

FOREWORD

One of the main challenges faced today by all agencies involved in responding to humanitarian emergencies is to secure predictable funding – a prerequisite for timely, efficient and effective action. Another challenge is to ensure equitable funding across emergencies and sectors. The list of so-called “forgotten emergencies” is still far too long; in addition, comprehensive interventions are also impaired by the lack of resources experienced by some crucial sectors, such as health.

This year the United Nations embarked on a humanitarian reform aiming at meeting these challenges by strengthening humanitarian response capacity, coordination and financing. These three interrelated elements are at the core of sound common strategies and coordinated responses to complex emergencies, based on shared analysis of needs and funding estimates. They require the full involvement of not only the UN agencies, but of the entire humanitarian community, including Non-Governmental Organizations (NGOs), as well as national authorities of recipient and donor governments.

The World Health Organization (WHO) fully supports the UN humanitarian reform, in which it plays an important role as the Inter-Agency Standing Committee (IASC) designated lead agency for the Health Sector. It enables an overall health strategic perspective on crises by:

- Coordinating assessment and analysis of the public health situation and identifying the needs of affected populations.
- Coordinating the development of an agreed health sector strategy that informs all humanitarian health interventions, including provision of services as well as financing estimates for these services and advocacy to raise required funds. Such a strategy – with priority activities, key indicators, and a detailed approach of required interventions – is considered the common reference for monitoring and reporting.
- Developing project proposals reflecting resources required to deliver on WHO’s strategic priority functions including, when necessary, the filling of critical gaps in response to ill-health.

In this manner, WHO contributed to the CAP 2006, the Humanitarian Action Plan for the Democratic Republic of the Congo 2006 and the UN Work Plan 2006 for the Sudan.

This Compendium features health needs and WHO's financial requirements for Burundi, Chad, the Central African Republic, Côte d'Ivoire, the Democratic Republic of the Congo, the Great Lakes region, Guinea, Nepal, the Republic of the Congo, Somalia, Sudan, Uganda, the West Africa region, West Bank and Gaza Strip and Zimbabwe.

I trust that the donor community will appreciate the urgency of responding adequately to these needs.

Thank you all for your support.

A handwritten signature in black ink, appearing to read 'AA Alwan', written in a cursive style.

Dr Ala Din Alwan
Representative of the Director-General
for Health Action in Crises
WHO