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Emergency and Humanitarian Action

1993 Activities



DIVISION OF EMERGENCY AND HUMANITARIAN ACTION
WORLD HEALTH ORGANIZATION
GENEVA

This report summarizes the activities of the WHO Division of Emergency and Humanitarian Action, which in 1993 included the following units/programmes: RAM, RAP, REA, AFP, EPP and EIS (see List of Abbreviations and Definitions), as well as major programmes and centres worldwide that conduct emergency preparedness and humanitarian relief activities for the health sector. Activities included in this report are only those received by EHA at the time of writing and, hence, the report does not reflect all activities conducted in 1993.

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Abbreviations and Definitions

IDNDR

IERRIS

HOM

NCO

OFDA

PAHO

PED

International Decade for Natural

Response Information System

Nongovernmental organization

Office of Foreign Disaster Assistance

Pan-American Health Organization

Emergency Preparedness and Disaster Relief Coordination Programme

International Emergency Readiness and

Disaster Reduction

Ministry of Health

(USAID)

(PAHO/WHO)

Throughout this report the \$ sign denotes US dollars, unless otherwise indicated. Some of the abbreviations

used in th	is report include the following:		
AFP	Afghanistan Programme	RAM	Response for Africa and the Middle East
AFRO	Regional Office for Africa	RAP	Response for Asia and the Pacific
AMRO	Regional Office for the Americas	REA	Response for Europe and the Americas
CDC	Centres for Disease Control and	SEARO	Regional Office for South-East Asia
	Prevention. Atlanta, GA, USA	SEPHA	Special Emergency Programme for the
CIDA	Canadian International Development		Horn of Africa
	Agency	SUMA	Medical Supply Management in the
DARE	Development of Appropriate Response		Aftermath of Disasters in Latin America
	for Emergencies project		and the Caribbean
DERC	Disaster and Emergency Reference	UN	United Nations
	Centre (Delft University)	UNDP	United Nations Development
DHA	Department of Humanitarian Affairs		Programme
DMT	Disaster Management Team	UNESCO	United Nations Educational, Scientific
DMTP	Disaster Management and Training		and Cultural Organization
	Programme (UNDP)	UNHCR	United Nations High Commissioner for
EHA	Division of Emergency and Humanita-		Refugees
	rian Action	UNICEF	United Nations Children's Fund
EMRO	Regional Office for the Eastern Mediter-	UNOHAC	UN Office for Humanitarian Assistance
rn,	ranean		Coordination, Mozambique
EPI	Expanded Programme on Immunization	UNOMOZ	United Nations operations in
	(now Global Programme for Vaccines	11110	Mozambique
EPP	— GPV)	WHO	World Health Organization
EPR	Emergency Preparedness and Planning	WPRC	Regional Office for the Western Facific
ERO	Emergency Preparedness and Response		
ENO	Division of Emergency and Relief Operations (now EHA)	Definitio	mo 1
EURO	Regional Office for Europe		
FPP	Family Planning and Population	Emergeno	y: A sudden and usually unforeseen
HEAP	Health, Environment and Anti-Poverty		event that calls for immediate measures
AALMILL	programme		to minimize its adverse consequences.
Hedip	Health and Development for Displaced	Complex	emergency: A form of man-made
=[4	Populations	•	emergency in which the cause of the
ICRC	International Committee for the Red		emergency as well as the assistance to
	Cross		the afflicted are bound by intense levels

Disaster: A serious disruption of the functioning of society, causing widespread human, material, or environmental losses which exceed the ability of affected society to cope using only its own resources. Disasters are often classified according to their cause (natural or man-made).

of political considerations.

Source: Internationally agreed glossary of basic terms related to disaster management, DHA-Geneva, December 1992

Disaster management: The body of policy and administrative decisions and operational activities which pertain to the various stages of a disaster at all levels.

Disaster response: A sum of decisions and actions taken during and after a disaster, including immediate relief, rehabilitation and reconstruction.

Mitigation: Measures taken in advance of a disaster aimed at decreasing or eliminating its impact on society and the environment

Preparedness: Activities designed to minimize loss of life and damage, to organize the temporary removal of people and property from a threatened location and facilitate timely and effective rescue, relief and rehabilitation.

Prevention: Encompasses activities designed to provide permanent protection from disasters. It includes engineering and other physical protective measures, and also legislative measures controlling land use and urban planning.

Relief: Assistance and/or intervention during or after a disaster to meet the life preservation and basic subsistence need. It can be of emergency or protracted duration.

Secondary hazards: Those hazards that occur as a result of another hazard or disaster, i.e., fires or landslides following earthquakes, epidemics following famines, food shortages following drought or floods.

Natural disaster record for 1993

Date started	Affected Country/Region	Disaster	Casua	lities (n/	a = data r			
			Dead	lnjured	Missing	Homeless	Total population affected	Amount of damage as reported to DHA (US\$)
02 JAN	Fiji	Cyclone "Kina"	20	3	2	n/a	115,000	101,907,84
O3 JAN	Tuvaiu	Cyclone "Nina"	n/a	n/a	n/a	200	n/a	n/a
NAL E0	Solomon Islands	Cyclone "Nina"	3	n/a	n/a	40,000	80,000	20,118,904
07 JAN	Bangladesh	Thunderstorms	31	n/a	n/a	n/a	750,000	n/a
07 JAN	Mexico	Mudslides/Floods	27	n/a	n/a	1,000	4,500	20,000,000
02 FEB	Indonesia – Java	Floods	85	n/a	5	4,000	37,000	47,000,000
02 FEB	Philippines	Volcanic Eruption "Mayon"	77	9	2	63,000	108,000	3,158,536
05 FEB	Yemen	Floods	38	n/a	n/a	32,585	32,623	312,000,000
08 FEB	Iran	Floods	375	ı/a	n/a	500,000	1,000,000	288,000,000
12 FEB	Tanzania	Floods	54	34	0	2,900	201,513	6,000,000
17 FEB	Zimbabwe	Cholera Epidemic	n/a	n/a	n/a	n/a	n/a	n/a
13 MAR	Cuba	Tropical Storms & Floods	5	:.00	0	7,500	150,000	1,000,000,000
14 MAR	Pakistan	Avalanches	36	n/a	n/a	n/a	n/a	n/a
21 MAR	Pakistan/Afghanistan	Avalanches	85	30	n/a	n/a	n/a	n/a
30 MAR	Vanuatu	Tropical Cyclone "Premo"	1	1.0	0	7,000	12,000	60,000,000
01 APR	Ecuador	Rains/Landstides	70	n/a	n/a	n/a	5,631	122,000,000
07 APR	Mongolia	Snowstorms	12	n/a	0	0	120,000	7,752,000
15 APR	Eritrea	Helistorms	4	16	n/a	15,659	16,000	5,164,820
27 APR	Colombia	Floods	27	40	43	n/a	n/a	n/a
05 MAY	Chile	Mudslides/Floods	21	58	88	1,225	3,21.8	12,500,000
09 MAY	Ecuador	Torrential Rains/Landslides	n/a	п/а	n/a	n/a	п/а	n/a
11 MAY	Argentina	Floods	n/a	n/a	n/a	n/a	n/a	400,000,000
12 MAY	Tajikistan	Heavy Rains	0	0	0	53,000	60,000	163,000,000
13 MAY	Bangladesh	Tornado	14	n/a	n/a	7,500	n/a	n/a
14 MAY	Papua New Guinea	Tropical Cyclone "Adel"	15	6	0	2,600	23,000	650,000
18 MAY	Jamaica	Floods	9	0	0	275	21,450	2,429,849
24 MAY	Argentina	Earthquake	0	0	0	0	n/a	0
27 MAY	Kazakhstan	Heavy Rains	17	n/a	0	12,700	n/a	58,000,000
31 MAY	Sri Lanka	Floods	8	n/a	n/a	n/a	145,600	n/a
31 MAY	Cuba	Floods	14	n/a	4	11,000	115.000	n/a

01 JUN	Cuba	Neuromyolopathy Epidemic	0.4	9.500	0	0	49.500	n/a
12 JUN	Papua New Guinea	Floods	5	n/a	3	29,000	46,000	1,000,000
15 JUN	Afghanistan	Mudslides	83	n/a	n/a	1,000	1,300	n/a
17 JUN	Russia	Floods	15	441.	110	0	6,500	n/a
21 JUN	Bangladesh	Floods	28	n/a	0	50,000	3,207,056	n/a
22 JUN	Iran	Earthquake	0	n/a	0	0	n/a	n/a
26 JUN	Philippines	Typhoon "Koryn"	2	0	0	0	29,413	441,730
07 JUL	India	Floods	1.690	n/a	0	n/a	150,000	12,101,666,700
07 JUL	Pakistan	Floods	16	0	n/a	n/a	263,005	n/a
23 JUL	Nepal	Floods & Lanslides	1,048	268	786	55 000	535.500	200.000.000
27 JUL	Bangladesh	Floods	162	n/a	n/a	n/a	11.559,536	n/a
01 AUG	Sudan/Egypt	Earthquakes	3	20	0	0	n/a	n/a
05 AUG	Ukraine	Floods	6	n/a	n/a	n/a	300,000	49,168,529
07 AUG	Trinidad & Tobago	Tropical Storm "Bret"	O	()	0	200	n/a	n/a
08 AUG	Guam	Earthquake	С	7:L	n/a	n/a	n/a	n/a
10 AUG	Nicaragua	Trop. Storms "Bret' & "Geri"	13	O	24	n/a	t26.225	n/a
10 AUG	Venezuela	Tropical Storm "Bret"	96	586	5	4,000	5,500	2,000.000
12 AUG	Guinea	Floods	0	()	0	3,500	7,540	140,000
17 AUG	Belarus	Floods	0	()	0	0	103,428	n/a
26 AUG	Philippines	Floods	5	n/a	n/a	n/a	258,080	2,600,000
31 AUG	China	Dam Durst	290	336	80	15,000	16,000	27,000,000
02 SEP	Honduras	Trop. Storms "Bret" & "Gen" & Floods	27	n/a	12	27,000	67,447	10,000,000
08 SEP	Uruguay	Storms	0	0	0	n/a	2,000	0
28 SEP	Mex:co	Trop. Storm "Geri" & Floods	35	n/a	n/a	65,429	203,500	n/a
30 SEP	India	Earthquake	7,611	n/3	0	100,000	170,000	7,9 16,700
04 OCT	Philippines	Typhoon "Flo"	88	3!5	36	n/a	1,941,531	188.000,000
13 OCT	Papua New Guinea	Earthquake	53	30	0	9,800	89,000	5,000,000
24 OCT	Mexico	Earthquake	0	Ŋ	0	0	n/a	0
03 NOV	Honduras	Floods	174	n/a	200	n/a	15,000	n/a
29 NOV	Cuba	Floods	30	n/a	4	6,500	500,000	100,000,000
30 NOV	Vietnam	Typhoon "Kyle"	144	47:3	0	55,000	1,000,000	14,200,000
06 DEC	India	Cyclone	318	n/3	0	90.000	n/a	312,801,200
06 DEC	Philippines	Typhoons "Lola" & "Monny"	3 51	713	80	365,671	1,432,850	64,000,000
08 DEC	Vietnam	Typhoon "Lola"	71	20	0	10.000	500,000	16.700,000

Natural disaster record for 1993

13 DEC	Costa Rica	Fioods	5	1	4	n/a	38,477	980,000
25 DEC	Mataysia	Floods	7	n/a	3	13.000	n/a	n/a
28 DEC	Philippines	Typhoon "Nott"	118	30	140	n/a	1,483,990	68,000,000
29 DEC	Sri Lanka	Floods	0	0	0	0	150,000	n/a

Total number of natural disasters in 1993: 68 (this figure includes only those countries that requested DHA assistance in the aftermath of a disaster)

Total number of international appeals: 27

Source: United Nations Department of Humanitarian Affairs (DHA).

WHO mandate for humanitarian assistance in emergencies

The World Health Organization will "act as the directing and coordinating authority on international health work" and "furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments." WHO is also mandated "to provide, or assist in providing, upon the request of the United Nations, health services and facilities to special groups, such as the peoples of the trust territories."

WHO Constitution, Article 2 (a), (d), (e)

Introduction

Since the end of the 1980s the United Nations and the international community have begun to revise their understanding of, and their approach to, emergencies. In 1991 United Nations General Assembly resolution 46/182 stated that "there is a clear link between emergency, rehabilitation and development. Humanitarian assistance should be accompanied by a renewal of commitment to economic growth and sustainable development in developing countries."

In July 1993, the Secretary-General's Report to the 48th General Assembly highlighted the need for a coordinated approach by the United Nations system to emergencies, and an interagency task force to study issues on "the continuum from relief to development" was set up under the chairmanship of the former Under-Secretary-General for Humanitarian Affairs, Mr Eliasson.

At the Forty-sixth World Health Assembly (WHA) in 1993, national health officials expressed their concern "at the alarming increase in disasters...and the effect such disasters have on the health and wellbeing of the population and health services of Member States." In WHA resolution 46.6, they called upon WHO to undertake initiatives "to guide Member States in strengthening capabilities to prepare for emergencies and provide humanitarian assistance to the health sector."

In response to this resolution, the Director-General of WHO constituted a task force to examine the role of WHO in emergencies, and to make recommendations on changes in policy and procedures that would allow the Organization to fulfil its mandate.

Many technical initiatives are being undertaken at the moment to strengthen the role of the United Nations and the capacity of Member States in managing emergencies. These include early warning systems, standardization of relief items, stockpiling, information databases, training programmes, and research. WHO is participating in all these processes and is contributing to the technical debate as a leading authority in the health sector.

Dr.H. Nakajima, Director-General, has stated that emergency assistance has become a vital function of WHO. According to its constitutional mandate, WHO has always had an obligation to intervene in cases of emergency. In the long term, its main work concerns its technical advisory role to governments, but we should not forget that the major part of any emergency deals with issues of health.

The needs are so great and the means are so limited that it is indispensable that we coordinate well our emergency and humanitarian actions, especially in the field with NGOs and other UN agencies, so as to avoid unnecessary delays and costly duplication of efforts. In the field of health, WHO has among the best of specialists, a unique technical potential on which to draw upon when disasters strike. "Emergency" means also an "opportunity to do". In this light, we can take the opportunity of an emergency situation to go forward in promoting development.

What follows is a composite of the Division's activities in 1993 at headquarters and regional levels. It is by no means complete, but there again our tasks in the field of emergencies are never ever complete, but are an ongoing process that we can only effectively carry out in full partnership and collaboration with others, namely the donor community, other agencies concerned, and of course, the Member States.

Patrilio Por Shawi

Dr F. Bassani Director Emergency and Humanitarian Action

Highlights of WHO Emergency Activities in 1993

WHO's emergency action increased in 1993 owing to the increased number of Member States requesting WHO assistance in the aftermath of declared disasters. Activities included disaster mitigation and strengthening of national capacity in disaster management, provision of humanitarian assistance in cases of natural disasters, and relief and rehabilitation assistance in conflict-related situations. WHO responded to more than 50 declared disasters in 1993, including 28 complex emergencies caused by war and civil strife (see "Natural Disaster Record for 1993"). Experience gained in responding to these crises has confirmed the value and validity of the United Nations General Assembly resolution 46/182 as the framework for coordinating relief assistance.

In June 1993, WHO reorganized its emergency division, then called the Division of Emergency Relief Operations (ERO), and renamed it the Division of Emergency and Humanitarian Action (EHA). As mentioned earlier, in November 1993, a Task Force on the restructuring of EHA was created, and its work will be finalized in 1994. The envisaged new restructuring will, it is hoped, provide WHO with a strengthened mechanism to respond more effectively and quickly to emergencies (see Annex).

WHO's increased involve-

ment in humanitarian assistance has come about through recent resolutions adopted by the Forty-sixth World Health Assembly concerning: Emergency and humanitarian relief operations (WHA46.6)(see box below); Health conditions of the Arab population in the occupied Arab territories, including Palestine (WHA46.26); Health assistance to specific countries (Cuba) (WHA46.28); Collaboration within the United Nations system: health assistance to specific countries (WHA46.29); and Health and medical services in times of armed conflict (WHA46.39).

In Africa, some 20 countries benefited from WHO's enhanced relief response in 1993. For example, in Mozambique, WHO, in collaboration with others, implemented a primary health care programme for

100 000 demobilized soldiers. Support to health services in provinces where returnees and displaced persons will resettle is envisaged in the second phase of the programme, thus ensuring a continuum from relief to rehabilitation to development in that country. In Ethiopia, among emergency health projects implemented was one that concerned the rehabilitation of 47 health facilities and health centres. In Eritrea, WHO cooperated with other UN agencies in the resettlement of 500 0000 Eritreans in different parts of the country. In Djibouti, WHO provided essential drugs and supplies to combat an outbreak of cholera. In the Sudan, it financed the deployment of a mission to assess a kala-azar epidemic. In Somalia, interventions

> included cooperation in setting up a central pharmacy and a reference laboratory, including the provision of urgent medi-

cal assistance.

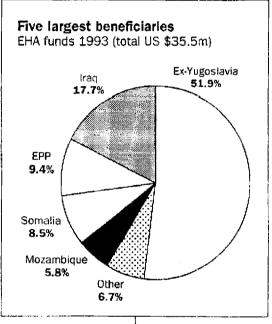
In the Middle East, WHO collaborated with the United Nations interagency humanitarian programmes for Afghanistan, Irag, Islamic Republic of Iran and Yemen. In Afghanistan, emergency medical supplies and equipment were provided. In Iraq, medicines and medical supplies also were provided and distributed to various parts of the country. The Islamic Republic of Iran received assistance after suffering from a natural disaster,

and Yemen received help in regards to hosting refugees from neighbouring countries. WHO also worked closely with local health institutions and experts, as well as Palestinians from the occupied Arab territories, to formulate a master plan for transfer of authority and responsibility for the health services during the transition period and the promotion of broader regional cooperation in health matters.

Herzegovina, Croatia, and the Federal Republic of Yugoslavia (Serbia and Montenegro) since July 1992, providing and helping to coordinate humanitarian assistance. Activities in 1993 included assessment of

In Europe, WHO has operated in Bosnia and

health needs, technical advice, provision of medical supplies, and assistance to victims suffering from



Extracts from: World Health Assembly resolution 46.6

Emergency and humanitarian relief operations

- *...[The Forty-sixth World Health Assembly] REAFFIRMS that WHO has a coordinating role and responsibility for health and related aspects of measures to prepare for and provide relief operations in countries in accordance with UN general Assembly resolution 46/182;
- *URGES Member States:
- (1) to strengthen their capabilities for preventing and mitigating disasters and establishing comprehensive national programmes to prepare for emergencies:
- (2) to appraise and strengthen the capabilities of their health systems to prepare for emergencies in collaboration with civil defence, nongovernmental and private voluntary organizations;
- (3) to increase the allocation of resources in their health budgets to prepare for and respond to emergencies in order to ensure the sustainability of activities for disaster mitigation and relief, including rehabilitation of the health sector;
- (4) to ensure that permanent arrangements are made to facilitate the work of WHO, other organizations and bodies of the United Nations system and international and nongovernmental organizations, in strengthening national capabilities for response and in providing assistance to meet the health and nutritional needs of victims of emergencies;
- (5) to consider increasing contributions to the Special Account for Disasters and Natural Catastrophes under the WHO Voluntary Fund for Health Promotion:
- * CALLS ON the international community to respond to consolidated appeals launched by the United Nations system in response to emergencies by giving greater consideration to the provision of funds for the technical and material support of health services and for their early rehabilitation, whenever appropriate;

- * REQUESTS the Director-General:
- (1) to support and guide Member States in the strengthening of capabilities to prepare for emergencies and to provide humanitarian assistance in the health sector;
- (2) to consider further improvements in related staffing and technical capacities at WHO headquarters and to strengthen regional mechanisms for efficient health management in emergencies;
- (3) to ensure that WHO Representatives (WRs) and field staff, as a vital element in emergency relief operations and humanitarian assistance, receive adequate training and instruction to fulfil their tasks, taking into account initiatives already undertaken by, or in collaboration with, other organizations of the UN system;
- (4) to ensure that WHO fulfills its responsibility for coordinating the health aspects of disaster preparedness and response within the UN system as part of the improved coordination and streamlining of UN humanitarian assistance, including consolidated appeals;
- (5) to improve channels of communication with the WRs' offices in countries, so as to ensure the quick response of headquarters and the regional offices to the declaration of any major emergency;
- (6) to strengthen WHO's capacity for early warning of disasters in general, and disease epidemics in particular, complementing the early warning mechanisms put in place by the UN system;
- (7) to improve and strengthen WHO procedures for raising funds for emergency requirements so as to mobilize adequate extrabudgetary support for disaster preparedness and relief in the health sector.

physical and psychological traumas.

As a member of the Interagency Task Force established by DHA, WHO also enumerated the emergency health requirements for Armenia, Azerbaijan, Georgia and Tajikistan. This was followed by the launching of UN consolidated interagency appeals, in which WHO is responsible for epidemiological surveillance, technical support for psychological rehabilitation medical supplies, and technical cooperation in the area of water supply and sanitation.

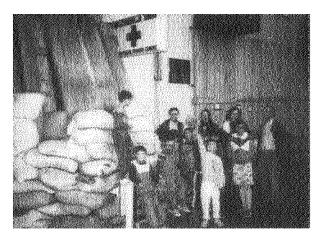
In Asia, among other things, WHO participated

with the UNHCR in the repatriation of Cambodian refugees, and provided drugs for treatment of tuberculosis, including the services of a medical officer for six months to support emergency operations.

New Emergency Health Kits were also supplied in 1993 to countries that had been affected by disasters, including Albania, Bangladesh, Egypt, Eritrea, Kazakhstan, Lebanon, Lesotho, Madagascar, Malawi, Namibia, Pakistan, Philippines, Rwanda, Sierra Leone, Swaziland, United Republic of Tanzania, Yemen, former Yugoslavia and Zambia.

On the emergency preparedness side, in 1993 WHO helped to organize and support two important regional workshops for emergency health managers, one held in Bangkok, Thailand, for countries in the Asia-Pacific region, the other in Tangier. Morocco, for French-speaking African countries WHO also conducted a briefing on emergency preparedness for WHO representatives (WRs) in the Eastern Mediterranean and Western Pacific Regions.

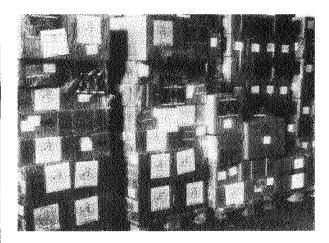
To help support the strengthening of national capacity, the following publications, written or coauthored by WHO. were in their final stages of production as of late 1993: Community emergency



Former Yugoslavia. Bihac, Bosnia and Herzegovina. A health centre in the central part of town, March 1993.
(WHO/M.S. Barton)



The New Emergency Health Kit (WHO/Int Dispensary Association)



Former Yugoslavia – emergency operations. A WHO warehouse in Zagreb in March 1993. To meet specific medical needs of the war-affected former Yugoslavia, WHO has created specially designed medical kits for chronic disease, surgery, anaesthetic, I.V. fluid, pneumonia, transfusion, epidemic response, mental health, hygiene and disinfection.

(WHO/D. Maillefer)

preparedness manual; Management of nutritional emergencies in large populations, Environmental health manual for emergencies; and Rapid assessment protocols.

WHO participated in **IDNDR** (International Decade for Natural Disaster Reduction) Day on 13 October 1993 issuing a press release, and undertook preparations for its inputs into the forthcoming United Nations World Conference on Natural Disaster Reduction, to be held in Yokohama, Japan, 23-27 May 1994.

WHO's research programme, **Hedip** (Health and Development for Displaced Populations), continued its activities in Croatia, Mozambique and Sri Lanka.

WHO also began a situational analysis of its various information systems as a step in designing an early warning system that would complement the UN system-wide International Emergency Readiness and Response Information System (IERRIS). The plan includes upgrading of national surveillance resources, improvement of country communication links, and harmonization of all WHO information systems. Work also commenced on the design of a national emergency information system for Croatia.