SITUATION OVERVIEW

- In Bosnia and Herzegovina, 23 people died, and 5000 are still reported to be displaced. As of 10 June, 1560 people remain in 39 temporary accommodation facilities. At the peak, 20 000 people were displaced and 1 million affected. Immediate needs for recovery are estimated to be US$ 153 million.

- In Croatia, three people died, 15 000 are displaced and 30 000 need assistance, according to the latest available figures. The floods are estimated to have damaged 4000 houses.

- In Serbia, 34 people died, and 2500 people are still accommodated in shelters in Belgrade, according to the latest figures. At the peak, 32 000 people were displaced and 180 000 needed assistance, with 1.6 million living in the 39 affected municipalities.

- The weather is improving and water levels are falling. Removal of debris and cleaning and disinfection of soil, roads and buildings are progressing in all three affected countries. Municipalities are still trying to re-establish services (including electricity, water and transportation) in large parts of the affected areas.

- In addition to the risk from dislodged landmines in Bosnia and Herzegovina, landslides still threaten several communities and hamper road traffic.

- The final report of the United Nations Disaster Assessment and Coordination Team (UNDAC) in Serbia was published online (http://www.undp.org.rs/download/Final%20UNDAC%20Report%20-%20Serbia%20Floods%20May2014.pdf).

- A temporary field hospital has been set up in Obrenovac, Serbia, where 30 doctors and other staff are providing health services, including specialist services such as minor surgery and diagnosis, including X-ray.

- On 5 June 2014, the health ministers of Bosnia and Herzegovina, Croatia and Serbia visited the Dr Josip Bencevic General Hospital in Slavonski Brod, Croatia, which hosts patients evacuated from Republika Srpska.
EFFECTS ON HEALTH

- The epidemiological situation remains stable in all three countries, with no outbreaks of infectious disease reported from the flood-affected areas. The health authorities continue enhanced epidemiological surveillance. Health facilities have been damaged or destroyed in all three countries: four primary health care centres and 15 field outposts damaged in Bosnia and Herzegovina, nine primary health care centres damaged in Croatia, and at least 14 health facilities damaged or destroyed in Serbia.

WHO RESPONSE

- The Emergency Support Team established at the WHO Regional Office for Europe’s Emergency Operations Centre continues to provide technical and operational support to all three countries through the WHO country offices. WHO emergency, environmental and communications experts are working closely with the WHO country offices and health authorities to address the countries’ medium- and longer-term health needs in the aftermath of the disaster. The WHO Regional Office for Europe sent additional WHO staff with expertise in emergency management and recovery to support the country offices in Bosnia and Herzegovina and Serbia in coordinating the emergency response and making the transition to recovery.

- Expert missions to the affected countries are organized to provide targeted expert advice to address specific public health challenges related to the floods. For example, a WHO expert in vector control went to Serbia to consult with health authorities and partners, and to conduct site-visits in order to provide strategic advice to the government on priority interventions for mosquito control. WHO experts continue to provide technical advice on vector-control measures to all three countries. WHO is supporting the Serbian health ministry in developing an emergency health strategy.

- Two Interagency Emergency Health Kits (IEHKs) were delivered on 6 June and given to the Ministry of Health of the Federation of Bosnia and Herzegovina and the Ministry of Health and Social Welfare of Republika Srpska; these were sent to Zenica and Banja Luka, respectively. One interagency diarrhoeal disease kit and one IEHK were distributed to local hospitals in Croatia.

- In Bosnia and Herzegovina, WHO continues actively to participate in the multisectoral coordination meetings chaired by the United Nations Resident Coordinator, and holds regular health-sector coordination meetings. WHO facilitates the health-sector coordination meetings being conducted in Serbia.

- Post-disaster needs assessments (PDNAs) are planned. In Bosnia and Herzegovina, the collection of data is being completed, and compilation and analysis are underway. Similarly, preparations for a PDNA continue in Serbia, where a training workshop is planned for 17–18 June.
• In Bosnia and Herzegovina, an initial round of aerial spraying started on 6 June, with spraying of flood-affected municipalities in the Federation, Republika Srpska and Brcko district. Larvicide and adulticide spraying from the air and on the ground are continuing in Croatia, and include Posavina canton in the Federation of Bosnia and Herzegovina.

• The United Nations Central Emergency Response Fund (CERF) accepted WHO’s proposal for a project to provide life-saving health interventions, access to essential health services and emergency public health action for flood-affected communities in Serbia. The amount granted for life-saving activities within the project is US$ 236 115.

HEALTH PRIORITIES

• Enhanced disease surveillance and early warning for communicable diseases in the affected areas need to be continued.

• The flooding might contribute to increased breeding of the Culex mosquito, which transmits West Nile virus (WNV), resulting in an earlier or stronger WNV season. Sustained WNV activity has been observed in these and other countries in the WHO European Region in recent years.

• Dislodged landmines pose a serious risk of injury in Bosnia and Herzegovina and in Gunja and Vrbanja municipalities in Croatia.

• Particular attention needs to be paid to vulnerable groups in the relief and recovery phase.

• Removal of dead livestock and decontamination of soil remain a priority.

• The planned PDNAs need to quantify estimates of losses of health services and resource requirements for the rehabilitation of damaged health facilities, to ensure that sufficient resources are mobilized to ensure the rapid recovery of health services.

• Mental health and psychosocial support services are needed for the affected populations, as mental disorders (stress, aggressive behaviour and recurrent nightmares) are common after flooding.

DONORS

Donors of resources to support recovery include the governments of Italy, Norway and the Russian Federation, and CERF.