Assessments and Events

- As of 11 December, 16 700 cases and 792 deaths (CFR 4.7%) have been reported in 9 of 10 provinces. Around 60% are reported in Harare – where the main two public hospitals are closed –, 23% in Beitbridge, 8% in Mudzi and 2% in Chitungwiza. Figures are based on the number of people who have been seen at hospitals and health centres and the death toll is likely to be much higher.
- The outbreak has spilled over into neighbouring countries, with cases confirmed in South Africa (460 cases/9 deaths), Botswana and Mozambique.
- Water and sanitation systems have collapsed or been greatly reduced, resulting in serious water shortages.
- The Ministry of Health and Child Welfare (MoHCW) has declared an emergency and is requesting international assistance, including medicine, equipment and food for patients.

Actions

- WHO is working with the MoHCW and partners (UNICEF, IOM, OXFAM-GB, MDM, ICRC, ACF, MSF, Plan International, GOAL, SCF-UK and others) to strengthen Health Cluster coordination. WHO established a coordination centre to oversee the implementation of a comprehensive and multi-sectoral response.
- ADG/HAC and the WHO Coordinator for Disease Control in Humanitarian Emergencies Programme led a team of WHO experts from headquarters and the AFRO Regional Office – including a logistician, an epidemiologist, a communication officer and an infection control/water sanitation officer – to Harare to strengthen the strategic health emergency response and provide operational support to the Country Office. A social mobilization expert also arrived from the WHO Country Office in Mozambique.
- WHO continues shipping emergency health supplies. So far, WHO procured medicines and supplies for 2000 severe cholera cases or 8000 moderate cases as well as enough supplies to treat 50 000 people for three months for common conditions. More supplies are due to arrive. WHO is also mobilizing drugs and IV fluids in South Africa.
- WHO prepared a US$ 6 million funding proposal outlining its planned response to the health crisis.

DEMOCRATIC REPUBLIC OF THE CONGO

Assessments and Events

- Between 24 and 30 November, 338 new cholera cases and 13 deaths were reported in North Kivu, compared to 616 during the previous week. This brings the total number of cases since January to 10 078 and 201 deaths. Of the zones for which data are reported, the most affected are Goma and Karimbisi (in the town of Goma) as well as Rutshuru, Kirotshi, Mweso, Birambizo, Masisi and Pinga, all rural health zones.
- Ten cholera treatment centres are providing care, including four in Goma. Case management is adequate and case fatality has remained under 1%.
- The number of cases reported in Goma increased markedly since the beginning of the fighting, with 1205 cases notified between 15 September and 30 November.

Actions

- In North Kivu, WHO is providing medical supplies as well as technical and logistic support to NGO partners working in IDP camps. Most recently, WHO provided basic health supplies for 2000 persons, oral rehydration salts and Ringer lactate to International Medical Corps.
- WHO is also conducting routine data collection in provincial health facilities and following up on the available stocks of medical supplies in Goma.
- In South Kivu, WHO and MSF-Holland and AMI are organizing the cholera
**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/](http://www.who.int/hac/)

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### CHAD

[Map of Chad]

See also the [weekly mortality and morbidity report](#) for eastern Chad.

The Health Cluster meeting was held in Abeche on 10 December to discuss activities planned for 2009.

#### Assessments and Events
- Since October, a series of attacks have forced aid groups to suspend most of their activities in Dogdore, leaving more than 24,500 IDPs and 4000 local residents without assistance. MSF-France is expecting to return shortly.
- Between 1 January to 7 December, 2118 cases of jaundice and 29 deaths (CFR 1.4%) were reported in eastern Chad, including 22 between 1 and 7 December. Adre health district reported 18 of the latest cases, of which nine were from Bredjing camp, eight from Treguine camp and one from Goungour health centre. During this same week, 15 new measles cases were reported in Abeche.

#### Actions
- WHO and partners continue strengthening surveillance and case management.
- WHO, UNICEF, WFP, UNFPA, UNHCR and the Ouaddai regional health authorities organized a training of trainers on the case management of severe malnutrition. WHO presented the WHO child growth standards. A similar training is planned mid-December in Abeche.
- WHO is collecting nutritional data to issue a bulletin by the end of the year.
- WHO's emergency response is funded by ECHO, Italy, Finland, Spain and the CERF.

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### CENTRAL AFRICAN REPUBLIC

[Map of Central African Republic]

#### Assessments and Events
- In Haute Kotto prefecture, the health system is characterized by poorly qualified and unmotivated staff, lack of equipment and medicines and insufficient supervision. Epidemiological surveillance is weak and referral ineffective.
- The emergency ward of Bria hospital has little capacity and is generally unable to respond to the increasing number of rapes reported in the prefecture. Of the 29 cases admitted since January, none received psychosocial support.
- Recovery costs are reducing accessibility for the poorest segments of the population.
- Meanwhile, the rainy season and lack of safe drinking water are raising the number of diarrhoeas reported in health facilities.

#### Actions
- From its sub office in Ndele, WHO is conducting regular assessment missions to Bamingui Bangoran and Haute Kotto prefectures.
- WHO helped health authorities in both prefectures train local staff on surveillance. WHO is also preparing training on the management of rape and sensitization activities on the subject for communities and authorities.
- WHO is looking into providing drugs to Bria hospital, particularly for the obstetrics and emergency wards.
- WHO and the NGOs AMI and Solidarités are coordinating community awareness activities on water safety.
- Funding for WHO’s emergency activities has been received from Finland, the Humanitarian and Development Partnership Team and the CERF.

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### SUDAN

[Map of Sudan]

#### Assessments and Events
- In the Darfur region, the reporting timeliness of the early warning and alert response system is 96%. Data shows that the health service utilization rate is 1.1 visits/person per year for the period 30 November to 6 December. 41.5% of all consultations were for children under five and a quarter of these for acute respiratory infections.
- In Southern Sudan, sporadic cases of acute watery diarrhoea continue to appear in Juba teaching hospital. Throughout the region, 16,931 cases have been reported between 1 January and 30 November.

#### Actions
- Throughout the country, buffer stock of rapid test for meningitis drugs and
See also the Regional Office for the Eastern Mediterranean web site.

trans-isolate media for the transport of samples were pre-positioned in high-risk states ahead of the upcoming meningitis season.

- In Darfur, epidemiological surveillance has been enhanced ahead of the malaria high-risk season.
- In South Darfur, WHO and the State MoH followed up on suspected cases of haemorrhagic fever. An isolation room in Al Daen hospital will be created for any suspected cases and WHO provided personal protective equipments. WHO conducted a series of training activities for health staff: the integrated management of childhood illness in Nyala, safe blood transfusion in Kass and integrated case management in Eldein. WHO also supported routine water quality control in Nyala town and Eldein IDP camps and donated anesthesia reagents and consumables to Nyala Teaching Hospital.
- In North Darfur, WHO supported routine water quality control in El Fasher town and Abu shook and Asalam IDP camps. WHO also provided training on meningitis surveillance, investigation and case definition, health information management and on the integrated management of childhood illnesses for State MoH staff.
- In West Darfur, routine water quality testing was carried out in Geneina and Zalengi localities. WHO also provided training on active case finding, outbreak investigation and malaria management and control in Zalangi.
- In Southern Sudan, WHO conducted a preparedness training against viral hemorrhagic fevers in Northern Bahr el Ghazal.

WHO’s activities in Sudan are funded by the Common Humanitarian Fund, Finland, the CERF, Italy, Ireland, ERF and ECHO.

AFGHANISTAN

Assessments and Events
- Between 24 and 30 November, the 128 sentinel sites of the WHO/MoH Disease Early Warning System reported 164 suspected cases of meningitis, of which 93 were reported in the northern Balkh region. During the same period, 184 suspected cases of hepatitis, six suspected cases of measles and 899 cases of typhoid fever were reported.
- Preparation has begun for the upcoming winter. Last year, extreme cold killed more than 1100 people and maimed more than 100. The western regions and particularly Herat province were the most affected.

Actions
- WHO helped the MoH investigate the reported measles cases, of which five were reported in the same village, and ensured proper case management and health education.
- A community awareness campaign for the prevention of veno-occlusive disease was conducted in Herat’s Gulran district on 6-20 November with provincial health authorities and the MOVE Welfare Organization. Twelve billboards were installed in the district targeting 35 000 residents. The Italian Cooperation and UNICEF provided support.
- As the Health Cluster lead agency, WHO called on all health partners to prepare for the upcoming winter response. The office of the humanitarian coordinator and the humanitarian country team are coordinating inter cluster preparedness.
- WHO distributed emergency health kits to facilities in high-risk provinces. The supplies ensure surgical supplies for trauma, such as frostbites, as well as medicines for pneumonia for 300 people.
- WHO participated in a UN joint mission to Badghis and Ghor provinces to assess needs for the winter and organize an action plan. WHO and UNICEF will supply stocks of emergency and pneumonia medicines to high-risk districts for the provision of a basic package of health services. The MoH and WHO will monitor the action plan and provide required training for mobile teams and health centres staff.
- WHO’s activities are funded by the CERF, Norway and USAID.

INTER-AGENCY ISSUES
- The Flash Appeal for Kyrgyzstan was launched in Geneva on 9 December.
- The IASC weekly meeting in Geneva briefed on the Democratic Republic of the Congo and Uganda.
- The IASC Gender Sub-Working Group met on 10 December.
• An inter-agency meeting on the effects of natural disasters in the Caribbean and OCHA’s Regional Office role in facilitating and supporting international response took place in Geneva on 10 December.
• An inter-agency meeting on emergency response/preparedness strengthening in Central Asia will take place in Geneva on 15 December.
• The next IASC Plenary meeting will take place in New York on 16 December.
• The IASC Task Team/Global Cluster Leads will meet on 16 December.
• The Consolidated Appeals Process kick-off will take place on 15 January in Geneva.

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

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