Five water-testing laboratories are also being established in five regions of Afghanistan; training courses on how to use testing kits for water supply surveillance are under way. WHO has taken the lead in the reactivation of the Kandahar water supply network, which serves as a pilot project for rehabilitation of other urban water supply systems in Afghanistan.

Afghanistan. Tanks that had been used for destructive purposes were used —albeit temporarily — to convey health messages and to advertise to the community the WHO-supported intensive immunization campaign in November 1994. (WHO)

Cyprus

No solution has yet been reached to solve the political problem in Cyprus. WHO, in the interim, has continued to support the Ministry of Health in its efforts to improve the health of all the Cypriot population. In 1994, the malaria situation was assessed and a comprehensive primary health care review is under way. WHO staff assisted in the search for solutions to the problem of the Nicosia waste-water plant, a bicommunal issue, and in a review of the dry storage and handling practices in the Turkish Cypriot community. An oral health survey was also conducted whereby a WHO consultant assisted in assessing the status of oral health of the Cypriot population. All WHO consultants and staff systematically visit the Turkish Cypriot community, among other areas, during their assignments, and WHO coordinates with the UNDP to ensure that the sharing of planned activities are transmitted to the Turkish Cypriot community for action. AIDS control programmes operate in both communities in Cyprus.

Djibouti

In 1994, an outbreak of cholera at a time of civil unrest, with drought and flash floods in some outlying districts, aggravated an already precarious situation in Djibouti. To help cope, WHO facilitated the provision of emergency medical assistance from a number of donors who contributed approximately $100 000 to assist the Ministry of Health and one nongovernmental organization in the provision of relief commodities required for the health system.

Iraq

Since August 1990, and with Iraq's subsequent isolation from its normal procurement channels for drugs and medical supplies, its stocks have been depleted. Over the past four years WHO has contributed approximately $14 million in humanitarian aid to Iraq, covering basic essential drugs and medical supplies, and technical expertise for epidemiological surveillance.

However, WHO has been unable to meet a considerable part of Iraq's demand for *specific* drugs, surgical supplies and laboratory reagents and spare parts owing to the modest amounts of funds received from donors. In view of the increase in malaria, WHO assigned a consultant malariologist to northern Iraq, and a strategy to combat and control the epidemic has been prepared; its implementation will require timely and appropriate support from the donor community.

WHO gave support to help improve drinking-water quality through regular monitoring of the situation and initiation of a process leading to the rehabilitation of the chlorine plant in Basra. WHO is advocating a redirection of its activities in Iraq towards progressive rehabilitation of the health care system. A needs assessment mission was also carried out for a drugs manufacturing plant to assist it in recovering its former capacity and to help improve local production of essential drugs. WHO also launched a country-wide campaign for poliomyelitis eradication.

Islamic Republic of Iran

WHO received a second instalment of $152 000 to complete two earthquake-proof health posts in the country, built with donations from readers of the British newspaper *The Independent*, permitting their equipment and connection to electric grids.

After floods in December 1994, WHO also participated in a needs assessment mission, made contributions and pledges totalling $30 000 and provided a water and sanitation specialist.

Lebanon

WHO joined in the interagency consolidated appeal for Lebanon in 1993 and received contributions and pledges from the Government of Italy and the Organization of Petroleum Exporting Countries (OPEC), thanks to which a pharmacist was sent to Lebanon in 1994 to formulate a rehabilitation plan for the Government's pharmaceutical warehouse and to make a list of medical supplies needed in health services.

Palestine, self-rule areas

After self-rule had been grated to Gaza and Jericho, and subsequently extended in the domain of health throughout the West Bank, WHO in 1994 provided resources to establish and operate a number of technical units in the Palestinian Health Authority. WHO also supplied the Palestinian Council for Health with financial and other assistance in the recruitment of staff and in equipping five technical units responsible for the smooth transfer of health services to the new Health Authority; establishment of a health data system to serve as a basis for health planning in the autonomous areas; design and evaluation of an insurance system based on actuarial and economic analysis; design of a regulatory framework for health services; and identification of priorities in the environmental health sector.

WHO has been concerned largely with institutional development and building of the infrastructure for primary health care, secondary health care, and environmental health and training, primarily in Gaza, where the needs are greatest. Thus, with WHO support, the Palestinian Health Authority has been able to establish and staff technical units and to undertake the gradual rehabilitation and reconstruction of the health system, within the financial constraints to which it is subject.

Somalia

WHO, which has been involved in emergency relief operations in Somalia since the disintegration of governmental institutions, participated in the appeal of the Special Emergency Programme for the Horn of Africa (SEPHA) appeal launched in January 1992, the 100-Day Action Plan of October 1992, the appeal of April 1993, and the latest appeal (24 December 1994).

In response to these appeals, WHO received approximately $4.4 million from the Governments of Canada, Italy and Sweden, as well as from the World Bank. Thanks to these donations supplemented by the WHO regular budget (a total of approximately $6 million), it has implemented—through the deployment of six long-term international staff and 40 national staff in seven WHO sub-offices in Somalia and in Nairobi (Kenya)—the following emergency activities.

WHO, in collaboration with *Pharmaciens sans Frontieres*, established the ***Somali central warehouse*** in Mogadishu, which has provided over 80% of medical and surgical supplies and equipment utilized by the national health services and nongovernmental organizations, etc. Satellite warehouses were also established in Bossaso and Hargeisha.

WHO established and maintains an ***epidemiological surveillance system***, which operates through a network of nongovernmental organizations to monitor communicable diseases, including malaria.

When *cholera* broke out in February 1994, WHO deployed 10 experts to help contain its spread and to treat cases. It provided drugs and diagnostic facilities, and coordinated control activities with nongovernmental organizations and other organizations of the United Nations system, logistics being provided by United Nations Operations in Somalia (UNOSOM) and UNICEF. Cholera was controlled by mid-1994, only a few isolated cases being reported from Kismayo and Bassaso in late October 1994, but another outbreak occurred in early 1995.

The lack of security remains the most serious problem affecting all humanitarian agencies in Somalia. UNOSOM, which had protected personnel of United Nations and nongovernmental organizations, left the country in early March 1995, and the security situation in most parts of Somalia has, once again, deteriorated.

Despite the numerous humanitarian efforts made by the international community, Somalia remains on the verge of disaster, owing to the lack of effective public health programmes, among other things. Emergency medical and surgical supplies, including vaccines, and food for selected vulnerable groups will have to continue to be provided. Meanwhile, WHO and other agencies will need to build up and strengthen regional capacity if Somalis are to manage and to deliver these supplies to their citizens.

Sudan

WHO obtained external support for the reconstruction of Malakal Hospital, in Upper Nile province, through a donation from the Government of France. It also established a sub-office in Juba to monitor all WHO/Ministry of Health collaborative programmes.

To deal with an increase in leishmaniasis, WHO collaborated with the Ministry of Health and Life-Line Sudan in facilitating the use of a grant from the United Kingdom Overseas Development Administration to treat a limited number of cases in central and southern Sudan.

Yemen

A consolidated interagency appeal for Yemen was launched in August 1994, following that country's brief civil war, which damaged, among other things, a number of health facilities. WHO received donations from the Governments of Italy, Japan and the Netherlands totalling $276 000, which permitted the provision of essential drugs and diagnostic reagents for cholera and dysentery control, and support for water and sanitation projects.

South-East Asia Region (SEARO)

Increasing importance is being given to emergency preparedness and management in countries of the South-East Asia Region. In 1994 the South-East Asia Regional Office (SEARO) established a Technical Officer post for Emergency and Humanitarian Action, which will help to strengthen, among other things, national capacities in emergency preparedness. SEARO also included in its 1996-1997 biennium budget an intercountry EHA programme, the objectives of which are: to help Member States formulate national emergency preparedness and response plans and programmes; to improve disaster management capacities of Member States, including that of the Regional Office and WHO Representatives' offices; and to promote the development of human resources through training activities and promotion of interagency cooperation.

Bangladesh

A joint WHO/Italian Government mission visited Bangladesh from 27 February to 4 March 1994 to review progress achieved in emergency preparedness activities, and with support from an Italian grant, assistance was provided to strengthen operational and technical capacity of the emergency preparedness cell in the Ministry of Health. Another joint SEARO/WHO headquarters mission visited Bangladesh from 17 to 19 October 1994 to determine technical assistance needs for setting up a National Centre for Emergency Preparedness and Response, and a work plan was prepared with WHO assistance to establish this centre. SUMA, the Supply Management Project (discussed earlier in this report) was set up with WHO technical assistance, and nationals have been trained in its use. Financial assistance and emergency health kits, as well as bleaching powder and water purifying tablets were also provided to meet the emergency health needs arising out of a cyclone that struck Cox's Bazar.

India

After the outbreak of plague in India in September 1994, EHA collaborated with the Government of Italy who contributed £500 million lira ($326 797) for plague control activities, primarily for the epidemiological surveil-

lance programme. These funds were transferred to the WHO Division of Communicable Diseases (CDS) for programme implementation in India through SEARO. The epidemiological surveillance programme consists of: (i) staff provided by the Indian Government; (ii) training of staff at WHO collaborating centres on plague, mainly in the United States, supported in part by WHO; and (iii) laboratory equipment to carry out tests on samples collected in the country (this is the part for which the Indian Government planned to use the Italian contribution).

Also in 1994, the WHO Representative participated in activities of the United Nations Disaster Management Team in India. The WHO Collaborating Centre for Disaster Preparedness at the All-India Institute of Hygiene and Public Health, in Calcutta, conducted several training courses in disaster preparedness for nationals. Financial assistance was provided for relief measures in the event of floods in different parts of India and earthquakes in Maharashtra, including financial support for training activities. A book entitled *Recommendations on disaster management — Lessons learned from recent earthquakes in Maharashtra state* was published by the Government of India, and copies were sent to other WHO regional offices.

Indonesia

In Indonesia, equipment support ($18 850) was provided to the Ministry of Health to help victims of the Mount Menapi volcanic eruption. Financial assistance was also provided from development funds of the Director-General and the Regional Director for relief operations in emergencies arising out of volcanic eruptions. A burn injury expert from the Centres for Disease Control and Prevention (CDC), USA, visited Indonesia as a WHO consultant to assess the situation arising out of the volcanic eruption in central Java. WHO also supported Indonesia's participation in the World Conference on Natural Disaster Reduction (Yokohama, Japan, May 1994). Technical assistance was made available to the Ministry of Health to prepare a training manual and a master plan for disaster preparedness.

Mynamar

In Myanmar, a national plan of action for emergency preparedness and response was developed and submitted to EHA/HQ for funding.

Nepal

In Nepal, disaster management has been largely response-oriented. A regular budget country project was established in the 1994-1995 biennium budget. However, formulation of a comprehensive disaster management plan is necessary.

Sri Lanka

In Sri Lanka, a Hedip project made steady progress and an evaluation was undertaken in early 1995 *(see Chapter 3, Emergency Preparedness and Planning, "Hedip").*

Through its representatives in individual countries and its network of collaborating centres, WHO provided health authorities with expert guidance on plague surveillance, prevention and control.

Western Pacific Region (WPRO)

The EHA programme in the Western Pacific Regional Office (WPRO) was significantly enhanced in 1994 owing to financial support from headquarters and technical and financial support from the WPRO Environmental Health Centre. Support from headquarters was used to strengthen national capacities of countries most likely to be affected by natural disasters.

So far, the project has been implemented in three Member States: China, Samoa and Viet Nam.

In *China*, the project supports the training of local health staff and other sectors, as well as for disaster preparedness and response measures. In *Samoa*, the project is supporting the training of health and community staff on how to respond to mass emergency health needs. In *Viet Nam*, the project first supported a community survey on people's knowledge of emergency response measures and the situation after a disaster. The survey results were then reviewed in a project-supported workshop, which led to the drafting of plans for how to better prepare and respond to emergency situations.

The College of Public Health, University of the *Philippines*, continued to strengthen its capacity in the area of emergency preparedness; the College also supported the above-mentioned activities in Viet Nam. With additional EHA support, WPRO is working on a review of disaster preparedness learning materials for the Philippines.

WPRO's Environmental Health Centre. WPRO's EHA programme is being strengthened by collaboration with WPRO's Environmental Health Centre. This centre has

provided both technical and financial support to community-based activities in Viet Nam. Planning continues for two similar activities in other priority countries of the Region.

Financial support in the form of cash grants was provided to four Member States in 1994: *Cambodia, China, Papua New Guinea* and *Viet Nam*. This form of support is provided immediately in the aftermath of a disaster, for use by countries according to their most urgent needs.