



WHO staff and volunteers carry boxes of medicines and supplies while they cross flooded areas to reach a health facility in Aroma locality, Kassala, East Sudan. A. Alhassan/WHO 21 August 2013 – Floods affecting parts of the Eastern Mediterranean Region have killed hundreds of people and left thousands more homeless.

As the monsoon season begins, heavy rains have triggered flash floods in Pakistan, claiming the lives of 154 people, destroying entire villages and leaving thousands homeless. In Punjab and Baluchistan, the floods have also caused damage to health facilities, although the extent of the damage has not yet been determined.

WHO has established an emergency flood operations centre and is working with local health authorities and partners to ensure an effected and coordinated response to the floods. Nine camps have been set up for more than 2500 internally displaced people, and 15 mobile clinics and medical camps have been set up in areas where health services are inaccessible or unavailable.

Medicines and medical supplies have been prepositioned so that they can be quickly delivered to where they are needed most; WHO has so far provided emergency health kits containing medicines and medical supplies for 152 088 people for three months, as well as anti-snake venom to fill shortages in affected districts, and anti-scabies treatments to districts reporting high numbers of scabies cases and other skin infections.

Stagnant water resulting from the rain increases the risk of water-borne and vector-borne disease. Disease early warning and response systems (DEWS) have been activated across flood affected districts, and WHO's rapid response teams are responding to alerts/outbreak in the flood affected areas in close coordination with the health department and nongovernmental organizations partners. To date, DEWS has reported cases of malaria, diarrhoea, gastrointestinal and skin diseases have been reported in affected areas in Punjab and Balochistan, and acute watery diarrhoea, measles, neonatal tetanus and diphtheria have been reported in affected areas in Karachi and Thatta. All reported cases have been responded to.

An outbreak of measles was reported on 19 August 2013 from Naseerabad district with one death and six suspected cases. Two blood samples were collected for laboratory confirmation and vitamin A drops provided to patients. Health education session conducted in the locality regarding the importance of routine immunization and isolation of the cases. A vaccination team has been sent to the affected areas by the department of health to assess the vaccination status and further immunization of unvaccinated children.

To decrease the risk of disease outbreaks, WHO has provided anti-malarial medicines, rapid diagnostic tests to avoid the spread of malaria and dengue; soap, hygiene kits, oral rehydration salts and water purification kits to decrease the spread of water-borne diseases; and medicines for the treatment of diarrhoea.

In Afghanistan, flash floods and high levels of water in the Surobi district of Kabul province have affected 519 families in 17 villages, destroyed 458 homes, left 30 dead, and resulted in 22 missing people. The district hospital has been severely damaged, causing some services to be suspended. There is a significant amount of agricultural damage, and water wells in all villages are reported to be contaminated.

WHO has participated in an inter-agency mission to affected areas to identify the needs of affected populations, and met with district hospital staff, community elders and female community volunteers. Immediately after the assessment mission, WHO provided one supplementary and three basic health kits for 13 000 people for three months, as well as one dispensary tent. WHO also coordinated with Médecins Sans Frontières and Life Support for Civilian War Victims nongovernmental organization to ensure the referral of emergency patients to Kabul until the district hospital resumes full functionality. WHO will rehabilitate the damaged infrastructure and provide the equipment needed for functionalization of the surgical theatre and therapeutic feeding centre.

Community service efforts organized by WHO and partners include provision of water chlorination tablets and organizing household visits to raise awareness on avoiding risks of water-borne diseases. WHO continues to monitor the situation and will provide essential medical supplies and other health and coordination services as needed.

In Sudan, floods resulting from heavy rains have led to 48 deaths and affected almost 320 000 people. More than 52 000 houses have been damaged throughout the 14 affected states. The situation is expected to deteriorate as heavy rains continue in many parts of the country.

There is an increased risk of communicable disease outbreaks as a result of the floods, especially acute watery diarrhoea, malaria, dengue, and Rift Valley fever. In addition to inconsistent chlorination, population movement, flooded and destroyed toilets and poor community hygiene practices are considered risk factors for the potential outbreak and spread of acute watery diarrhoea.

Following rumours of suspected cases of diarrhoea in Ombadah locality, Khartoum State, an investigation team was immediately deployed by the Federal Ministry of Health and reported no cases of diarrhoea in the area. Over the last 72 hours, the trends of notifiable communicable diseases have remained within the normal range.

A high density of house flies and mosquitoes has also been observed during the last two weeks in Khartoum, Red Sea and North Darfur States. Currently, volunteers are searching for breeding sites in the identified states and will be immediately followed by spraying and house-to-house health education campaigns, as well as distribution of long-lasting insecticide-treated nets (LLINs).

The health sector identified areas which need urgent interventions, including mobile health facilities, essential medicines and supplies, solid waste management, water quality monitoring, vector control, hygiene promotion, as well as training of volunteers on chlorination. With the Federal Ministry of Health (at the national level) and State Ministries of Health (at the State level), WHO coordinates activities of health partners on the ground to avoid overlapping of activities, and to collate data for the response.

To date, there are 96 temporary health facilities functioning in different flood-affected localities with adequate number of health workers, including medical doctors, medical assistants, laboratory technicians and nurses. However, the Federal Ministry of Health has highlighted the urgent need for more temporary health facilities, as well as mobile health clinics, to provide health services to affected communities.

WHO is working in close collaboration with partners and the Ministries of Health in Khartoum, five states of Darfur, Kassala, Blue Nile, South Kordofan, and Abyei. WHO is supporting entomological surveys along with spraying campaigns targeting mosquito breeding sites in Darfur. WHO provided medicines, supplies, as well as disinfectants, to restore the services of EI

Fasher maternity hospital which was earlier damaged by heavy rains.

WHO also provided two emergency basic health kits containing medicines and medical supplies for 20 000 people to support mobile health clinic activities in the Damazine locality. Moreover, WHO will support the Ministry of Health's urgent financial requirements to implement activities identified in its 10-day response plan. Additionally, essential medicines required for operating mobile health clinic in Alkow, Aroma locality were delivered to the village.

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