



**Tunisia. WHO organized a seminar on emergency preparedness**  
(WHO/J.P.Revel/CRED)

ment and installation of a management information system consisting of databases on disasters in the Region, emergency data on countries, including resources such as laboratories, experts, and suppliers of emergency materials. There are also plans to establish a project-monitoring system to track financial and operational status of ongoing emergency-related projects, and to train EMRO staff on the application and maintenance of the above systems.

As regards training workshops, seminars and disaster management teaching materials, plans include organizing three workshops for national and nongovernmental organizations in the Region on disaster management, including industrial accidents and earthquakes, and specific aspects of chronic disasters such as food shortages and displaced persons. Also planned is the production of community-level training kits for self-teaching in emergency preparedness and disaster management, which will include slides and videos, to be disseminated among district health officers and local teaching institutions.

As regards promotional and awareness-building activities, plans include to produce a short news bulletin on information on recent emergencies and disasters in the Region, including announcements of training courses, meetings and conferences. This and other activities might be undertaken by a WHO collaborating centre.

Support will also continue to the Centre for Environmental Health Activities (CEHA) in Amman, Jordan, in setting up a Disaster Documentation Centre by providing approximately 500 documents on emergency preparedness and disaster management of relevance to the Region.

The emergency unit in the Regional Office should be strengthened to enable efficient functioning in emergency situations, but the lack of funds remains a serious limiting factor. Indeed, the regional EPR programme has no funds, and most Member States in

the Region do not have EPR programmes under their regular budgets. Furthermore, there are no extrabudgetary funds, at present, to support national EPR activities. The implementing partners in EPR activities are the ministries of health in the Member States. The source of funds come from the WHO country regular budget, except in the Sudan where the UNDP is funding an ongoing project with WHO contributing "seed money" for EPR activities.

### European Region (EURO)

In 1993 the Coordination and Resource Mobilization unit in the WHO Regional Office for Europe (EURO) in Copenhagen, Denmark, took over responsibility for all aspects of disasters in the Region. Among other things, EURO's EHA focal point attended the Council of EUR-OPA (Open Partial Agreement on Major Disasters) meeting in Moscow in September 1993. By the end of 1993 EURO also planned to update its internal guidelines on action to be taken at times of disaster, based on a report prepared by a consultant with experience in the WHO/FYR programme.

For 1994, EURO plans to concentrate on training its key staff and its liaison officers, with support from WHO headquarters.

### Open Partial Agreement

The Open Partial Agreement on the prevention of, protection against, and organization of relief in, major natural and technological disasters, was adopted by the Council of Europe Committee of Ministers in March 1987. Its aim is to strengthen European cooperation in the above fields from a multidisciplinary point of view. EURO participates in this Agreement as a member of both the Committee of Permanent Correspondents and the European Warning System.

### European Centre for Disaster Medicine (CEMEC)

EURO is a member of the Administrative Council of CEMEC which is located in San Marino.

### List of assessors

The EURO List of Assessors, who can be called upon to give expert advice in cases of disaster, was updated in April 1993, based on replies received to a WHO/EHA questionnaire.

### Incoming reports on disaster situations

EURO receives, through E-mail and telex, reports on disaster situations in the European Region and else-

where from DHA in Geneva. Reports on earthquakes in the European Region are also received from the Council of Europe as part of the European Warning System.

### Chemical and nuclear disasters

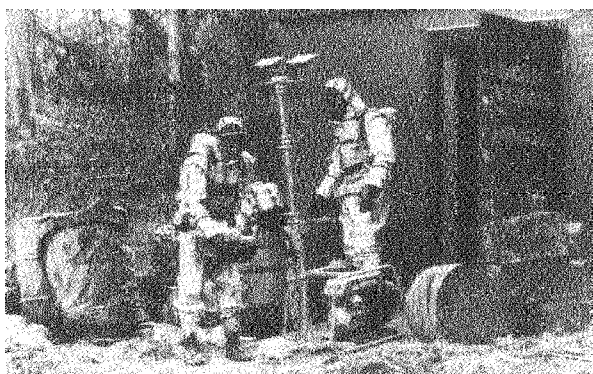
The European Centre for Environment and Health is responsible for chemical and nuclear disasters (the Bilthoven Office for chemical disasters and the Rome Office for nuclear disasters). FINNPREP, a WHO Collaborating Centre in Emergency Preparedness and Response at the National Public Health Institute in Kuopio, Finland (*see Chapter 6*), is collecting information from Member States through a questionnaire on back-up laboratories for chemical disasters, and responsibility for this activity has been passed to the Bilthoven office.

### South-East Asia Region (SEARO)

In 1993 there was no EHA focal point for EPR activities in the Regional Office for South-East Asia (SEARO). However, among activities reported to EPP by SEARO were the following.

#### Sri Lanka

The WHO Representative in Sri Lanka reported that there was no formal country programme for EPR activities in the country in 1993, however the following preliminary actions did take place during the reporting period: a focal point for EPR activities was designated in the Ministry of Health; documentation was made available to national authorities on disaster relief and emergency preparedness; a Hedip project commenced in July 1993 and is being funded for a duration of 18 months (*see section on "Hedip/Sri Lanka"*



**United Kingdom. How many of the nearly 100 000 chemicals that exist in the world today are safe?**  
(UK Central Office of Information)

*in Chapter 2*). Initial project formulation was carried out by WHO headquarters through a short-term consultant. Funding for the project is from the Italian Government/Italian Cooperation (\$143 000) for project activities and WHO headquarters through WHO/EHA (\$34 200) for project personnel support.

#### Indonesia

Indonesia is a disaster-prone country frequently hit by earthquakes, volcanic eruptions, floods, droughts, landslides, tsunamis and epidemics, and moreover, it is one of the most volcanic regions in the world with over 100 active volcanoes. WHO has provided technical support for emergency preparedness to the Ministry of Health since the mid-1980s.

In 1993, further to previous activities for national programme development, WHO continued to extend technical assistance for a national emergency preparedness plan. SEARO collaborated with national training programmes conducted by the UN Disaster Management Team and the National Coordinating Board for Disasters. Technical assistance was given to the Ministry of Health in helping to organize the Asia-Pacific Conference on Disaster and Emergency Medicine, which will be hosted in Indonesia in 1994. SEARO also fielded an environmental health assessment mission to the disaster area of Flores, along with the Ministry of Health, other UN agencies and the World Bank.

SEARO will continue to assist the Indonesian Government in strengthening local government emergency preparedness plans in the health sector through its collaborative programme with the Ministry of Health. Within the context of the International Decade for Natural Disaster Reduction, intensified cooperation with other UN agencies and with national authorities will also be undertaken.

### Western Pacific Region (WPRO)

There was no EHA focal point in 1993 for EPR programmes and projects in the WHO Regional Office for the Western Pacific (WPRO) in Manila, Philippines. However, what information was received by WHO/EHA headquarters, at the time of writing, was the following. In collaboration with DHA, WPRO provided health-related support in 1993 to ten countries in the Western Pacific Region, all of which suffered various disasters during the last two years. United Nations Volunteers also continued to provide technical services for health projects in the Region. As of 15 March 1993, 13 United Nations Volunteers had been assigned to WHO country projects.

## 6. WHO Collaborating Centres in Emergencies

In 1993 there were nine WHO collaborating centres involved in emergency preparedness and response activities. These were located in:

- 1) **Brussels, Belgium.** Centre for Research on the Epidemiology of Disasters, School of Public Health, Catholic University of Louvain) (Its contract as a WHO collaborating centre expired in April 1994);
- 2) **São Paulo, Brazil.** WHO Collaborating Centre for Disaster Preparedness in the Americas (Company for Environmental Health Technology - CETESB);
- 3) **Medellin, Colombia.** WHO Collaborating Centre for Emergency Preparedness and Disaster Relief (National Faculty of Public Health, University of Antioquia);
- 4) **Kuopio, Finland.** WHO Collaborating Centre for Emergency Preparedness and Response, (FINNPREP) National Public Health Institute, Department of Environmental Hygiene and Toxicology);
- 5) **Amiens, France** Centre for Research and Training in Emergency Preparedness and Response (Hopital Nord);
- 6) **Calcutta, India.** WHO Collaborating Centre for Disaster Preparedness (Department of Preventive and Social Medicine, All India Institute of Hygiene and Public Health);
- 7) **Rome, Italy** WHO Collaborating Centre for Emergency Preparedness and Management (Directorate General for Development Corporation (DGCS), Ministry of Foreign Affairs);
- 8) **San Marino.** WHO Collaborating Centre for Disaster Medicine (European Centre for Disaster Medicine (CEMECC), State Hospital);
- 9) **Atlanta, Georgia, USA.** WHO Collaborating Centre for Disaster Preparedness and Response (Centres for Disease Control and Prevention, International Liaison Division, International Health Programme Office).

However, only three of the nine WHO collaborating centres responded to EHA's request for a list of their 1993 emergency-related activities; these were the centres located in Kuopio, Finland, Calcutta, India, and Rome, Italy. Highlights of some of their activities include the following.

### WHO Collaborating Centre for Emergency Preparedness and Response, Kuopio, Finland

FINNPREP, which was designated as a WHO Collaborating Centre for Emergency Preparedness and Response in 1988, is a joint activity between the National Public Health Institute of Finland, the Ministry of Health, the Universities of Kuopio and Helsinki, the Institute for Radiation Safety, and the Finnish Red Cross. The Centre organizes training on technological disasters (especially chemical disasters), with special reference to developing countries; develops information systems for emergency preparedness and management; and provides technical expertise for WHO EPR projects.

#### List of labs with expertise in technological disasters

This is an ongoing project that was requested by WHO/EURO. A questionnaire was prepared by WHO and sent by FINNPREP to national environmental and health authorities. A microcomputer database containing information on the capabilities of the institutions was prepared and it will be updated regularly. The objectives are to help WHO and Member States receive rapid information through this network of institutions in case of chemical disasters. The directory of back-up laboratories should be extended to include Asia and Africa. An active network of laboratories, including the directory, should be organized and information disseminated among the labs. More funding will be needed, however, to establish this network. The implementing partners are WHO/EURO and WHO headquarters. Funds were received from WHO.

#### Evaluation of environmental and health hazards caused by chemicals

Evaluation of certain chemicals used in developing countries was carried out by FINNPREP. The evaluation will not continue, but revision and editing of the documents will need to be carried out. The objectives are to reduce accidents and environmental contamination caused by chemicals in developing countries. Thirty different chemicals, mainly pesticides were evaluated and guidelines on safe use and protection of the environment were prepared in 1991. These guidelines include detailed data on the toxicity and

ecotoxicity of these chemicals. Also health and safety cards on these chemicals were prepared. The guidelines and safety cards were reviewed by FINNPREP and printed by FINNIDA in 1992. Implementing partners were FINNIDA and the International Programme for the Promotion of Chemical Safety (IPCS). Funding was from FINNIDA.

#### **WHO/EPR programme in India: technological disaster preparedness and mass casualty management**

Highly industrialized cities in India such as Calcutta and Bombay, are vulnerable to technological disasters, as the chemical disaster in Bhopal demonstrated. To improve technological disaster and response capacities, multisectoral cooperation and local community involvement is necessary. A programme for a workshop on emergency preparedness and response on technological disasters in India was prepared by FINNPREP in collaboration with the All India Institute for Hygiene and Public Health. A workshop was held in Calcutta in March 1993. The objectives are to reduce risks of technological disasters by identifying and mapping hazards and creating guidelines for chemical emergency and mass casualty management. Funding was from WHO.

#### **International guidelines on health sector management in chemical disasters**

FINNPREP participated in the United Nations Environment Programme (UNEP)/Organization for Economic Cooperation and Development (OECD)/WHO-EURO/IPCS project on human health and chemical accidents. The project was established to develop international guidelines and to coordinate the work of participating international organizations in this field. The project was coordinated by IPCS. The draft guidelines were discussed and reviewed in the Workshop on Human Health and Chemical Accidents, Utrecht, Netherlands, April 1993. Funding was from WHO.

#### **Bibliography on technological disasters**

A number of documents dealing with chemical disasters and health sector planning, preparedness and response were published in the last few years. It is useful to have a selected bibliography of documents for training purposes. The implementing partner was FINNPREP and funding was from WHO.

#### **Information sources on chemical hazards**

A number of information sources on chemical hazards exists in the form of textbooks and computerized on-line or CD-ROM (compact disc read-only memory) databases. The user may find it difficult to make a choice on which information source to use. In the case of a chemical disaster there is not much time to search the database. Therefore, a guideline describing the properties of databases and their usefulness for different purposes can help the user. The first draft of the document containing text and tables was prepared and reviewed. The implementing partner was FINNPREP and funding was from WHO.

#### **WHO Chinese EPR programme: strengthening disaster preparedness in Shanghai**

Shanghai is the largest industrial city in China, with a population of 12.8 million people. Different types of hazardous chemicals are produced, transported, stored or used in over 17 000 factories and plants in the city. Among the over 200 chemical and pharmaceutical plants, more than 300 000 workers are directly engaged in the production of hazardous materials. This is an ongoing collaborative project. The objectives of the project are to establish a database and hazard maps, to organize training and publicize guidelines on chemical disaster preparedness and response. Unfortunately, there was no funding for the project in 1992-93. The implementing partners are the Ministry of Public Health, P.R. of China, Shanghai Municipal Health Bureau, Shanghai Hygiene and Anti-Epidemic Centre, Shanghai Institute of Labour Hygiene and Occupational Diseases, WR for China and WHO/EHA/HQ. More funds from the UNDP and WHO are needed to carry out the project.

#### **Additional activities**

FINNPREP participated in the NATO-CCMS (NATO Committee on Challenges of Modern Society Project) Disaster Preparedness for Responding to Chemical Accidents. The Centre also organized at the University of Kuopio national courses on environmental health problems in developing countries and chemical accidents.

#### **Collaboration between the Centre and WHO**

An Associate Professional Officer (APO) worked at the Pan-African Centre for EPR in Addis Ababa, Ethiopia, and she was in close collaboration with FINNPREP. Both centres have carried out projects in technological disaster preparedness in Africa.

## Evaluation

An evaluation of the Centre has yet to be carried out since its designation as a WHO Collaborating Centre in 1988. Collaboration with WHO headquarters should be more active and regular. Technical and planning cooperation with IPCS started in 1990. It should be strengthened because IPCS is the coordinating agency in chemical safety between WHO, International Labour Organisation (ILO) and the United Nations Environment Programme (UNEP). Links with the WHO regional offices (AFRO, EMRO, EURO, SEARO and PAHO/WHO) have been established and collaboration should be strengthened in the future (e.g., in organizing regional projects and workshops on technological disaster preparedness and management). During 1992 collaboration with PAHO/WHO and SEARO was active. Collaboration with the PR of China should be strengthened. Lack of funding is a limiting factor in implementing the projects in China and WHO should carry out an active search of funding resources. Participation of FINNPREP in pilot projects and training programmes in Member States is an essential part of its work.

## WHO Collaborating Centre for Disaster Preparedness, Calcutta, India

### Background

In 1989 the Government of India's Department of Emergency Medical Relief organized a national workshop on Disaster Management at the All India Institute, and in 1990 it designated the Institute as a Disaster Management Centre, which became the country's first such centre. A meeting was held shortly thereafter to find out the status of preparedness in the state of West Bengal and to identify training needs. Similar surveys were carried out for the states of Assam, Bihar and Orissa. In 1991-1992 the Centre organized seminars in collaboration with the state medical colleges to sensitize faculty members and medical students on disaster management. A computer database was established at the Centre to network disaster information locally and nationally.

In March 1993 the Centre was designated as a WHO Collaborating Centre for Disaster Preparedness. Its goal is to strengthen disaster preparedness and management activities in India. Its objectives are to: formulate a uniform standardized training methodology on disaster preparedness and management; develop a national standardized training programme to strengthen health sector capabilities to deal with public health problems related to disasters; design a

uniform standardized protocol for disaster surveillance for documentation of a nationwide disaster information system; and conduct research studies.

### Summary of 1993 activities

Case studies were completed on the flash flood in Purulia and on the tornado in Murshidabad, both in West Bengal. A training programme in disaster preparedness and management was begun for senior-level officers from the states of Assam and Orissa. And a workshop on technological disaster preparedness was held. The Centre published the following in 1993: two reports on disaster preparedness status surveys in Assam and Orissa; a manual for the training programme in disaster preparedness and management in Assam and Orissa; proceedings of a workshop on technological disasters; the newsletter of the Centre entitled *Newsfrom*. Staff from the Centre also participated in an international meeting on human resource development in disaster management in New Delhi, and in the Asia-Pacific workshop for national health emergency managers, in Bangkok, Thailand (see Chapter 2, section on "Workshops, conferences and meetings"), and participated in a course organized by the IFRC in Manila, Philippines.

### New and ongoing activities

Training modules on health sector preparedness were formulated, including health service organization in disaster situations; environmental (water and sanitation) health management during and after a disaster; epidemiological surveillance and disease control programme in pre- and post-disaster situations; nutritional monitoring and management for disaster victims; and health sector management in disaster situations. Also, to be finalized is the report on disaster preparedness status survey in Bihar; pre-survey workshop on disaster preparedness status survey in Aunachal Pradesh and publication of its report; training programme on disaster preparedness and response in Bihar; disaster surveillance and updating of computer disaster database; task force meeting of national collaborating centres on disaster preparedness (to be held in Darjeeling); and publication of proceedings of a training/workshop programme and newsletter.

### Planned activities for 1994

These will include finalization and publication of training modules started in 1993; training programme on disaster preparedness and response in Aunachal Pradesh; pre-survey workshop on disaster prepared-

ness status survey in Tripura and Meghalaya states and publication of report; and disaster surveillance programme and updating of disaster database.

### Constraints

The Centre lacks sufficient office space and trained personnel (e.g., there is a need for a senior research officer, medical officers, and a statistician/computer assistant). It also needs more financial support, including literature support to update its Disaster Library and to strengthen the technical expertise of its faculty members by their exposure to disaster management activities in different countries.

### Implementing partners

The implementing partners include the state governments of the states surveyed, and the focal point departments are the Directorates of Health and Family Welfare of the states concerned.

### Sources of funds

The Centre is funded by the Department of Emergency Medical Relief, Directorate General of Health Services, Government of India; WHO; and Finland (FINNPREP).

### WHO Collaborating Centre, Rome, Italy

In 1987 the Health Section of the General Directorate for Development Cooperation (DGCS) of the Italian Ministry of Foreign Affairs was designated as a WHO Collaborating Centre for Disaster Preparedness and Management.

The DGCS Health Section has a mandate for the planning and management of health care, in particular as regards Italian assistance given to countries in Africa, Asia, Latin America and the Middle East. The Centre's activities focus on the health effects caused by natural and man-made disasters in developing countries.

The Centre's ongoing pilot projects include EPR programmes in: Bangladesh, Ecuador, Ethiopia, Guatemala (including some other countries in Central America), Mozambique, Peru, Sri Lanka, Zimbabwe, all of which provide an excellent framework for helping to develop EPR strategies based on practical experiences gained at field level. The projects also provide inputs for producing training material and for organizing workshops and training activities.

What follows concerns the Centre's activities during the period from January 1992 to December 1993.

### Bangladesh

Project activities included technical support to the Ministry of Health in developing criteria and standards for requesting international assistance for disaster relief. The project area was the subdistrict of Baskhali in the district of Chippagong. Among results achieved were: creation of an early warning system for impending cyclones; 500 volunteers were trained to coordinate with village leaders; post-cyclone rehabilitation of health centres in the subdistrict was also carried out; training courses for health workers, teachers and community workers were held; and photographic reports were prepared as support for information activities at village level concerning preventive measures.

### Philippines

The main objective of the project was to prevent and to reduce the adverse effects of natural disasters on the community by minimizing vulnerability. This was done by strengthening the community's ability to cope with disasters and by promoting community participation. The project ended in 1992.

Training materials on disaster preparedness and natural disasters were produced in collaboration with the Albay Provincial Health Office (e.g., manuals for radio operators and for Barangay health workers (BHW), a BHW record book, a teacher's manual on natural hazards, posters on emergency preparedness and response in regards to typhoons, earthquakes, and volcanic eruptions, and a manual on the use of photographic stories in collaboration with a CIRI/DARE project; see section on "Dare" below).

### Sri Lanka

The project was carried out in Colombo, Puttalam and Anuradhapura by Italian Cooperation, with technical support from the WHO Collaborating Centre in Rome. The objectives were to assist the Sri Lankan Government in strengthening and developing its capabilities to prepare for and respond to emergency situations, with special emphasis on displaced persons, and to improve the health status of displaced persons from the Northern and Eastern provinces. The results achieved were as follows: as regards health care, essential drugs for mothers and children were supplied, and support given to maternal and child health centres, and in constructing and rehabilitating hospitals, clinics and health units. Also, workshops were held on primary health care for women. In environmental health, activities included construction and

rehabilitation of latrines, water supply and water sanitation, and construction of waste disposal facilities. As regards education and training, extracurricular activities for schools were organized, as well as teacher-training courses, courses in English, Cingalese and general education. Practical courses in sewing and dressmaking, soap-making and selling were held. A mobile library for camps for displaced persons was organized. Activities also included rehabilitation of a community centre and the construction of school buildings. The project, which ended in March 1994, also provided technical assistance to the Hedip project in Sri Lanka.

### Chile

Due to torrential rains in the first months of 1993, the Mapocho River broke its banks in the poor outskirts of the town of Santiago, leaving thousands homeless. To assist those affected, the WHO Collaborating Centre in Rome in collaboration with the Coordinating Committee, gave technical support to a programme which covered supply of basic commodities, water supply and sanitation. Also, a series of activities were carried out in the context of a community mental health programme for the purpose of getting various types of social organizations to operate again.

### El Salvador

Since the earthquake of 1986 the Health and Social Reconstruction Programme has continued to operate in the health area known as A3 in the city of San Salvador. It is linked to the Prodere and HEAP programmes (see below) and receives technical support from the WHO Collaborating Centre in Rome. A series of information materials were produced on health prevention, community organization, and water supply and sanitation. A series of workshops were also organized in collaboration with Prodere-PAHO/WHO, such as a regional workshop on community mental health.

### Guatemala

Some of the activities of the Emergency Health and Social Service Programme in Quiché, Guatemala have been the following: repatriation of refugees from Mexico to the municipality of Ixcán; establishment of SILOS (Local Health Systems) steering committee which includes representatives of returnees; and promotion of decentralized health facilities

### Jamaica

Following the declaration of a state of emergency due to Hurricane Gilbert, PAHO/WHO requested the WHO Collaborating Centre in Rome to assist the Jamaican health authorities in their rehabilitation efforts. Five community clinics were rehabilitated and environmental sanitation and emergency preparedness activities were carried out.

### Nicaragua

**(a) Health and Social Programme, Granada Department.** This programme is implementing the Rome Declaration signed by 23 ministers of health from Latin America and the Caribbean. It is carried out in connection with the HEAP programme of PAHO/WHO (see below) and Italian Cooperation. The Health and Social Programme was drawn up by the WHO Collaborating Centre in Rome, and its activities are conducted with technical support from the Centre in collaboration with Prodere and the UNDP.

Activities to support the local health system included: introduction of the "Mother Kangaroo" method to assist underweight newborn babies; supply and distribution of essential drugs; integration into the health system of traditional medicine and the use of medicinal plants; organization of a course for auxiliary nurses; and organization and equipping of facilities to house the anti-cholera unit in Granada Hospital.

In support of the educational system, activities included: integrating handicap children, including those with learning disabilities, into regular schools; teaching emergency preparedness to students and the community; publication of the review *La Piedra Bocona*; and creation of a local emergency network.

**(b) Development Agency, Region IV.** A local Development Agency was established that integrates the public and private sectors in the region and promotes small- and mid-scale enterprises by supplying credit and technical assistance.

**(c) Cerro Negro Volcano Emergency Programme, Leon Department.** After the eruption of the Volcano of Cerro Negro in April 1992, an emergency programme for the affected population was implemented. A Departmental Emergency Committee was set up that includes representatives of local institutions and international cooperation organizations. A Development Agency was also established to promote economic development.

**(d) Tidal Wave Emergency Programme, Department of Leon and Region IV.** After the tidal wave of



September 1992, an emergency programme for the affected population was undertaken. The programme has helped to create local emergency committees that operate on a voluntary basis.

**(e) Support Programme for the Disarmament of Civilians.** In 1990 the new government began disarming the different groups (Sandinistas, Contras, etc.) initiating a national plan for the disarmament of civilians by providing monetary compensation for each weapon handed in. The support programme began in December 1992, focusing on basic needs and the promotion of income-generating projects through the local development agencies involving civilians who had handed in their weapons.

### Mozambique

The aim of the programme of emergency coordination is to provide technical assistance in support of national planning for emergency assistance to displaced populations and to the victims of armed conflict. Activities carried out included: development of local health systems in the province of Manica, organization of a training school for nurses in Pemba, and training courses for health workers and intermediate-level health personnel.

The WHO Collaborating Centre in Rome provided technical support for the rehabilitation and enhancement of primary health care services throughout Zambezia province. Assistance was also given for health planning at district level, rehabilitation of health centres, training of health personnel and supervision at provincial level of the Rapid Health Surveillance System.

### Ethiopia

After the end of the war in 1991, a programme for health and social emergency and agricultural support was implemented, the main objectives being the reorganization of the health services and water supply system. Activities included: training courses for social workers and a programme to retrain nurses; work with groups at risk with special reference to street children; support to the Relief, Rehabilitation of Ex-Soldiers Commission; production of a series of videos on emergency prevention, health education and water sanitation, as well as documentaries on the programmes, and production of photographic documentation in collaboration with the Italian-African Institute in Rome.

### Support to WHO/EHA

The WHO Collaborating Centre in Rome also provided consultation and support to WHO/EHA for the elaboration of project proposals and for the monitoring and evaluation of joint programmes financed through Italian contributions. What follows is a summary description of these programmes.

### Mozambique

The WHO Collaborating Centre in Rome continued to provide support to WHO in the definition of the programme's activities and in ensuring coordination with bilateral cooperation activities in Mozambique. Activities included workshops on prevention for local health workers on specific health issues, cholera, leprosy and epidemics; production of written material for information and prevention, especially for dengue, cholera and meningitis; assistance to the Ministry of Health by the international donor community in support of its health policy; provision of local and foreign study grants for health workers; creation of a documentation centre, and consultancy on specific health issues such as acute diarrhoea.

### Africa subregion III

The WHO Collaborating Centre in Rome continued to ensure coordination with bilateral cooperation activities in the subregion. The aim was to give support to ministries of health for health emergency coordination to enhance national EPR capacities through technical assistance and training in Angola, Mozambique and Zimbabwe.

### Hedip

The Health and Development of Displaced Populations (Hedip) programme was established by WHO/EPP in 1991, with technical support from the WHO Collaborating Centre in Rome (*for more information, see Chapter 2, section on "Health and Development for Displaced Populations"*). The Collaborating Centre has provided continuous assistance to WHO in developing the objectives and activities of Hedip, in monitoring its implementation in selected pilot areas (in 1993 in Sri Lanka, Mozambique, and Croatia).

### Collaboration with PAHO/WHO

**Ecuador, Peru and Guatemala: Emergency Cholera Programme.** Following the outbreak of the cholera epidemic in Peru and in other Latin American countries and the Caribbean, an emergency programme



was initiated to try to control the epidemic. Results achieved so far are as follows: strengthening of epidemiological and risk-area surveillance facilities; strengthening of the system of supply and distribution of drugs; strengthening of logistical facilities for emergencies; support to national and local services for water management and environmental sanitation; the promotion of information and health education in communities at risk; training of health workers on methods and techniques of epidemiological surveillance and public health; production of educational material for use in health education and epidemic control campaigns (leaflets, manuals, videos, radio messages on water sanitation, hygiene, cholera prevention, environmental protection); and development of new technologies.

The results of the studies carried out during the implementation of the programme were presented at the World Conference on Tropical Medicine (Bangkok, Thailand, December 1992). Training courses were also held on the use of Blade Runner (GIS-Geographical Information System), a computer programme for epidemiological control of the cholera epidemic, prepared with technical support from the WHO Collaborating Centre in Rome.

#### **Peru: Emergency Programme (measles epidemic).**

The programme included epidemiological surveying, logistical support to the vaccination campaign, including supply and distribution of vaccines. Also, photographic coverage of programme activities was carried out for health education purposes, including a video

#### **Collaboration with the UN system**

The Prodere programme is part of the Peace and Development Plan approved by the United Nations General Assembly in 1988. It was developed by the UNDP/DGCS (Health Section of the General Directorate for Development Cooperation, Rome, Italy) technical mission, along with technical collaboration of the WHO Collaborating Centre in Rome, and is also coordinated with the European Union's (EU) intervention for refugees and displaced people in the area. The programme operates in 14 geographic areas, including 40 municipalities with a high concentration of displaced persons and in high-conflict zones in six Central American countries

Its objectives are to improve the social and health conditions of refugees, displaced and repatriated populations; and to promote local systems for health and

education and defence of human rights. Activities conducted included: technical assistance to counterpart organizations; design and implementation of all components of Prodere (Local Economic Development Agencies (ADEL) projects relating to the Protection of Rights Component, Local Systems of Education and Health, Development Committees); workshops and training meetings for national technical personnel and testing of replicable techniques, and systematization and dissemination of technical experiences and methodologies used by Prodere for local development policies

#### **DARE**

The project DARE (Development of Appropriate Response for Emergencies) is being carried out by an Italian implementing agency (CIRI) under the direct technical supervision of the WHO Collaborating Centre and the WHO Office for Emergencies in Rome. DARE activities are carried out within the WHO Collaborating Centre's pilot areas, specifically in Central America and Asia. During the reporting period, DARE produced a photographic manual on community participation techniques for emergency preparedness, a manual on the development of risk maps with community participation; a review of epidemiological literature; and a description of participatory techniques based on local culture concerning earthquakes.

#### **HEAP**

The HEAP (Health, Environment and Anti-Poverty) programme is being carried out in the context of the Italian Voluntary Contribution to PAHO/WHO for 1990. Its aims are to: improve the health situation and the well-being of groups at risk; protect and restore environmental conditions in the context of SILOS (Local Health Systems); and facilitate the dissemination at national and regional levels of results and methods developed on the basis of local experiences. PAHO/WHO developed the objectives and strategy of this programme with technical collaboration of the WHO Collaborating Centre in Rome. HEAP is active in the Dominican Republic, Colombia, Peru and Brazil, in coordination with Italian Cooperation and is also associated with Prodere and other bilateral cooperation projects in Central America.

#### **Collaboration with IDNDR activities**

The WHO Collaborating Centre in Rome collaborated with the IDNDR bulletin *Stop Disasters*, pub-

lished by the Vesuvian Observatory in cooperation with the IDNDR secretariat. Technical support was provided to PAHO/WHO: to create a network of social studies on disaster prevention in Latin America; various social research projects in Central America, Colombia, Peru and Mexico concerning response to disasters in peripheral areas, national prevention systems, the history of disasters, and methodologies for assessing dangers, vulnerability and risks; and to help organize a workshop on "The management of temporary human settlements in high-risk areas", with various examples from Colombia.

In El Salvador, support was provided to set up a Technical Intersectoral Committee for Disasters, which includes the National Emergency Commission, the Ministries of Health and Education, the Red Cross, PAHO and Italian Cooperation. The Committee has carried out various activities in training and information for disaster prevention. Also, in cooperation with the PAHO/WHO project "Research and action for the application of local emergency plans", elaboration of local emergency plans and risk maps were developed in training workshops in the villages of Los Cantares, Asino, El Mera, Yoya Grande,

La Cuchilla, Shaltipa and Villa del Santiago Texacuangos. Training of selected population groups in primary health care, structural safety, etc. The same programme is also being carried out in Nicaragua and Honduras.

#### **Human development activities**

The WHC Collaborating Centre in Rome continued to provide technical assistance to a regional initiative on human development at local level in Central American countries, and in collaboration with the UNDP in developing a strategic framework for a global inter-agency initiative on the same subject. Staff of the WHO Collaborating Centre in Rome participated in the World Conference on Tropical Medicine (Bangkok, December 1992); in a training course on emergencies organized by Civil Protection (University of Rome, La Sapienza); EU support committee for the fight against poverty and social exclusion; meeting on a World Bank report "Investing in health"; and a group of experts meeting in preparation for a summit on social development (United Nations and WHO), to be held in Copenhagen in 1995.