COLLABORATION WITHIN THE UNITED NATIONS SYSTEM: LIBERATION STRUGGLE IN SOUTHERN AFRICA: ASSISTANCE TO THE FRONT-LINE STATES, LESOTHO AND SWAZILAND; AND TO NAMIBIA AND NATIONAL LIBERATION MOVEMENTS IN SOUTH AFRICA

Report by the Director-General

In accordance with resolutions WHA39.24 and WHA40.23, the Director-General submitted a report to the Forty-first World Health Assembly in 1988 describing the action taken to meet the public health needs of the States concerned and of national liberation movements recognized by the Organization of African Unity (OAU). The Forty-first World Health Assembly, in resolution WHA41.23, called upon WHO to continue such assistance and asked the Director-General to report to the Forty-second World Health Assembly on the progress made. This report describes the action taken in that regard.

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1. Introduction

Action in the period covered by this report is in accordance, inter alia, with the terms of resolution WHA41.23 (see WHA42/DIV/4).

2. International collaboration

2.1 WHO headquarters, the Regional Office for Africa and the WHO representatives continue to collaborate closely with the countries concerned, with the various agencies and organizations of the United Nations system, and with the Organization of African Unity (OAU) and other agencies, in order to provide, to the extent possible, the health care services required by the affected populations, including the displaced, the refugees and the transient population.
2.2 The OAU Council of Ministers, meeting for its forty-eighth session in May 1988, adopted: (1) a resolution on southern Africa appealing to Member States to increase their assistance to the front-line States and neighbouring countries and calling upon the international community to continue to increase its assistance to the struggle for peace and security in southern Africa, and for freedom, independence and racial equality in Namibia and South Africa; (2) a resolution on Namibia calling upon its Member Countries to increase financial, material, military and political support to SWAPO and encouraging the United Nations Council for Namibia to take all the necessary steps, in cooperation with SWAPO and OAU, to establish itself in Namibia in order to organize the transition process and to hand over power to the Namibian people.

2.3 An International Conference on the Plight of Refugees, Returnees and Displaced Persons in Southern Africa was held in Oslo in August 1988 with WHO participation. The Conference was convened on the basis of United Nations General Assembly resolution 42/106 of January 1988 and in response to the decision by the Assembly of Heads of State and Government of OAU at its twenty-third session in Addis Ababa in July 1987 to hold such a meeting, subsequently endorsed by the Executive Committee of the Programme of UNHCR. The Oslo Declaration and Plan of Action, adopted by the Conference, called for renewed efforts to secure and deploy the assistance required and to promote programmes related to emergency preparedness; needs assessment and assistance delivery; recovery and development; and mobilization of resources according to the principle of solidarity and burden-sharing.

2.4 The United Nations General Assembly, in resolution 43/209 of December 1988, requested the Secretary-General to continue mobilizing organs, organizations and bodies of the United Nations system so that they may respond to requests for assistance from individual States or the appropriate intergovernmental and nongovernmental organizations to support the national and collective emergency programmes prepared by the front-line States.

2.5 The tripartite agreement between the Governments of Angola, Cuba and South Africa, signed in December 1988, will permit the United Nations to move ahead with the implementation of Security Council resolution 435 of September 1978 for a settlement which should finally enable the people of Namibia freely to determine their own future and achieve their independence. The United Nations General Assembly, on 1 March 1989, approved the allocation of funds necessary to guarantee the peaceful transition of Namibia to independence and the financing of the operations of the United Nations Transition Assistance Group (UNTAG). The Group, including peace-keeping forces and civilian administration and monitoring staff, arrived in Windhoek on 1 April 1989, date set for the formal cessation of hostilities. The Special Representative of the United Nations Secretary-General took office in Windhoek on the same day.

2.6 WHO participated in the Third African Conference of Ministers of Health which was convened in Kampala from 28 April to 5 May 1989. Emergency preparedness and response in the health sector was one of the subjects on the agenda of the Conference. WHO presented a background document on emergency preparedness and response.

3. Technical cooperation with front-line States

In 1988 WHO, through the Regional Office for Africa, its subregional health development teams and the country representatives, continued to give support to national health development for the front-line States (Angola, Botswana, Mozambique, the United Republic of Tanzania, Zambia and Zimbabwe) and Lesotho and Swaziland in collaboration with various agencies of the United Nations system, OAU and other organizations. The following is a summary of various activities carried out with WHO contributions during 1988, according to country.
3.1 Angola

During 1988 a total of 27 fellowships were awarded for training in public health administration, maternal and child health, health education, health statistics, communicable diseases, surgery and medicine, and radiology. A total of 12 short-term consultants were recruited for programmes against cancer, malaria, and communicable diseases (general), and for health situation and trend assessment and mental health, among others. Attendance at various conferences was sponsored for a total of six participants. Equipment was purchased for the malaria programme.

Total obligations for 1988 amounted to US$ 1 250 000 under the regular budget.

The emergency action is described in section 5 below.

3.2 Botswana

During 1988 a total of 10 fellowships were awarded for training in environmental sanitation, nursing and midwifery, health education, communicable diseases, and basic medical sciences. Seminars, workshops, courses and study tours were organized, grants awarded, and a newsletter and bulletin produced. Attendance at various conferences was sponsored for a total of seven participants.

Total obligations for 1988 amounted to US$ 796 500 under the regular budget.

3.3 Lesotho

A total of four fellowships were awarded for training in paediatrics and obstetrics, dental health and rehabilitation and for undergraduate medical studies. Attendance at various conferences was sponsored for a total of three participants, and training grants were provided. Essential drugs and equipment were purchased to improve dental care and management. Latrines were built to improve school sanitation and a household survey was carried out.

Total obligations for 1988 amounted to US$ 1 038 600 under the regular budget.

3.4 Mozambique

One fellowship was granted for training in health statistics. Attendance at various conferences, congresses and meetings was sponsored for a total of nine participants, and training courses were organized in occupational health. Laboratory materials were purchased for diarrhoeal disease control, as well as reagents, laboratory materials and equipment for research development. Radiology equipment was installed in a primary health care hospital. Transport was procured for health manpower management as well as for the epidemiological surveillance programme. A short-term consultant on health information systems was recruited.

Total obligations for 1988 amounted to US$ 1 007 000 under the regular budget.

Emergency action is described in section 5 below.

3.5 Swaziland

A total of seven fellowships were awarded for training in environmental sanitation, nursing and midwifery and public health nursing. Workshops were organized on management skills, and for health inspectors, nursing officers and community workers in psychiatry and dental health. Training courses were organized in sanitation, public health legislation, applied methodology in tuberculosis control and control of diarrhoeal disease and malaria and for the expanded immunization programme. Health education materials were produced and support was given to a study on traditional birth
attendance. A short-term consultant was recruited for maternal and child health.
Supplies procured included: essential drugs for the leprosy control programme and against malaria and schistosomiasis, DDT for the malaria programme, refrigerators for the expanded immunization programme, equipment and transport for maternal and child health clinics, equipment for rural clinics and audiovisual materials for health education.

Total obligations in 1988 amounted to US$ 655 500 under the regular budget.

3.6 United Republic of Tanzania

A total of 16 fellowships were awarded for training in public health administration, environmental sanitation, nursing and midwifery, dental health, control of sexually transmitted diseases and radiology, and for education of medical and allied personnel. Attendance at international seminars and conferences was sponsored for a total of three participants. Short courses on planning and management for district-level officers were financed and support was provided for postgraduate training of two doctors. Training curricula for nurses were reviewed and support was provided for the production of a newsletter on primary health care. A grant was awarded for the monitoring of support and supervision of primary health care activities. Supplies procured included: vaccines against meningococcal meningitis, an osmosis unit for a pharmaceutical plant, laboratory equipment, drugs and chemicals, and transport for primary health care activities.

Total obligations for 1988 amounted to US$ 916 400 under the regular budget.

Emergency preparedness activities are described in section 5 below.

3.7 Zambia

A total of 10 fellowships were awarded for training in public health administration, environmental sanitation, health education, health statistics, laboratory services and haematology. Attendance at various national and international conferences, seminars, meetings and training courses was sponsored for numerous participants. Grants were awarded for the national immunization week, the national dental health week, for the implementation of the three-phase health development activities in two provinces, and the printing of a booklet on primary health care. Supplies procured included photovoltaic refrigerators for the expanded immunization programme, drugs and vaccines against yellow fever, drugs and a vehicle for the tuberculosis control programme, and transport for the oral health programme. Two short-term consultants were recruited to lecture at the University of Zambia.

Total obligations for 1988 amounted to US$ 1 140 000 under the regular budget.

3.8 Zimbabwe

A total of five fellowships were awarded for training in public health administration and environmental sanitation. Attendance at various international meetings was sponsored for several participants. A workshop on community health services and sanitation was organized for 16 participants, as well as workshops on steam-sterilization and health education. District workshops on primary health care were sponsored, as well as a middle-level management course for the expanded immunization programme and control of diarrhoeal diseases, acute respiratory infections and malaria. Support was provided to the national WHO committee for health development and to surveys for the expanded immunization and diarrhoeal diseases control programmes. A short-term consultant on community water supply was recruited, and the contract of another, on maternal and child health, was renewed for 11 months. Supplies procured included transport for the community water supply programme and audiovisual equipment and materials for health education.

Total obligations for 1988 amounted to US$ 1 071 600 under the regular budget.

Emergency preparedness activities are described in section 5 below.
4. Technical cooperation with the national liberation movements recognized by the Organization of African Unity

Projects of technical cooperation with the national liberation movements are being implemented by WHO in collaboration with the OAU Committee for Liberation of Africa and with UNDP and other international partners.

4.1 Namibia

WHO’s support for Namibia has been provided to Namibians living as refugees outside the Territory. Two workshops were held, on country health programming for an independent Namibia (1980), and on managerial process for national health development (1984). A substantial number of fellowships for training in health fields have been provided by WHO to Namibians – 81 have been trained in the past 10 years (1979-1988); 61 were women and 20 were men. They included five physicians, 33 nurses, three sanitary engineers and 40 other staff in health-related fields. In 1988 a total of five fellowships were awarded for training in public health administration and environmental sanitation. Attendance at international courses was sponsored for a total of five participants. Transport and equipment was purchased for the maternal and child health programme and other equipment for epidemiological surveillance.

The regular budget allocation for Namibia for the biennium 1988-1989 amounted to US$ 706,000.

5. Promotion of emergency preparedness and response

The objectives of WHO’s emergency preparedness and response programme (EPR) are defined as follows:

- to promote and strengthen emergency preparedness in Member States;
- to provide timely and appropriate response to emergencies in collaboration with Member States and other organizations.

5.1 Global/Interregional activities

The establishment in 1988 of the Centre for Emergency Preparedness and Response in Addis Ababa represents a major breakthrough in the promotion of such activities. The Centre aims to strengthen programmes for the development of emergency preparedness and response in the Member States in Africa in coordination with headquarters and the regional offices. Most training/educational activities for Africa (including countries of the African and Eastern Mediterranean Regions) are expected to be implemented through the Centre.

The promotion of emergency preparedness and response in the subregion of southern Africa was intensified. WHO staff from headquarters and from the Regional Office for Africa paid several visits to the countries of the subregion for assessment of the emergency situation and health needs and for training of national staff, and to initiate, monitor and evaluate emergency health activities.

5.2 Country activities

5.2.1 Angola

In August 1988, WHO initiated a FINNIDA-sponsored project for strengthening capacity for emergency management in the health sector. The project formed part of the recommendations prepared by the United Nations Office for Emergencies in Africa following an earlier request by the Government. A WHO consultant was recruited and equipment was procured for the implementation of the project. It is being implemented through the training of health personnel, at national and provincial level, in the management of emergency health situations, in the programming of emergency operations and in ways to
improve information, educational activities and communication systems. A training workshop of one week on emergency preparedness and response for Angola and the other Portuguese-speaking countries in Africa was organized in Luanda in April 1989 in collaboration with the Ministry of Health of Angola, the Centre for Emergency Preparedness and Response in Addis Ababa, and the Regional Health Development Centre in Maputo.

In May 1988, emergency supplies were sent to the Ministry of Health following a major cholera outbreak in the country. SIDA contributed to the assistance with emergency drug supplies.

5.2.2 Mozambique

The WHO project for strengthening of the capacity for emergency management in the health sector, which was initiated in October 1987 with the creation of an emergency unit at the office of the WHO representative in Maputo, continued through 1988 with NORAD funds and in 1989 with FINNIDA support.

A second WHO consultant (epidemiologist) commenced his mission in May 1988, and his contract has so far been extended until May 1989. The post of Technical Officer initiated in support of the programme in October 1987 was terminated in September 1988. Local staff were hired, and office equipment and a vehicle were procured. WHO has assisted the Government of Mozambique in establishing measures for the coordination, standardization and monitoring of emergency health activities and the strengthening of national capacity for emergency preparedness and management.

WHO has also taken part in the assessment of the emergency health situation and needs in Mozambique, the establishment of systems for surveillance of the health and nutritional status and monitoring of the emergency health activities.

A plan for the third phase of the project has been prepared, focusing on improving health information systems, developing and strengthening the WHO Regional Health Development Centre, and training in emergency preparedness. It is to be supported by the Italian Government.

WHO sponsored the participation of a statistician from the Ministry of Health in the Second International Course on Health Aspects of Disaster Preparedness and Management at the Collaborating Centre on Research on the Epidemiology of Disasters in Brussels in June 1988. At the end of the course, he received further training in information systems management at the University of Louvain, Belgium.

5.2.3 United Republic of Tanzania

WHO participated with UNDRO in organizing a multinational, multisectoral training seminar on disaster preparedness and relief held in Arusha in April 1989. WHO's contribution to the seminar focused on the health aspects of the management of relief operations.

5.2.4 Zimbabwe

WHO, with other organizations, participated in the organization of a multisectoral workshop on disaster preparedness and relief held in Nyanga in February 1989. The workshop was part of a UNDP project aiming at establishing a national plan for disaster preparedness and relief. WHO's contribution focused on the importance of training in emergency management in the health sector.

5.2.5 Namibia

As a result of the recent developments in Namibia, WHO has been actively involved in the concerted international efforts to assist the people of Namibia in this period of transition to independence. WHO participated in the United Nations Interagency
Consultation on Namibia which was held in New York in March 1989. WHO is responsible for the review of the health situation in Namibia and for providing the necessary assistance for the rehabilitation of the health services. The Emergency Preparedness and Response unit at WHO headquarters is the focal point of the activities for collection of information on the health situation inside Namibia and among Namibian refugees and displaced persons, and for coordination with all organizations of the United Nations system and other international agencies. A joint mission by staff from headquarters and the Regional Office for Africa to the Territory will be organized, possibly as early as June or July 1989.