Assessments and Events

- **In Togo**, the southern prefectures of the Plateaux and the Maritime region are affected by floods. Five people have died and many need to be evacuated. Several bridges were washed away, and access to the affected areas is difficult. Authorities request assistance from the international community.
- **In Niger**, the floods which have killed 12 people and affected almost 27 000 in Zinder and Dosso will increase the transmission of malaria. Although the cholera outbreak has abated and no cases have been reported in the last two weeks, the heavy rains could stir it up. As of 14 July, 540 cases and 52 deaths (CFR 9.8%) cases had been reported. Global acute malnutrition is at 10.7% nationwide.
- **In Benin**, heavy rains have caused floods in Cotonou and neighbouring areas, affecting at least 150 000 people. There are justified fears of greater risk for malaria, diarrhoeas, and respiratory infections, especially among children.
- **In Burkina Faso**, floods have killed 33 people. Meanwhile, meningitis continues to be a threat: between 14 and 20 July, 19 suspected cases and three deaths were notified. As of 20 July, 9677 cases were registered with 953 deaths (CFR 9.8%).
- **In Liberia and in Sierra Leone**, the waters of last week’s floods (in Monrovia and Freetown, respectively) are receding. Floods have also killed 32 persons in Ghana, 41 in Nigeria, six in Mali and two in Mauritania.

**Actions**

- **In Togo**, the Government activated a national emergency plan. WHO participated in the Government/UN assessment to the flood-affected town of Atakpame. The WHO African Regional Office contributed US$ 45 000 for the immediate purchase of drugs and supplies. A joint assessment is planned for the Maritime region.
- **In Niger**, WHO provided two emergency health kits including cholera and malaria drugs and supplies to support the response of the regional Government and MSF. WHO continues to support surveillance, coordination and control. The national polio immunization days were carried out despite the floods.
- **In Benin**, the MoH and health partners, supported by WHO, are responding to the floods by ensuring greater availability of supplies for household hygiene, impregnated bed nets and essential drugs and by strengthening disease control. Measles immunization and distribution of vitamin A are planned for children in communities displaced by the floods.
- WHO’s relief and recovery activities in the sub-region are funded by the WHO regular budget, Ireland, Norway, Spain, ECHO and UNHCR. Norway has pledged additional medicines, supplies and funds for Niger.
A WHO Polio National Officer was wounded in a gun attack in Somalia.

The Internal Displacement Monitoring Centre reports that displacement caused by insecurity and conflict has continued in and around Mogadishu and that the IDP population has reached 1.1 million.

Humanitarian partners are concerned with the donors’ slow response to the different country appeals. Somalia’s revised 2008 CAP is funded at 37%, and only 16% of health requirements are covered.

In Kenya, the resettlement of IDPs continues. Cholera persists in Nyanza province, with 1950 suspected cases and 81 deaths notified. Water samples indicate that 75% of sources are contaminated. In the Rift Valley Province, global acute malnutrition is reported at 28.9% in Turkana district.

In Eritrea, global acute malnutrition ranges from 11 to 21% among children under five and 46 to 54% among adult women. Failed rains raise the risk of a poor harvest.

In Djibouti, more than 80 000 people are facing an acute livelihood crisis, and 35 000 more are at risk due to high food prices. Global acute malnutrition for children under five is around 17%, reaching 25% in the north-west.

In Uganda, the crisis is especially severe in Karamoja, where all health and nutritional indicators are worse than the national averages and where 707 000 persons – 70% of the population – depend on food assistance. Meanwhile, in the north-east of the country, floods have destroyed most of the crops.

Actions

- In Somalia, WHO continues to support disease surveillance. Polio immunization and field activities continue in spite of insecurity.
- In Ethiopia, WHO monitors health and nutrition as well as emergency response capacities in Dire Dawa, Harer and East Hararge. WHO plans to provide technical and financial support to local health authorities to reinforce surveillance and coordination.
- In Kenya, WHO is monitoring IDPs and refugee health and working to ensure health services for population in transit camps and on their way to resettlement.
- In Eritrea, WHO’s support to the MoH outreach work contributed to increase immunization coverage to 70% and to cover more than 50% of the total population with primary health care programmes targeting maternal mortality, communicable diseases and malnutrition.
- In Djibouti, WHO’s priority is outreach of health services.
- In Uganda, where WHO leads the unified Health and Nutrition Cluster, partners work to strengthen surveillance, prepare for epidemics and improve access to health services across the drought affected areas.
- WHO’s emergency work in the Horn of Africa (Ethiopia, Somalia, Djibouti, Eritrea, and Kenya) is funded by Canada, the United Kingdom, the CERF and the local Humanitarian Response Fund.

CHAD

The weekly morbidity and mortality bulletin is available on HAC’s web site.

On 26 July, an ICRC staff member was wounded by unidentified gunmen in Abeche.

Assessments and Events

- In the southern Moyen-Chari region, floods have killed four people in Sarh.
- In the east, humanitarian activities are strongly affected by the general climate of insecurity. MSF-France and MSF-Holland have returned to Dogdore and Adre and MSF-Holland is considering to resume its activities in Kerfi.
- Three cases of acute flaccid paralysis, detected in Guereda, were confirmed by laboratory test.
- As the rains continue, the risk for malaria and watery diarrhoea will increase. Watery diarrhoea has become the first cause of morbidity in the IDP sites of Gassiri, Adé, Bredjing and Farchana. Between 1 and 20 July, 2920 cases and eight related deaths have been reported in the east as well as 1470 cases of malaria and five related deaths.
- Between 9 and 22 July, 18 cases of acute jaundice syndrome and two deaths were reported in Iridimi refugee camp.
- Chad is on the WHO list of countries at high risk of food crisis impact with acute malnutrition of 16.1% and chronic malnutrition of 44.8%.

Actions

- Together with OCHA, WFP and UNICEF, WHO is preparing an assessment in the area of Sarh.
- Following the rise in cases of jaundice, the MoH and WHO conducted an investigation in Iridimi and Touloum camps and collected samples for analysis. In the absence of MSF, the MoH and WHO are looking for alternatives to ensure the provision of health care in Iriba.
- WHO and regional health authorities are reviewing capacities and needs of laboratories. Between 15 and 25 July, Bahai, Iriba et Guereda were assessed.
- WHO donated drugs, supplies, Ringer’s Solution and pills of zinc against...
**DEMOCRATIC REPUBLIC OF THE CONGO**

More information on the DRC is available on [HAC’s web site](http://www.who.int/hac/). DRC is on the WHO list of countries at high-risk of food crisis impact with acute Malnutrition of 20.9% and chronic malnutrition of 44%.

- **Assessments and Events**
  - In **North Kivu**, violence continues six months after the peace agreement signed in Goma, and there are signs that government forces and rebels are rearming and recruiting.
  - The Congo Advocacy Coalition, a collection of international and local aid agencies and rights groups, reports more than 2000 cases of rape last month in the province. Meanwhile Human Right Watch “documented more than 200 killings of civilians and the rape of hundreds of women and girls since January”.
  - In **South Kivu**, 993 cases of cholera and four related deaths were reported between 14 April and 13 July.
  - In **Kasai Occidental**, a upsurge of diarrhoea originated 154 cases and 412 cases in Tshikapa and Lwambo health districts, respectively between 7 and 13 July.
  - In **Kinshasa** and its province, malaria remains a major public health risk with 18 706 cases and 36 deaths reported during the same period.
  - In **Kasai**, 64 000 Congolese expelled from Angola have arrived since 25 May. No adequate infrastructure appears to be ready to receive the expellees who need water, food, medication and transport.

- **Actions**
  - WHO continues supporting disease surveillance throughout the country.
  - In **North Kivu**, WHO conducted an evaluation and needs assessment mission to IDP sites around Masiri, north of Goma. Acute watery diarrhoea is a critical problem in the camps due to lack of safe drinking water and poor sanitation. WHO, as the Health Cluster lead, is working to support Save the Children, currently providing health care in the area, handle case management.
  - In **South Kivu**, efforts to bring cholera under control are ongoing, focusing on case management, chlorination activities and community education and sensitization.
  - In **Kinshasa**, WHO is supporting the MoH for malaria control measures.
  - In **Kasai**, WHO is developing a project to reinforce health care capacities in health centres and frontier posts in the areas where the expellees are residing. Medical kits have been pre-positioned in Kasai.
  - WHO’s emergency activities are supported by Finland, the CERF and the local Common Humanitarian Fund.

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**GUINEA BISSAU**

- **Assessments and Events**
  - Cholera is affecting seven of the country’s 11 regions. As of 22 July, 677 and 17 deaths (CFR 2.5%) have been notified. Bissau and the region of Quinara account for 96% of all cases and 79% of all registered deaths. *Vibrio Cholera* was confirmed in three samples by the Institut Pasteur in Dakar.

- **Actions**
  - WHO is providing logistic and technical support to the national reference laboratory, ensuring among others power supply, and supporting case management at Bissau’s main hospital. The AFRO Regional Office and UNICEF are addressing water and sanitation issues and hygienic conditions in treatment centres.
  - The WHO inter-country team in West Africa provided US$ 20 000 from its regular budget to train health workers on cholera case management. A request for US$ 555 000 has been made to the CERF to respond to cholera.
UKRAINE, MOLDOVA & ROMANIA

Assessments and Events
- Heavy rains in western Ukraine caused serious floods in six provinces. As of 1 August, 34 people had died in Ukraine’s Ivano-Frankivska and Chernivetska provinces, while 25 000 had been evacuated. More than 9000 houses and 24 000 hectares of farmland remained partially flooded. Lack of power still affect 97 towns an villages. The authorities requested support from the UN.
- Authorities in Moldova have evacuated more than 5000 people for fear of floods in the Transdniester region. The floods, which come after a period of severe drought are likely to have critical consequences on food production.
- In Romania, five are reported to have died and more than 10 000 have been evacuated. The Government has indicated that the situation is under control.

Actions
- In Ukraine, The MoH is providing health and sanitation assistance, conducting assessments and implementing measures for the prevention of diseases.
- On 28 July, the UN Resident Coordinator convened an meeting with UNDP and WHO. The Joint UNEP/OCHA Unit on Environmental Emergency is monitoring the situation and the UN Economic Commission for Europe and the EC Civil Protection Cooperation Mechanism are ready provide support.
- A WHO expert participated to a fact-finding/rapid assessment visit to the flooded areas to assess the health needs. Essential drugs and water testing kits and other flood relief items are on stand by. WHO is preparing to support the coordination of response efforts.
- The WHO Regional Office for Europe is in contact with the Country Offices in Romania and Moldova, should assistance be requested.

GUATEMALA

Assessments and Events
- Floods and landslides have killed 20 people in the southern province Zacapa and two in Guatemala City. More than 3000 persons have been displaced to shelters, a number that is expected to increase. The municipality of La Union is the most affected.

Actions
- The national Emergency Operations Centre was activated and coordinated the mapping of areas prone to landslides.
- Nearby municipalities are providing health care to people in shelters, while regional health authorities are disinfecting aqueducts.
- WHO/PAHO is supporting the MoH for surveying the damages and organizing the response.

AFGHANISTAN

Assessments and Events
- The northern provinces are suffering from severe water shortage and food insecurity due to failed rains. The rise in food and fuel prices brings new dimensions to social and economic distress. An estimated 4.5 million people, chiefly IDPs, returning refugees and the chronically poor, are in need of aid.
- In the south, 17 districts experiencing civil unrest have no access to health services.
- Data from the MoH indicate that both global and severe acute malnutrition rates have increased to 19.7% and 6.7% respectively. Severe malnutrition among breastfeeding and pregnant women ranges between 24% and 19%.

Actions
- WHO participated in a Global Health Cluster mission to Nangarhar and Kandahar provinces to see how the health cluster is addressing the need of communities with no access to health services and how to improve the situation.
- The outbreaks of pertussis, measles and diphtheria reported by the disease early warning system sentinel sites were investigated and dealt with. WHO provided antitoxin diphtheria for the suspected cases of diphtheria.
- WHO distributed emergency supplies to local health facilities for the returnees from Pakistan in the east and IDPs in the north. Four trauma kits are available in Kabul and WHO also sent supplies to the south and west.
- Together with Health Cluster partners, WHO has revised its requirements to US$ 2.5 million to ensure that:

The Government and the UN launched an appeal for US$ 404 million to support the emergency response to drought and food insecurity in 17 provinces. Health, WASH and nutrition are among the priority sectors to prevent malnutrition and deterioration of health in the most food insecure provinces.

The Health Cluster is seeking for other potential sources of funding for the rest of the appeal.
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/

- Timely detection and control of disease outbreaks;
- Proper case management for communicable diseases;
- Quality control for the water provided by the Ministry of Rural Rehabilitation and Development and the WASH Cluster.
- Funds will also be used to promote hygiene in the affected communities, assess the status of health infrastructure, the availability of human resources and the quality of services, and strengthen coordination to improve response.

INTER-AGENCY ISSUES

- **Gender.** The IASC Gender SWG e-learning initiative group met on 31 July. The SWG will meet again on 6 August. The next face to face meeting of the SWG will be held in New York on 6-7 October.
- An inter-agency meeting on **Information Management** took place on 28 July.
- A training of trainers workshop on the **Consolidated Appeals Process** was held in Geneva on 29-31 July.
- The UN **Executive Committee on Humanitarian Affairs** met on 30 July.
- The Inter-Agency Working Group on **Disarmament, Demobilization and Reintegration** met on 30 July.
- WHO participated in the OCHA/UNHCR CAP workshop on **Iraq** and surrounding countries held in Amman on 27-28 July.
- **Clusters.**
  - A Workshop on the Cluster Approach will take place in Bujumbura, Burundi around mid-August.
  - A global Cluster Lead meeting with the World Economic Forum will be held on 9 September.
- An International **Disaster and Risk** Conference will take place in Davos on 25 August.

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

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