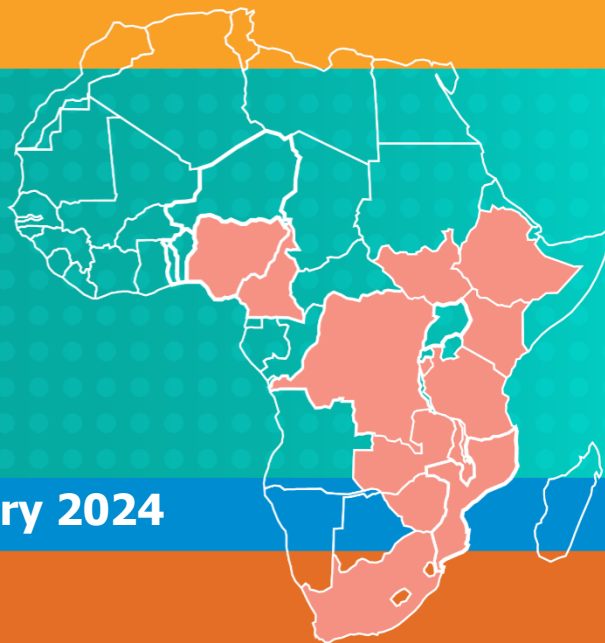


Cholera in the WHO African Region



Weekly Regional Cholera Bulletin: 5 February 2024

Data reported: as of 4 February 2024



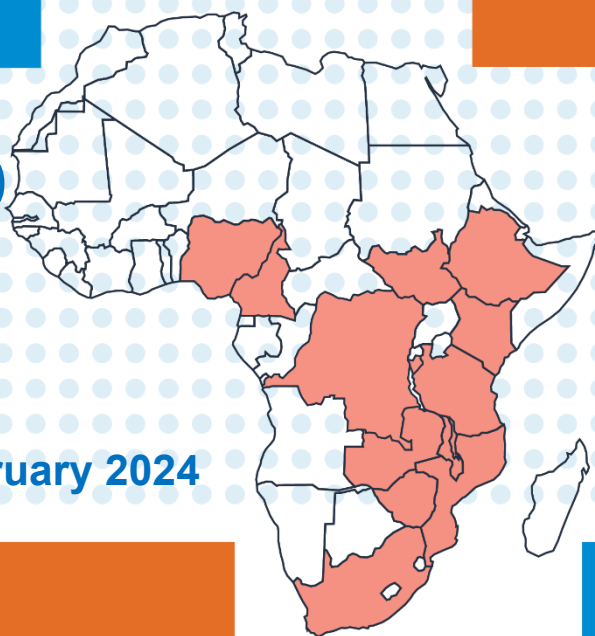
**World Health
Organization**

African Region

Cholera in the WHO African Region

Weekly Regional Cholera Bulletin: 5 February 2024

Data reported: as of 4 February 2024



Situation update

Regional Cholera
Update

Grade 3

Cumulative Cases
 **317 609**

Cumulative Deaths
 **5 900**

CFR
1.9%

Overview

The cholera outbreak in the WHO African Region has affected 18 countries over the last two years. The Ministry of Health of Comoros declared an outbreak on 2 February 2024 making it the latest country. Six countries are categorized as being in acute crisis¹ (Democratic Republic of the Congo, Ethiopia, Mozambique, United Republic of Tanzania, Zambia, and Zimbabwe). The southern region of the continent, now in the rainy season, is seeing resurging outbreaks. The increase in rainfall levels is causing floods in communities and landslides, with a heightened risk of outbreaks in countries not reporting new confirmed cases. The seasonality of cholera outbreaks is an issue for countries to consider, and there is a need to enhance preparedness and readiness, heighten surveillance, and institute preventive and control measures in communities and around border crossings to prevent and mitigate cross-border transmission.

In Epidemiologic week 05 of 2024, eight countries- **Burundi, Cameroon, Comoros, Ethiopia, Mozambique, United Republic of Tanzania, Zambia, and Zimbabwe**- reported a total of 4 122 new cases. Transmission is currently active in 15 countries with no recent report of new cases from Eswatini

¹ Global strategic preparedness, readiness and response plan for cholera. April 2023 – April 2024. Geneva: World Health Organization; 2023 <https://www.who.int/publications/m/item/global-strategic-preparedness--readiness-and-response-plan-for-cholera>

(last case reported April 18), Republic of the Congo (last case reported 26 July), and South Sudan (last case reported May 16).

Since the beginning of the year, as of 28 January 2024, the number of cholera cases and deaths reported to the WHO Regional Office for Africa (AFRO) was 31 670 and 819 deaths, respectively, with a case fatality ratio of 2.6%.

As of 28 January 2024, since 1 January 2022, a cumulative total of 317 609 cholera cases, including 5 900 deaths with a case fatality ratio (CFR) of 1.9% had been reported (Table 1). The Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, and Nigeria account for 75.0% (238 241) of the cumulative cases and 67.6% (3 986) of all cumulative deaths reported.

Figure 1: Distribution of cholera cases and deaths in WHO African Region, 1 January 2022— 04 February 2024

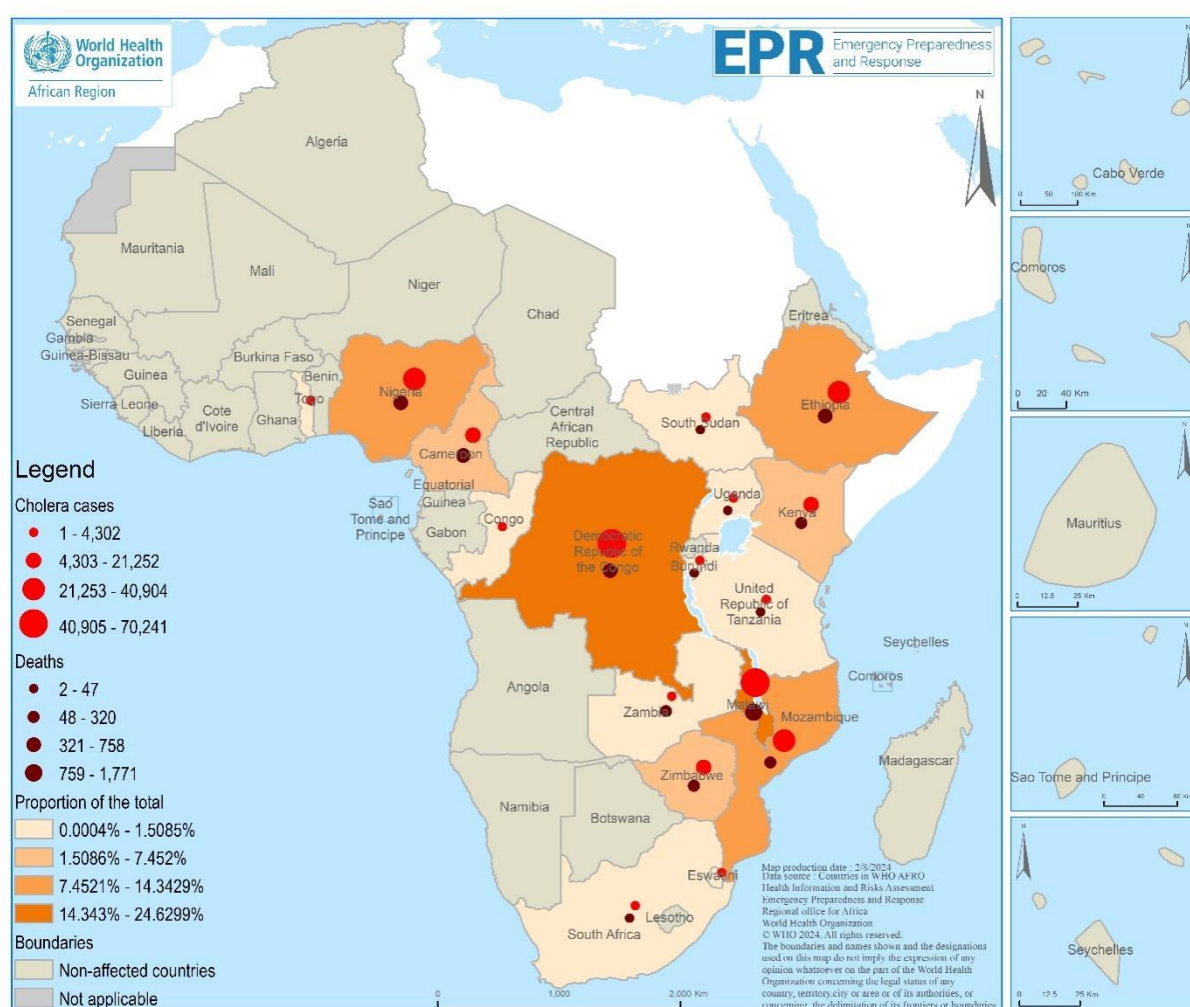
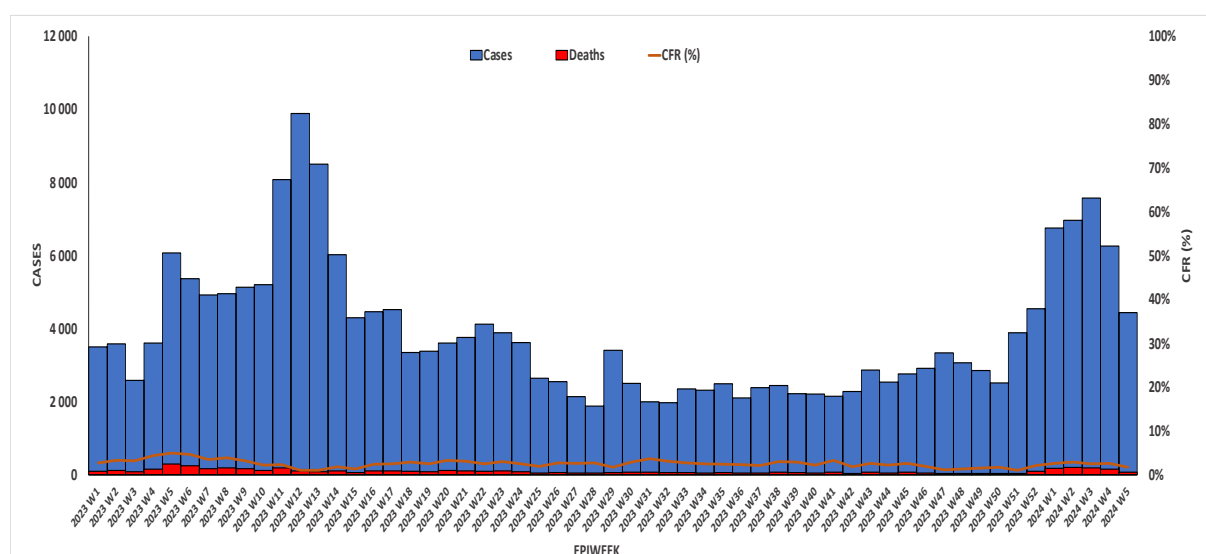


Table 1: Cholera Cases and Deaths in WHO African Region, 1 January 2022 to 04 February 2024

Country	Cumulative cases	Cumulative deaths	CFR (%)	Cases in 2024 only	Deaths in 2024 only	CFR (%) 2024 only	Date outbreak started	Last update
Democratic Republic of	74 345	831	1.1	3 322	65	2.0	Jan-22	28-Jan-24
Malawi	59 125	1 771	3.0	-	-	-	Mar-22	07-Jan-24
Mozambique	44 122	167	0.4	2 949	6	0.2	Sep-22	04-Feb-24
Ethiopia	33 127	492	1.5	1 663	26	1.6	Aug-22	04-Feb-24
Nigeria	27 522	725	2.6	-	-	-	Jan-22	31-Dec-23
Zimbabwe	22 632	499	2.2	8 134	174	2.1	Feb-23	04-Feb-24
Cameroon	20 628	484	2.3	31	0	0	Jan-22	04-Feb-24
Zambia	17 373	626	3.6	14 641	537	3.7	Jan-23	04-Feb-24
Kenya	12 432	206	1.7	72	0	0	Oct-22	17-Jan-24
United Republic of Tanzania	1 827	29	1.6	763	9	1.2	Feb-23	04-Feb-24
South Sudan	1 471	2	0.1	-	-	-	Feb-23	16-May-23
Burundi	1 427	9	0.6	53	0	0	Jan-23	04-Feb-24
South Africa	1 391	47	3.4	2	0	0	Feb-23	14-Jan-24
Uganda	96	10	10.4	15	-	-	Jul-23	04-Feb-24
Republic of the Congo	63	0	0	-	-	-	Jul-23	26-Jul-23
Comoros	25	2	8.0	25	2	8.0	Feb-24	04-Feb-24
The Kingdom of Eswatini	2	0	0	-	-	-	Mar-23	23-Jul-23
Togo	1	0	0	-	-	-	Dec-23	18-Dec-23
TOTAL	317 609	5 900	1.9	31 670	819	2.6		

Figure 2: Epi Curve of cholera cases and deaths in WHO African Region, 1 January 2022 – 04 February 2024



Country Specific updates

Zimbabwe

Grade 3

Cumulative Cases

22 632

Cumulative Deaths

499

CFR

2.2%

As of 04 February 2024, cumulative cholera cases reported from the ten provinces of the country were 22 632 with 499 deaths (CFR 2.2%). In week 05/2024 new cases decreased by 12.4% from 1 538 new cases in week 04/2024 to 1 347 new cases. New deaths decreased by 50.0% from 46 in week 04/2024 to 23 in week 05/2024. The three provinces with the highest number of cumulative cases are Harare including Chitungwiza city (9 465), Manicaland (5 880), and Masvingo (2 582) which account for 79.2% (17 927 cases). The outbreak in Zimbabwe started on 12 February 2023 in Chegutu town, Mashonaland West Province. As of 04 February 2024, sixty-two (62) districts have reported at least a case of cholera.

Figure 3: Epicurve of Cholera outbreak in Zimbabwe as of 04 February 2024

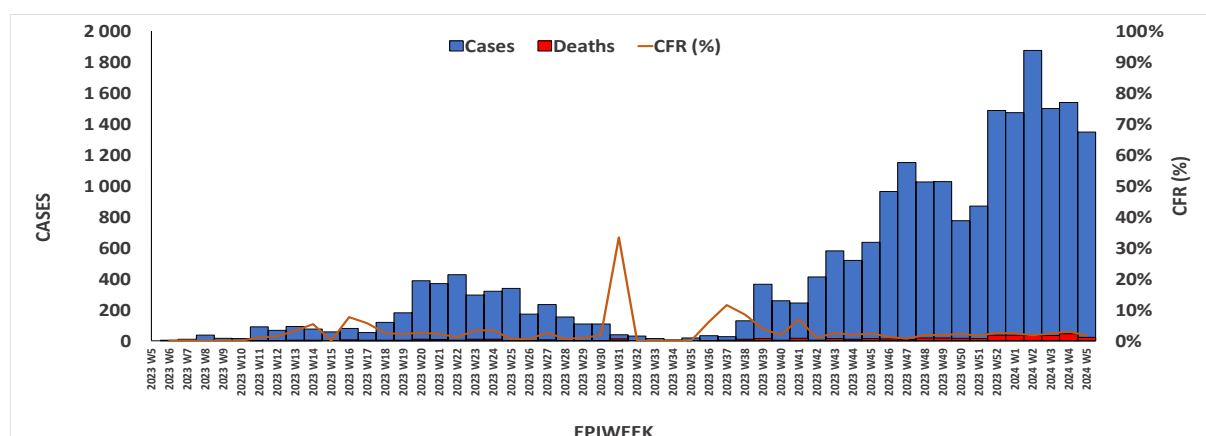
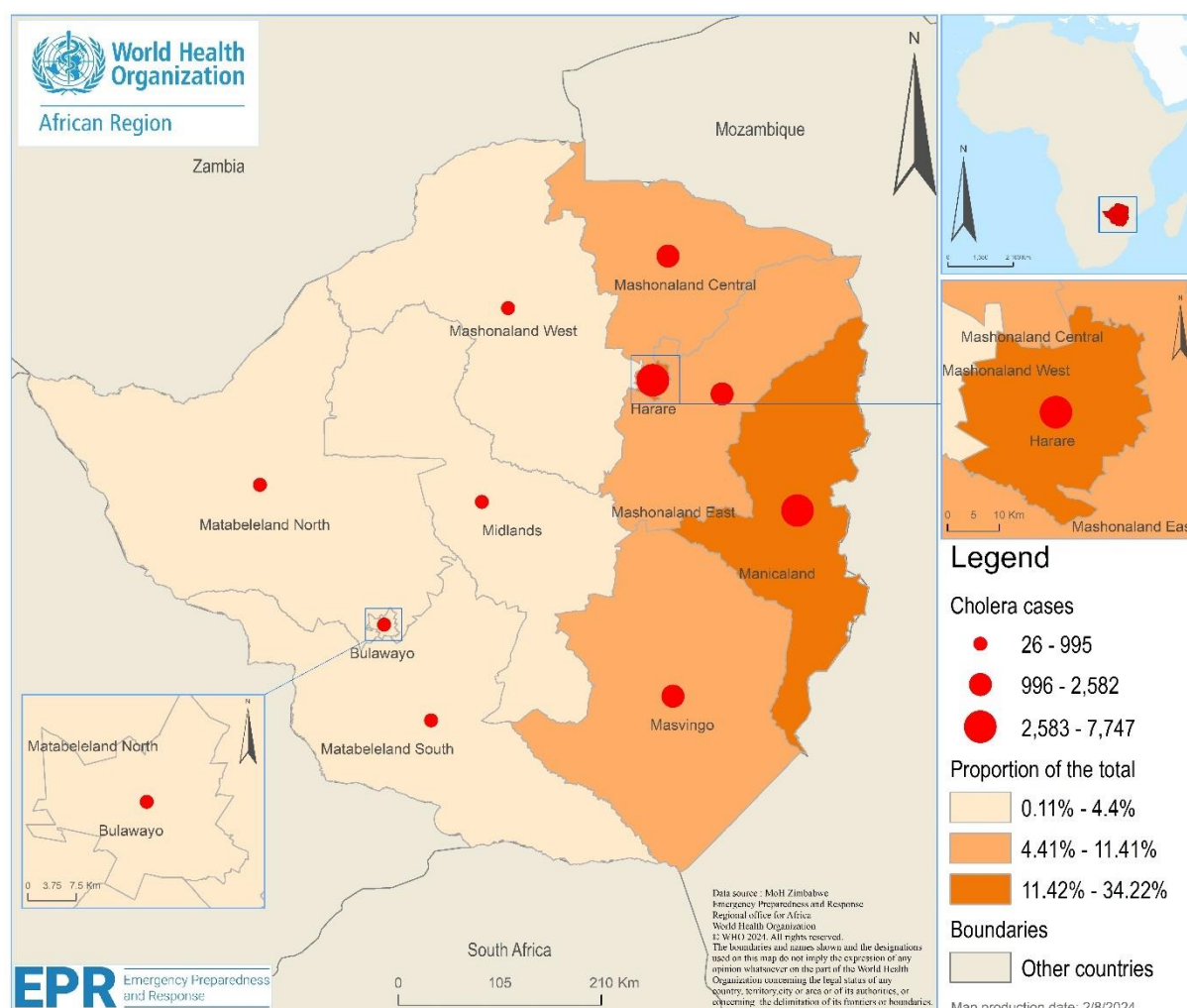


Figure 4: Map of Zimbabwe showing cholera affected provinces as of 04 February 2024



Public Health Actions

- Visitation to get first-hand information on some of the key drivers in to cholera CTCs in Harare and Highfield was conducted by the Honourable Minister of Health and Child Care, Dr D. Mombeshora.
- Antibiotic sensitivity testing which revealed that cholera Ogawa serotype is sensitive to ciprofloxacin, azithromycin, doxycycline was conducted.
- Oral cholera vaccination is ongoing with 697 550 persons from the targeted districts of Harare, Masvingo, Midlands and Mashonaland Central vaccinated as of 3 February 2024.

Challenges/Gaps

- Inadequate financial resources for the response.
- Limited human resources for effective response.
- Lack of consumables for water quality testing.
- Some vaccine hesitancy reported in some wards in Harare city among school children and teenagers (15- 17 years) and some religious sects.
- Vaccine shortage reported in some wards of Mashonaland central and Masvingo which was attributed to people from outside the target population accessing the vaccine.

Zambia

Grade 3

Cumulative Cases
17 373Cumulative Deaths
626CFR
3.6%

Cumulatively this year, as of 04 February 2024, there have been 17 373 reported cases and 626 deaths (CFR = 3.6%). In week 05/2024, new cases decreased by 36.0% from 2 776 in the previous week to 1 777 new cases. New deaths decreased by 46.5% from 86 deaths in the previous week to 46. All the 10 provinces are reporting cases. The total number of districts reporting case are 61.

The highest level of government response has been activated and coordinated by Disaster Management and Mitigation Unit (DMMU) under the office of the Vice President.

The most affected areas are all the sub-districts in Lusaka District (especially the peri-urban), fishing areas in Luangwa district, sewage compound in Chongwe district using water from the wells.

Figure 5: Epicurve of cholera cases and deaths in Zambia as of 04 February 2024

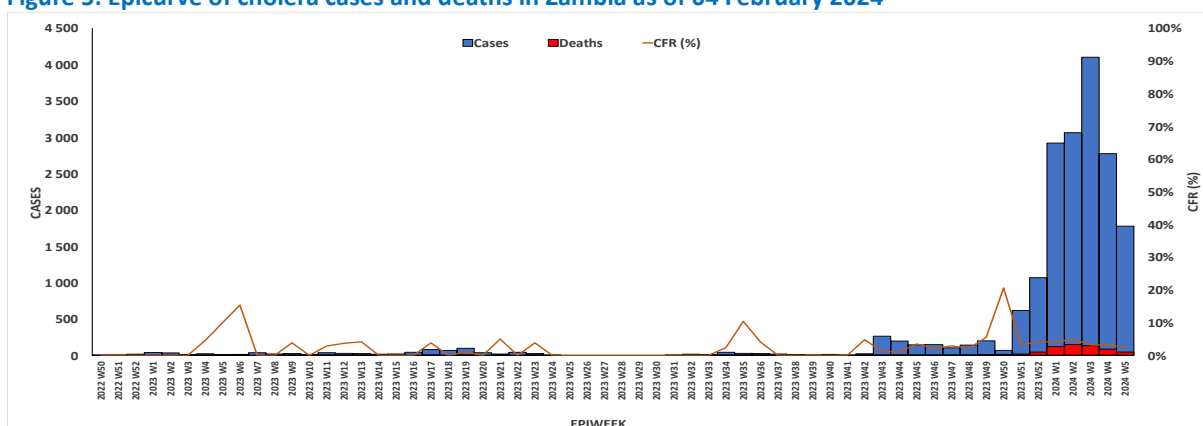
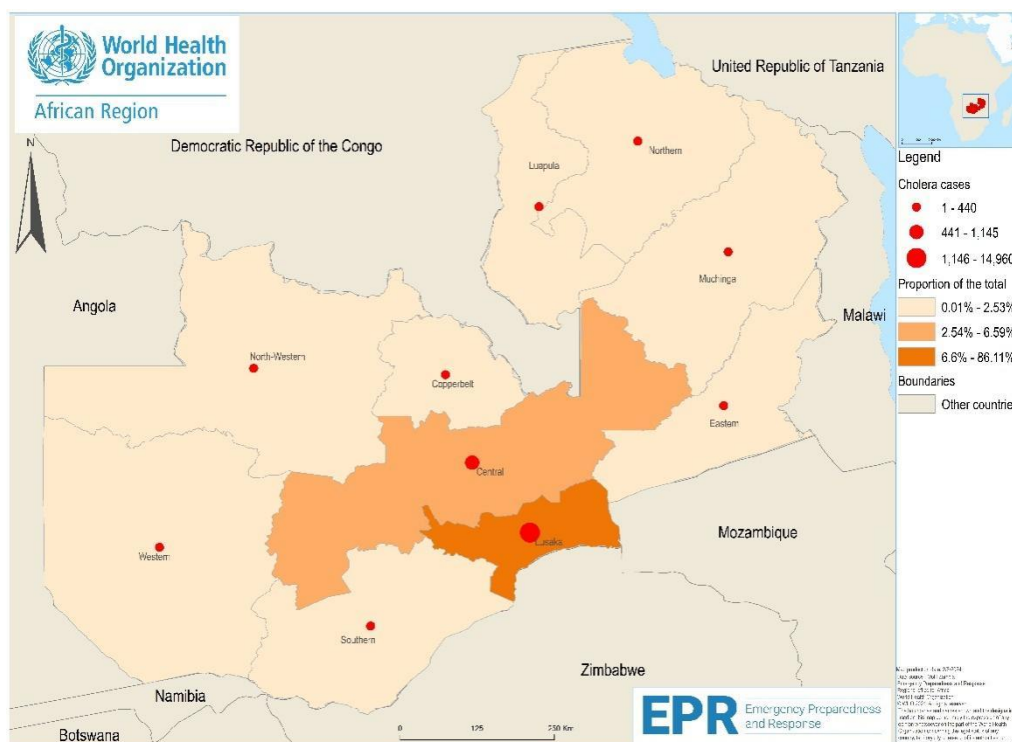


Figure 6: Map of cholera cases and deaths in Zambia as of 04 February 2024



Public Health Actions

- Monitoring the progress in the control of the outbreak and boosting the morale of the frontline health workers was done through presidential visit of His Excellency the Republican President Mr. Hakainde Hichilema to the Heroes stadium CTC.
- Information to the public on the current cholera outbreak, response efforts, WHO's support, and how individuals and households can protect themselves against cholera was shared by the WHO Country Representative featured in the 'Kwacha Good Morning' on ZNBC (the national broadcaster).
- Delivery of 300 cholera beds (200 adults and 100 children) delivered to Heroes stadium treatment centre for onward distribution to the Central and Copperbelt provinces.
- Resource mobilization for the response is ongoing.
- Case management support is being received from the UK EMT and Save the Children.

Challenges/Gaps

- Poor sanitation coverage in the affected areas.
- Limited human resources for effective support to response activities within a rapidly evolving outbreak.
- Rapid escalation of cases is a strain on the health care provision for other essential services.
- Inadequate transport for transfer of cholera patients from the community to the CTUs, and from the CTUs to the central national CTC at Heroes stadium.

United Republic of
Tanzania

Grade 3

Cumulative Cases



1 827

Cumulative Deaths



29

CFR

1.6%

The cumulative number of cases from the country since 22 January 2023 to 04 February 2024 are 1 827 and 29 deaths with a CFR= 1.6%. In week 05/2024, new cases increased by 38.7% from 111 new cases in the previous week to 154 new cases. New deaths decreased by 75.0% in week 05/2024 from four deaths in the previous week to one. This new outbreak began after the last confirmed case on 25 July 2023. Eleven regions are currently with active outbreaks are Geita, Kagera, Katavi, Manyara, Mara, Morogoro, Mwanza, Shinyanga, Simiyu, Singida and Tabora.

Figure 7: Epicurve of cases and deaths in United Republic of Tanzania as of 04 February 2024

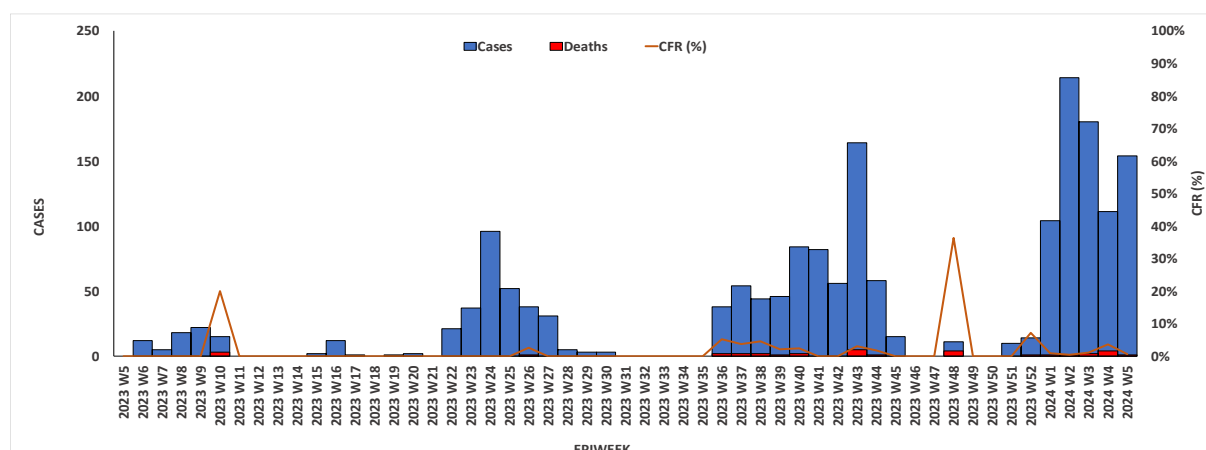
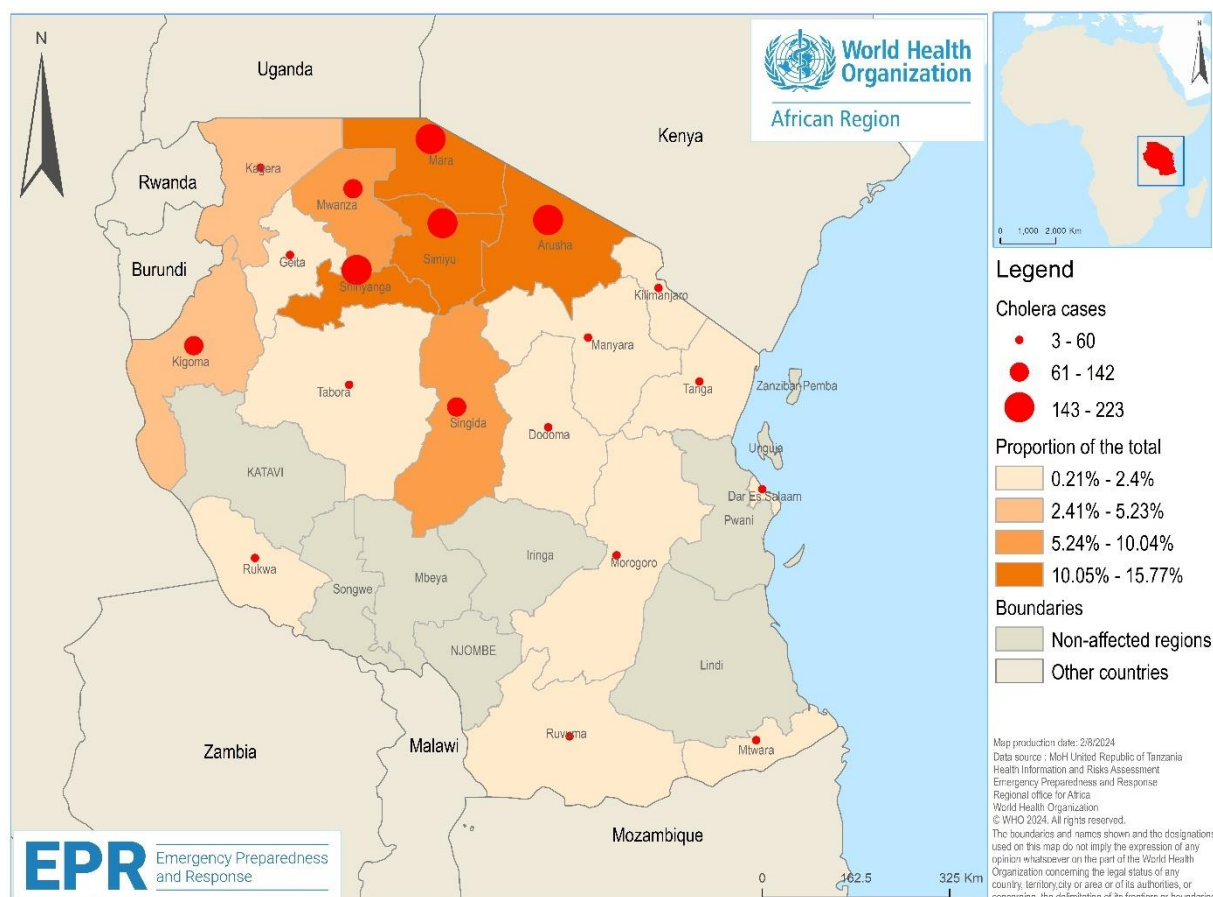


Figure 8: Map of cases and deaths in United Republic of Tanzania as of 04 February 2024



Public Health Actions

- Daily incidence management meetings were conducted, chaired by incident manager at regional level, with attendance of heads of pillars and members.
- Distribution of health commodities to two CTCs of Katunguru Health Centre and Ngomamtimba Health Centre in Mwanza region was completed.
- Sensitization of two churches as well as three market areas were conducted on preventive measures of cholera in Manyara region by the RCCE team.
- Distribution of a total of 242 000 aqua tabs to 242 households by community health workers (CHWs) at Mererani and Endiamtu wards in the Manyara region.
- A total of 65 stool samples were tested with 36 samples tested positive by RDTs and culture with *Vibrio cholerae* in the Kagera region.

Challenges/Gaps

- Inadequate fund to support the response interventions.
- Lack of hand washing facilities in households and public facilities.
- Lack of toilets in Plantation areas in Singida region.

Burundi

Grade 3

Cumulative Cases



1 427

Cumulative Deaths



9

CFR

0.6%

As of 04 February 2024, a cumulative total of 1 427 cases and nine deaths (CFR 0.6%) were reported from Burundi. In week 05/2024 new cases decreased by 23.5% from 17 new cases in the previous week to 13 new cases. There has been no death reported since week 24.

The areas which have recorded the most cases since the start of the epidemic are those of Gatumba (DS Isare), Gihosha (DS Bujumbura Nord), Kinama (DS Bujumbura Nord), Buterere I (DS Bujumbura Nord), Rukana II (DS Cibitoke) and Mparambo I (DS Cibitoke) with 145, 108, 101, 100, 86 and 72 confirmed cases respectively.

Burundi has reported cholera cases since 8 December 2022, and the outbreak was officially declared on 1 January 2023.

Figure 9: Epicurve of cases and deaths in Burundi as of 04 February 2024

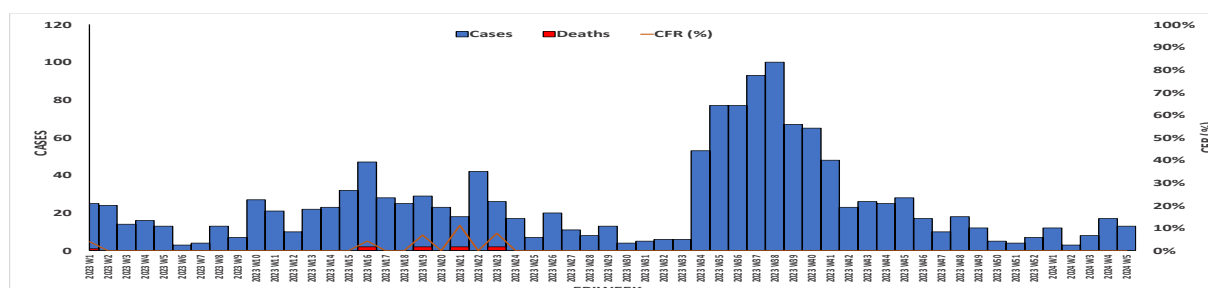
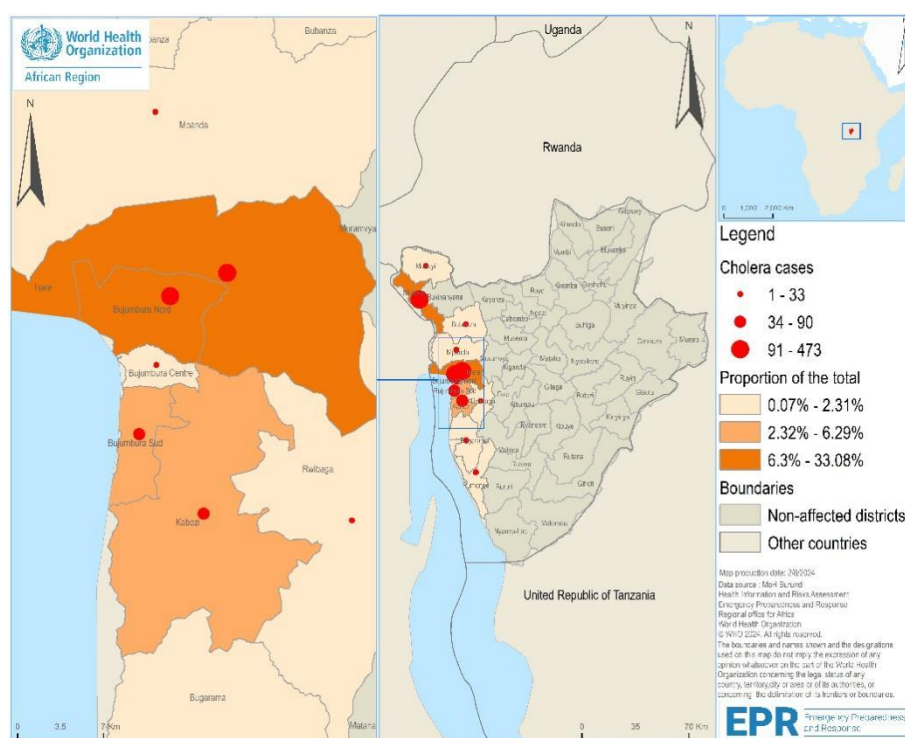


Figure 10: Map of Burundi showing cholera affected areas from October 2022 to 04 February 2024



Cameroon

Grade 3

Cumulative Cases



20 628

Cumulative Deaths



484

CFR

2.3%

As of week 05/2024, new cases increased by 300% from three cases in the previous week to 12. No new deaths were reported since week 03/2024. Cumulatively, from 1 January 2022 to 04 February 2024, Cameroon has reported 20 628 cases with 484 deaths (CFR = 2.3%).

Figure 11: Epicurve of cholera cases in Cameroon from October 2021 to 04 February 2024

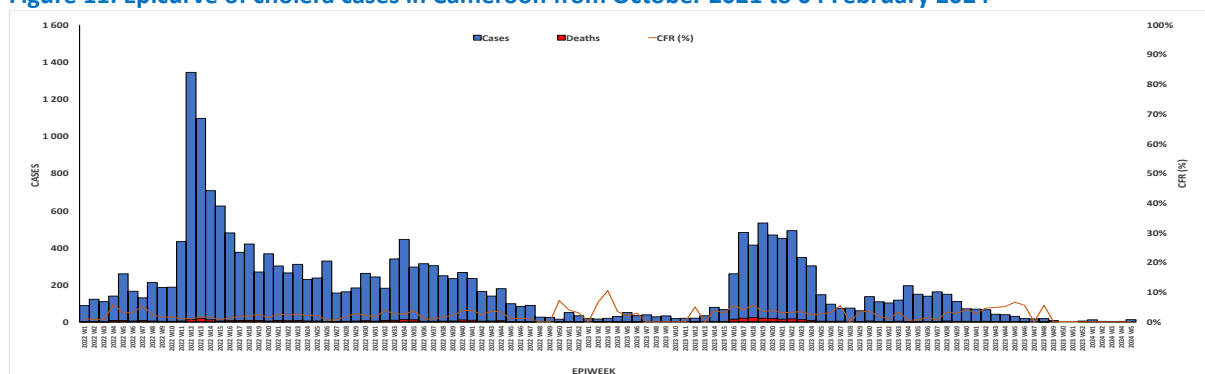
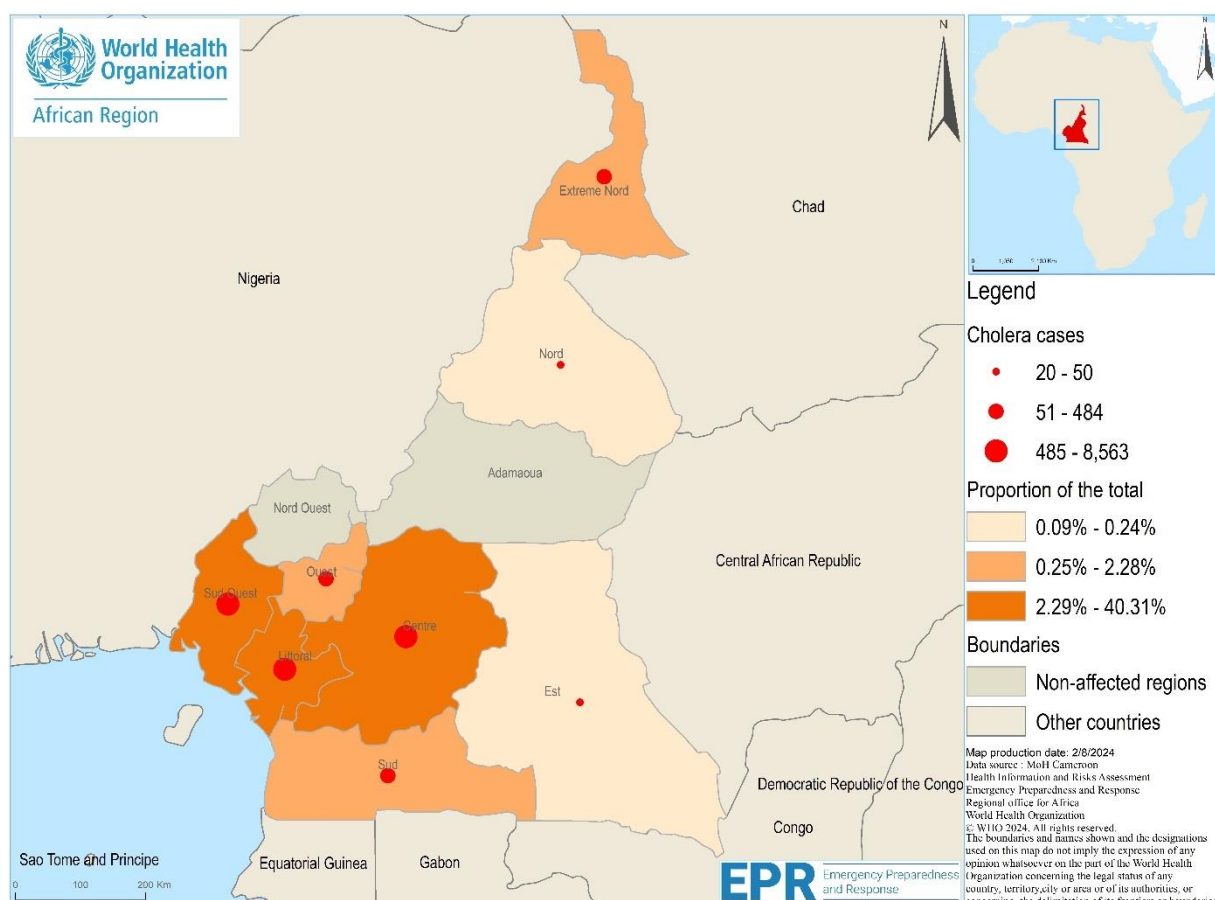


Figure 12: Map of cholera cases in Cameroon from October 2021 to 04 February 2024





As of 04 February 2024, Ethiopia reported a cumulative case total of 33 127 with 492 deaths (CFR = 1.5%). As of week 05/2024, new cases decreased by 42.2% from 457 to 264. In week 05, new deaths reported decreased by 90.9% from 11 to one. The cholera outbreak is currently active in 51 woredas spanning five regions: Somali (23 woredas), Oromia (18 woredas), Dire Dawa (6 woredas), Harari (3 woredas), Amhara (0 woredas), Afar (0 woreda), SER (1 woreda), and CER (0 woreda). The Oral Cholera Vaccine (OCV) campaign in Tigray continued with 549,608 individuals aged one year and older as of 01 February 2024. Accessing some woredas in South Tigray is challenging.

Figure 13: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 04 February 2024

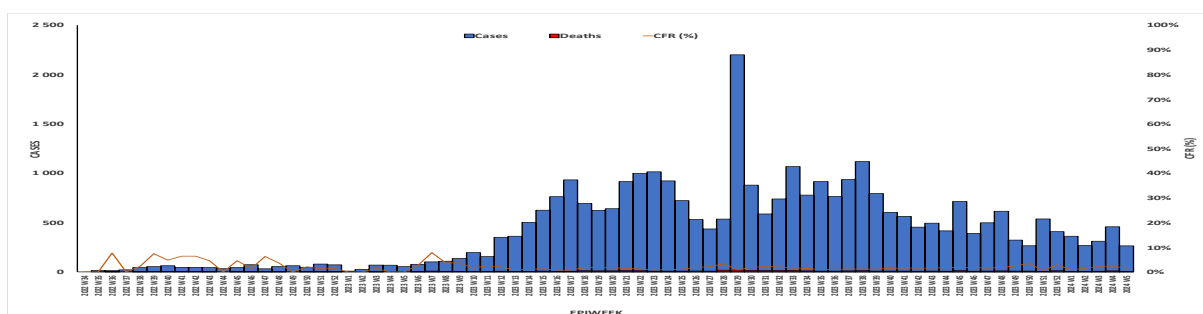
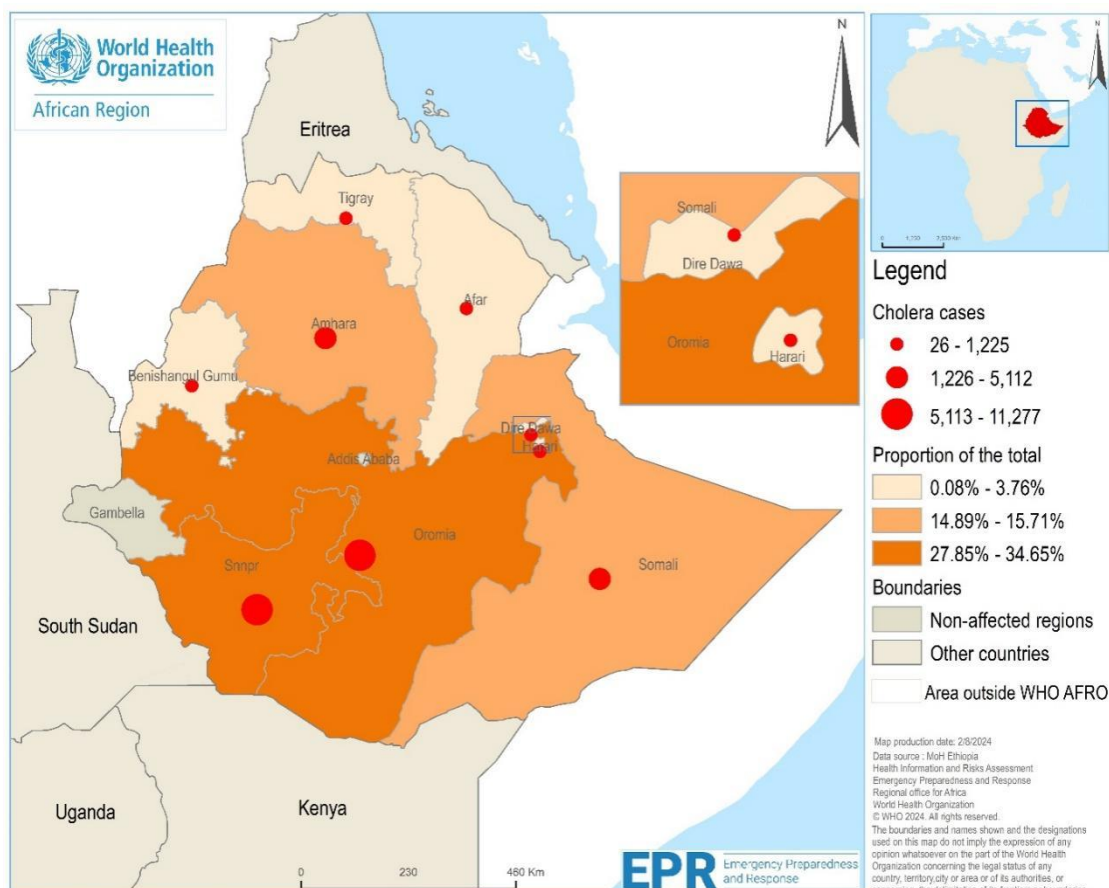


Figure 14: Map of Cholera outbreak in Ethiopia from October 2022 to 04 February 2024



Public Health Actions

- Cholera and other public health screening is ongoing at BIA and eight land crossing PoEs. From 4708 passengers screened, no passenger was suspected of cholera.
- A total of 25 water samples from various water sources were collected and tested for Free Residual Chlorine (FRC) in the Somali region in collaboration with health officers and Kebridehar University. Thirteen samples (52%) were found with no FRC.
- Mobilization of one drum of 70% HTH community water treatment chemicals from the water bureau and distribution to the cholera hot spot Woreda in Afar in collaboration with Afar RHB,
- Joint mobilization of two drums of 70% HTH community water treatment chemicals, 20 cartons of water purifiers, and 20 pool testers has been conducted to support the ongoing cholera outbreak responses in the Somali region by the UNICEF and RHB representatives

Challenges/Gaps

- Difficulty accessing all affected areas and involving the water sector appropriately.
- Challenges in securing access to safe water, sanitation, and waste management.
- Need for human resources to match the expanding outbreak.
- Delay/late reporting due to security and communication/network challenge.
- Shortages of CTC hardware and cholera kits (Oromia Region).
- Reoccurrence of cholera outbreak causing HCWs fatigue (East Bale and Bale zones, Oromia Region).

Kenya

Grade 3

Cumulative Cases



12 432

Cumulative Deaths



206

CFR

1.7%

As of 17 January 2024, a cumulative total of 12 432 cases were reported since the onset of the outbreak with 206 deaths (CFR=1.7%). In week 03/2024, new cases decreased by 84% from 33 to five (please note that the data reported for week 03 is not a complete one). There was no reported death in week 02 and 03 of 2024. The first wave that began in Oct of 2022 was controlled with last case reported on 19 September 2023 (epi week 38 of 2023). The active counties are Tana River and Lamu. The Ministry of Health, counties and the partners are implementing critical outbreak response interventions in the affected communities.

Figure 15: Epi Curve for cholera outbreak in Kenya, October 2022 – 17 January 2024

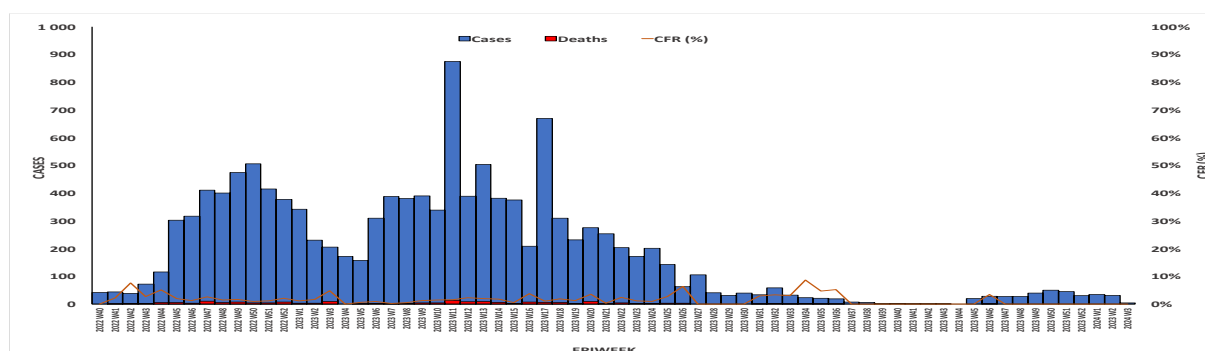
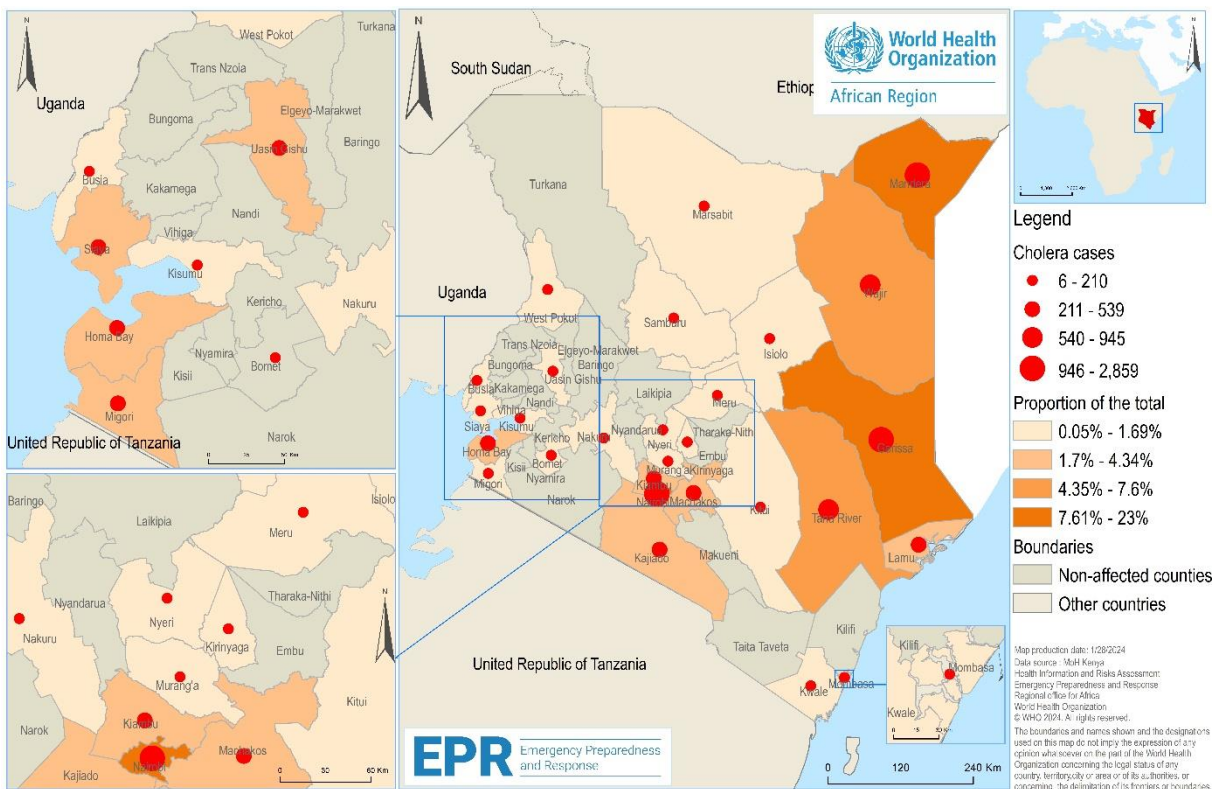


Figure 16: Map for cholera outbreak in Kenya, October 2022 – 17 January 2024



A cumulative total of 59 125 cases have been reported since the onset of the outbreak from all the 29 districts of the country as of 7 January 2024. In week 01/2024, there was 50% decrease in new cases from four in week 52/2023 to two new cases. No new deaths were reported in weeks 52/2023 and 01/2024. The cumulative number of deaths is now 1 771 with a case fatality ratio of 3.0%.

The 2023/2024 cholera season began on 01 November 2023 and the reporting has been adjusted to reflect the number of cholera cases reported in the current cholera season by the government.

Figure 17: Epi Curve for cholera outbreak in Malawi, 3 March 2022 – 07 January 2024

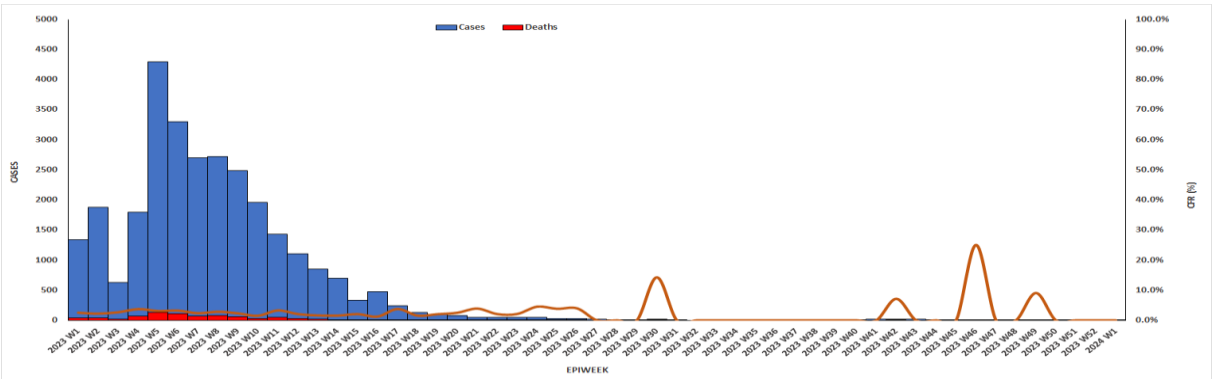
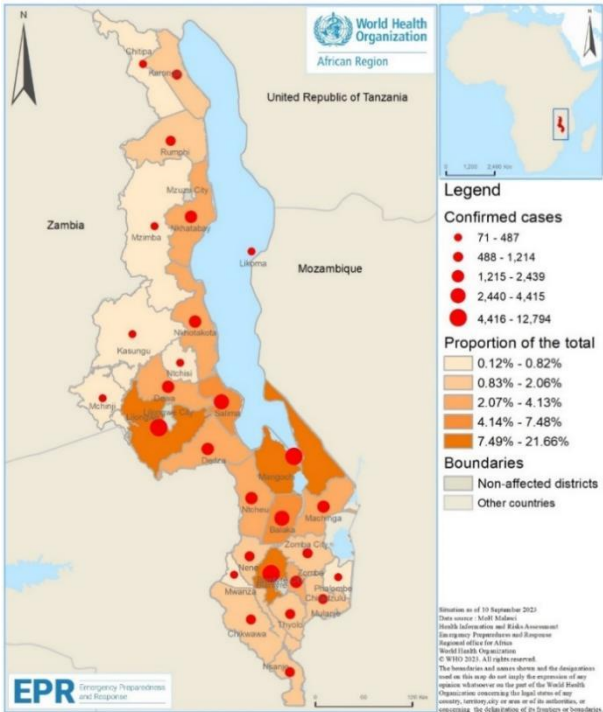


Figure 18: Map for cholera outbreak in Malawi, 3 March 2022 – 17 December 2023



Mozambique

Grade 3

Cumulative Cases



44 122

Cumulative Deaths



167

CFR

0.4%

The country had reported a cumulative total of 44 122 cases, with 167 deaths (CFR 0.4%) as of 04 February 2024. As of week 05/2024, new cases increased by 2.3% from 518 to 530. There one death reported in week 05 while there was none in the previous week. During the same period, active outbreaks were reported in 7 out of the 11 provinces, with no new districts affected. The provinces with the highest number of cases in week 05 were Nampula (128), Tete (91) and Zambezia (66). The country is currently in its rainy and cyclone season, two factors that significantly exacerbated cholera transmission in 2023. The response efforts have been hindered by security issues, including attacks on health workers and community leaders by some community members. The government is addressing

Page | 14

the situation, and measures have been implemented by partners to ensure the safety of those responding to the outbreak. Community engagement with anthropological assessments, and infodemic management have been prioritized.

The Ministry of Health decided to restart the counting of cholera cases starting on 1st October 2023, which corresponds with the beginning of the rainy season. Thus, starting from week 47, data from the MOH consider two periods: 1st cholera outbreak from 14 September 2022 until 30 September 2023; and 2nd cholera outbreak from 1st October 2023-ongoing.

Figure 19: Epicurve of cholera outbreak in Mozambique as of 04 February 2024

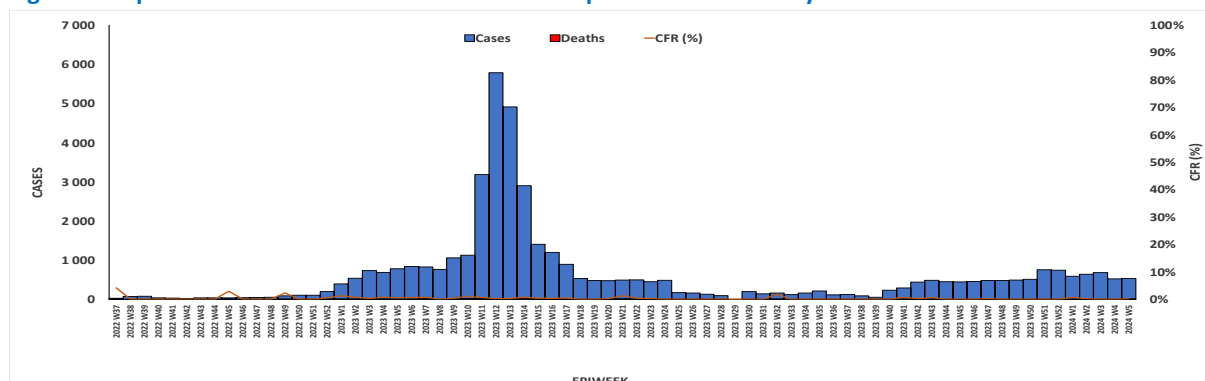
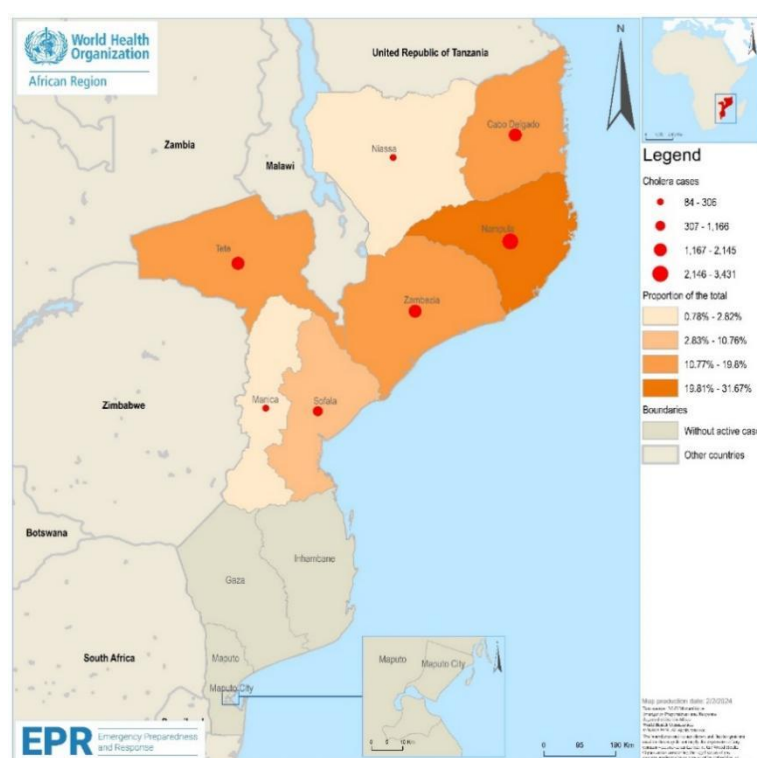


Figure 20: Map of cholera outbreak in Mozambique as of 28 January 2024





As of 28 January 2024, the country had reported 74 345 cumulative cases, with 831 deaths (CFR = 1.1%) across 12 affected provinces. During epi week 04, a total of 827 cases and 17 deaths were reported (CFR of 2.1%).

An outbreak in Haut Katanga province was declared by the provincial government on 26 January 2024. From 01 January to 02 February 2024, the province reported 577 cases and 42 deaths (CFR=7.3%). The government response continues to be supported by WHO and UNICEF. Some of the key response actions on WASH include: decontamination of 3,111 households in and around notified cases in the Kenya (1953), Kampemba (1128) and Sakania health zones in Kasumbalesa (30); installation of 61 chlorination sites, including 50 in the Kenya health zone and 11 in the Kampemba health zone; briefing for hygienists at UTC Kisanga on chlorination dosages.

Figure 21: Epicurve for cholera outbreak in Democratic Republic of the Congo as of 28 January 2024

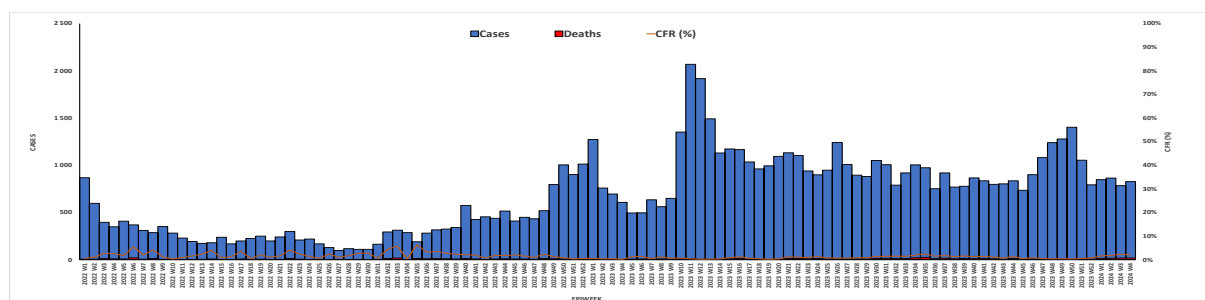
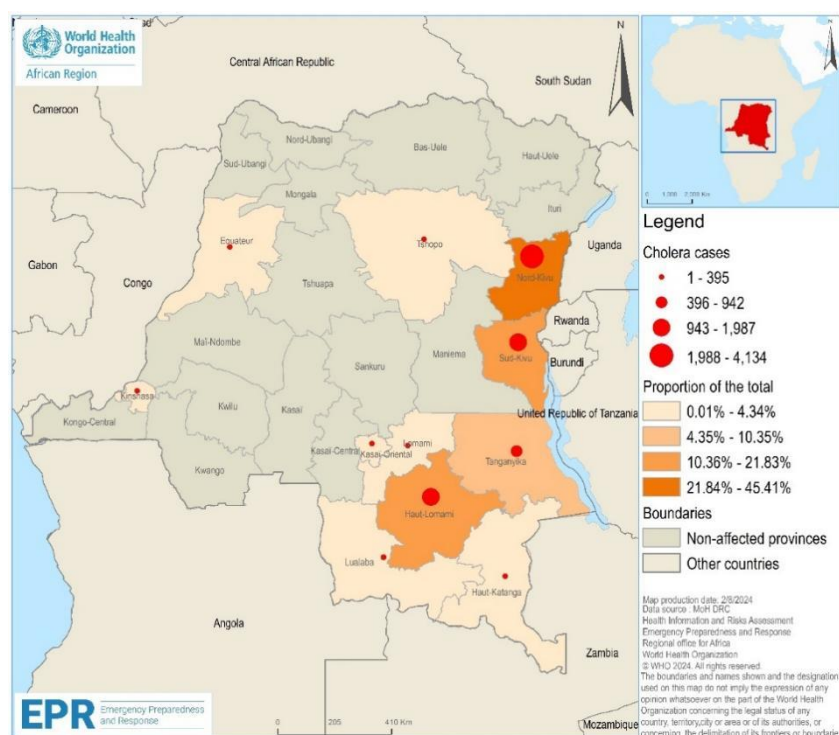


Figure 22: Map cholera outbreak in Democratic Republic of the Congo as of 28 January 2024



Comoros

Grade 3



Cumulative Cases

25



Cumulative Deaths

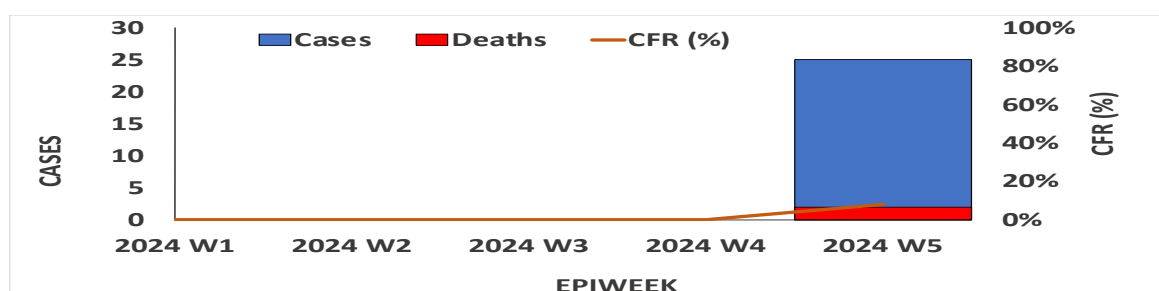
2

CFR

8.0%

The Ministry of Health of Comoros officially declared an outbreak of cholera on 2 February 2024. Six cases were initially confirmed between 2 and 3 February 2024 among 25 suspected cases (14 crew members and 11 passengers) who travelled from Tanzania to Comoros in the same boat. From 2 - 6 February 2024, 16 confirmed cases (13 RDT+ and 3 epi-linked) and 2 deaths (CFR 12.5%) were reported. Investigations to determine the source of infection are ongoing.

Figure 23: Epicurve of cholera outbreak in Comoros as of 4 February 2024



South Africa

Grade 3



Cumulative Cases

1 391



Cumulative Deaths

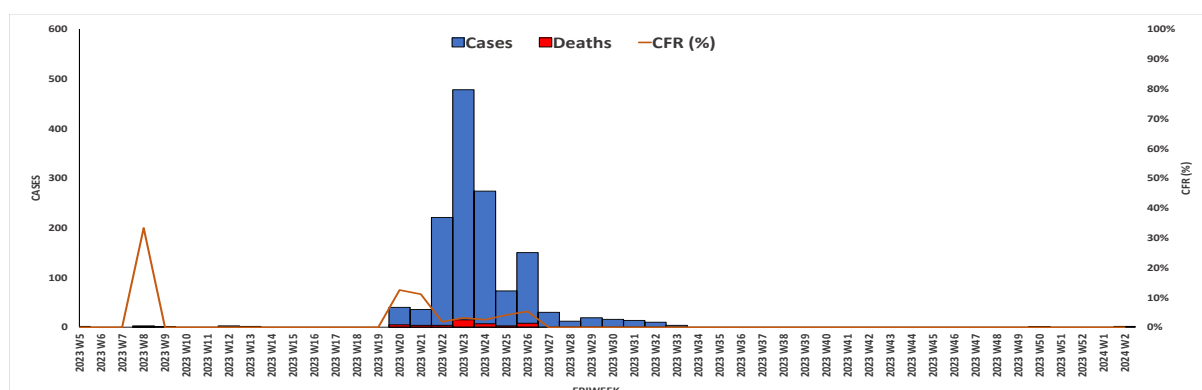
47

CFR

3.4%

As of 14 January 2024, South Africa reported a total of 1 391 suspected cases, with 47 deaths (CFR=3.4%). The last outbreak was contained in July 2023. Last week, two imported cases from Zimbabwe were reported (in Limpopo). Response and readiness interventions are being scaled up. No new deaths have been reported in 2024.

Figure 24: Epicurve of cholera outbreak in South Africa as of 14 January 2024



Nigeria

Grade 3

Cumulative Cases



27 522

Cumulative Deaths



725

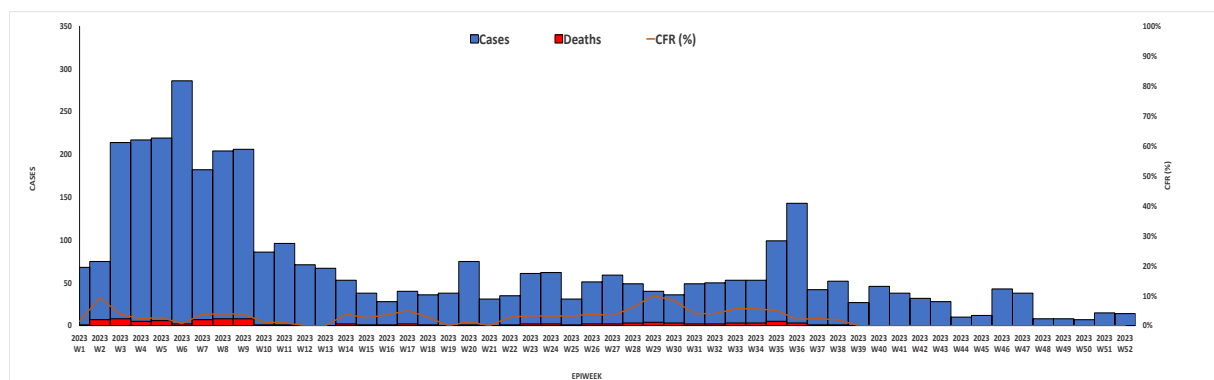
CFR

2.6%

The cholera outbreak in the country has been ongoing since January 2022. As of 31 December 2023, there was a cumulative total of 27 522 with 725 deaths (CFR = 2.6%).

Response is being coordinated by the national multi-sectoral TWG hosted at Nigeria Centre for Disease Control and Prevention (NCDC), in collaboration with Federal Ministry of Health (FMOH), Federal Ministry of Water Resources (FMWR), Federal Ministry of Environment (FMEnvrt), National Primary Health Care Development Agency (NPHCDA) and Development Partners.

Figure 25: Epicurve of cholera outbreak in Nigeria as of 31 December 2023



Togo

Grade 3

Cumulative Cases



01

Cumulative Deaths



0

CFR

0%

On 09 December 2023, the Gulf district management team was alerted by the SIMR officer from the CMS ADAKPAME to the suspicion of cholera in a person presenting with diarrhoea, vomiting, abdominal pain and dehydration. This was confirmed on 11 December by the INH laboratory, with culture identification of vibrio cholerae ogawa, and an investigation was carried out on the same date. A sample was taken during the investigation and found to be positive by the rapid cholera test.

The investigation revealed that the exposure factor was the consumption of untreated borehole water.

Figure 26: Map of cases and deaths in Togo as of 12 December 2023

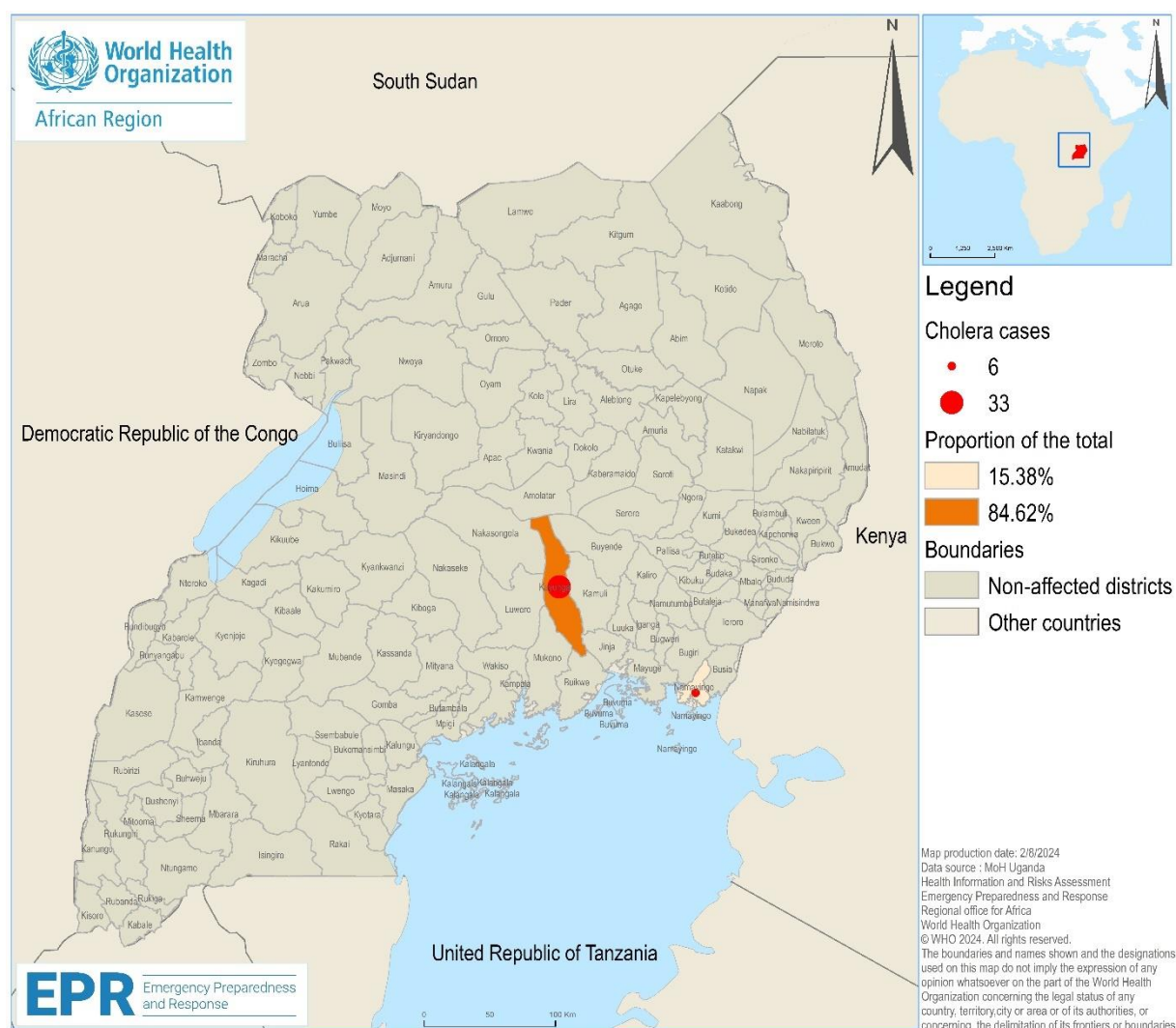


On the 21st January 2024, the Port health focal point person at Elegu PoE notified Adjumani DHT of a cluster of 14 suspected cholera cases that had arrived from Khartoum (Madani). The suspected cases were purportedly asylum seekers from Sudan to Uganda. 13 of the 14 suspects ate seemingly contaminated fruits bought from the roadside in Nimuli before crossing the Ugandan border through Elegu PoE. The 13 suspects who ate the fruits had similar signs and symptom of profuse diarrhea, vomiting and abdominal pain and were evacuated to Nyumanzi isolation unit at Nyumanzi HC III near the reception centre in Adjumani district for live saving intervention. Four samples of the suspected cases were confirmed with PCR test.

Coordination of the response is ongoing with 54 frontline laboratory technicians from four health facilities trained on use of cholera RDT kits. Risk communication and community engagement are ongoing. A radio talk show was conducted on 26 January 2024.

As of 04 February 2024, the total cumulative cases and deaths since July 2023 were 96 and 10 respectively (CFR-10.4%). Prior to this new outbreak, there have been no new cases reported since week 35 of 2023.

Figure 26: Map of cases and deaths in Uganda as of 04 February 2024



Conclusion

The cholera outbreaks in the African Region have occurred in the context of **natural disasters such as flooding** (Mozambique, Malawi), **drought** (Kenya and Ethiopia), **conflict** (Cameroon, Democratic Republic of the Congo, Nigeria, Ethiopia) and **multiple disease outbreaks** including Mpox, wild polio, measles, COVID-19, etc. Many countries have **limited** and strained resources, **shortage** of medical commodities, including cholera kits and Oral Cholera Vaccine (OCV). **Poor** sanitation and unreliable water supplies with increased **cross-border movements** continue to serve as driving factors for the outbreak across the region. The new year 2024 poses another challenge with El nino and the cyclone season commencing.

WHO ACTIVITIES

Readiness:

- Risk categorization for countries has been reviewed into three categories: category 1 (28 countries) implies that the country is currently are in outbreak or at risk of cross border transmission or have limited capacity using cholera readiness checklist assessment tool.
- Collection of data using the updated web-based cholera readiness assessment tool is ongoing.
- A tracking tool for monitoring framework for the implementation of the global strategy for cholera prevention and control, 2018-2030 across the countries has been developed and rolled out.
- The identification of Priority Areas for Multisectoral Interventions (PAMIs/Hotspots) was conducted in Malawi, supported by WHO.
- Development and mid-term review of National Cholera Plan for South Sudan and Zambia respectively is ongoing, supported by WHO.
- Cholera readiness for countries particularly those approaching the cholera season in Southern Africa is ongoing, supported by WHO.
- Comprehensive assessment of the implementation of the Regional Framework for the implementation of the global strategy for cholera prevention and control, 2018-2030 was conducted.

Response:

- Coordination and provision of technical guidance by the Cholera Incident Management Support Team of the WHO AFRO through tele-conference meetings with all AFRO countries in response.
- Eleven tons of essential cholera supplies, packaged by the OSL team at the Hub in Nairobi, are scheduled for delivery to Zambia via chartered flight on 5 February 2024.
- Technical and financial support to countries for cholera response interventions- Tanzania and Mozambique WHO country offices.
- Cross-border collaborations on cholera surveillance has been strengthened.
- Deployment of staff to countries as requested by countries is ongoing (currently to Zambia)
- Provision of essential medical supplies and cholera kits to all countries in outbreak is ongoing.
- Response and technical inputs on training across all response pillars has been strengthened.
- Technical support to countries on vaccination strategies for reactive OCV campaign- Zambia and Zimbabwe.



World Health
Organization

African Region

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Photo credit WHO Zambia, Presidential visit of His Excellency the Republican President Mr. Hakainde Hichilema (1st on the right) to the Heroes stadium cholera treatment centre to monitor the progress in the control of the outbreak and boost the morale of the frontline health workers on 4 February 2024. 2nd from the left is the WHO Country Representative Dr Nathan Bakyaite, 2nd from the right is the UNICEF Country Representative Dr Penelope Campbell

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