



Response activities

1. Relief and Rehabilitation

The *response-side* of the Division of Emergency and Humanitarian Action (EHA) was composed of four geographically designated units/programmes in 1993:

- Response for Africa and the Middle East (RAM);
- Response for Asia and the Pacific (RAP);
- Response for Europe and the Americas (REA);
- Afghanistan Programme (AFP).

In follow up of World Health Assembly resolution WHA46.29, this chapter reflects WHO activities in 1993 in emergency and humanitarian relief in assisting countries affected by disasters (i.e., Afghanistan, Angola, Bangladesh, Botswana, Cuba, Cyprus, Djibouti, Eritrea, Ethiopia, Fiji, Haiti, India, Iraq, Lebanon, Lesotho, Malawi, Mozambique, Namibia, occupied Arab Territories, including Palestine, Philippines, Somalia, South Africa, Sri Lanka, Sudan, Swaziland, United Republic of Tanzania, former Yugoslavia, Zambia and Zimbabwe). It also covers WHO collaboration activities in southern Africa. (*For further information on southern Africa, see Chapter 4, "Inter-country programmes".*)

Resolution WHA46.29 called upon the international community to assist in resource mobilization and coordination of relief efforts to alleviate the effects of natural and man-made disasters in Member States, and requested the Director-General to support the efforts of the affected countries in coordinating their emergency relief programmes. It also requested the Director-General to work with the United Nations and to mobilize adequate resources for the implementation of health activities to counteract the negative effects of disasters on health and development.

Coordination within the United Nations system has been strengthened through the active participation of WHO in various meetings in Geneva, among them: daily Department of Humanitarian Affairs (DHA) "morning briefings", meetings of the Inter-agency Working Group (IAWG), and meetings of the Interagency Standing Committee (IASC), as well as through close collaboration between DHA and the WHO Office at the United Nations in New York.

WHO has been actively involved in preparing more than 30 United Nations Consolidated Appeals in 1992-1993. However, the response of donor countries to the non-food component of the Appeals has not been encouraging. WHO needs to establish urgently an effective resource-mobilizing mechanism.

Country activities in emergency relief

Afghanistan

WHO programmes in Afghanistan have been developed based on the country's five-year Master Plan for Reconstruction and Rehabilitation of the Health System. WHO activities in the country have been undertaken through the WHO Representative for Afghanistan. WHO has supported also nongovernmental organizations (NGOs) in various projects in the health programmes. WHO's involvement has focused primarily on emergency assistance. This has resulted in a substantial programme budget for the construction and rehabilitation of basic health facilities, development of human resources for health and the control programme for important diseases. Priority has been given traditionally to underserved areas of massive destruction of health infrastructure and areas of possible massive return of refugees.

Up to 31 December 1993, approximately \$16 million was received through the United Nations Office of Humanitarian Assistance Coordination (UNOHAC) for health activities. Currently there is a remaining balance of about \$1.8 million. Since the Islamic Government assumed power in 1992, more than 1.5 million refugees have returned home. As a result of the massive return of Afghan refugees from the Islamic Republic of Iran and Pakistan, an action plan has been developed. The Secretary-General of the United Nations launched the United Nations Consolidated Appeals in January and October 1993. In the first appeal, the requested amount of \$138.1 million includes \$8 332 000 for the health sector in Afghanistan. In October 1993, the second appeal was launched for the period of October 1993 to March 1994, and WHO requested \$3 039 000. To date, WHO has received negligible funds from these appeals.

During 1992-1993, WHO initiated a relief programme for returnees in addition to its regular programmes. It also started the Emergency Health and Medical Relief Operations Programme, which includes establishment of health posts at the main entry points to Afghanistan from Pakistan and the Islamic Republic of Iran. WHO provided medical supplies and equipment to border hospitals, which are located at transit points, and in 1993 established five field offices in Afghanistan.

In July 1993, there was an outbreak of cholera in Afghanistan, with more than 37 000 cholera cases reported. WHO quickly responded to the outbreak of



Afghanistan. A victim of war: a life saved, but a life handicapped.
(WHO/A. Rietveld)

the disease: a coordination committee was organized, a large amount of emergency medical supplies to control cholera was airlifted to various parts of Afghanistan, and training in case management of cholera was given to local health personnel. As a result of the efforts by all concerned parties, the outbreak was put under control and the Government declared the disease no longer an emergency in late September 1993.

Due to major fighting in different parts of Afghanistan, particularly in Kabul, there have been thousands of casualties and an influx of hundreds of thousands of displaced persons from Kabul to other parts of Afghanistan, particularly Jalalabad. There were approximately 200 000 displaced persons in Jalalabad, with over 2000 new arrivals daily. Four camps (Sar Shahu, Samarkhel, Hada and Mumtaz) were established, but lack of potable water and shelter are the major problems in these camps.

WHO has been assisting the Ministry of Health in providing substantial quantities of medical drugs and emergency supplies in the camps for displaced persons in Jalalabad and for hospitals and mobile health units in Kabul and various parts of Afghanistan. A mission by an expert from headquarters to Afghanistan was conducted, and WHO is trying to mobilize more funds for health assistance for this emergency. The Government of Italy has recently pledged a generous contribution in this regard.

Angola

In May 1993, in collaboration with DHA, WHO assessed the country's health needs, estimated at around \$4 440 000, and secured a donation of drugs from South Africa. WHO has earmarked \$140 000 for

emergency preparedness and response (EPR) activities in Angola, but until a political solution opens the way for stronger international action for humanitarian assistance and rehabilitation, the current priority is to help strengthen the Ministry of Health's coordinating role in health relief.

Bangladesh

In early 1993, WHO responded quickly to the large influx of 250 000 Rohingya refugees from Myanmar by providing two New Emergency Health Kits to the Government to treat 20 000 refugees for three months. At regional and country levels, medical experts worked in close collaboration with the Ministry of Health, the Office of the United Nations High Commissioner for Refugees (UNHCR) and NGOs in assessing the health conditions of the refugees. In June 1993, severe floods occurred in 10 northeastern and southeastern districts, affecting more than 2 million people, and WHO provided again New Emergency Health Kits to help treat the flood victims.

Botswana

WHO assisted the Ministry of Health in re-assessing the country's health needs brought about by the drought. An EPR mission was also funded for research and training on hazard mapping at field level. WHO is collaborating with the Government and the United Nations Development Programme (UNDP) in helping to prepare legislation, plans and institutional arrangements for national disaster management.

Cuba

The Pan American Health Organization/WHO Regional Office for the Americas (PAHO/WHO) participated in the interprogramme response to the optic neuritis epidemic in Cuba in 1993. One PAHO/WHO staff member was part of the interdisciplinary team that travelled throughout the island and whose report formed the basis for an appeal to the international community. (See section on "Region of the Americas" in Chapter 5.)

Cyprus

WHO has continued to give technical and other support to the island. The 1993 joint government/WHO programme review mission report states that the mandate of WHO is to improve the health of all the peoples of Cyprus, and the Ministry of Health has repeatedly re-affirmed the importance of this effort. With support from the UNDP, there have been nu-

merous visits made by WHO staff and consultants to Cyprus, and graduate students have been identified from among the Turkish Cypriot community for fellowships in appropriate fields of study. Follow-up of the recommendations of the consultants who visited the Turkish Cypriot community has been encouraged and a report will be issued shortly.

The 1994-1995 biennium will see a number of community activities, in particular a comprehensive primary health care review. Short-term consultants recruited by WHO will continue to visit Cyprus in the course of their assignments and participants from the Turkish Cypriot community will continue to be invited to WHO-sponsored workshops and meetings as well as to apply for WHO fellowships.

Djibouti

Emergency assistance under the Special Emergency Programme for the Horn of Africa (SEPHA) appeal to Djibouti concentrated on provision of medical supplies and consumables to deal with an influx of Somali refugees. It is estimated that over two-thirds of the tuberculosis cases treated in Djibouti health facilities are refugees. The large number of cases treated was supported by extrabudgetary sources.

Due to an outbreak of cholera in the country in 1993, WHO provided approximately \$75 000 worth of medical supplies and materials, in addition to the provision of a technical team that assisted in dealing with the problem.

Eritrea

After a long conflict that lasted over 30 years, Eritrea's health needs are enormous. WHO was able to raise approximately \$1.5 million during 1992-1993 towards assistance of the health services in six programme areas.

The bulk of the assistance (\$1 million) was used to provide material support to the Health Department during the first year of transition after independence, and to the Ministry of Health and to the Social Security Authority. The kind of support provided included the provision of medicines and medical supplies for tuberculosis, malaria and essential drugs, as well as the setting up of an orthopaedic workshop for the disabled.

WHO financed the services of the Liverpool School of Tropical Medicine to design an epidemiological information system and a number of technical missions as part of the interagency missions that prepared an appeal for the repatriation of Eritrean refugees from the Sudan.

Funds were made available for the organization of in-service training courses, in collaboration with the Ministry of Health and two fellowships were granted to two prosthetic technicians to qualify at the TATCOT Training Centre in the United Republic of Tanzania.

In the latter part of 1993, WHO, in collaboration with the Government of Italy, earmarked a rehabilitation and reconstruction assistance project for Eritrea. The project is now being implemented and it includes the provision of a team of surgeons and the upgrading of Asmara's Central Hospital's facilities, including treatment of some 40 severely disabled war veterans.

Another project aims at training war veterans to serve as paramedical personnel. The funds earmarked for this project are approximately \$900 000. A third project worth \$600 000 is being implemented, in collaboration with the Social Affairs Authority, which envisages an expansion of the network of prosthetic workshops to the provinces so as to provide these facilities to war disabled in rural areas. It also contains a component for the development of human resources for health, as well as provision of equipment and supplies for the new workshops that are to be established.

Ethiopia

Under the Special Emergency Programme for the Horn of Africa (SEPHA) appeals for Ethiopia, WHO received generous responses from several donors, totalling \$4.8 million for four projects (for control of



Ethiopia. Victims of what was a complex emergency.
(WHO/UNEP/Steward)

epidemics, malaria and tuberculosis and rehabilitation of 47 damaged health facilities). Fifty percent of the funds were used for the purchase and distribution of drugs, medical supplies and equipment, 38% was used for the repairing of health centres, and the remaining 12% was used for training and operational costs.

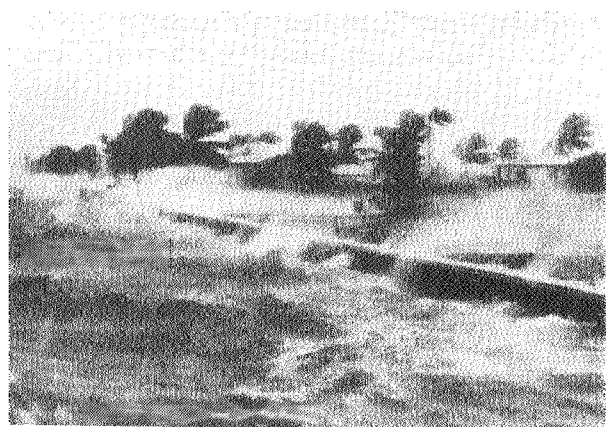
During the civil war, available medical supplies and equipment in health facilities in the northern region were stolen. WHO has implemented the repair of 47 health facilities in the four priority regions thanks to a donation from the Netherlands.

WHO provided necessary anti-malarial drugs, medical supplies and operational cost for control and treatment of activities, as well as training of more than 850 health personnel.

WHO also helped to strengthen tuberculosis case-finders and case-management activities in the Ministry of Health by providing drugs and medical supplies and by training health staff

Fiji

Cyclone Kina struck the Fiji islands on 2 January 1993, causing loss of life and damage to property. At the request of the Fiji Government, WHO, through the WHO Regional Office for the Western Pacific (WPRO),



Tropical storms and cyclones are common natural disasters.
(League of Red Cross)

quickly provided intermediate assistance amounting to \$10 000 to assist the health authorities in their response efforts to the cyclone victims.

Haiti

PAHO/WHO collaborated closely with the Organization of American States and other United Nations agencies to prepare the joint appeal for humanitarian

aid for Haiti. In 1993 PAHO/WHO worked with the international community to help mitigate the negative impact of imposed sanctions on the most vulnerable Haitians. Funding for this was received from Canada (CAN\$ 4 000 000), Norway (US\$ 89 985), and the European Union (US\$ 340 900). Despite these efforts, the situation in Haiti by the end of 1993 did not improve, but indeed worsened. Thus, PAHO/WHO's country office produced an emergency health plan to increase external humanitarian aid to the health sector. This will require additional follow-up and permanent liaison with the international humanitarian assistance community to mobilize the necessary external resources (See section on "Region of the Americas in Chapter 5.)

India

On 30 September 1993, the state of Maharashtra was struck by a severe earthquake measuring 6.4 on the Richter scale, the worst in India in more than 50 years. Almost 8000 people were killed as a result of the earthquake which affected 65 rural villages in a farming region 450 km east of Bombay. Following its established policy in cases of natural disasters, the Government of India did not appeal for international assistance. It rapidly launched relief efforts and sent teams to locate and rescue trapped survivors. However, the emergency was so devastating that the Government decided to accept contributions in cash and selected contributions in kind. To respond to this emergency, WHO quickly allocated \$50 000 to the Government for medical assistance for the population affected



Natural disaster. Earthquakes also affected a number of countries in 1993.
(WHO)