/events/opt_2006/en/index.html or
<http://www.bridgesmagazine.org>

⇒ The humanitarian situation in the oPt will also be presented by the Emergency Relief Coordinator in Stockholm on 31 August.

- situation analysis on drug management will be carried out end of September.
- WHO is working to establish a programme of collaboration between Italian and Palestinian paediatric hospitals.
- WHO visited six districts in the West Bank and Gaza to monitor the impact of the financial crisis on the health sector's human resources.
- WHO visited health facilities in South Gaza to review the cold chain and the impact of recent damages to the electrical system on immunization programmes.
- WHO's 2006 emergency activities are funded by the Organization's Regular Budget, a contribution from Norway and a UN Trust Fund for Human Security funded by Japan.

SRI LANKA



⇒ OCHA is preparing a Common Humanitarian Action Plan for Sri Lanka to cover needs till the end of the year.

⇒ The Emergency Relief Coordinator, Jan Egeland, further announced CERF would be used to provide grants to agencies working in the affected areas.

Assessments and events:

- An estimated 800 people have been killed and over 100 000 displaced since the beginning of the year but current insecurity is hampering access to affected populations and relief operations.
- The Government has in place a mechanism for monitoring the health situation in IDP camps, and there has been no report of outbreaks thus far. However, several public health issues still warrant close attention such as water quality and treatment for displaced people with chronic diseases.
- An ICRC ship is sailing from Colombo to Jaffna, bringing food, medicines, hygiene kits and other supplies provided by the Government and the WFP. It will also help evacuate hundreds of foreign nationals.

Actions:

- WHO is strengthening its presence in the country and new staff is being recruited to reinforce the Country Office's capacities.
- WHO is planning to ensure assessments and coordination to identify and fill gaps and strengthen local health systems; discussions are ongoing with donors present in the country. WHO's support would be channelled through the existing health delivery system of the MoH and of NGOs working the affected districts.
- Meanwhile, WHO is monitoring the situation and attending to various requests from the MoH for technical support.
- WHO's plan is estimated at US\$ 624 000; a donors alert has been disseminated and contacts are ongoing with donors in Colombo.

HORN OF AFRICA



More information is available at:
<http://www.who.int/hac/crises/international/hoafrika/en/index.html>

Assessments and events:

- In *Ethiopia*, flash floods and overflow of rivers and dams caused by heavy rains have killed at least 626 people. Extensive damage to property is reported and tens of thousands have lost their livelihood. An estimated 199 000 people in eight regions across the country are affected. More floods are likely as heavy rains continue.
- The floods are increasing the risk of diarrhoeas and malaria, malnutrition, measles and acute respiratory infections are other concerns, due to the large scale displacement of population.
- Since April, 11 800 cases of acute watery diarrhoea, and 146 deaths, have been reported in Oromiya and Gambella. The outbreak seems now to be spreading to Addis Ababa and the Guji zone.
- Lack of potable water even in health centres and poor personal hygiene are the main reasons for the outbreak. Containment is difficult due to shortages of health workers and inadequate transport for referral.
- In *Kenya*, 53 suspected cases of leishmaniasis have been reported in Isiolo (90%) and Wajir (10%) since July. Eight cases of measles were reported in Moyale district, including four deaths. Two of the cases were from Ethiopia.
- In *Somalia*, a post-Gu survey conducted by FAO/FSAU and the Famine Early Warning System found 1.8 million people in acute food and livelihood crisis in the South.

Actions:

- In *Ethiopia*, WHO is participating in the Flash Appeal.

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⇒ The Government and international partners are launching a Flash Appeal requesting a total of US\$ 60 million to mitigate the impact of the floods in Ethiopia and assist people whose homes and livelihoods have been washed away.

- UN Agencies and NGOs are assisting local authorities in the response to the floods. In Dire Dawa, WHO provided essential drugs and sent two emergency field staff to strengthen communicable diseases surveillance.
- The Regional Health Bureaus, UNICEF, WHO, MSF, Merlin, Population Services International and Action Against Hunger are currently working on outbreak control in the areas affected by acute watery diarrhoea.
- WHO is supporting surveillance and case management, and AFRO is deploying a team of experts to strengthen the country office.
- In *Kenya*, WHO is supporting a public awareness campaign against leishmaniasis and is strengthening surveillance. Field missions will assess the capacity of local health workers and suggest capacity building measures. A response plan was drafted in collaboration with UNICEF.
- A measles immunization outreach was carried out to complement the mass campaign conducted in June 2006. Epidemiological investigation is ongoing in districts close to drought affected areas which have reported suspect cases of measles (116 Meru North; 24 Meru South; 67 cases Nakuru and Turkana six cases).
- In *Somalia*, on 21-23 August WHO is organizing in Wajid a workshop on management of medical supplies for pharmacists.
- The next polio immunization campaign is scheduled for 10 September. WHO and UNICEF are working on resource mobilization.
- In *Djibouti* and *Eritrea*, WHO continues to support training to strengthen surveillance, management of malnutrition and outreach services are ongoing.
- WHO's emergency activities are supported by a grant from the Central Emergency Response Fund (CERF). Additional support is provided by Italy for Djibouti and Sweden for Somalia.

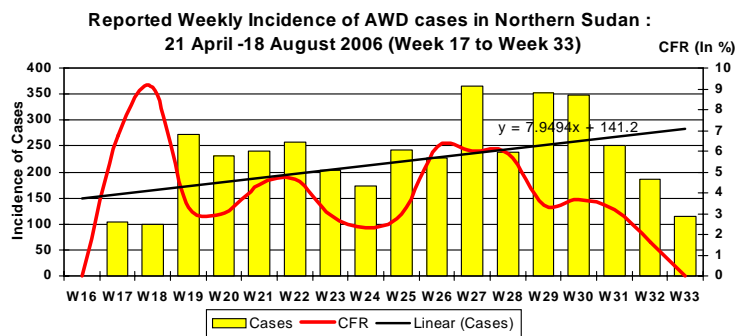
SUDAN



More information is available at:
<http://www.emro.who.int/sudan/>

Assessments and events:

- The UN Secretary General expressed concern at the deteriorating situation in the Darfur Region and the prevailing perception among humanitarian workers is that the situation is worse than in 2004.
- Since May, the number of attacks against humanitarian staff has risen to unprecedented levels.
- The International Rescue Committee is reporting an increase in the number of sexual assaults against women in Kalma camp.
- The cholera outbreak in *northern Sudan* is ongoing. Between 21 April and 18 August, 6 254 cases, including 204 deaths, were reported in 14 of the 15 states. A quarter of all cases were reported in North Kordofan, followed by Khartoum State (15%) and White Nile (13%).



- There is a decrease in the number of reported cases, but the outbreak is spreading: new cases are notified in previously unaffected *West and North Darfur*, stressing the need to scale up the preventive and public health response to control the disease.
- In Khartoum, floods destroyed over 3000 houses affecting particularly the Al Amrya squatter area. The MoH, UN agencies and NGOs are on the alert as the floods may have an effect on the ongoing cholera outbreak.

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	<p>Actions:</p> <ul style="list-style-type: none"> • At the national level, WHO is working with the Federal MoH providing support for cholera epidemic risk assessment, surveillance, laboratory detection and case management. WHO distributed the <i>Cholera Guidelines</i> to all health partners. • In <i>West Darfur</i>, WHO is monitoring the cholera outbreak in Morni. A cholera kit pre-positioned by WHO in 2004 is being used now in the MSF France Cholera Treatment Centre. Active case findings and health promotion are conducted on a daily basis, and oral rehydration treatment corners were established in all parts of Morni. Although 41 cases and seven deaths were reported during the first two days, no new deaths have been reported in the past eight days indicating that the interventions are effective. • The State MoH and WHO co-chair the outbreak preparedness and response meetings and participate in the WATSAN meetings organized by UNICEF. • WHO, the State MoH and health partners have put together a cholera preparedness and response plan. • In <i>North Darfur</i>, WHO and UNICEF support the State MoH in responding to and coordinating the cholera outbreak. • WHO donated consumables and drugs to El Fasher Teaching Hospital where more than 32 cases of cholera have been admitted over the past week. Simultaneously WHO started building a Cholera Treatment Centre nearby. • In <i>Khartoum</i>, WHO participated in an evaluation of the situation in the affected IDP area with the commissioner of voluntary humanitarian work, OCHA, the NGOs Fellowship for African Relief and CARE. • In 2006, contributions for WHO's emergency activities were received from the European Commission, Finland, Ireland, Norway, Switzerland, the Central Emergency Response Fund and the 2006 Common Humanitarian Fund.
<p>INTER-AGENCY ISSUES</p> <ul style="list-style-type: none"> • Consolidated Appeal Process. On 22 August, the IASC CAP Sub-Working Group updated on cluster activities, the preparation of the CAP 2007 and discussed the revision of the Lebanon Flash Appeal. • Executive Committee on Humanitarian Affairs. On 23 August, the Emergency Relief Coordinator updated on Lebanon, the occupied Palestinian territory, Darfur and Sri Lanka. 	

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

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