III

Programmes and centres supporting EHA activities

4. Intercountry Programmes

In 1993 WHO intercountry emergency preparedness and response (EPR) programmes were conducted through the Pan-African Centre for Emergency Preparedness and Response and the Emergency Preparedness and Response Subregional Office for Southern Africa. What follows includes highlights of their activities in 1993.

a) Pan-African Centre for Emergency Preparedness and Response

The Pan-African Centre for Emergency Preparedness and Response was established in Addis Ababa, Ethiopia in 1989. Its general objectives are: (i) prevention of health hazards and reduction of the adverse effects of disasters on health and health services by developing and strengthening national capacities for emergency preparedness and response; (ii) increasing awareness of the need for emergency planning and preparedness activities and integrating these activities into primary health care; (iii) development of self-reliance in the ministries of health and all other staff involved in health care to assume responsibility for immediate action after a disaster strikes; and (iv) development of specific areas of cooperation between different governmental and nongovernmental relief agencies so as to provide the maximum aid required to victims of a disaster.

Pan-African Centre's Emergency Preparedness Unit

A questionnaire survey to determine the state of emergency preparedness in African Member States was finalized. Despite efforts undertaken by governments to bring about socioeconomic development, such efforts are likely to fail without development and implementation of appropriate emergency preparedness plans. A one-week mission to Guinea-Conakry was undertaken (2-8 August 1993) to develop a national EPR plan. Mission reports were prepared for Kenya, Niger, Nigeria and the United Republic of Tanzania to help strengthen national preparedness capacities to respond to epidemic emergencies. Mission reports were also prepared for Niger and the United Republic of Tanzania to strengthen health surveillance systems, develop early warning systems and enhance laboratory support. Appropriate training was undertaken in Niger, Nigeria and Uganda to strengthen health personnel performance in individual case management to enhance laboratory diagnosis.

The departure of the Pan-African Emergency Preparedness Unit's (PEP) project coordinator in the first-quarter of 1993 hampered further progress towards achieving this objective, and lack of funds further delayed this activity. In addition, to assist in identifying health problems of refugees, returnees and displaced persons, the Centre participated in regular interagency meetings at the office of the Administration of Refugee/Returnee Affairs.

"Technological disasters in Africa" project

Since the departure of the Associate Professional Officer (APO/TDA) in early February 1993, no specialized staff has been available, and thus no progress has been achieved in the area of increasing national capacities to cope with chemical disasters. This may change, however, with arrival of a new APO/TDA in late 1993. The same reason is applicable to the activity to increase awareness of potential health hazards and risks of dangerous materials through a regional workshop in one African country. Also, follow-up missions planned for Egypt and Zimbabwe to prepare a training course on environmental and health effects of pesticides could not take place owing to the departure of the APO/TDA.

Hazard mapping and disaster database

As regards visualization of hazard-prone areas in Africa and finalization of the "Risk Atlas for Africa", the issue is being fully addressed under the new disaster data-bank project for the Centre. As regards the introduction of risk-mapping methodology at community level in selected countries, a case study was developed from a five-week mission to Botswana to implement vulnerability mapping at community level. An integrated emergency data-bank system is being set up. Various international institutions have been contacted to acquire data on emergencies. Twenty-three country profiles of the most disaster-prone African countries, dating back to the 1960s, will be further developed to include around 140 relevant indicators. As a direct follow-up of this activity, hazard and vulnerability maps will be developed in 1994 to visualize disaster-prone areas in Africa. The activity to evaluate the status of environmental services in Tigray (Ethiopia) was integrated with the joint WHO/EHA-UNICEF project on "Selected indicators for emergency planning in Ethiopia".

The activity to develop risk maps to evaluate the spread of acquired immunodeficiency syndrome (AIDS) in Ethiopia was to have supported the AIDS control programme of the Ethiopian Ministry of Health, but so far no request for implementation has been received. The activity to create an alpha-numeric data bank to develop risk maps was integrated with the creation of a disaster data-bank system. Two software programs were also developed: one to improve theoretical models according to specified case-studies, and the other to retrieve data from a data bank and indicate the best way to represent data on a map. As a modem is now available at the Centre, connection with the E-Mail international network through PADIS and UNECA is now possible and will be operational by the end of 1993.

Constraints

The major constraints include the cessation of USAID's Office of Foreign Disaster Assistance (OFDA) funding for the PEP project, as well as the departure of the PEP project coordinator.

Pan-African Centre's Emergency Response Unit

Most of the unit's achievements were attained in collaboration with other units, owing to a lack of staff. The Centre participated in a consolidated United Nations appeal for displaced populations in Rwanda from 16 to 25 March 1993. The objectives were to: collaborate with the United Nations Department of Humanitarian Affairs (DHA) and the UNDP in Kigali and with other humanitarian agencies in finalizing a consolidated interagency appeal for conflict-affected persons in Rwanda; prepare a needs assessment for the health sector; and discuss strategies for humanitarian assistance with the government, donors, UN agencies, ICRC and NGO representatives.

Pan-African Centre's Emergency Training Unit

Among some of the activities and achievements of the unit in 1993 were: identification of specific training needs in health aspects of emergency preparedness and response; continued guidance of training activities at intercountry level based on the Centre's 1992 document "Training opportunities for disaster management in Africa"; attendance at the Asia-Pacific Workshop for National Emergency Health Managers (Bangkok, Thailand, 22-26 February 1993); convening four workshops on developing national EPR plans (two in Egypt, and one each in Guinea Conakry and Morocco); strengthening links with WHO collaborating centres and other disaster training institutes and identifying appropriate areas of collaboration; developing training materials for dissemination to Member States for use in national EPR workshops (e.g., production of the document Epidemiology of disasters for use as a training module, including two slideshows, one on the epidemiology of disasters and another on national EPR planning; and appraisal of DHA-Geneva's Training manual for disaster reduction.

The Centre now hosts the UNDP's Disaster Management Training Programme (DMTP) in Africa, and both have collaborated closely to realize their common goals to develop national disaster management capabilities. To this effect, a joint plan of action was developed and implemented in September 1993.

Pan-African Centre's Documentation Centre

The following reports, documents and publications were produced and issued by the Centre in 1993:

Selective indicators for emergency planning in Ethiopia. The focus of the joint WHO/EPR-UNICEF project is on population, health care and groundwater. Ethiopia, being one of the most populous African countries, also has immense diversity in its topography, climate and people. Health care is provided through a five-tier system that favours the urban over the rural population. The project shows a well-distributed groundwater presence in the country, although the Ogaden has severe potential water problems resulting from salinity and the high depth to reach groundwater.

The state of emergency preparedness of African Member States (Questionnaire survey). Less than six years remain in the International Decade for Natural Disaster Reduction (IDNDR), and Africa still remains in a rudimentary phase of emergency preparedness and response. Emergency planning is a necessity for socioeconomic development. The findings of the questionnaire survey reveal that Africa is in serious trouble as regards its emergency management capabilities. It is time that all concerned parties, including national governments, international organizations and the general public alike realize that if emergency situations on the continent are not fully addressed soon, Africa could plunge into an almost irreversible socioeconomic decline.

Vulnerability mapping at micro-level: Mission report to Zimbabwe and Botswana (23 March – 2 May 1993). The objectives of the mission were to: produce hazard and vulnerability maps at community

level; identify links for better data flow between the community and district levels; draft recommendations for the Centre's future activities in this area; conduct a case-study as a basis for a risk-mapping manual; and disseminate to national authorities information enabling them to utilize hazard mapping as a component of national emergency planning.

Projet de planification nationale pour la preparation à la gestion des catastrophes en Republique de Guinee. The major objective of this project was to reduce the negative effects of disasters on the affected populations and on the environment. It was also meant to develop a national EPR plan for the country in which the responsibilities of the concerned partners are properly addressed.

The WHO/EPR Pan-African Centre Bulletin (Vol. 1, No. 1, 1993). Dissemination of information pertaining to emergency prevention, preparedness and response is one of the main activities of the Centre. This quarterly bulletin, which replaced *The Ark*, summarizes relevant scientific information, disaster management guidelines, country and regional disaster profiles, workshop recommendations and resolutions, literature digest and update, expert views, and current news relating to emergencies in general.

Pan-African Task Force on Disaster Management in Africa. A proposal for the formation of a Pan-African Task Force on Disaster Management in Africa was submitted to the Organization of African Unity (OAU) for consideration. Many multilateral, governmental and nongovernmental organizations are involved in disaster prevention, mitigation and preparedness activities in Africa. Thus, there is a need to fully coordinate their activities for the most effective and efficient utilization of their limited human, and financial resources. A secretariat will be established composed of experts from the OAU, UNDP and WHO to serve on the Task Force.

African Report for the IDNDR World Conference. "The African Common Position on Disaster Reduction and Humanitarian Assistance", including a plan of action, prepared jointly by the OAU, the United Nations Economic Commission for Africa (ECA), the Pan-African Centre and the secretariat of International Decade for Natural Disaster Reduction (IDNDR) for the IDNDR World Conference in Yokohama, Japan in May 1994, was recommended by the Fifth African Ministerial Conference on the Environment Session (22-26 November 1993) for further elaboration by African countries, and for final approval by the OAU Council of Ministers in February 1994.

"The African Common Position" is an important African initiative giving direction for the next 10-20 years for disaster reduction and humanitarian assistance placed centrally between conflict resolution, as a precondition for sustainable development and environmental protection. The final approved version and its regional plan of action and subregional plans, will be presented during the IDNDR World Conference.

Pan-African Centre's meetings and conferences

The Emergency Prevention and Preparedness Group (EPPG) invites weekly representatives of various UN agencies in Ethiopia concerned with emergency work, refugees, returnees and displaced persons.

Pan-African Centre's interagency meetings

The Regional Liaison Office of the UNHCR convenes fortnightly a meeting composed of UN agencies, NGOs, donor agencies and foreign embassies in Addis Ababa, as well as national government authorities concerned with refugees, returnees and displaced persons.

Funding

In 1993 Italy, Canada and Finland helped to finance the Centre.

b) Emergency Preparedness and Response Subregional Office for Southern Africa

WHO developed emergency preparedness and response (EPR) programmes in Angola and Mozambique in 1988. By 1991 WHO had established a subregional office (abbreviated in this report as EPR-Harare) and had set up a three-year programme which extended support in the health sector to the entire region of southern Africa. Based in 1993 in Harare, Zimbabwe, the programme stresses four areas: (i) country emergency programmes for displaced populations; (ii) refugee repatriation; (iii) regional emergency preparedness training, and (iv) epidemic preparedness.

Background

From 1980 to 1990, war-related deaths in countries belonging to the Southern African Development Coordination Conference (SADCC) totalled around 1.9 million. Violence now threatens 64 million people in Angola, Mozambique and South Africa. In 1993,

100 000 people may have been killed in Angola, and in South Africa the press reported 1000 violent deaths from May to October 1993 alone, while post-war instability is still prevalent in Mozambique.

Cholera and dysentery epidemics affect seven countries in southern Africa. It is estimated that 80 million people in the countries are at risk of cholera. Notifications from February to September 1993 totalled more than 49 000 cases and 1600 deaths.

Droughts are annual events in many countries in southern Africa, and during the last decade there have been two serious droughts in particular. In 1992-1993 the drought increased water-related diseases and malnutrition in all SADCC member countries. Hospital admissions for malnutrition grew by 125-200%; acute malnutrition rates of 10% were reported in Malawi and Mozambique, and of 20% in Angola; while Zimbabwe reported pellagra. In Namibia, the drought caused excess health expenditures of $3.8 million, while Malawi had to cut imports of essential drugs.

In 1993 floods were widespread; the United Republic of Tanzania registered 6000 homeless; storms and cyclones were reported in Lesotho, Mozambique, Swaziland and the United Republic of Tanzania; bush fires threatened Namibia, Swaziland, the United Republic of Tanzania and Zimbabwe; insect infestations and other pests were common; and Malawi suffered two severe landslides.

Severe road and railway accidents are almost daily events. From May to October 1993, mining disasters caused 110 deaths in South Africa, and deaths were reported also from Zambia and Zimbabwe. So far, chemical and oil spills have affected only Mozambique and Zimbabwe, but Angola and Namibia are also vulnerable to this hazard, due to their oil industry.

In short, vulnerability is high in these countries. There are more than 2 million refugees in southern Africa, including a total of 9 million internally displaced persons in Angola and Mozambique. Violence continues to cause internal displacement also in South Africa. Emigration is a traditional economic strategy for the populations of these countries. Urban squatting is a widespread problem; rates of growth of 7-8% a year are common for all major towns.

Access to water is precarious for a large segment of the population. Environmental degradation is widespread. In addition to deforestation and land over-use in Angola and Mozambique, there remains the danger of unexploded land mines accumulated during 30 years of war (estimated at 1 million in Angola and 3 million in Mozambique).

The economies of countries in southern Africa rely strongly on agriculture. Problems of land tenure are compounded by difficult access to credit and agricultural inputs. Rural households suffer from precarious food security. Structural poverty is currently harsher, as most countries are undergoing economic adjustments. Inflation and unemployment are high, while resources for investment and maintenance of services are hard to come by.

In 1992 the drought demonstrated the vulnerability of infrastructure. In Zimbabwe many rural health units had no water; in Lesotho, primary health care (PHC) workers migrated from their villages; in Angola and Mozambique, all this was compounded by the war. In 1993 only 0.8% of Angola's state budget was allocated to health.

This scenario has interacted with an upsurge in malaria, tuberculosis and the human immunodeficiency virus (HIV). In July 1993 southern Africa accounted for 88 000 accumulated cases of acquired immunodeficiency syndrome (AIDS). In Angola, the control of trypanosomiasis has been discontinued now for almost thirty years, and an epidemic appears to be spreading.

Interest in disaster awareness increased in southern Africa in 1993. But capacities still vary greatly from country to country. Some have laws for civil protection but no executive structure, while others have structures but no laws or EPR plans.

In 1992-1993 all ministries of health were involved in drought relief. They assisted in monitoring needs and targeting the vulnerable, and they implemented supplementary feeding programmes. At present, some are working for rehabilitation and recovery, and all plan to strengthen their EPR capacity. While national capacity exists in some countries, it is not structured enough nor institutionalized. Only Namibia has an emergency preparedness plan. Malawi, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe have decentralized capacities to the subnational level. However, only Botswana and Zambia have stockpiles and a regular budget for EPR.

WHO action in southern Africa

Against this background, the EPR-Harare office entered its third year of activities. The office runs a programme of assistance to southern African countries, whose overall goals are to: promote capacities and self-reliance in disaster management; enhance the role of health in disaster management; and assist in the health aspects of national and international response to disasters.

The programme has a flexible framework that can accommodate health emergency assistance in disasters, as well as developmental initiatives aimed at building national capacities for disaster management. Its focus is on promoting collaboration of the health sector with other sectors, WHO's participation in IDNDR and other UN activities, and collaboration among Member States.

In 1992-1993 activities were mostly absorbed by the response to drought and cholera in southern Africa and the complex emergencies in **Angola** and **Mozambique**. Nonetheless, a considerable number of institution capacity-building activities for preparedness were also implemented at country and intercountry levels.

In 1993 the plan of action had three sets of operational objectives: (i) to provide technical support to EPR programmes in Angola, Mozambique and Zimbabwe; (ii) to provide assistance and strengthen capacities in other countries in southern Africa; and (iii) to provide WHO with a focal point for emergencies in southern Africa.

At country level, the first two objectives have been attained to varying degrees.

With WHO assistance, the Ministry of Health in Mozambique has developed strategies and structures for emergency preparedness and response. WHO assistance has helped to integrate UN action for humanitarian assistance and peace. Since January 1993 it has been extended to district level in support of the peaceful resettlement of the population. In Angola, the priority remains to assist the Ministry of Health in asserting its role in coordinating international aid for health relief and rehabilitation. Both countries have funds earmarked for specific EPR plans of action. The EPR-Harare office provided technical back-up and supported the transfer of experience from Mozambique to Angola.

For **Lesotho** and **United Republic of Tanzania**, WHO funds have been obligated for training and other emergency and response activities. The EPR-Harare office assisted WHO country offices and ministries of health in identifying the strategies and the components of medium-term country programmes. The Ministry of Health of the United Republic of Tanzania has announced the establishment of an Emergency Preparedness and Response Unit and is now planning training for district medical officers.

For **Botswana** and **Zimbabwe**, WHO funds have been earmarked for institutional strengthening in response to the drought. Now, both programmes are being revamped to assist national processes for emergency preparedness planning, in collaboration with ministries of health, other sectors of government, UNDP and other UN partners.

After consultations with WHO representatives in **Malawi, Namibia, Swaziland** and **Zambia**, "seed-money" has been earmarked for EPR studies and training in these four countries. It is expected that ministries of health will use this assistance to establish a disaster database and devise proposals for national capacity building.

In collaboration with the WHO Office for South Africa, also based in Harare, studies and plans are under way to extend emergency preparedness and response assistance to that country in the near future.

At intercountry level, the major initiative of the EPR-Harare office in 1993 was a meeting where 30 senior officials from ministries of health and civil defence in southern Africa shared their experiences in disaster management. In line with the objectives stated above, the meeting produced a summary of subregional hazards and capacities, plans, focal points and facilitators for national capacity building in the coming year.

As the EHA focal point for southern Africa, the EPR-Harare office produces a quarterly emergency update and circulates epidemiological and technical information throughout the countries concerned as well as to other disaster-stricken countries (e.g., Liberia). An EPR briefing package was prepared and distributed to all WHO offices in English-speaking African countries.

Collaborating with other WHO programmes is actively pursued through headquarters and the WHO Regional Office for Africa (AFRO), with, for example, WHO's Global Task Force on Cholera Control, Health Systems Research and Development (HSR), Nutrition (NUT), and Health and Biomedical Information (HBI). Collaboration has been achieved through common initiatives, or by identifying together with WHO representatives those programmes that are most needed to support national EPR capacities.

A special effort has gone into promoting WHO's role in disaster management as regards subregional institutions and the international community. The EPR-Harare office is the focal point for the WHO Pan-African Centre for Emergency Preparedness and Response and for the UNDP's Disaster Management Training Programme (DMTP) in southern Africa. In 1993 the EPR-Harare office assisted DHA in the preparation of the UN emergency appeal for Angola, and collaborated with the Pan-African Centre-EPR,

SADCC, ICRC, IDNDR, UNECA and OAU in various training events.

To give an idea of the global volume of activities, between 1992 and 1993, the EPR-Harare office identified and promoted projects worth around $34 million, addressing both preparedness and response areas. Donors responded with $6 million, which has been channelled to the countries concerned with technical support from the EPR-Harare office.

Altogether, in 1993 about 300 officials from various institutions were briefed on disasters in southern Africa and on disaster management, including the role of WHO in this area.

Looking ahead

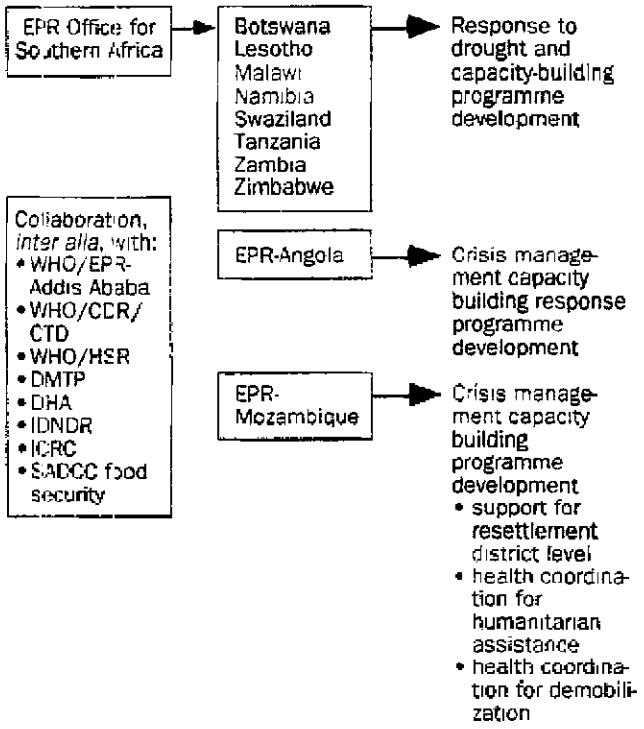
For 1994 a tentative plan of action for emergency preparedness in southern Africa has been outlined, in close collaboration with ministries of health and WHO country offices. It includes: (i) disaster-risk mapping at national and subnational levels; (ii) trainer's training and assistance to health emergency structures and plans; (iii) intersectoral action to promote a legal framework, political commitment, institutional arrangements, public awareness and education in disaster management

The extension of EPR assistance to all countries in southern Africa will require a substantial growth in WHO's capacity. The EPR-Harare office will be strengthened accordingly, while WHO representatives will receive comprehensive briefing on disaster management, in line with World Health Assembly resolution 46.6. WHO activities will be optimized by strict collaboration with the partners already identified, within the regional strategies promoted by OAU, the Pan-African Centre-EPR and IDNDR.

EPR in southern Africa
State of implementation of WHO country assistance
October 1993

Country	Financial	Collaboration
Angola	Country programme ongoing	UN consolidated appeals forthcoming
Botswana	Funds earmarked for country programme (No reaction from MOH yet)	Collaboration with UNDP/DMTP for National Disaster Plan
Lesotho	Funds obligated for local recruitment – AFROPOC has line for EPR	
Malawi	Funds earmarked: training and local costs (No reaction from MOH yet)	DMTP workshop forthcoming
Mozambique	Country programme ongoing – Assistance extended to district level	DMTP workshop forthcoming – Collaboration with UNOMOZ/UNOHAC
Namibia	Funds earmarked: training and local costs – Request for assistance may be forthcoming	
Swaziland	Funds earmarked: training and local costs (No reaction from MOH yet)	
Tanzania	Funds obligated for training	DMTP workshop forthcoming liaisons with OPM
Zambia	Funds earmarked: training and local costs (No reaction from MOH yet)	Possible collaboration with OVP and UNDP/DMTP
Zimbabwe	Funds earmarked for country programme (Negotiations with MOH are ongoing)	

Emergency Preparedness and Response
Subregional Office for Southern Africa
Scope of activities 1993



Funding

In 1993 most intercountry and country activities were funded through Italian voluntary contributions to WHO/EHA, including EPP's Hedip global programme. Other contributions from Finland and Norway and from USA (USAID) supported EPR activities in Angola and Mozambique. Other donors have recently expressed interest in helping to fund the programme focusing on countries in southern Africa.

5. Programmes in WHO Regional Offices

What follows is based on information received by EHA at WHO headquarters from the WHO regional offices at the time of writing, and therefore does not reflect all emergency preparedness and response (EPR) activities undertaken in 1993 at regional and country levels. There may be some overlap of activities mentioned in Chapters 5 and 6 with other EPR activities covered in Chapters 1 and 2.

It should be noted that the EPR programmes that do exist in the six WHO regional offices are, for the most part, funded from extrabudgetary sources, or indeed lack funds of any source. With the exception of the Regional Office for the Americas (PAHO/WHO/PED), in 1993 there were no technical EHA focal points in the regional offices under the WHO regular budget, only administratively acting EHA focal points.

African Region (AFRO)

Liberia

In 1993 the WHO African Regional Office (AFRO) in Brazzaville, Congo, collaborated with other international organizations, donors and NGOs in the area of emergency preparedness and response in, among other places, Liberia. AFRO emergency activities covered maternal and child health, AIDS control, women and youth in health development, community water supply and sanitation, emergency medical services, disease prevention and control, development of human resources for health, and public information and education for health.

Interagency collaboration within the UN system was strengthened, including collaboration with local and international NGOs. Some of the activities in 1993 included:

- **FPAL:** Training in monitoring the use of contraceptives for family planning;
- **Médecins sans Frontieres/Netherlands:** Training of supervisors of traditional midwives in Grand Cape Mount Country;
- **Liberia National Red Cross:** Ambulance service for ECOMOG liberated areas,
- **UNICEF – medical/health relief activities:** WHO/AFRO and UNICEF closely collaborated in the implementation of the joint UN cross border mission to Ghamga (21-24 April 1993);
- **AFRO** helped to distribute pharmaceuticals to health facilities, in addition to non-medical items (food and clothing) to displaced persons in Margbi and Grand Bassa regions.

EPR activities in southern African countries

Since 1992 most southern African countries have suffered from severe drought. A large percentage of the rural population have migrated to urban centres in search of food, water and health care. As a result of this, there has been an increase in malnutrition and diarrhoeal diseases, including cholera. AFRO has carried out collaborative activities in the following drought-stricken countries: Angola, Botswana, Malawi, Lesotho, Mozambique, Swaziland, Namibia, Zambia, United Republic of Tanzania and Zimbabwe.

- **Angola.** Certain areas in Angola have been affected by drought. AFRO cooperated in the programme of decentralization of health emergency coordination and in strengthening the information base.
- **Botswana.** Data on the nutritional status of children under five years of age showed a marked deterioration. Local authorities were requested to identify projects for implementation within their respective development plans, and AFRO continued to assist the Ministry of Health in emergency activities.
- **Malawi.** Financial support was given to help strengthen the country's health services.
- **Lesotho.** AFRO recruited two national officers to support the Ministry of Health in field assessment, data collection, supervision and health-care monitoring. A specially appointed health statistician consolidated and analysed data collected in the field and integrated nutritional, epidemiological and operational data into emergency activities.
- **Mozambique.** After the peace agreement was signed, the Humanitarian Assistance Committee began its operation through RENAMO-controlled areas. In collaboration with donors, international agencies and NGOs, emergency relief operations were strengthened through government efforts.
- **Swaziland.** In collaboration with national authorities, WHO/AFRO and UNICEF helped to alleviate the impact of drought on health, water supplies and sanitation. Efforts were also made

to monitor drought-related nutrition, health, water and sanitation status.

- **Namibia**. AFRO assisted in epidemiological assessment and communicable disease control.
- **Zambia**. Malnutrition in children increased and cholera continued to be a threat. WHO/AFRO and UNICEF gave support to the Ministry of Health for operational-capacity building.
- **United Republic of Tanzania**. AFRO provided the Ministry of Health with various drugs to help control cholera and meningitis.
- **Zimbabwe**. The Child Supplementary Feeding Programme continued to feed more than 1 million children under five, and AFRO continued to provide non-food support for the programme. In September and October 1993, two EPR workshops were organized by the EPR-Harare office. Government officials from southern African countries participated.

Region of the Americas (AMRO)

The following are extracts from the Pan American Health Organization/WHO Regional Office for the Americas (PAHO/WHO) 1993 annual programme evaluation of its Emergency Preparedness and Disaster Relief Coordination Programme (PED).

PED's components in 1993 consisted of: (a) overall programme management, (b) technical cooperation (preparedness/mitigation/prevention), and (c) disaster relief and humanitarian assistance.

Overall programme management

Extrabudgetary sources of funding continued to constitute the overwhelming majority of PED's annual budget. Only 12% of PED's biennial budget for 1992-93 came from PAHO/WHO regular funds. Therefore, there was pressure to negotiate and finalize the grants with its two principal donor agencies: the Canadian International Development Agency (CIDA) and the Office of U.S Foreign Disaster Assistance of the U.S. Agency for International Development (OFDA/USAID). The previous grant from CIDA expired in September 1993. The transition to a new grant, which took effect 1 October and covered a three-year period (CAN$ 3 million), was smooth. A new grant from OFDA/USAID began on July 1, 1993 and increased the previous level of funding by $200 000 per year (to $ 3 million for five years). While the re-financing of these grants helped to secure medium-term "core" funding, which in turn facilitated the planning of programme activities, the AID grant required that these activities focus more narrowly on disaster mitigation in health facilities.

Additional sources of extrabudgetary funding were secured for specific projects and programme activities. The Overseas Development Authority (ODA) in the United Kingdom supported health sector disaster preparedness, mitigation and prevention in the Caribbean ($230 500 per year); the Government of the Netherlands has been the principal financier of the SUMA Project – Medical Supply Management in the Aftermath of Disasters in Latin America and the Caribbean ($262 115 per year); and the Government of France has supported hospital preparedness and mass casualty management in the eastern Caribbean through a three-party agreement between France/PAHO/OECS, based in St. Lucia.

Additional funding is required to increase the level of activities in underdeveloped or overlooked areas such as chemical accidents preparedness, IDNDR and prevention and mitigation activities.

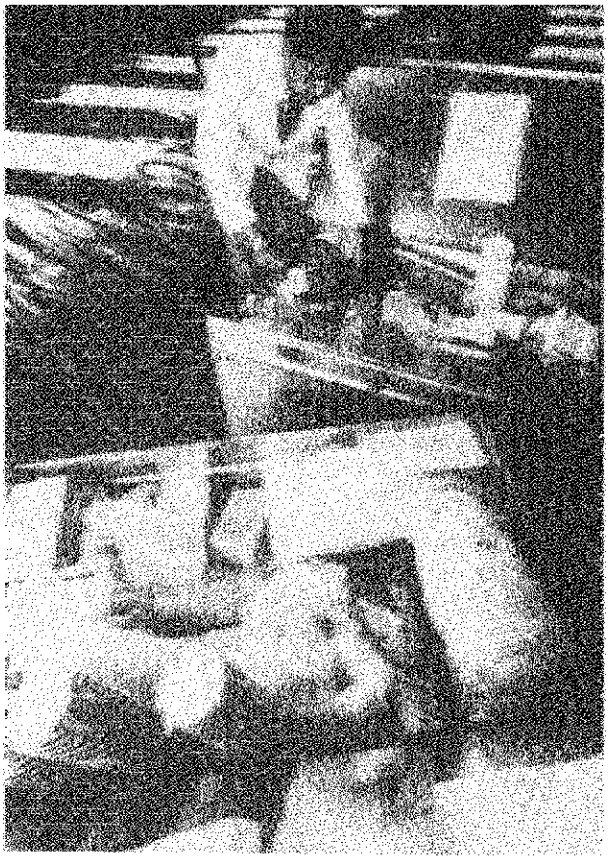
The concept of subregional technical cooperation has broadened, and more specialized technical cooperation is being provided through PED's regional projects: SUMA, hospital mitigation, chemical accident preparedness, the Disaster Documentation Centre, preparedness of water supply systems, and hospital preparedness.

Technical cooperation

Most countries in the region have institutionalized the concept of preparedness for natural disasters, having created and staffed a health sector programme, provided it with a budget and access to important decision-making levels. This has enabled PED to encourage a multi-hazard national approach to disaster management. PED also developed technical training materials to support national self-reliance, including a four-volume technical publication entitled *Mitigation of disasters in hospitals and other health facilities*.

PAHO/WHO's Disaster Documentation Centre in Costa Rica provides hard copies of technical, scientific and audiovisual material and reference documents on disaster preparedness and mitigation, free of charge, to the health sector of the Americas. The Centre's database grew by 50% in 1993 and is maintained on MICROISIS, compatible with BIREME and other major library software programs in the region. Its goal is to become a multidisciplinary centre and not solely health related. Fundraising will be needed to achieve this, however.

PED's extensive mailing list also distributes its



Bolivia. Disaster supplies are checked on arrival at a civil defense centre. PAHO/WHO's disaster preparedness programme helps countries prepare for natural disasters such as floods, earthquakes, etc.
(WHO/PAHO/D. Bowrie)

quarterly newsletter *Disasters: Mitigation and preparedness in the Americas* (present circulation 19 100), including special supplements on various topics. In 1993 specialized mailing lists were developed on hospital mitigation, SUMA, IDNDR and the Disaster Documentation Centre.

PED also has begun to enlist support from parliamentarians who are in a position to enact legislation favourable to disaster mitigation measures in health facilities and to commit the necessary national budgetary resources to ensure its implementation.

Since 1991 PAHO/WHO/PED has acted as a regional collaborating institution for the UNDP's Disaster Management Training Programme (DMTP) in the Americas. Phase I of DMTP has been completed; phase II will concentrate on the management of complex disasters.

IDNDR established a regional office in San José, Costa Rica under the administrative umbrella of PAHO. PED has prepared a regional report on the history and status of disaster management in the Americas for the UN World Conference on Natural Disaster Reduction, to be held in Yokohama, Japan in May 1994.

At the urging of PAHO, the Scientific and Technical Committee of IDNDR chose as the theme for the 1993 World Disaster Reduction Day (October 13) *Stop Disasters in Hospitals and Schools*. A widespread public information and media campaign was launched, including a video programme.

Several years ago, the School of Public Health at the University of Antioquia (Medellin, Colombia) was designated a WHO Collaborating Centre and its principal task is to support PED efforts to include disaster preparedness in the faculties of health of the region's universities. To a large degree, this has been successful. In 1993, greater efforts were directed towards incorporating this topic into other health faculties such as schools of sanitary engineering. Now PED will begin to target non-health faculties (engineering, architecture, etc.) whose professionals will be involved in the design of health facilities.

Disaster relief and humanitarian assistance

PED collaborated closely with the Organization of American States (OAS) and other UN agencies to prepare the joint appeal for humanitarian aid for Haiti. In 1993 PED 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 the following and channelled through PED: Canada (CAN$1 500 000); Canada (CAN$ 2 500 000); Norway (US$89 985); European Union (EU) (US$340 900). Despite these efforts, the situation in Haiti by the end of 1993 did not improve, but worsened. Thus, PAHO/WHO's country office produced an Emergency Health Plan to increase exter-

Peru. Training practice in handling emergencies.
(WHO/PAHO)

nal humanitarian aid in the health sector. This will require additional exhaustive follow up and permanent liaison with the international humanitarian assistance community to mobilize the necessary external resources.

Cuba

PED participated in the inter-programme response to the optic neuritis epidemic in Cuba in 1993. One PED staff member was part of the interdisciplinary team that traveled throughout the country and whose report formed the basis for an appeal to the international community

SUMA

The SUMA project (mentioned earlier in this report) has completed its promotional phase and each PED subregional office will be responsible for its management within its geographical area. SUMA must expand beyond the health sector, and if efforts to "sell" the project to national civil defense agencies are not successful, the project will suffer. The longevity of SUMA will depend on expanding the software program to cover the management of distribution, in addition to its present inventory functions.

Other matters

PED has been able to maintain, and even modestly increase its level of extrabudgetary funding. However, to continue to maintain its level of activities, additional support is required from PAHO. The time has come to pass on the responsibility for general health sector disaster preparedness to the offices of the PAHO/WHO representatives and focus PED staff on promoting new trends, ideas and initiatives. This does not mean that disaster preparedness will disappear from PAHO, but rather that it will change places in the organizational structure. This will be necessary if PED is to implement the shift from preparedness to mitigation, reach out to other sectors such as parliamentarians, and develop other areas such as technological and complex disasters.

Eastern Mediterranean Region (EMRO)

1993 activities

Public awareness increased in the Eastern Mediterranean Region in 1993 as regards the importance and value of emergency preparedness and planning in national development plans. Following the tenth meeting of the Regional Director with WHO representatives of the Region, a two-day workshop on emergency preparedness and disaster management was held in the Regional Office from 9 to 10 September 1993.

In support of IDNDR, all EHA focal points in Member States were approached to help promote the objectives of the Decade. It was suggested that national IDNDR committees be established to identify national health priorities to promote Decade activities The theme of International Day for Natural Disaster Reduction in 1993 focused on the importance of schools and hospitals during emergencies, and information on this was communicated widely to the Member States in the Region.

Ongoing activities

An EPR project, funded by the UNDP and executed by WHO, is expanding its activities in six areas in the Sudan. In collaboration with the United Nations Relief and Works Agency for Palestine Refugees (UNRWA), assistance to the occupied Arab territories is continuing in the form of technical and financial support. A meeting was held in the Regional Office from 15 to 17 June 1993, attended by representatives from UNRWA, the Palestine Red Crescent Society and the newly established Palestine Health Council, as well as staff from EMRO and WHO headquarters, to assess health priorities and needs of the Palestinian people living in the occupied Arab territories. Information exchange in disaster management continued between EHA national focal points and EMRO, and nutritional emergency assessments are being carried out regularly in the Sudan in areas where food shortages are expected to occur, based on the national early warning system.

Achievements

EMRO's technical units supported EPR activities in the Region by producing a manual on "Rapid nutritional assessment in emergencies", which is being finalized, and a manual on "Health laboratory management", which is being printed. At country level, Sudan's EPR programme produced a manual on "EPR training", including a trainer's training manual and health emergency guidelines, all of which are available in Arabic and English. In addition, ten Member States have formulated hospital disaster plans.

Planned activities for 1994

In the area of programme and information management support, activities in 1994 will include develop-