**UKRAINE**

Assessments and events:
- Torrential rains from 30 June to 2 July caused flooding in the East of Ukraine, damaging farms, buildings and the telecommunication network.
- Two persons were killed by flash floods, and so far 5000 people are considered to be directly affected. Close to 1.9 million people live in the affected areas.
- National and local authorities are clearing up and assessing the damage as well as providing safe drinking water.
- The IFCR is conducting a survey to assess the emergency needs of the affected populations.

**Actions:**
- WHO is liaising with the national health authorities and the IFRC.
- MOH and WHO are monitoring the epidemiological situation. Although no outbreak of waterborne diseases have been detected, close surveillance of public health threats needs to be maintained in the affected areas.

**HORN OF AFRICA**

Assessments and events:
- Some 8.5 million people mainly from pastoralist communities across the region are affected.
- In Somalia, 12 out of the country’s 19 regions are now infected by polio with 211 confirmed cases countrywide, 26 of which were identified in 2006.
- In Ethiopia, an outbreak of acute watery diarrhoea (AWD) was reported in Oromiya. The conflict in the Borena zone, Oromiya, remains a concern as several thousands of people are thought to have been displaced.

**Actions:**
- In Djibouti, WHO is providing technical support to the MoH and local health authorities to improve the capacities of the country’s mobile units. Concurrently, field visits to hospitals and health centres are continuing to assess the coverage of essential health services. Nutritional surveillance is ongoing.
- In Eritrea, WHO is working with the Orotta School of Medicine in putting together the health profiles of the 28 affected districts.
- In Ethiopia, WHO is assisting the Federal MoH in responding to the AWD outbreak. A national programme officer was dispatched to Borena to assess the needs. Essential drugs were provided to Oromiya and Somali regions to offset the current shortages. WHO and humanitarian partners are supporting the MoH in organizing an health and nutrition assessment following the short rainy season.
- In Kenya, the National Red Cross Society assisted WHO and the MoH in distributing the medical kits to the affected regions. Training on the integrated diseases surveillance and response system were organized for district teams in Garissa and Isiolo.
- In Somalia, between November 2005 and May 2006, 1.43 million children aged 9 months to 12 years were vaccinated against measles. Cold chain equipment is being distributed. A training on the surveillance and control of communicable diseases in emergencies was organized for nurses working in the Lower Shabelle.
- 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**

Assessments and events:
- Humanitarian and UNMIS activities were suspended temporarily by the Government, which has refused a UN Darfur peacekeeping mission.
- In South Darfur, violence has increased in Kalma camp, the largest IDP camp in Darfur located near Nyala.
- In North Darfur, insecurity and restricted access for NGOs are hindering
health care delivery in Shangil Tobayi and in Abu Shoak camp.

- Between 21 April and 18 June, 2007 cases of acute watery diarrhoea (AWD), including 77 deaths, were reported in nine out of 15 states in northern Sudan. Of these, 35.3% occurred in Khartoum state and 26% in North Kordofan. The remaining occurred in White Nile, South Darfur, South Kordofan, Kassala, Red Sea, Al Gezira and River Nile.
- Between 28 January and 14 June, 16 187 cases, including 476 deaths of AWD were reported in eight out of ten states in southern Sudan. Vibrio cholerae was laboratory confirmed in several samples.

**Actions:**

- In response to the outbreak of AWD in northern Sudan, the MoH, WHO, UNICEF and partner NGOs are strengthening case management, surveillance, social mobilization and chlorination of water sources.
- A task force under the MoH of the Government of Southern Sudan, including the Federal MoH, WHO, other UN and non-governmental partners has been established to coordinate the public health response. Control measures include strengthening surveillance, case management, health education and hygiene, and chlorination of public water supplies.
- In North Darfur, following the report of 14 cases of acute jaundice, the State MoH and WHO are strengthening environmental health and sanitation activities in affected camps.
- As part of cholera preparedness, 35 community health workers trained by WHO started sensitization activities on water and food safety, hygiene and sanitation in As Salam and Abu Shoak camps.
- WHO provided drugs to the NGOs Relief International and GOAL in Kafod and Kutum following the report of suspected cases of meningitis. Local staff in Kutum hospital were trained in sample collection and transport.
- In South Darfur, WHO supports the Nyala Teaching Hospital in the management of AWD cases and provided IV fluids, oral rehydration salts and consumables. WHO is assisting the Hospital in monitoring the quality of medical services in all inpatients wards.
- The WHO pharmacy in Nyala continues providing free drugs and consumables for healthcare to IDPs and other vulnerable populations.
- In West Darfur, cleaning and hygiene promotion campaigns are ongoing in camps with support from WHO and other health partners. WHO and UNICEF are planning to check the chlorination of all water sources in the six camps around El Geneina.
- Between 20 and 25 June, more than 180 000 children aged 9 months to 15 years were vaccinated against measles in El Geneina.
- In 2006, contributions for WHO’s emergency activities were received from the European Commission, Finland, Ireland, Switzerland, the Central Emergency Response Fund and the 2006 Common Humanitarian Fund.

**Assessments and events:**

- In Java, the emergency phase is officially over and rehabilitation and reconstruction have begun.
- The mobile clinic programmes supported by WHO will finish this week; other agencies and organizations are encouraged to continue the programme.
- The management of medical aid is a priority as 7 to 8 tons of expired and unstable drugs have accumulated.
- Access to safe water and adequate sanitation remain a problem for affected populations.
- As of 5 July, the total number of reported tetanus cases was 77, including 29 fatalities. No other outbreaks were reported.

**Actions:**

- As of 1 July, immunization coverage for measles was 78.2% and 46.8% for tetanus in Yogyakarta and central Java provinces.
- WHO is supporting a training of trainers to be conducted from 18 to 21 July for psychosocial supervisors working in primary health centres.
- WHO and the Field Epidemiology Training Programme of Gadjah Mada University will conduct a training on the early warning and response system for post disaster disease surveillance.
- The Indonesia Earthquake Response Plan was launched in Geneva on 6 June.
WHO is requesting US$ 5.4 million to cover the health needs of the affected populations. Thanks to pledges totalling US$ 2.24 million from Australia, Canada, Iceland, Monaco, Sweden, the United Kingdom and the United States, over 40% of total funds requested have been obtained.

**UGANDA**

**Assessments and events:**
- The security situation in districts of Gulu, Kitgum, Pader, Lira and Apac remains stable.
- Measles and cholera continue spreading throughout camps in Pader and Kitgum. As of 12 July, 245 suspected cases of measles, including 7 deaths, and 20 cases of cholera were reported in Pader. In Kitgum, 22 cases of measles have been reported and the number of cholera cases has risen to 912, including 11 deaths. A further 27 cases of cholera, including 2 deaths, have been registered in Gulu. While no cases of measles have been reported in Gulu, it will be included in the upcoming mass vaccination campaign.
- According to the MoH, 972 suspected cases of measles, of which 120 were confirmed, have been reported nationwide since the beginning of June. Eight deaths were recorded, all children aged five years or below who had not been immunized during the last mass vaccination campaign.

**Actions:**
- The Gulu Town Council created a multisectoral taskforce with WHO’s support. WHO is supporting surveillance, monitoring case management in the Regional Hospital, ensuring that water testing equipment is available and disseminating education and communication material.
- In Pader and Kitgum, WHO is supporting acute watery diarrhoea surveillance, monitoring the preparedness of treatment centres and hygiene promotion activities.
- The MoH and WHO immediately responded to the measles outbreak with a mass vaccination campaign for 20 000 children under five in the camps. A larger scale measles campaign is scheduled to start on 14 July.
- WHO is supporting community mobilization for mass measles vaccination, providing technical support and follow up of case management and providing drug and vaccine supplies.
- In 2005-2006, WHO’s emergency activities were supported by the European Commission, Finland, Norway, Sweden, the United Kingdom and the United States.

**TIMOR-LESTE**

**Assessments and events:**
- Security in Dili continues to improve.
- There are still about 150 000 IDPs, of which up to 72 000 are reported to live in 59 camps in and around Dili.
- The MoH, in conjunction with WHO, established a health surveillance and response system for IDPs in early June. The latest data shows that acute upper respiratory infection (64.9%) continues to be the main disease affecting IDPs, followed by skin infections (10.3%), malaria (7.3%), acute watery diarrhoea (7.3%), injuries (3.7%), conjunctivitis (3.4%), and pneumonia (2.6%).

**Actions:**
- The MoH, with support from WHO, UNICEF and UNFPA, is planning to conduct a rapid assessment of reproductive health, family planning and child health in affected districts.
- WHO continues to support the MoH in disease surveillance and response activities. The WHO Country Office is participating in data collection, management and analysis, and in the identification and investigation of outbreaks. An epidemiological software was developed by WHO to support the provision of timely information to decision makers and stakeholders.
- WHO participated in the Flash Appeal launched on 12 June, requesting US$ 1.3 million to support coordination, epidemic preparedness, early warning and response, maternal health, gender-based violence prevention and the provision drugs and consumables. So far, no pledges have been received.
DEMOCRATIC REPUBLIC OF THE CONGO

Assessments and events:
- Demonstrations have taken place in Kinshasa ahead of the general elections on 30 July. Soldiers from the European Union are arriving in the DRC to assist the 17,000 UN peacekeepers during the polls.
- In the District of Ituri, Orientale province, fighting is reported to have displaced an estimated 7,000 people from affected villages to Bunia.
- The plague outbreak in Ituri is stabilizing. As of 7 July, 202 cases have been notified, including 26 deaths, in 14 rural health zones 180 km north of Bunia.
- A fourth case of wild polio virus was notified in the Kasai Occidental.
- Since the beginning of the year, 105 cases of whooping cough, including 5 deaths, have been reported in the area of Monieka, Equateur province, indicative of the low vaccination coverage in the province.

Actions:
- In Ituri, WHO continues to provide technical and financial support the MoH, local health authorities and health partners in the response to the plague.
- Starting on 14 July, WHO is conducting a second round of polio immunization activities targeting 5.8 million children under five in Bas Congo, Kasai Occidental, Kasai Oriental, Bandundu and Katanga. WHO and the MOH have planned additional polio immunization activities in August and in September targeting a total 10 million children.
- WHO is providing financial support to the MoH for a mission to Monieka to assist local authorities in the response to the whooping cough outbreak.
- WHO provided ten laptops to the MoH to facilitate the work of the TB focal points in the various provinces and two four-wheel-drive vehicles for a project against river blindness in North Kivu.
- In 2006, WHO’s emergency activities are supported by Finland. Funds have been pledged by the Humanitarian Fund and the Central Emergency Relief Fund.

INTER-AGENCY ISSUES

- ECOSOC. The ECOSOC Humanitarian Segment is taking place in Geneva from 14 to 19 July.
- Gender-based Violence. The GBV Group of the IASC Taskforce on Gender and Humanitarian Action met on 11 July.
- Early Recovery. On 12 July, the UNDP Assistant Administrator and Director of the Bureau for Crisis Prevention and Recovery and representatives from the Cluster Working Group presented the outcomes of the workshop held on 8-9 June.
- UN-NGO relations. A IASC-NGO meeting at the level of Heads of Agencies took place in Geneva on 12-13 July to enhance the effectiveness of humanitarian action.
- Protection from Sexual Exploitation and Abuse. The new inter-agency working group on training and awareness of the Taskforce of UN Executive Committee on Peace and Security and the UN Executive Committee on Humanitarian Affairs on Protection from Sexual Exploitation and Abuse, will meet in Geneva on 17 July.
- Internal Disaster Response. On 17 July, IFRC is organizing an ECOSOC side-event entitled “Improving the legal framework for the facilitation, coordination and regulation of international disaster response”.
- Humanitarian Funding. The launch of the Mid-Year Review of the Humanitarian Appeal 2006 will take place on 18 July.
- Transition. The next meeting of the UNDG-ECHA Working Group on Transition will take place on 21 July.
- Consolidated Appeal Process. The next CAP Sub-Working Group meeting will take place on 25 July.
- Gender and Humanitarian Action. The next meeting of the IASC Taskforce will take place on 25 July.

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

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