

*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.*

**HAITI**



For more information, see [WHO web site](#), and the latest [situation reports](#) on the PAHO/WHO web site.

- ⇒ On 17 February, the WHO Representative in Haiti and MSF’s International Council President briefed the Humanitarian Liaison Working Group in Geneva on the health situation and the work of the Health Cluster.
- ⇒ The ERC visited Haiti and the Dominican Republic on 11–14 February. The ERC asked Global Cluster lead agencies to boost their teams to provide sustained coordination capacity on the ground.
- ⇒ The “who does what where” matrix developed by the Health Cluster includes information on all members. Over 390 national and international organizations have registered with the Health Cluster.
- ⇒ WHO/PAHO is acting as the Health Cluster lead while Save the Children is leading the Health Cluster in Leogane and co-leading it in Jacmel with the MoH

**Assessments and Events**

- According to revised estimates, 212 000 people were killed and over 300 000 injured in the earthquake. More than 1.2 million people are living in temporary camps, making the installation of emergency shelters and sanitation facilities before the rainy season a top priority.
- The Government has approved the terms of reference of the Post-Disaster Needs Assessment (PDNA). It will take place from 18 February to 12 March.
- The MoH will complete a national plan for disability by 1 March. The plan will address issues such as rehabilitation centres, prosthetics, orthotics and accessible structures. The MoH also announced that medicines and medical products will be provided free of charge to all public health facilities nationwide until 12 April.
- The surveillance system reports acute respiratory infections as the main cause of morbidity. Malaria and dengue are expected to become health concerns with the upcoming rainy season.
- The pre-crisis global acute malnutrition (GAM) rate was estimated at 4.5% for the affected areas, with severe acute malnutrition at 0.8%. At these levels, an estimated 17 500 children are suffering from acute malnutrition, of whom 3100 are severely malnourished and in need of life-saving assistance. Assessments are under way to determine post-crisis GAM levels in highly affected areas.

**Actions**

- WHO/PAHO is working with national health authorities on assessing mental health to develop a preliminary plan of action for the short, medium and long term improvement of mental health services in the country.
- WHO/PAHO is procuring ten mobile clinics, in response to the needs identified by the Haitian Government. The clinics’ design, location and areas activities are being decided.
- PAHO has a stock of 15 000 long-lasting impregnated bed nets for hospitals and health care centres. Priority will be given to pregnant women or mothers with children under five.
- WHO/PAHO manages PROMESS, Haiti’s Central Procurement Agency for drugs and medical supplies. Medicines and supplies received as donations shall be distributed at no cost to public health facilities through PROMESS. Such donations shall conform to the quality standards established by WHO/PAHO.
- In order to support the emergency, WHO/PAHO has deployed more than 60 international experts on disaster management, logistics, epidemiology, surveillance, communicable disease control and water and sanitation, among others. WHO/HQ has sent staff from HAC and other technical departments to support logistics, communication, fund raising and resources mobilization, health sector assessments and recovery planning.
- In the revised Flash Appeal launched on 18 February, WHO and health partners are seeking US\$134 million for the health sector, including US\$53 million by WHO/PAHO. Health sector activities focus on:
  - health sector coordination including needs assessments, monitoring and evaluation;
  - outbreak control and disease surveillance;
  - water supply and environmental health;
  - reactivation of basic health care services;
  - treatment and rehabilitation of injured patients;
  - provision of essential drugs and medical supplies.
- Funds and in-kind donations to support WHO/PAHO’s activities in Haiti have been received from Eisai Co. Ltd. and Canada, Italy, Japan, Monaco, Spain, the UK, the United States as well as the CERF.

## SOMALIA



For more information see [www.who.int/hac/crises/som/en/index.html](http://www.who.int/hac/crises/som/en/index.html) and the [WHO Country Office web site](http://www.who.int/countryoffice).

- ⇒ According to the Food Security and Nutrition Analysis Unit for Somalia (FSNAU), 1 in 6 children under five is malnourished, a proportion that rises to 1 in 5 in the south and central regions.
- ⇒ In Mogadishu, more than 80 people have been killed and approximately 8300 have been displaced since 1 February. According to UN estimates, 5700 people have moved out of the city, mainly to the Afgooye Corridor while around 2400 have moved to safer areas within Mogadishu. UNHCR reports that at least 100 000 people have been displaced in Somalia since the beginning of the year as a result of conflict in Hiraaan, Galgaduud and Mogadishu.

### Assessments and Events

- During the first two weeks of February, Banadir Hospital reported 132 cases of acute watery diarrhoea (AWD) and nine related deaths. Of these 82% were children under five. The seven districts of Lower and Middle Jubba reporting to the surveillance system notified 297 cases and no deaths. Children under five accounted for three quarters of all cases. The number of reported cases increased noticeably, particularly in remote areas and in Kismayo.
- Between 8 and 14 February, the 35 health facilities in Lower Shabelle under surveillance reported 5794 consultations including 39% for children under five. Acute respiratory infections accounted for 1251 consultations (49% for under five), malaria for 95 (43%) and AWD for 54, (69%). Respectively 80% and 68% of AWD and malaria cases were reported from Merka District.
- Between 2007 and 2009, improved reporting revealed a substantial reduction in the number of reported AWD cases, with number falling from 118 187 in 2007 to 78 378 in 2009, a 33% reduction. Similarly deaths dropped by 80% from 1076 2007 to 324 in 2009. In 2009, health partners were able to maintain the case fatality rate below the international benchmark of 2%.

### Actions

- WHO continues to monitor the health situation following the large numbers of population displacement, investigating all rumours of suspected outbreaks.
- In Hiraaan, WHO is following up with health partners following an recent assessment of the health situation of the newly displaced communities in villages surrounding Belet Weyne.
- In Bay, WHO provided essential medical supplies to health partners providing health services in Labatunjerow and Baidoa.
- Between 9 and 11 February, WHO, Merlin and Banadir University trained 30 health workers from over 10 partner agencies providing health services in Mogadishu and surrounding areas on the integrated disease surveillance and response system.
- Following the diagnosis of suspected measles cases in Rabdhure, Bakool, health partners conducted targeted measles vaccination for children aged 9 months to 5 years. As of 15 February, 500 children had been vaccinated. Activities are ongoing and WHO continues to monitor health situation.
- WHO's emergency activities are funded by the CERF and the Humanitarian Response Fund.

## DEMOCRATIC REPUBLIC OF THE CONGO



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

### Assessments and Events

- Despite sustained efforts, cholera remains a very serious threat to public health in the DRC, with more than 20 000 cases reported in 2009. The correlation between mass population movements and cholera outbreaks caused an increase in the number of cases recorded in North and South Kivu.
- However a reduction of mortality (from 349 in 2008 to 152 in 2009) was observed thanks to the rapid response mechanisms set up by partners in Katanga, Maniema, and North and South Kivu Provinces.
- In the 2010 Action Plan for the DRC, relief agencies have listed the fight against cholera and other endemic waterborne diseases as priorities.

### Actions

- Through the Pooled Fund for the DRC, WHO has obtain to support the fight against cholera in Katanga, Orientale and South Kivu. Activities will focus on:
  - providing and transporting medicines and supplies for case management;
  - training health staff on the proper management of cholera;
  - supporting epidemiological surveillance at all levels as well as rumour investigation;
  - promoting and supporting health education and behavioural change;
  - supporting coordination of activities among partners.
- WHO's other emergency activities in the DRC are supported by Australia, the CERF, ENI, Finland, Norway and the Pooled Fund for the DRC.

### Health Action in Crises

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/>

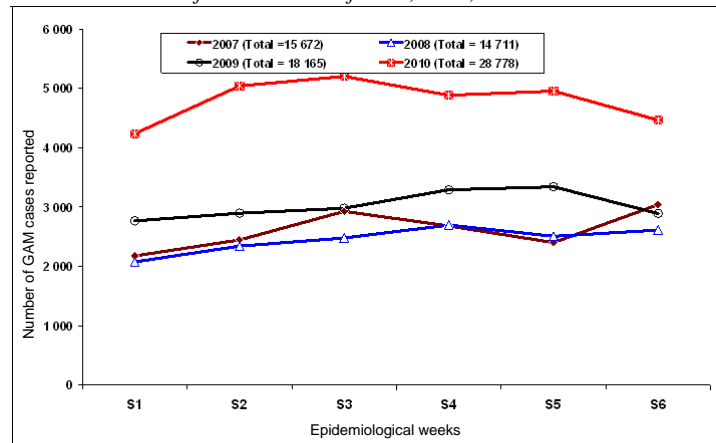
## NIGER



### Assessments and Events

- A food vulnerability survey carried out last December indicates that 2.7 million people (1 in 5 households) are severely food insecure, while 5.1 million are moderately insecure. More than half the population is estimated to have less than two months worth of food stocks to survive until the next harvest in October.
- Between 1 January and 14 February, 28 778 cases of global acute malnutrition have been reported through the surveillance system. Of these, 15 370 were cases of moderate acute malnutrition and 13 408 cases of severe acute malnutrition.
- The Government has launched a support plan highlighting three priorities: two relate to food safety and the third to the prevention of malnutrition and nutritional case management of children under five. Acute malnutrition affects more than 12% of children in this age group.

*Evolution of global acute malnutrition over the first six weeks of 2007, 2008, 2009 and 2010.*



### Actions

- The Emergency Health Assistance unit of the Regional Office for Africa and concerned technical departments in headquarters are working with the Country Office to strengthen WHO's strategy.
- WHO's needs in the CAP 2010 include a request for US\$ 659 000 for emergency nutrition interventions for under-five in Niger.
- WHO is participating to two committees set up by the Government in coordination with UN and NGO partners to address the food security crisis and issues related to food strengthening and iodine deficiency.
- In Agadez, WHO supported the training of seven trainers on the new protocol on the case management of acute malnutrition. These trainers will in turn train almost 80 people on the new system which include new WHO child growth standards.
- WHO's emergency activities are funded by France, Belgium and the CERF.

## MONGOLIA



### Assessments and Events

- Mongolia is currently experiencing a "Dzud", a term for an extremely snowy and cold winter in which large numbers of animals die due to starvation and cold. The weather threatens nomadic and isolated herder families, especially poor families who lack the resources to stockpile food or fuel for heating.
- The Government has declared disaster status in 12 of the 21 provinces and seven others are also categorized as high risk. If immediate assistance is not provided, spreading poverty will lead to mass migration to the cities later this year.

### Actions

- WHO assisted the MoH in developing a proposal to address the most pressing needs including:
  - organization of mental health and psychosocial support teams and distribution of guidelines for mental health, health
  - services for children and pregnant women,
  - protective clothing for emergency health care workers,
  - medical supplies for the treatment of frostbite and hypothermia,
  - support for assessment activities.

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## INTERAGENCY 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:

- **Haiti**
  - OCHA **Financial Tracking Service** (FTS) information session in Geneva with special focus on Haiti on 8 February.
  - **IASC** working level meeting on Haiti on 8 February.
  - **Emergency Directors** meeting on Haiti on 12 February.
  - Meeting of **Cluster Working Group** on early recovery on the post disaster needs assessment on 12 February.
- Cluster Cost and Function Mainstreaming Task Team meeting on 8 February.
- IASC **Humanitarian Financing Group** meeting on 10 February.
- IASC Focal Points meeting on the **Humanitarian Accountability Project** on 10 February.
- Donor-Global Cluster Lead Agencies meeting on 16 February.
- IASC Core Group meeting on **humanitarian space** on 17 February.
- **ECHA** meeting on 17 February.
- The 18-February IASC **Gender Capacity** steering committee meeting in Geneva.
- The Inter-agency Consultation on Establishing Systems to Track Allocations/Expenditures for **gender and GBV programming** in UN Managed Humanitarian Financing Schemes, Geneva, 17-18 February.

*Please send any comments and corrections to [crises@who.int](mailto:crises@who.int)*

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