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Editors Note:
Readers may already be aware that WHO is presently undergoing reform changes. More information about their effects on EHA will be forthcoming in our next issue.

**War and Public Health:**
**Extending the Concept of Public Health for the Victims of Armed Conflict**

*Editorial by Dr Pierre Perrin, Chief Medical Officer, ICRC*

War brings to mind images of medical personnel treating the sick and wounded. The full picture only emerges when such work is associated with preserving physical and mental health. To this end, humanitarian assistance to victims of war has to be based on a public health approach, which, in turn, is effective only if it takes into account their security. Application of international humanitarian law is a factor of primary prevention essential for the health of war victims.

In the early 1980's, a public health approach was systematically applied to populations fleeing conflict. Provision of food and drinking water, control of communicable diseases and environmental health became important elements of humanitarian intervention alongside medical and surgical care. This approach covered victims' basic physiological needs. Now, humanitarian agencies have become aware of the importance of re-establishing and maintaining mental health. It can be said that humanitarian intervention now aims at satisfying WHO's definition of health: a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

A public health approach cannot be restricted to ad hoc coverage of essential needs, but should also strive at restoring self-sufficiency of those concerned. Thus, humanitarian interventions also need to include re-starting agricultural production, building or restoring permanent water supply and rehabilitating health facilities. Unfortunately, whereas the public health tools are known, they are often difficult to use due to constraints encountered by health personnel in their work. Factors reducing the impact of public health measures include logistical problems, access to victims and lack of security both for victims and for humanitarian agencies' personnel. Worse, in various recent armed conflicts, combatants have aimed not at destroying the adversary, but rather at instigating terror against civilian populations. It means that public health personnel working in wars have to take on responsibilities that go well beyond simple application of rules of public health. In the course of their work, health workers come across the atrocities suffered by victims: genocide, enforced displacement, ethnic cleansing, murder, torture, inhuman treatment and violation of human dignity. It is our responsibility to halt and prevent such atrocities. Obviously, this is not only a duty for health workers but for every human being. To this end, the ICRC draws on the rules of international humanitarian law contained in the Geneva Convention of 1949 and its additional Protocols of 1977. When respected by warring parties, these laws allow for the protection of victims of conflict: respect for the dignity of individuals, respect of the right to assistance, protection of goods indispensable to survival (water and food) and protection of health facilities and workers. In this sense, protecting the victims of armed conflict by strict application of international humanitarian law helps to maintain and improve their health. This wider approach to public health in armed conflicts is summed up in the definition of ICRC strategy in the field of health: Public health is a necessary approach in maintenance and improvement of the health and wellbeing of populations. It can be effective only in as much as the security of victims of armed conflict is guaranteed. Security embraces the sustainable satisfaction of needs and respects basic rights of human beings.
New Collaborating Centres Join EHA Network

WHO/EHA continues to intensively develop its network of Collaborating Centres. In 1998 four new members were added and are located in Shanghai, Santiago, Brussels and Lyon. The network now consists of fifteen Centres and represents a wide range of expertise that cover various components of health emergency management. It also supports and strengthens the capacities of member countries for preparedness and response to emergencies.

The four new Centres will contribute their expertise in areas of research, information and training. In addition, each Centre brings the following competencies:

The Shanghai Medical Emergency Centre
focuses on emergency medical services in the urban setting.

The Centre for Disaster Mitigation in Health Facilities
in Santiago specializes in disaster mitigation in health facilities and water systems and develops methods and procedures for vulnerability assessment.

The Centre for Research on the Epidemiology of Disasters (CRED)
in Brussels participates in the overall development of information systems for health aspects of emergencies, specifically in the framework of the EHA's Health Intelligence Network for Advance Contingency Planning (HINAP) project.

The Foundation Mérieux
in Lyon provides support for WHO's humanitarian advocacy, strategy and policy and helps with the continued development and implementation of WHO's "health as a bridge for peace" concept.

With the addition of these new Centres, and continued collaboration within the Collaborating Network, WHO will be able to better respond to the specific priorities and needs in emergency management.

For more information please contact Dr Edouard Kossenko.e-mail: kossenkoe@who.ch

Workshop in Rwanda on Health Logistics Management

A workshop on health logistics management in emergency situations was held in Kigali in June 1998.

Consideration of logistical requirements and capabilities is fundamental to the success of an emergency preparedness/readiness process. The objective of the training was to strengthen country capacity in emergency management planning and logistics management as well as to put into use the Supply Management System (SUMA).

SUMA was developed in 1990 by the WHO Regional Office for the Americas (AMRO) to help assist authorities, donors and operating agencies in emergency situations. The amount and variety of humanitarian supplies arriving from many different donors often poses serious logistic and management problems for national authorities. SUMA utilizes a computer software that allows those involved in logistics management to have accurate information about exactly what has been received, what supplies are urgently needed and also offers a tool for inventory control on warehousing and distribution of supplies. The workshop was an inter-unit initiative by EHA's Development and Coordination (DAC) and Field Support and Logistics (FSL) units utilizing
funds from ECHO (European Community Humanitarian Office) and was supported by the Rwandan government. AMRO also supported the project and sent a training team. It has been proposed that similar training in logistics management take place over a three-year period in Mozambique, Zimbabwe and Rwanda.

For more information please contact Dr Reinaldo Flores. e-mail: floresr@who.ch

**Workshop in Harare on Emergency Health Management Training**

A planning workshop on the Emergency Health Training Programme for Africa (EHTP) was held in Harare July 13-16, 1998. The workshop aimed at developing a common understanding on emergency health management together with several WHO Country Representatives (WRs) and at prioritizing countries and activities.

During the meeting, a step-by-step process led to defining priority countries, national capacities, target audiences and activities for training. Technical presentations and discussions updated participants on terminology and concepts. Substantial time was given for experience-sharing among participants and with the facilitators. The workshop highlighted the need to mobilize decision-makers, to develop regional and national strategies in this area, and to establish a regional network of focal points.

Furthermore, it demonstrated that practical problem-based training must be tailored to the needs of each country and that training efforts must be coordinated within WHO and between UN agencies and other partners. Through EHTP, EHA can assist the WRs and health professionals with training material, workshops and continuous information. EHA can also provide standard tools for rapid health assessment, contingency planning as well as coordination of health issues and professionals in emergencies. Another workshop for French-speaking countries is scheduled for mid-October 1998. The programme receives financial support from the United Kingdom, the Government of Italy and the Swedish Co-operation (Sida).

For more information please contact Dr Magnus Grabe. e-mail: who.ptc@padis.gn.apc.org

**Advisory Group Promotes Quality Research in Emergencies**

A one-day meeting was held in Geneva on June 2, 1998 to establish an Advisory Group on Research in Emergencies. The Advisory Group's objective is to improve health outcomes in emergencies by promoting good quality research in emergencies.

The initiative resulted from a consultation on Applied Health Research Priorities in Complex Emergencies which took place in October 1997 where participants were asked to set priorities for research topics specific to emergency settings. The areas discussed at the Consultation were:

- nutrition,
- communicable diseases,
- reproductive and women's health,
- mental health,
- information management,
- health service management and
- ethics.
There are gaps in knowledge that can only be addressed by operational research and there is international approval of the fact that research in refugee situations is appropriate. The Advisory Group will actively encourage research in the defined priority areas and bring together donors, researchers and implementing agencies.

More specifically the role of the Advisory Group will be:

- appraise research proposals according to its scientific, ethical and technical aspects
- advocate good research in emergencies
- make an inventory and pre-review of proposals
- assist with the development and approval of generic proposals
- provide potential advice to donors
- coordinate, facilitate dialogue and liaison between interested persons, groups and institutions
- provide and disseminate the research evidence on which guidelines and standards for good practice can be based
- encourage practical application of new research

The Advisory Group includes members from governmental and non-governmental organizations, senior civil servants and researchers and will soon be promoting its existence on the EHA Website and through written information.

For more information please contact

Dr Danielle Deboutte. e-mail: deboutted@who.ch

**Conflict Resolution Workshop at the Hague Appeal for Peace**

A momentous, citizen-led campaign and conference will be held in The Hague, May 11-15, 1999. Its major theme will be the role of conflict resolution in global efforts to prevent war. Several thousand participants from around the world, including Graca Machel, Archbishop Desmond Tutu and other prominent global campaigners, are expected to apply their cumulative expertise and vision to the conference's focal problem of "de-legitimizing war." This theme is separated into four areas: conflict prevention, resolution, and transformation; disarmament, including nuclear abolition; international humanitarian law and human rights; and root causes of war/culture of peace.

The conference marks the 100th Anniversary of the First Hague International Peace Conference.

Many physicians working for conflict resolution know well the appalling record of this modern century. Over 250 wars claimed over 100 million lives, with civilians suffering an increasing share of the casualties. Participants at The Hague Appeal for Peace will work to generate the political will and practical initiatives necessary for attaining a new century without war.

Interested organizations are encouraged to participate in programme planning for the conference. Medical professionals are urged to join with scientists, legal experts and community development and human rights workers in bringing specific expertise to the conference. For more information please contact Mr Brian Rawson. e-mail: ippnwbos@icg.apc.org

EHA focal point: Dr Louisa Chan. email: chanl@who.ch
WHO's Humanitarian Activities in Iraq

WHO continues its humanitarian activities in Iraq in the overall framework of UN activities under Security Council Resolution (SCR) 986. To date, this resolution has been extended over three phases and is currently in an "Enhanced Phase" covering the period until the end of November 1998. This "Enhanced Phase" constitutes the largest relief operation in the history of the UN, offering humanitarian assistance to the Iraqi people valued at 5.2 billion US dollars for a period of six months (provided Iraq is able to pump oil for that value). It also allows for the reconstruction of Iraq's civilian infrastructure in health, education, water and sanitation, electricity and agriculture.

Presently, WHO carries out the application of all four phases. In Central and Southern Iraq, it carries out the role of "observer" as required under the terms of SCR 986, ensuring the equitable distribution of commodities imported into the country. It has been found that some drug shortages still exist at all levels of the health system. WHO conducts visits within the 15 Governates and has introduced a tracking system to identify reasons for the shortages. Findings are then taken to the relevant authorities and corrective measures are implemented. Where feasible, WHO has also established electronic links to facilitate this process. In the North, WHO plays a dual role of "observer" and "implementor".

Observation activities are regularly conducted to check the use of supplies and to support the staff in charge of drug dispensing. Other activities include intensive training programmes and workshops for medical assistants and nurses, rehabilitation of nursing schools and secondary and tertiary hospitals as well as quality control development in the water and sanitation sector. To implement these programmes, WHO has so far managed 21 million US dollars while another 35 million US dollars have been earmarked for the "Enhanced Phase". This is being scaled down to 11.5 million dollars due to lower oil exports by Iraq.

For more information please contact Mr Joseph Hazbun. e-mail: hazbunj@who.ch

New Partnerships

EHA has widened its network of partners by collaborating with the Norwegian Refugee Council (NRC), Sweden's National Bureau of Health, the University of Uppsala, and the Swedish Cooperation (Sida). Informal and technical collaboration between Baerum Hospital, the Nordic School of Public Health of Gotheburg, Health Intelligence Network for Advanced Contingency Planning (HINAP) and the Training Centre in Addis Ababa was already ongoing in the field of information for emergency management. The new partnerships involve joint field missions, collaboration in workshops and university training and collaboration in setting-up rosters of experts for rapid field deployment. Sida made a voluntary contribution to EHA Emergency Health Training Programme for Africa (EHTP) and has become a member of the Programme Steering Committee.

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

SCHR (The Steering Committee for Humanitarian Response) and InterAction launched the SPHERE Project on July 1, 1997 with the goal of developing a set of international interagency standards in core areas of humanitarian relief. The project is a collaborative effort involving front-line NGOs, Red Cross and Red Crescent Movement, interested donor governments and UN agencies. The end product of this effort, Humanitarian Charter and Minimum Standards, will help to improve the quality of assistance provided in emergencies, and the accountability of agencies to their beneficiaries, their membership and their donors. The document will be available for and useful to field managers, head of office staff, field workers, representatives of affected populations, coordinating bodies, host authority officials, evaluators and donors. It will be published in September, 1998 with promotion and distribution to begin in October, 1998.

The SPHERE Project has not created new standards, but has rather consolidated existing ideas, previous experience and knowledge and practice from many countries, organizations and individuals. The "Humanitarian Charter" will describe the rights supported by humanitarian efforts when social mechanisms have been disrupted either by natural or man-made disasters. The "Minimum Standards" will cover essential sectors: water and sanitation, nutrition, food aid, shelter and site selection and health services.

Furthermore, it will describe the goods and services that should be available to meet the rights identified in the "Humanitarian Charter". Meeting critical human needs and restoring life with dignity are core principles of all humanitarian action. The Humanitarian Charter and Minimum Standards of the SPHERE Project together demonstrate how disaster-affected people should be able to live, as they start the process of rebuilding their lives.

For more information please contact The SPHERE Project. e-mail: sphere@ifrc.org

World Bank's Disaster Management Facility

On July 13 of this year, the World Bank set up a Disaster Management Facility (DMF) which is charged with crafting strategic and rapid response in dealing with disaster emergencies and mainstreaming disaster prevention and mitigation into all bank activities.

For more information please contact Alcira Kreimer. e-mail: akreimer@worldbank.org

Pilot Study Addresses Occupational Health Risks of Field Personnel in Complex Emergencies

Over the past 20 years, there has been a significant increase in complex emergencies requiring external aid. The need for humanitarian assistance in response to these complex emergencies has resulted in a proliferation of organizations responding to emergencies. Staffing of relief operations is a key element of the impact of field operations. Most agencies are under pressure to hire national and international staff on short notice and deploy them to the field as quickly as possible. As a result, inconsistencies and deficiencies in the employer-employee relationship have become evident. In order to shed more light on the problem and to begin providing a basis for consolidated action, a joint project was undertaken in October 1997 by the WHO/EHA, UN Joint Medical Services (JMS) and the International Centre for Migration and Health (ICMH). The project was funded by the UK's Department for International Development (DFID).
The objective of the study was to identify the factors increasing health risks of field staff in complex emergencies and to provide recommendations for a minimum standard of care for all field personnel. A two-week mission to Rwanda, Uganda and Tanzania to survey field staff from UN agencies and NGOs was undertaken. The results of the survey, which is not necessarily a representative survey of all staff in complex emergency situations, highlighted a number of deficiencies and concerns. It was found that there is considerable variability in the way field staff are recruited, trained, briefed, medically examined and supported while in the field and upon return from the field.

Upon completion of the study, the WHO/EHA held a consultative meeting with members of national governments, international organizations and NGOs to discuss the report and begin to come to agreement on recommendations for implementation of good recruitment and health practices concerning field staff.

For more information please contact Dr Harald Siem. e-mail: siemh@who.ch

**WHO Project Links Relief and Development**

WHO/EHA held a meeting in Geneva on June 18-19, 1998 to discuss and elaborate policies and strategies to link relief and development as it relates to health. The meeting represented one part of the project entitled "Health Strategic Response: Relief, Rehabilitation and Development". The project includes case studies, the development of "Guiding Principles", "WHO Strategies" and an annotated bibliography. The WHO effort follows UN reform initiatives proposing that emergency assistance should be provided in ways that would support recovery and long-term development. The Department for International Development (DFID) has provided funding for the project.

Many problems and dilemmas exist in attempting to link relief and development in both general and health contexts. Examples include interventions with short-term perspectives, absence of exit strategies from relief agencies and inexperience of development agencies working in crisis environments that create gaps when relief agencies withdraw from the scene.

Variety of responses, priorities and stakeholders add to the complexity. The June meeting brought together experts to analyse the situation, review case studies undertaken in Angola, Cambodia and Liberia and to discuss the draft of "Guiding Principles". The "Guiding Principles" make available to partners a set of generic principles for response to emergencies and post-conflict situations, to integrate relief and development approaches and to achieve effective, equitable and sustainable health based on better understanding of the dynamics involved and complex nature of emergencies. The document is intended for use at country levels by all decision-makers in health, especially those facing or in the midst of a complex crisis. It will be available for use in September 1998 and disseminated via Internet.

For more information please contact Dr Harald Siem e-mail: siemh@who.ch

**China**

Since March of 1998, continuous rains have caused vast flooding in central China, the worst since 1954. According to reports from the Chinese Ministry of Civil Affairs, the floods have affected 223 million people, killing over 3,000 and displacing over 15.8 million. The China Country Office, a member of the UN Disaster Management Team, has been monitoring the
situation in close consultation with the Regional Office for the Western Pacific (WPRO) and will join a UNDAC team in a field assessment. The EHA Collaborating Centre SMEC- Shanghai deployed an emergency team, ambulances and medical supplies to the Hunan Province throughout August.

For more information please contact Dr Shigeki Asahi. e-mail: asahis@who.org.ph

**Relief in Papua New Guinea**

The province of Sanduan in the northwest of Papua New Guinea was hit by a tsunami following an earthquake on July 17, 1998. Twelve villages with an estimated population of 10,000 on the coastline near Aitape were severely affected. Reportedly, more than 1,600 people have died and hundreds of casualties had to be treated. There was extensive damage to houses, schools and health posts and disruption of water supply and communication systems.

Many nations, international agencies, NGOs and private sector agencies have provided shelter equipment, drugs and medical supplies and food and other essentials to authorities in the affected area. WHO supported the Department of Health by providing impregnated mosquito nets and kits for preparedness against possible outbreaks of cholera epidemic and diarrhoeal diseases.

For more information please contact Dr Shigeki Asahi. e-mail: asahis@who.org.ph

**SEARO to hold Conference on National Policy Development and National Legislation**

The Regional Office for South-East Asia (SEARO) will be holding a Regional Conference on National Policy Development and National Legislation in Emergency Preparedness and Management in Sri Lanka on October 27-29, 1998.

For more information please contact Dr George Fernando. e-mail: fernandog@who.ernet.in
**Bangladesh Floods**

According to September reports, the Bangladesh floods have covered 58% of the country's total landmass, representing a population of 70 million. 15 million people are directly affected. Reportedly 400 people have drowned. Since July, 135,000 cases of diarrhoeal diseases have been reported with 101 subsequent deaths.

WHO's Country Office immediately responded to the emergency by mobilizing resources from its regular budget to provide water purification supplies and intravenous solution. Expertise from the WHO Collaborating Centre for Diarrhoeal Disease Control and Research was also provided. WHO collaborated in a joint needs assessment with the Ministry of Health (MOH) and UNICEF coordinating its activities within the countries UN Disaster Management Team. The MOH identified a priority list of emergency supplies that is reflected in the UN Flash Appeal. The supplies will be channelled through the MOH which has undergone SUMA (Management of Emergency Supplies) training. Following the visit of SEARO's Regional Director, plans are under way to provide the MOH with additional water purification tablets and bleaching powder. SEARO is also recommending that the country office concentrate on epidemic preparedness and response, with special emphasis on laboratory support for epidemiological surveillance.

For more information please contact Dr Johanna Larusdottir e-mail: larusd@who.ernet.in

**Field Missions**

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<td>Eritrea</td>
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<td>assessment of emergency health needs in Asmara</td>
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Tuberculosis Control in Refugee Situations: An Inter-Agency Field Manual

This field manual was produced in 1997 by WHO's Global TB Programme and UNHCR to provide up-to-date guidance to Ministries of Health on effective TB control programmes in refugee situations. The manual begins with a short summary of the history and global burden of TB and then goes on to discuss how to implement a TB control programme in refugee situations. The management of TB control in both adults and children is covered in detail and time is taken to address issues of prevention and health education. Subsequent chapters cover the evolution, monitoring and evaluation of programmes once initiated.

This manual is targeted at managers of health care programmes, field workers, and donor agencies.

Available in English and French

To order write to:

Global Tuberculosis Programme
20, Avenue Appia,
1211 Geneva 27, Switzerland
e-mail: desplobainsm@who.ch

District Health Facilities: Guidelines for Development and Operations

WHO Regional Office for the Western Pacific (WPRO) has recently published this book which provides a wide range of information for planning, building and administering district facilities. It also contains a rich section on risk reduction, emergency preparedness and disaster mitigation in hospitals.

For more information please contact Dr Shigeki Asahi. e-mail: asahis@who.org.ph

Model Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care

This 10-page document provides guidelines to assist national authorities in simplifying their regulatory procedures for donations of controlled medicines in emergencies. The model guidelines were developed in 1996 through an international consultation including representatives of several national regulatory authorities, relevant UN agencies and organizations providing emergency medical supplies. The guidelines allow selected suppliers of drugs for pain relief and sedation to make international shipments in emergency situations without prior import/export authorization, following procedures acceptable to control authorities and the International Narcotics Control Board.

Available in English and French

To order write to:
WHO Programme on Substance Abuse, 1211 Geneva 27 Switzerland
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