‘Vulnerable Water’
Jose Hueb, WHO
Water, Sanitation and Health
Department of Protection of the Human Environment

 Approximately 1.1 billion people globally do not have access to adequate supplies of clean drinking water and about 2.5 billion people have no access to adequate sanitation facilities. More than 2 billion people, most of them children, die annually from diarrhoeal diseases which are closely related to lack of access to safe water and adequate sanitation.

Water supply systems world-wide remain extremely fragile and extremely vulnerable to being disrupted by any type of disaster. In turn, water-borne diseases can become the major hazard after a disaster.

In the poorest urban or rural areas, where the water supply and sanitation infrastructure is fragile, these systems may stop functioning or be completely destroyed during disasters. A typical example is the approximately 1500 rural water mains that were destroyed in Honduras as a result of Hurricane Mitch which left 75% of the population (approximately 4.5 million people) without access to clean drinking water immediately after this major disaster.

Most water supply and sanitation systems in the developing world are not properly built, operated or maintained, which considerably increases the vulnerability of these systems. The impact of disasters on water supply and sanitation systems may be significantly reduced and the recovery of these systems may be accelerated through the following measures: assessing the vulnerability of existing water supply and sanitation facilities; undertaking the required measures to make them more resistant and protected vis-à-vis the possible threats of disasters; effective operation and systematic maintenance (preventive and corrective) of existing facilities; looking into vulnerability aspects in the design of new facilities; training of personnel; preparing mitigation and response plans and being ready to implement them effectively and efficiently.

These measures should be considered in the context of adequate institutional and organizational arrangements and should involve not only the concerned water agencies but also users, other relevant government institutions, NGOs and bilateral and multilateral agencies.

Poor in urban or rural settlements, whose capacity to react to the breakdown of infrastructure is modest, are at highest risk of disease when water systems are destroyed during an emergency. From the experience of the past decades many researchers concluded that the increase in loss and suffering due to disasters was because people had become more vulnerable, not because nature had become more violent.

The Departments of Emergency and Humanitarian Action (EHA) and Protection of the Human Environment (PHE) work together to ensure the well-being of those affected by disasters, with collaboration specifically focusing on water and sanitation systems. PHE provides advisory support to
EHA and the two Departments work together to synthesise information and knowledge on water and sanitation issues.

The social and financial cost of emergencies and disasters has been always very high, and so is the consequent human tragedy. The lessons of disasters should be always remembered so the full potential for prevention and mitigation can be achieved. Prevention, mitigation and increased preparedness associated with a rapid, efficient, and well-prepared response to restore water supply and sanitation services can save many lives, prevent epidemics, and avoid human suffering.

**FOCUS ON DROUGHTS AND STORMS**

**WHAT IS A DROUGHT?**

A drought is a water supply shortage for a certain use. A drought situation occurs when water supplies are less than demand. The greater the demand placed on an area’s water supply, the more serious the drought. There are several types of droughts:

- A *meteorological* drought is defined as a deviation from normal precipitation conditions over a period of time for a specific region.
- An *agricultural* drought occurs after a meteorological drought and is the lack of adequate soil moisture needed for a certain crop to grow and thrive during a particular time.
- A *hydrological* drought occurs when precipitation has been reduced for an extended period of time, and water supplies found in streams, lakes, rivers, and reservoirs are deficient.
- A *socio-economic* drought is a condition when the physical water supplies are so low that they negatively affect the community where the drought is occurring.

*Source: Stormfax Drought Guide*

**East Asia Prepares for Typhoons, Flood, Drought and ‘Dzud’**

Over the past year, governments and health professionals in Cambodia, China, the Philippines and the Republic of Korea have taken part in major courses on rapid health assessment, the to co-ordination of crucial health players in an emergency, and specific techniques for protecting health in a natural disaster.

Run by WHO’s Western Pacific Office, these training courses not only help national governments and organisations work more efficiently in emergencies, but also assist and encourage them to prepare for future crises.

And there are no lack of crises. July and August 1999 saw typhoons and torrential rainfall cause floods in Cambodia, China, the Philippines and the Republic of Korea while in November the worst floods this century inundated six coastal provinces in central Vietnam. Now in Mongolia, an extreme climate disaster known as a ‘multiple dzud’ – the cumulative effects of a drought last summer followed by an early cold and snowy winter on top of years of pastoral degradation – is affecting livestock and the harvest.

WHO is also working with national authorities on ways to install the early meteorological warning systems that provide the crucial early warning needed for governments and organisations to gear up to protect health and health systems.

*For more information please contact Dr Shigeki Asahi. e-mail: asahis@wpro.who.int*

**What Makes a Difference?**

- Installing meteorological systems geared to early alert.
- Training on how to prepare for a disaster and react rapidly to protect health and the health system when it hits.

**EHA/WHO Helps India Respond to Cyclones**
Partnership between WHO and local authorities helped India avoid major outbreaks and excess mortality after cyclones swept through the state of Orissa in 1999. The shortcomings of Orissa’s health information system led to concern that early signs of developing epidemics could go undetected; however, the successful concerted effort gave rise to the effective delivery of aid and the development of priorities to support local health professionals.

The particularly strong cyclones left an estimated 15 million people seriously affected and caused nearly 10,000 deaths. WHO was part of the UN Disaster Management Team response mechanism from the beginning, as well as the UN Disaster Assessment and Coordination (UNDAC) team. The UNDAC team conducted the initial rapid health sector assessment in Orissa and provided input for the UN appeal.

Through its EHA regional adviser, WHO focused on three priorities in support of the local authorities:

- Co-ordinating, along with UNICEF, health assistance between local authorities, local and international NGOs;
- Establishing an emergency surveillance system in co-ordination with the health authorities, other UN agencies, and local and international NGOs. Aid was prioritised according to geographic distribution and epidemiological patterns of disease;
- Ensuring that the humanitarian health assistance was implemented in line with international standards by providing advice and promoting WHO guidelines.

For more information please contact Dr Johanna Larusdottir. e-mail: larusdottir@who.int

Technology to the Rescue

Responding to floods in Venezuela in December 1999, WHO/PAHO, with the help of the regional Disaster Preparedness Programme, immediately installed an Emergency Situation Room equipped to sustain the flow and exchange of information. The Emergency Situation Room, which had been used in the region for similar situations in the past, supported collaboration among the various international agencies reacting to the disaster, the Venezuelan Health Ministry, and the US Army.

Such co-ordination was crucial. The floods resulted in a significant death toll along with widespread displacement. In addition, over a thousand receptacles containing highly dangerous chemical substances were discovered along the coastline. With so many local and international professionals striving to address problems as they unfolded, co-ordination was the key to avoiding duplication of efforts.

Furthermore, a website (http://ops-oms.org.ve/desastres/) was created, offering daily updates of the situation and relevant health programmes. This type of site is recognised as a highly effective information channel during crisis situations since disaster reports can be easily updated and readily accessed at both the local and the international levels. PAHO Venezuela was the first to create and utilise a local disaster website during a crisis itself.

For more information please contact Ms Sacha Bootsma. e-mail: bootsma@impsat.net.ec

What Makes a Difference?

- Installing an Emergency Situation Room equipped to support co-ordination.
- Developing an easily accessible website including daily updates of the health situation.

World Water Day 2001

The theme for World Water Day 2001 is water and health. For this reason – and for the first time – WHO has been designated as the lead agency. Water is intimately linked to health, thus
Health in Emergencies
WHO
Focus on Storms and Drought

it is important to address the increasing need for adequate and safe water in order to:
• Prevent disease: Improving water quality, sanitation and hygiene will significantly reduce the spread of many water-related diseases.
• Improve health: 1.1 billion people lack access to sufficient drinking water and sanitation services. Improving access to these could reduce mortality from diarrhoeal diseases by 65%.
• Change attitudes: WHO can make a difference by placing health issues at the core of sustainable human development, and by viewing water as central to health.

To draw maximum attention to this important issue WHO plans to highlight not only World Water Day but also co-ordinate major monthly activities sponsored by different cities, regions and partners. In this way, public awareness can be more effectively raised, water-linked health issues can be pushed higher up the world’s political agenda, and partnerships, within the UN system, NGOs, the private sector, educational institutions, and the media can be strengthened.

For more information please contact Dr Jamie Bartram. e-mail: bartramj@who.ch

The Horn of Africa Struggles Against Drought and War

Responding to the drought in the Horn of Africa, WHO has conducted health assessments, distributed emergency health kits, set up epidemiological surveillance systems, and pre-positioned meningitis vaccines for a possible outbreak. WHO is also providing drugs and technical assistance to health facilities in the most seriously affected areas.

An estimated 9 million people in Djibouti, Eritrea, Ethiopia, Kenya, Somalia, and Sudan are seriously affected by the drought, which is a cyclic phenomenon in this region. Further complicating the repercussions of the drought is the war between Eritrea and Ethiopia, as well as wars in Somalia and in Southern Sudan.

In April, UN Special Envoy and Executive Director of WFP, Ms Catherine Bertini, along with WHO’s Special Representative of the Director-General, Dr J.W. Lee, undertook a mission to the Horn of Africa to assess and negotiate modalities of cooperation.

In the health sector, it was found that emphasis needs to be placed on the monitoring of health and nutrition, emergency preparedness, prevention and early treatment of diarrhoeal disease, malaria and acute respiratory disease, and provision of essential drugs. Emergency immunisation campaigns should also be undertaken for measles and meningitis.

WHO is building on its Horn of Africa Initiative (HOAI) to implement these interventions. The HOAI focuses on health needs in border areas, which are most affected by the current drought. By building capacity in these areas and targeting interventions to these most vulnerable, remote areas WHO has been able to address public health needs.

For more information please contact Dr Lianne Kuppens. e-mail: kuppensl@who.int

WHO Sends Supplies to Eritrea

In response to the dire combination of war and drought in Eritrea, WHO shipped 15 emergency surgical drug and supply kits into Asmara in late May. Shipments costing a total of USD 275,000 including transport, have been funded by the Government of Italy.

WHO has moved rapidly to ensure medical supplies are available for the estimated 550,000 people now internally displaced in Eritrea as a result of war with Ethiopia.

A further 6.6 metric tonnes of drugs and medical supplies, paid for by the UK’s Department for International Development, have been redirected to the emergency effort by the Ministry of Health.

For more information please contact Dr Lianne Kuppens. e-mail: kuppensl@who.int
Drought Aggravates Emergency Conditions in Northern Iraq

In northern Iraq, WHO’s Special Emergency Health Programmes unit provides aid under the UN-Iraqi “oil-for-food” programme (UN Security Council Resolution 986). In 1999, activities faced significant challenges due to a severe drought.

In the three northern governorates under the programme, the limited water supply increased the risk of water contamination. WHO therefore considered diarrhoeal diseases, especially among children under five and the elderly, of the utmost concern. WHO’s Baghdad office responded quickly by shipping emergency stocks of medicines and supplies to the north as well as chemicals to test water.

A WHO consultant assessed the epidemiological situation and case management of diarrhoeal diseases. Furthermore, National Immunization Days, carried out in collaboration with UNICEF, were intensified to stifle an outbreak of polio.

Drought also restricted water-generated electrical power in the north. In order to preserve drug supplies, WHO ensured that generators were provided to hospitals in the area, and that cooling equipment was installed or repaired.

Lastly, numerous training courses on diarrhoeal disease surveillance and on water quality control and health education were conducted in all three governorates, and were attended by several hundred participants.

By promptly providing technical assistance and materials, WHO was able to assist northern Iraq avoid severe consequences associated with drought as well as preparing local health professionals for response should a similar situation recur.

For more information please contact Dr S. Ben Yahmed. e-mail: benyahmeds@who.int

Mozambique: The Fight against Disease Continues

In the aftermath of rains and a devastating cyclone in February-March 2000, WHO has been co-ordinating health and water-sanitation sector efforts in Mozambique. Dr Carlos Tiny, WHO Representative for Mozambique, explained,

“Health workers are seeing more acute diarrhoea cases every day. These diseases are preventable. We are doing all we can to slow the spread of disease but there are areas where people still do not have access to clean water or shelter and so they are obviously more at risk.”

The threat of cholera and malaria epidemics was intensified by reduced access to clean water and the gathering of 300,000 displaced people. In March acute diarrhoea cases had increased significantly in Maputo City and 14 out of 100 patients with diarrhoea tested positive for cholera. Local authorities and WHO responded by setting up two special treatment centres in Maputo City and a third in the suburb of Machava. In addition to the cholera centres, water supplies were chlorinated and a major health education programme alerted the population of how best to prevent the disease.

Malaria posed another health hazard, particularly when floodwaters receded and warmer temperatures returned, creating ideal conditions for mosquito breeding. Two areas badly affected by flooding, Xai Xai and Chibuto, saw a very clear increase in the number of malaria cases compared to last year.

In response, the Mozambique Ministry of Health prepared a three-month Malaria Emergency Control Plan supported by WHO and UNICEF. The plan included strategies for:

• Early diagnosis and treatment for malaria;
• Mosquito control;
• Protecting people from mosquito bites (through the distribution of insecticide treated bed nets).
By late May, evidence indicated that the swift implementation of this plan prevented the evolution of both malaria and cholera in the area.

For more information please contact Dr Khalid Shibib. e-mail: shibibk@who.int

WHO Official Leads Reconstruction of East Timor’s Health Services

In March, Dr Jim Tulloch, former director of the Child and Adolescent Health Programme at WHO headquarters, was appointed to head the United Nations Transitional Administration in East Timor’s (UNTAET) new health administration. As head of the Office of Health, Dr Tulloch will oversee the reconstruction and organization of health services in East Timor in the lead-up to independence.

Currently, only about 20 East Timorese doctors remain in the country to serve a population of approximately 800,000 people. Two top priorities will be to train more people to work in primary health care and to obtain the services of specialised doctors until local doctors are sufficiently trained.

The new health authority - in consultation with UN agencies and NGO healthcare providers - outlined the following as their near-term priorities:

- Re-building and rehabilitating healthcare facilities;
- Re-establishing basic health services throughout the country;
- Ensuring the supply of essential drugs and immunisation services;
- Training for East Timorese health personnel;
- Maintaining the disease surveillance system.

Dr Tulloch points out that one of the challenges for the interim health authority is to encourage broad support for health sector development while maintaining essential services in the short-term. “Our goal is that, at the end of the UNTAET period, the new Ministry of Health will be managing a well-coordinated health system and not a large number of independently-funded and managed projects.”

For more information please contact Dr Lianne Kuppens. e-mail: kuppensl@who.int

Co-ordination Wins Battle Against Tularaemia

In April a team of specialists supporting the Kosovo Institute of Public Health (IPH) confirmed a tularaemia outbreak in the region. Further analysis revealed that rodents were responsible for spreading the bacteria and contaminating water sources. Abandoned food stocks, unattended harvests, and poor sanitation and waste controls have resulted in an urban rodent explosion which has seriously affected the population of Kosovo.

To avoid further spread of the outbreak, the UN Mission in Kosovo, the Kosovo Forces (KFOR--the UN military component), and WHO formed a steering committee, with sub-groups on health, sanitation and information. Later a “situation room” was set up to co-ordinate activities and enable rapid responses to any related problems. Emergency funding was sought for health programmes and for sanitation and waste management, an enduring problem in the area.

The Kosovo IPH, WHO, the International Rescue Committee, and Doctors of the World quickly mass-produced graphic leaflets in Albanian, Serbian and English which were distributed through the Kosovo IPH, KFOR, the Organisation of Security and Co-operation in Europe and NGOs. Finally, the group has launched a follow-up campaign, using all available media to cover related health and sanitation issues such as clean water, waste management, and food protection. Although the number of new cases is low, the steering committee is prepared should warmer temperatures reverse this decline.

For more information please contact Dr J. Theunissen. e-mail: jth@who.dk
**Baby Boom Leads to Epidemic at Pristina Maternity**

An epidemic of staphylococcus continues to ravage the maternity wing at the Pristina University Hospital just as Kosovo is experiencing a post-war baby boom. More than 80 per cent of caesarean births and 30 per cent of other new-borns have been infected. The mortality rate in the paediatric neonatal ward has soared to 43 per cent. The problem is partly the result of an exceptional workload at the Pristina maternity ward. The maternity is delivering about 50 babies a day, in only four rooms, leaving little time to clean the rooms thoroughly between deliveries.

An April report by the Geneva University Hospitals described the outbreak as “the inevitable consequence of long-standing deprivation of elementary standards of hygiene.” The lack of essential facilities at Pristina maternity such as running water, regular supplies of clean linen, a sterilisation system, and regular supplies of disinfectants and disposables makes adherence to hygiene standards an unrealistic goal. The Institute of Public Health and WHO contend that ideally the maternity should be shut down and refurbished, and that disciplined contamination control management should be implemented thereafter. The challenge will be finding maternity solutions for the interim.

**For further information please contact Dr J. Theunissen. e-mail: jth@who.dk OR visit the WHO Europe website: http://www.par.who.dk**

**Ecuador Deals with Aftermath of Volcano**

Volcanic eruptions in Ecuador in February-March 2000 are contributing to the deterioration of public health and the environment as a result of continual ash fall. An emergency project financed by CIDA-Canada has been implemented and administered by PAHO/WHO, the Health Ministry, the Housing Ministry (which has an under-secretary responsible for water and sanitation), Civil Defence, and the Red Cross. The project provides technical and material support to the Ecuadorian authorities in supply management, mental health, water and sanitation, and epidemiological surveillance. It also assists the national authorities in coping with the current volcanic eruptions.

The project, scheduled to terminate in the second quarter of 2000, aims to enhance the ability of the concerned government ministries to develop initiatives which address the aftermath of eruptions. A challenge, however, will be to find funding to address the long-term health affects not yet apparent.

**For further information please contact Ms Sacha Bootsma. e-mail: bootsma@impsat.net.ec OR visit PAHO’s Disaster Preparedness Program website: http://www.paho.org/english/ped/pedhome.htm.**

**WHO and Health NGOs Still Working in Sierra Leone Despite Conflict**

In mid-May, WHO assembled an Emergency Health Task Force of UN agency heads and NGOs in Freetown to support the Ministry of Health. The immediate concern of the Task Force is that the communicable disease surveillance system is weak and, in some parts of the country, non-existent. This situation is compounded by the breakdown of social and medical services, and mass movement of people, all of which increase the threat of disease outbreaks.

To control communicable diseases, WHO worked with a number of mobile teams visiting the internally displaced people to assess their status and needs. In an effort to reinforce existing institutions, WHO supplies drugs to the outpatient and surgical department of Connaught Hospital, the capital’s main reference hospital as well as supplying and equipping a health centre operated by Adventists Development and Relief Agency International.
WHO, UNICEF, the World Food Programme and health NGOs such as Médecins sans Frontières and the International Committee of the Red Cross remain active in Sierra Leone despite serious violence leading to the evacuation of some international staff. Major concerns exist, however, about the risk of disease outbreaks among displaced people, as well as the ability of remaining agencies to maintain services and supplies in the coming weeks.

Although the situation remains precarious, the presence of the international health community is crucial. Dr William Aldis, WHO representative in Freetown, stated, “The Minister of Health was overjoyed to see me, which should remind us how important our continued presence is, symbolically as well as practically, for these people.” Together with other UN agencies, WHO is seeking commitments from donors which will allow this presence to continue.

For more information please contact Dr Pier Paolo Balladelli. e-mail: balladellip@who.int

Sierra Leone Ministry of Health Needs Reinforcement

The recent upsurge in disease outbreaks including shigellosis, typhoid fever and measles, underscores the need to strengthen the early warning surveillance system in Sierra Leone. Escalation of the conflict in May, consequent mass population displacements and malnutrition are bound to aggravate the health status of the population. Surveillance tools have been developed and will be introduced to accessible districts. There is also a need to follow up on the investigation of a shigella outbreak and provide refresher training in epidemiological management, particularly for cholera.

For more information please contact Dr Pier Paolo Balladelli. E-mail: balladellip@who.int

Early Arrival and Sustainable Reconstruction Guide Emergency Response

In her opening remarks at the 53rd World Health Assembly, Director-General, Dr Gro Harlem Brundtland highlighted that many lives were saved in the aftermath of such emergencies as Kosovo, East Timor and Mozambique because health issues were addressed early on.

Nevertheless, Dr Brundtland warned that response must focus not only on relief, but on social reconstruction as well. “We need to be there when needed. Early. We need to stay on after the television crews have left. Rehabilitation guides our actions from the start,” the Director-General affirmed. WHO’s response in Kosovo when refugees flooded into Albania and Macedonia, illustrated her point since response activities sought to strengthen existing health care systems rather than investing in temporary health facilities.

In her final comments on health in emergencies, Dr Brundtland underscored that disease respect neither borders nor frontlines. Focusing on health during conflict can help bring together divided communities. Indeed, health can often serve as a bridge for peace and reconciliation.

For more information please contact Dr Alessandro Loretti. E-mail: loretta@who.int

‘We Have Rekindled a Spirit of Global Solidarity,’ Dr Brundtland at the Closure of the World Health Assembly

“We have... a new vision of what we can do, and therefore what we should do, to counter HIV/AIDS. Through the enhancing of care and strengthening its linkages to prevention, we are about to give new directions and a new energy to an expanded, revitalised response to the HIV/AIDS pandemic. We have rekindled a spirit of global solidarity, and together, we will work to take it forward.”

The week-long session of the 53rd World Health Assembly closed on this note from WHO Director-General Dr Gro Harlem Brundtland on May 19.
A comprehensive resolution on HIV/AIDS was among the highlights of the Assembly. Nearly 34 million people world-wide are currently living with HIV/AIDS, and 95% of them are in developing countries. In many countries, the development gains of the past 50 years, including the increase in child survival and in life expectancy are being wiped out by the HIV/AIDS pandemic.

The resolution urges WHO Member States to increase access to treatment and prophylaxis of HIV-related illnesses and to make drugs both available and affordable. It requests WHO to develop a global health-sector strategy as part of the United Nations system’s strategic plan for HIV/AIDS for 2001-2005. The Organization is to “further support the implementation of drug price monitoring systems in Member States” and to become “fully involved in the International Partnership against AIDS in Africa, particularly at country level.”

For more information please contact Dr Alessandro Loretti. e-mail: lorettia@who.int

Working Group Studies HIV/AIDS in Complex Emergencies

In March 2000, a Sub-Group on HIV/AIDS in complex emergencies was formed to elaborate priority issues for the Inter-agency Standing Committee (IASC) Working Group on how to fight HIV/AIDS in countries under-going war and civil strife. The Sub-Group’s work focused on the:
• definition of each agency’s strengths based on analysis of their experience,
• mainstreaming HIV/AIDS control strategies in the Consolidated Appeal Process,
• identification of existing gaps in guidelines for HIV/AIDS in complex emergencies, and
• specifications of mechanisms for co-ordination among agencies.

Recognising the need to study HIV/AIDS in complex emergencies more profoundly, the IASC Working Group appointed WHO to lead the Sub-Group on HIV/AIDS. Dr Xavier Leus, Director of EHA, chaired the Sub-Group, which included representatives from UN and other international agencies. The Sub-Group prepared a comprehensive strategy document to address HIV/AIDS in complex emergencies that was endorsed for distribution to the international community by the IASC Working Group in May.

For more information please contact Dr Pier Paolo Balladelli. e-mail: balladellip@who.int

Health as a Bridge for Peace

A second workshop on ‘Health as a Bridge for Peace’ (HBP) took place in Sri Lanka in February 2000 as a follow-up to the one given in March 1999. Participants, representing NGOs and the government, came from the South, Jaffna and the border areas.

During the workshop the Active Learning Package, previously tested in Colombo, was used to train the participants in the HBP concept. Subjects included: medical ethics, humanitarian assistance, International Human Rights Law, International Humanitarian Law, conflict resolution and negotiation. The participants’ evaluation of the workshop was so positive that a similar one has been planned for Indonesia in the second half of this year and another has been proposed for Thailand.

For more information please contact Dr Johanna Larusdottir. e-mail: larusdottirj@who.int
Or visit: http://www.who.int/eha then click on ‘resource centers’.

New prospects for WHO Emergency Health Training Programme for Africa

At the end of February 2000, EHA/HQ handed over responsibility for the Emergency Health Training Programme for Africa (EHTP) to the WHO Chief of Mission in Ethiopia. EHTP was funded by the UK’s Department for International Development, the Swedish
International Development Cooperation Agency and the Italian Government.

An evaluation carried out in December 1999 by a team of experts acknowledged WHO’s pioneering role in disaster reduction in Africa since 1987. In light of changes at regional offices and at HQ the evaluation found that the programme was also ready for changes and recommended the following: to suspend HQ direct involvement in EHTP, to decentralise training and technical assistance to the regional offices, and to collaborate with the Organization of African Unity (OAU) in the process of establishing its own regional disaster centre.

Twelve years of WHO’s commitment to disaster reduction in Africa has led to the implementation of significant activities in partnership with member countries, the OAU, local universities and UN agencies. Through technical support and training activities, WHO was able to contribute to Africa’s current awareness and commitment to disaster preparedness.

Africa’s need for disaster reduction remains undisputed as does the need for WHO technical co-operation at country and regional level. Demand for support has and will continue to increase pressure on WHO country and regional offices for delivery. As the evaluation group concluded, “Successor arrangements for EHTP will have to be found.”

WHO co-operation, which includes several international staff members, short-term consultants and IPH staff, covers training and support in health policy and planning, immunisation and cold chain management, food and water safety, microbiology and health education. Current activities include:

- “Working Group on Health Policy and Planning,” a two-month course on Health and Social Welfare;
- selection of candidates and preparation for a two-week training course for sanitary inspectors and hygiene technicians, to be held in June;
- a study on cold chain management and development of guidelines for vaccinations not included in the Expanded Programme for Immunisation;
- food and water safety control measures, regulations and legislation;
- course preparation for immunisation and health education training.

These activities tie in with existing institutions created within IPH by WHO and local authorities last year to co-ordinate the efforts of the international community and strengthen public health services and policy in Kosovo.

For more information please contact Dr J. Theunissen. e-mail: jth@who.dk

The Supply Management System (SUMA) Improves with Age

The deluge of relief supplies in the aftermath of disasters often poses critical logistic and management problems for national authorities. In the early nineties PAHO/WHO addressed this challenge by developing SUMA: a tool for the management of humanitarian relief supplies from the moment pledges are made by donors, to their entry to the disaster area right up to their storage and distribution. Recently, version 5.1 of the SUMA software has been released. Based on experiences gained from recent disasters in the Americas, this updated version includes

WHO Supports Kosovo Institute of Public Health

In April, support to the Kosovo Institute of Public Health (IPH) was stepped-up by merging WHO staff involved in a project funded by the UK’s Department for International Development with the Kosovo IPH. The new arrangement will facilitate support to the IPH and lead to easier co-operation with interested IPH departments, including epidemiology, social medicine, microbiology and hygiene.
substantial improvements to the Warehouse Management Module as well as overall optimisations of the entire system. To learn more about SUMA and to download a copy of the new software and manuals (Spanish, English, and French) please visit the SUMA website at: http://www.disaster.info.desastres.net/SUMA/

For more information please contact Dr Alessandro Loretti. e-mail: loretta@who.int
PUBLICATIONS AND ANNOUNCEMENTS

Older People in Disasters and Humanitarian Crises: Guidelines for Best Practice

This Helpage manual for best practice, based on many years of global disaster experience and research aims to help relief agencies meet the special needs of older people in emergencies. While older people are commonly accepted as a vulnerable group, very little is done to meet their particular needs, or to recognise their unique capacities and contributions.

Humanitarian interventions often use systems that discriminate against older people’s special needs, and, on occasion, undermine their capacity to support themselves. The guidelines give examples of key approaches and actions that could help the humanitarian community reduce the vulnerability associated with ageing, such as disease and ill health.

Ways to enhance the capacities of older people in emergencies, as well as exploring wider issues relating to older people in humanitarian crises are also offered. These topics range from globally agreed principles of social and civil practice and global demographic changes, to the physical impact of the ageing process, common images and assumptions held about older people, the key problems they face, and the gender dimensions of their needs.

For more information please contact Helpage. Tel. +44 (0) 207 404 7201. Or visit: http://www.helpage.org

KASPAR HAUSER: A Magazine as Forum of Discussion in the Balkan Region

Kaspar Hauser is a bimonthly magazine distributed in the Former Yugoslav Republic of Macedonia, Albania, Serbia, Montenegro, and Kosovo. It is published in Serbian, Albanian, Macedonian and English.

Promoting information and discussion of health, social and cultural issues, Kaspar Hauser encourages the process of change and reconciliation, as well as strengthening human and social rights. The magazine, sponsored by WHO, includes articles from respected authors and professionals throughout the world, in addition to offering informative articles concerning the Balkans.

For more information please contact Dr Alessandro Loretiti. e-mail: loretiti@who.int


This flagship publication of the UN System’s Forum on Nutrition examines trends and developments in the nutrition situation of refugees and displaced populations and identifies emerging issues as well as key research priorities and policy implications for the humanitarian response community.

Copies of the report can be downloaded from ACC/SCN’s website: http://acc.unsystem.org/scn/

Children’s Health in Emergencies: Practical Guidelines for Health Workers

Produced as a special supplement to Healthlink Worldwide’s popular international newsletter Child Health Dialogue, this publication provides health and development workers with up-to-date, practical information on appropriate policies and procedures to follow in event of an emergency. The guidelines clearly explain what health workers can do in the early stages of an emergency, how management and prevention of childhood illnesses such as diarrhoea and malaria differ in emergency situations, and how they can work with communities, and other organisations.

Single copies are free to indigenous organisations in developing countries. For others the cost is GBP 2.50/USD 5.00, which includes postage. Bulk copies are also available free to organisations that are able to distribute the publication through their own channels.
Stands and Droughts

Routledge books has recently published two new titles their Hazards and Disasters series. Published to mark the end of the International Decade for Natural Disaster Reduction (the 1990s), this series will provide the knowledge and skills needed to manage the effects of hazards and disasters.

Storms, the first volume in this series, draws together the leading international research from the field, including detailed accounts of storms and their implications in more than 10 countries.

Droughts: A Global Assessment explores an area that is very high on the international research and policy agenda. Gathering contributions from over 75 leading international researchers in the field, this is a very comprehensive assessment.

For further information please contact Routledge at +44 (0) 171 842 2384 or visit the Routledge website: www.routledge.com

Database on Best Public Health Practices for Emergency Management

A database of guidelines for good practices in emergencies is available on-line. Produced by EHA/WHO the database is meant to provide assistance and guidance to national and international health workers, planners, and coordinators working in field programmes. It includes various guidelines, reference manuals, and catalogues. These guidelines were selected through a consultative process among various experts from WHO regional and field offices, university lecturers, and representatives of international organisations and NGOs.

The database is updated on continual basis and is accessible at:

http://www.who.int/eha then click under ‘Publications’, then select ‘Bibliography’.

For more information please contact Ms Archana Shah. e-mail: shaha@who.int

Au Revoir Jean-Paul Menu!

After over 25 years of service to WHO in country and regional offices along with headquarters, Dr Jean-Paul Menu, retired at the end of January 2000.

The following is a tribute to Dr Menu by Ms Maryse Coutty

Ça y est, maintenant, ça va être la retraite
Pouvoir enfin dormir au moment opportun!
Il se pourrait des fois que j'ai peur et regrette,
Mais 30 e-mails à l'heure, non vraiment, c'est pas sain!

Il faudra quelque temps, ça c'est inévitable
Pour trouver mes racines partout éparrpillées
A Brazza, à Manille et puis à Copenhagen
Mais c'est bien à Lyon que je veux les poser

Le plus dur dans s't'affaire c'est de laisser derrière
Au beau milieu d'un monde tout' d'même bien agité
Une équipe de collègues, d'amis, de secrétaires
Qui essayent d'oeuvrer pour un monde enchanté

Vais-je reprendre, au printemps, de la petite reine
Ou bien passer du temps et de mes mains créer
Grimer en haut du Mont, ça en vaudrait la peine
Pour voir si la lumière est aussi belle de près

Hmm, je vous dirai bientôt comme c'est bon la retraite
Faire ce que l'on décide, ne pas être obligé
Je vous dirai aussi que c'est bon la retraite
Pour profiter enfin de ce que vous savez
De ceux que vous aimez.
Health in Emergencies

WHO

Contacts

The Department of Emergency and Humanitarian Action, World Health Organization, 1211 Geneva, Switzerland
Phone: (41 22) 791 4676
Fax: (41 22) 791 4844
e-mail: loretta@who.int

Chief Editor: Dr Alessandro Loretti
Editors: Dr Alessandro Loretti, Ms Jane Wallace, Ms Hillary Bower, Ms Leslie Gonzales
Layout: Ms Leslie Gonzales
Design: Mr Jean-Claude Fattier

To receive Health in Emergencies regularly, please contact Dr Alessandro Loretti at:
WHO/EHA, 20 Ave Appia,
1211 Geneva, Switzerland
Tel. (41-22) 791 27 50
Fax (41-22 791 48 44
e-mail: loretta@who.int

WATCH FOR THE NEXT ISSUE OF HEALTH IN EMERGENCIES FEATURING HIV/AIDS IN COMPLEX EMERGENCIES