Iraq

WHO was involved in humanitarian assistance for Iraq, including Kurdish areas, in epidemiological surveillance; provision of basic drugs and medical supplies (from 1 April to 31 December 1993, WHO provided drugs and medical supplies totalling $3.5 million); water quality control; and vector control for malaria, in which a comprehensive plan of action is being set up, and leishmaniasis.

Lebanon

WHO assistance to Lebanon included responses to two emergency situations: the past military conflict situation in southern Lebanon and the risk of water-borne epidemics. WHO continued to support and to strengthen Ministry of Health capacities.

Following military actions in southern Lebanon, immediate technical assistance was given to the Ministry of Health for development of a plan of action for emergency preparedness and response.

WHO provided five New Emergency Health Kits ($35 000) and facilitated the purchase of five other kits funded by the Italian Government. Several pledges have been received against the WHO programmes in the United Nations Consolidated Appeal for Lebanon.

WHO responded promptly to evidence of a risk of outbreaks of cholera and other water-borne diseases through the elaboration of a national strategy and plan of action, initiation of health education and the provision of medical equipment and supplies. Health education was initiated which included printed and audiovisual material.

WHO's continued assistance for the reconstruction and rehabilitation of the Ministry of Health revolves around three main actions: situational needs assessment and information gathering; elaboration of strategies and plans of action; and strengthening of Ministry of Health capacities. WHO also assisted the Ministry of Health in regards to World Bank projects and in the building up of human resources for health through training, including on-the-job training.

Lesotho

WHO assisted the Ministry of Health in re-assessing the health needs arising from the drought. Owing to recent political incidents, WHO assisted the Ministry of Health in producing an emergency preparedness and response plan.

Malawi

WHO assisted the Ministry of Health in reviewing health needs brought about by drought and epidemics of cholera and dysentery, and it is now assisting the Ministry in emergency preparedness against diarrhoeal outbreaks, with funding of $109 000.

Mozambique

Mozambique has been affected by man-made and natural disasters, including war, drought, population displacements, floods, cyclones and epidemics. In response to this, WHO established an EPR country programme in 1987.

In 1993 the EPR programme provided a short-term professional, a national officer and funds to support national capacity-building for health emergency management. Support was provided in areas of needs assessment, planning, implementation, monitoring, training, preparation of emergency appeals by the Ministry of Health, participation in United Nations and NGO emergency activities, research and international notification of diseases.

The EPR programme also collaborated with the Ministry of Health in implementing an action research project known as "Hedip" (Health and Development for Displaced Populations) at district level, aimed at supporting resettlement and reintegration of displaced people, including restoration of socioeconomic activities (*see Chapter 2, section on "Hedip"*).

Following the peace agreement signed in October 1992, WHO has undertaken the task of providing primary health care services to around 100 000 demobilized soldiers, as stipulated in the Peace Agreement, and has expanded collaboration with the peace-keeping United Nations Operations in Mozambique (UNOMOZ). Two EPR officers and one administrative officer have been assigned to UNOMOZ for coordination of the humanitarian assistance programme and the health component of demobilization. A total of 49 primary health care stations were established corresponding to the number of assembly areas where demobilization is being carried out.

The EPR staff in the UNOMOZ Technical Unit for Demobilization has finalized the technical protocols for the health programme, established contracts with the implementing agencies, distributed drugs and medical supplies, ensured the overall coordination of the health programme, and raised funds totalling $3 million.

The officer in the United Nations Office for Humanitarian Assistance Coordination (UNOHAC) has

contributed to the sectoral needs assessment of the Consolidated Humanitarian Assistance Programme and to follow-up of donor commitments. Support was given to the coordination, planning of emergency/rehabilitation health activities targeting both government and RENAMO areas through joint assessment missions and sectoral committees.

Namibia

WHO assisted Namibia in updating the country's health requirements under the DESA (Drought Emergency for Southern Africa) appeal. The Ministry of Health has started a review of the national EPR plan, and is consolidating information systems for an early warning system, and the Government has begun a review of national legislation on disasters.

Occupied Arab territories, including Palestine

WHO launched an appeal for $10 million on 19 October 1993 to facilitate the early transfer of authority in the health services in the occupied Arab territories. WHO's special technical support programme to improve the health conditions of the Palestinian people concentrated in 1993 on the collection of data and the framing of strategies aimed at facilitating the orderly transfer of health services to the Palestinian interim self-government authority. The Director-General's report to the Forty-sixth World Health Assembly advocated a three-pronged approach.

The first line of action was to assist the newly constituted Palestine Health Council to become a functioning body. The various organs of the council are being set up. The second line of action was to support a number of institutions that work closely with the Council in formulating health strategies and in carrying out research to determine the health situation and trends in the future self-governing territories. In this regard, WHO provided grants totalling over $230 000 to a number of Palestinian think-tanks involved in the design of health strategies and approaches. The third line of action advocated was to promote regional health cooperation once the political climate permitted.

Implementation of the special technical support programme is subject to the volume of funds raised through the Director-General's 1993 appeal. Donations have been received from the Governments of Japan, Luxembourg and Spain, totalling $5 465 000. An additional $4 535 000 is needed in 1994 to take full advantage of the opportunities offered by the Declaration of Principles, which was signed by Israel an the Palestine Liberation Organization in Washington, D.C. on 13 September 1993.

Philippines

The volcano Mount Mayon, situated 300 km east of Manila, erupted in February 1993, affecting more than 60 000 who settled in Camalig, Daraga and Guinobatan and the city of Lagaspi. Although no international appeal was launched, WHO provided New Emergency Health Kits to the Government.

Somalia

WHO has been involved in emergency operations in Somalia from the first Special Emergency Programme for the Horn of Africa (SEPHA) appeal, launched in January 1992, the 100-Day Action Plan of October 1992, and the new appeal issued in April 1993.

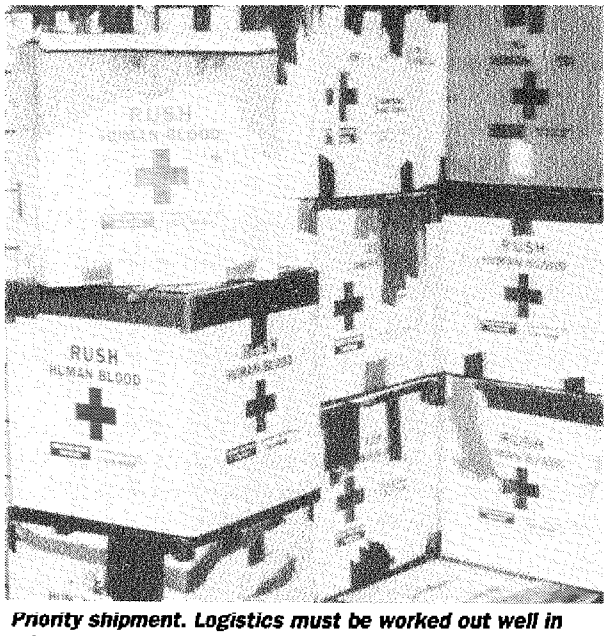
Under these appeals, WHO received approximately $4.8 million from the Governments of Canada, Italy and Sweden, as well as the World Bank. Thanks to these donations, supplemented by the WHO regular budget, totalling approximately $8 million, WHO has implemented, through deployment of six internationals and 40 local staff, the following emergency activities.

Somali Central Pharmacy. WHO, as the major partner, established the Somali Central Pharmacy in Mogadishu, in collaboration with the *Pharmaciens sans Frontière*. The Somali Central Pharmacy is still providing 80% of the medical and surgical supplies and equipment utilized by national health facilities and NGOs, with some additional drugs and supplies providec to United Nations Operations in Somalia (UNOSOM) military facilities. Extensive preparations, including planning and stockpiling of necessary drugs and supplies have been made to combat an outbreak of cholera in Somalia.

Tuberculosis. Tuberculosis (TB) has become a serious health problem in Somalia. Two TB assessment missions were carried out in the north and central regions of the country. TB drugs, laboratory reagents and microscopes were provided to 10 international NGOs. Preparations for a TB workshop, sponsored by WHO with participation from staff from headquarters and the Eastern Mediterranean Regional Office (EMRO), as well as national experts and international NGOs, were finalized and the workshop was held in Mogadishu in December 1993.

Malaria. WHO assessed the endemicity and hyperendemicity of malaria through national and international consultants. Based upon their findings

Somalia. Famine disasters are slow and insidious
(OXFAM)



Priority shipment. Logistics must be worked out well in advance
(WHO/PAHO/American Red Cross)

and recommendations, drugs and diagnostic equipment have been stockpiled and provided to local health facilities. Monitoring is an ongoing activity by the WHO Malaria Team.

Blood bank services. To meet the extraordinary need for blood transfusion services, WHO established a blood bank in Hargeisa and made the necessary arrangements and equipment/supply purchases for a blood bank in Mogadishu. Screening blood donors for acquired immunodeficiency syndrome (AIDS), venereal diseases and hepatitis is a critical component of this programme.

Health system development. A workshop on health system development, with full participation of Somali health planning professionals, was scheduled for 15 June 1993, but due to the events of 5 June 1993, this workshop had to be canceled.

Health planning. A WHO health planning expert, in consultation with national health leaders, produced a plan for reactivating the health system in Somalia, which has been especially adapted for existing realities in the country.

Centre for Epidemiological and Nutritional Surveillance. The Centre for Epidemiological and Nutritional Surveillance was established in Mogadishu, in collaboration with UNICEF.

Central Reference Laboratory. All needed equipment and supplies were purchased and received in Nairobi, Kenya, for use in the Central Reference Laboratory in Mogadishu. A building was rented in Mogadishu, but the security situation has prevented completion of this laboratory.

Basic Minimum Needs Programme. WHO has believed in and has relied upon community partnership and their direct participation in the development and maintenance of health. The Basic Minimum Needs (BMN) Programme in Merca, established in 1987, has received continuous support from both WHO and the individual communities concerned. The BMN Programme is intersectoral and community-based, and includes health, education, agriculture, water supply, livestock and income-generating components. The programme in Merca has survived despite the current difficult circumstances. Similar programmes are being developed in Bosasso and Baidoa areas

Human resources for health study. The already meagre human resources for health that existed in Somalia before the civil war, sustained a severe setback due to external and internal displacement. As an attempt to form a basis for future human resources for health planning in Somalia and to obtain information on the remaining health personnel and their present distribution, WHO started a human resources for health survey, which was completed in all regions in late December 1993.

Training. WHO conducted a number of training programmes in Somalia in emergency health management, primary health care, blood transfusion services, and TB treatment. In addition, WHO printed 5000 traditional birth attendant (TBA) manuals in the Somali language.

Creation of employment opportunities for Somali health professionals. It is WHO's view that the ultimate responsibility for the health system in Somalia is with the Somali people themselves, including

Somali health professionals. Somali health professionals are expected to take over the management and operation of health system facilities, with technical support from international partners. To encourage Somali professionals to return to their country and to reduce out-migration, WHO now employs 15 national professionals in addition to some 25 support staff. It is envisaged that more Somali colleagues will be recruited by WHO with the future expansion of its programmes.

Mental health. In collaboration with UNICEF, a study was conducted to assess the impact of the civil war on mothers and children in Somalia.

War disabled. Because of the large number of war wounded with resulting amputations and other permanent disabilities, WHO concluded a study on the need and feasibility of establishing a workshop to manufacture artificial limbs, wheel chairs, crutches and other necessary equipment. This project will include a vocational training centre to enable the handicapped to become productive and self-reliant citizens. Funding is required and a proposal was prepared.

Assessment of the current situation. Although the general nutritional and health status of the population has improved, the present health system is far from meeting the minimum needs of the Somali people. Morbidity and mortality rates, in all age groups, are still very high. Tuberculosis and malaria and other communicable diseases remain a serious problem The health needs of special population groups, such as mothers and children, have not been met. Existing health personnel are still inadequate. Sexually transmitted diseases are believed to be a growing problem. Health institutions are still either weak or nonexistent. Health training institutions are also nonexistent, and will require urgent rehabilitation in any case to train and qualify the needed national cadre.

Priority actions in the immediate future. Five priority actions need to be undertaken in the immediate future, these are the following. First, to monitor the present health situation and possible future improvements, or deterioration, of health indicators, strengthening of health surveillance is of paramount importance. This will require the establishment of the Central Reference Laboratory, mentioned earlier, in Mogadishu and satellite laboratories in other regions.

Second, the prevelance of communicable and preventable diseases calls for the continued provision of essential drugs, medical and surgical supplies and equipment by the Somali Central Pharmacy, with increased penetration into rural and remote areas. More satellite warehouses need to be established at the regional level. WHO cannot maintain this expensive but essential programme without additional donor support.

Third, WHO places its major emphasis on establishing a sustainable primary health care system, as a component of the Basic Minimum Needs Programme in collaboration with the community. To complement this, gradual and basic rehabilitation of some second- and third-level referral centres should be undertaken, with equitable distribution.

Fourth, human resources for health training is of critical importance to the development of a viable health system in Somalia. WHO will continue to assist in the coordination and standardization of human resources for health training and with the provision of national trainers in specific disease control programmes, and the development of training manuals and guidelines. Priority attention is being given to the training of traditional birth attendants and community health workers.

Fifth, assistance must be given to emerging infrastructures and national health professionals in the establishment of institutions and the development of policies and strategies at central, regional and district levels to ensure capacity building and sustainability.

South Africa

WHO continued to liaise with liberation movements in South Africa and various national NGOs, academic institutions and, lately, with the Government, providing inputs to review its health policy. WHO will undertake a one-month study, in collaboration with the Government, on the impact of violence on public health. On the basis of this study, a workshop will be held where policies and plans will be outlined for national action and for international assistance.

Sri Lanka

On 31 May 1993, heavy monsoon rains caused severe flooding in the southern part of Sri Lanka, affecting several thousands of people. The Regional Office for South-East Asia (SEARO) provided $10 000 for the local procurement of drugs and medical supplies. In addition, mini-emergency kits were also provided.

Sudan

WHO raised $550 000 from extrabudgetary resources during the biennium 1992-1993 to assist in providing additional emergency assistance in the Sudan within

the Special Emergency Programme for the Horn of Africa (SEPHA) appeal.

Over 77% of these funds were utilized towards the purchase of medical supplies and equipment needed to cover the most basic essential needs for dealing with a very large number of reported cases of tuberculosis and malaria.

The balance of these funds was used to provide technical services of consultants to assess health needs due to an outbreak of Kala-azar in southern and central Sudan, and local costs to cover logistical support requirements to distribute medical supplies and to organize on-the-job training for staff involved in the handling of these emergencies.

WHO launched a special appeal, in collaboration with the United Nations Children's Fund (UNICEF), to address the emergency caused by the Kala-azar epidemic. A sum of $ 297 000 was received from the Overseas Development Administration (ODA) in the United Kingdom in response to this appeal. The bulk of these funds have been disbursed to purchase drugs and supplies needed to treat 5000 cases of Kala-azar. The 1994 SEPHA appeal for Sudan reiterated the needs for additional funds for Kala-azar, as well as other current emergencies in the country. A total of $8.2 million is still needed.

Swaziland

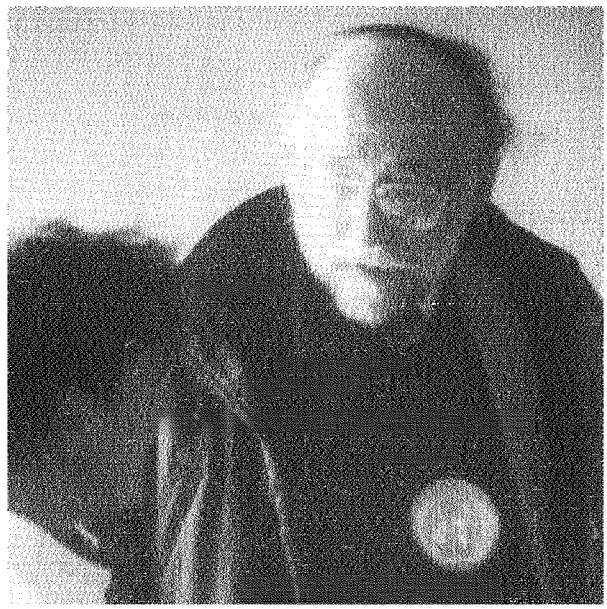
In 1993 WHO assisted Swaziland in reviewing its health needs brought about by drought and epidemics of cholera and dysentery, and is now assisting the country in emergency preparedness activities against diarrhoeal disease outbreaks, with funds totalling $47 000.

United Republic of Tanzania

The United Republic of Tanzania is susceptible to a list of hazards: floods, drought, cyclones, bush-fires, insect infestations, traffic accidents, epidemics, etc. As of late 1993, a drought was affecting 1.5 million people, and about 300 000 refugees had entered the country from Burundi. WHO emergency assistance included health needs assessment and $80 000 worth of New Emergency Health Kits in response to the drought, epidemics of cholera and meningitis, floods, and the influx of refugees. WHO also assisted in EPR training.

Former Yugoslavia

From the modest beginning in the summer of 1992, thanks to help from donors, WHO's role in the former



Former Yugoslavia. Sir Donald Acheson, WHO's Special Representative, former Yugoslavia, meeting medical staff at the Hospital of Breza, on the frontline, in March 1993.
(WHO/D. Maillefer)

Former Yugoslavia. A total of 380 tonnes of medical supplies worth $10 million was distributed by WHO in the war-affected areas from July 1992 to February 1993.
(WHO/D. Maillefer)

Yugoslavia has grown to a full-fledged humanitarian aid programme, with an annual budget of over $22 million and WHO offices in Zagreb, Belgrade, Sarajevo, Split, Tuzla and Skopje, and staff totalling 70 persons. The main task of WHO has been to give public health advice to UNHCR and to help coordinate relief work of NGOs.

WHO's humanitarian programme has also been involved in helping to alert the international community and to organize international relief efforts to

prevent death, disability and suffering; helping victims of this complex emergency to maintain their health in a hostile and unsafe environment; mobilizing emergency health relief based on an objective assessment of health needs, monitoring the health and nutrition situation as a form of early warning; trying to ensure that the lives and rights of dependent and disabled persons, such as those with mental illnesses, are respected; and seeking donations for the health component of the United Nations Consolidated Appeal.

Zambia

WHO assisted the WHO Representative in Zambia in reviewing the health needs of the country brought about by drought and epidemics of cholera, dysentery and meningitis.

Zimbabwe

WHO assisted Zimbabwe in assessing health needs arising from drought, cholera and dysentery epidemics, and in fund raising. A $182 000 programme for emergency preparedness against diarrhoeal epidemics is currently under implementation. WHO also provided $20 000 in technical and financial support to the national EPR database and the epidemiological early warning system.

WHO collaboration in southern Africa

In 1993 an emergency preparedness and response intercountry meeting was held, where 30 senior officials from ministries of health and civil defence throughout southern Africa produced a summary list of disasters and national capacities in southern African countries, including proposals for emergency preparedness activities, the latter of which were being followed up through voluntary contributions to WHO's Division of Emergency and Humanitarian Action (EHA). Besides individual country assistance, WHO supported Diarrhoeal Disease Control (CDD) projects in southern Africa, totalling around $555 000

WHO also collaborated with the Southern African Development Coordination Conference (SADCC) in 1993, funding the participation of Ministers of Health of Member States to an intercountry workshop on drought management. Among the workshop's recommendations were that SADCC should establish an Advisory Board on Health and Nutrition, and that a system should be established for the procurement of medical emergency supplies to strengthen the management of two major hazards in southern Africa, namely droughts and epidemics.

Conclusions

The growing involvement of WHO in emergencies, particularly what are known as "complex emergencies", highlights a number of issues that need to be addressed in order for WHO to be able to respond rapidly to disasters when they strike, linking them with interventions that ensure a continuum from relief to development.

To this end, WHO has set up a task force to review its policies and to redefine its mandate in regards to emergencies and procedural methods, so as to be able to respond more quickly and effectively, since the past trend has shown that the United Nations system as a whole has become increasingly more involved in emergencies.

In regards to striking the balance between emergency support and development, the following should be considered.

a) WHO will continue to respond to the health needs of its Member States whenever they are affected by a disaster. This support should include practical support and advocacy, as well as assistance, including policy and programme formulation.

b) WHO will provide quick response to disaster-stricken countries through resources made available specifically for this purpose. This emergency financial support provided by WHO to a Member State should be financed from voluntary resources raised through appeals to donors.

c) Emergency allocations will be governed primarily by the willingness of donors to contribute voluntary funds to the WHO emergency programme, that is, the Division of Emergency and Humanitarian Action (EHA). Therefore, donors should respond to consolidated appeals launched under the auspices of DHA or by the WHO Director-General, when dealing with health emergencies.

WHO will also ensure that its emergency programmes are evaluated and the lessons learned are documented for use in future emergency interventions. Such evaluation and assessment should be an integral part of the WHO emergency programme.

Collaboration with DHA and other partners in the United Nations system should be strengthened, so as to reap the full benefit of human and financial resources by avoiding duplication of efforts and streamlining the work of agencies, according to their individual mandates.

WHO is having to operate in situations of open conflict. The question of security of its staff as well as respect for the health institutions concerned by the belligerent forces, remains a serious concern. There is a need to define appropriate mechanisms and steps to achieve greater security for staff and property.