Health Action in Crises 2003:
a summary
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Health Action in Crises 2003

Foreword

As we reach the end of 2003, the lives of at least a billion people in more than 40 countries are affected by crises.

Some are in danger because of sudden dramatic events - a flood, earthquake, hurricane or a rush of refugees, a fire or a chemical accident.

Millions more are affected by long-term, complex crises: usually because they are caught up for months – even years – as a result of ongoing violent conflict.

In this report we describe a third wave of crises - the insidious but widespread suffering that results from mounting levels of untreated HIV infection. Unless they can receive comprehensive care, including anti-retroviral therapy, they will die of their infections. When HIV prevalence rates are high, death rates among young untreated adults are high too, with dramatic social and economic consequences for their communities.

A crisis develops when people’s lifelines start to break down: when the systems which enable them to get food and water, to be secure and safe cannot cope and start to break down. Crisis-affected people are usually in need, suffering - and facing increased risks of death.

Much of the suffering during crises is caused by disease. Indeed, higher than normal death rates are more likely to be due to illness, than starvation, drowning or bullet wounds. And the illnesses that cause death would, under normal circumstances, be treated – or even prevented.

Health professionals are often called for in crises - to help reduce avoidable death and suffering, and to promote survival and recovery. Their task is to make sure that people have what they need to keep healthy and avoid serious illness. Reliable information, agreed strategies, carefully brokered support, co-ordinated action, accessible guidance, essential inputs and monitored progress are the hallmarks of effective action. The World Health Organization (WHO) works with populations at risk to help prepare for, and then ensure a full and sustained recovery from, the health dimensions of crises. WHO works with local and national authorities, civil society, private entities, non-governmental organizations and international agencies. To this end, WHO is engaged with national health partners in Iraq, Liberia, Palestine, North Korea, Afghanistan, Sudan, Somalia, Southern Africa, Ethiopia, Uganda and Burundi.

Health Action in Crises 2003: a summary, pulls together reports on health issues faced by the people within these different countries. The reports show how WHO works with other international and national organizations in crises. WHO’s role is to build local capacity for helping communities prepare for, respond to and recover from the health impact of crises. The reports show how data are being used to help plan effective actions, and how different health stakeholders are being encouraged to co-ordinate what they do. They reveal how policy makers and programme staff are able to access technical advice and guidance on health issues and the ways in which they are obtaining essential medical and other supplies. They offer a summary of priorities for health action – and the areas on which WHO staff are focusing their efforts.

WHO’s work in Emergency and Humanitarian action has evolved steadily over the last seven years. Following the election of Dr J.W. Lee as Director-General in July 2003, this part of WHO’s action is being subjected to a process of strategic review across the Organization. The process concentrates on both the focus and the impact of the WHO effort, involves all parts of the Organization, and is led by the Director General’s newly appointed Representative for Health Action in Crises (HAC). It is expected that the review process will be completed and new ways of working initiated by early 2004.

I hope that you will find Health Action in Crises 2003: a summary useful for your purposes: please send us your comments and reactions.

Dr David Nabarro
Representative of the Director-General for Health Action in Crises
The Background section illustrates general background information. It may give details of geography, crises history or the general health background.

The WHO Objectives for 2004 specifically shows the health objectives that the World Health Organization has set for the coming year. These objectives are directly linked to the WHO Proposed Projects for 2004.

The WHO Proposed Projects for 2004 lists all of the projects that the World Health Organization hopes to implement in the coming year.

These four sections represent the health sector as a whole during 2003. 2003 Health Objectives illustrates what the health sector hoped to achieve in 2003.

2003 Health Sector Achievements and Constraints shows what was achieved across the health sector and highlights constraints.

2003 Health Sector Donors shows some of the major donors to the health sector.

2003 Implementing Partners illustrates the majority of the NGO’s, UN agencies and other organizations that contributed to the implementation of health programmes.

NB. Not all pages follow this exact structure, but are predominantly based around this underlying theme. The designations employed and the presentation of the material in this document, including tables and maps, do not imply the expression of any opinion whatsoever on the part of the secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. Information presented in this document, represents all that was available at the time of printing.
Part 1: CAP Countries

This section contains information on countries to be included in the 2004 Consolidated Inter-Agency Appeal.
Total WHO funding required for Afghanistan is approximately US$5.6 million
## Afghanistan

### Background
- The political developments in 2001 brought significant changes to the socio-economic life of Afghanistan. The most dramatic has been the return of around 2.5 million Afghan refugees to their homeland.
- Authority of the central government remains inadequate outside the capital and insecurity in the South, South-East and in some areas of the North and Central highlands has affected assistance activities and restricted access.
- The health sector is benefiting from large resources provided by the international community after the crisis. Moreover, the resources that were in the past going to war wounded and internally displaced population needs are now being shifted to developmental health programmes. The number of agencies supporting health has doubled. A significant number of qualified Afghan health professionals have returned to join the Ministry of Health (MoH) workforce and more importantly health care services have expanded quite substantially.
- There is a high maternal and infant mortality rate.

### 2003 Health Objectives
- Reduce mortality and morbidity attributable to major nutritional deficits and communicable diseases through support to emergency feeding, micronutrient programmes, Expanded Programme on Immunization (EPI), diarrhoeal disease, TB, malaria and leishmaniasis projects.
- Improve access to a basic package of health services including immunizations, essential obstetric care, Integrated Management of Childhood Illnesses (IMCI), and health and nutrition education projects.
- Build the capacity of the MoH.

### 2003 Health Sector Achievements and Constraints

#### Achievements
- The Ministry, supported by all its partners, is steadily getting into its role of providing leadership and direction. UN and partners support the Afghanistan Transitional Authority (ATA) in rebuilding primary health care especially obstetric, reproductive and child health care. New health policies have been formulated, a basic package of health services was developed, programmatic policies and strategies put in place.
- Regional management teams are functional and provide leadership and receive support for their capacity building.

#### Constraints
- High level of illiteracy among women.
- The majority of the people have no access to essential health services, and where available the quality needs to be strengthened.
- Currently the health system is still severely fragmented and project-based.
- MoH still lacks capacity in human and physical resources.

### 2003 Health Sector Donors
- United States-Finland
- Norway-Denmark
- Ireland-Canada
- Italy-Australia-Sweden
- ADB/WB-Japan
- ECHO-EC-Netherlands

### 2003 Health Implementing Partners
- MoH
- UNFPA-SCF
- IFRC-ICRC
- UNICEF-HIN-IAM-ACF
- MSF
- NGOs

### WHO Objectives for 2004
To have a positive impact on the health status and well-being of the most vulnerable groups, the **WHO Objectives for 2004** are:
- To strengthen the capability of national laboratory facilities, in order to confirm outbreaks inside the country.
- To provide safe drinking water in Jalalabad.
- To address the burden of malaria and tuberculosis.
- To improve the efficiency and effectiveness of health care delivery system through the development of a health information system.
- To improve maternal and child health status and to reduce morbidity and mortality among women and children through introducing the services of female health volunteers in pilot areas.
- To implement social and income-generating schemes based on the Basic Development Needs (BDN) approach.
- To create a safe breathing environment through air pollution management for the Kabul inhabitants.
- To rehabilitate X-ray departments and to train X-ray technicians.
- To contribute to the delivery of quality nursing and midwifery education.

These objectives will be fulfilled by WHO if the **Proposed Projects for 2004** are funded.

### WHO Proposed Projects for 2004
- Strengthening of laboratories, for confirmation of disease outbreaks in Afghanistan
- Water conservation & water quality improvement
- Sensitizing Afghan private practitioners on Directly Observed Treatment Short-course (DOTS)
- Development and introduction of Health Information System
- Scaling up Insecticide Treated Nets (ITN) implementation for the control of malaria in North-Eastern Afghanistan
- Integrated Management of Childhood Illnesses: IMCI scaling & expansion
- Female health volunteers for maternal and child health
- Health promotion through Basic Development Needs (BDN) socio-economic activities
- Air pollution management
- Expanded Programme on Immunization (EPI)
- Control of cutaneous leishmaniasis
- Imaging technology (X-Ray)
- Improving the capacity of institutes of nursing and allied health

Total WHO funding required for Afghanistan is approximately US$5.6 million
Total WHO funding required for Angola is approximately US$7.1 million
### Angola

<table>
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<th>2003 Health Objectives</th>
<th>2003 Health Sector Achievements and Constraints</th>
<th>2003 Health Sector Donors</th>
<th>2003 Health Implementing Partners</th>
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<tr>
<td>Since the signing of the Luanda Memorandum of Understanding in 2002, Angolans are continuing their long and difficult journey toward a solid reconciliation and a lasting peace that will maintain the country on the path of the development.</td>
<td>• The main objective for public health was to reduce morbidity and mortality among vulnerable populations by providing Minimum Health and Nutrition Care Packages, expanding the provincial health network, promoting health education and increasing access to clean water and basic sanitation services.</td>
<td>Achievements:</td>
<td>• Netherlands</td>
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<tr>
<td>The Government plan to improve basic social services is continuing and major efforts have been undertaken to allocate additional funds for infrastructure rehabilitation and to assist in the reintegration.</td>
<td>• The main objective for public health was to reduce morbidity and mortality among vulnerable populations by providing Minimum Health and Nutrition Care Packages, expanding the provincial health network, promoting health education and increasing access to clean water and basic sanitation services.</td>
<td>• Partners continued to provide the Minimum Health Care Package and monitor the nutritional status of vulnerable populations, and increase vaccination coverage.</td>
<td>• European Commission</td>
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<td>During 2003, more than 3.8 million war-affected persons resettled or returned to their areas of origin, most of them in localities not in compliance with the standards included in the Norms and regulamento for the Resettlement of Displaced Populations.</td>
<td>• During 2003, more than 3.8 million war-affected persons resettled or returned to their areas of origin, most of them in localities not in compliance with the standards included in the Norms and regulamento for the Resettlement of Displaced Populations.</td>
<td>• An extensive nationwide measles campaign was launched, reaching more than seven million children under 15, in 18 provinces and saving an estimated 70,000 lives. During the campaign, more than two million children were supplemented with vitamin A.</td>
<td>• Norway</td>
<td></td>
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<tr>
<td>• Since the signing of the Luanda Memorandum of Understanding in 2002, Angolans are continuing their long and difficult journey toward a solid reconciliation and a lasting peace that will maintain the country on the path of the development.</td>
<td>• The main objective for public health was to reduce morbidity and mortality among vulnerable populations by providing Minimum Health and Nutrition Care Packages, expanding the provincial health network, promoting health education and increasing access to clean water and basic sanitation services.</td>
<td>• Five million children under five were vaccinated against polio during National Immunization Days.</td>
<td>• Italy</td>
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<tr>
<td>• Since the signing of the Luanda Memorandum of Understanding in 2002, Angolans are continuing their long and difficult journey toward a solid reconciliation and a lasting peace that will maintain the country on the path of the development.</td>
<td>• The main objective for public health was to reduce morbidity and mortality among vulnerable populations by providing Minimum Health and Nutrition Care Packages, expanding the provincial health network, promoting health education and increasing access to clean water and basic sanitation services.</td>
<td>• Following the aftermath of the measles campaign, partners have built on established processes to reinforce capacity-building programmes and institutional support in 59 targeted municipalities in 18 provinces, where some 75 percent of the total child population lives. This was to prepare the groundwork for an intensive effort to strengthen routine immunization services, which actually began in September.</td>
<td>• WHO</td>
<td></td>
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<tr>
<td>WHO Objectives for 2004</td>
<td>WHO Proposed Projects for 2004</td>
<td>Constraints:</td>
<td>• MoH</td>
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<td>• Community-based work is ongoing to prevent the spread of HIV/AIDS and the international community has made some additional funds available for activities; the National Strategic Plan has not yet been formally approved by the National AIDS Commission, consequently few state resources have been allocated to implement concrete actions.</td>
<td>• UNICEF</td>
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<tr>
<td>WHO Objectives for 2004</td>
<td>WHO Proposed Projects for 2004</td>
<td></td>
<td>• UNFPA</td>
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<tr>
<td>In order to have a positive impact on the health status and well-being of the most vulnerable groups, the WHO Objectives for 2004 are:</td>
<td>• National and Provincial Disease Surveillance and Health Coordination</td>
<td>• International NGOs (GOAL, IMC, AHA, Med AIR)</td>
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<td>• Improve data collection, analysis and monitoring tools to improve health care delivery and coordination mechanisms.</td>
<td>• Reintegration of Former UNITA Health Workers into the National Health System</td>
<td>• National NGOs (CARITAS, Church Pastoral)</td>
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<td>• Extend the national health network to remote areas through the reintegration of former UNITA health workers into the national health system.</td>
<td>• Minimum Health Care Package</td>
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<td>• Increase access of resettling population to a Minimum Health Care Package, focusing on infant and maternal survival.</td>
<td>• Fighting HIV/AIDS amongst Resettling Populations</td>
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<td>• Reduce transmissions of HIV/AIDS and STIs in the main areas of return.</td>
<td>• Coordination of the Assistance and Rehabilitation of Mine Survivors</td>
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<td>• Strengthen coordination of MoH and partners.</td>
<td>Total WHO funding required for Angola is approximately US$7.1 million</td>
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<td>These objectives will be fulfilled by WHO if the Proposed Projects for 2004 are funded.</td>
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Total WHO funding required for Burundi is approximately US$4 million
### Background
- Between 250,000 - 300,000 people, mostly civilians, have been killed since 1993.
- Life expectancy has plummeted from 53.8 in 1992 to 40.9 in 2001.
- There is just one physician for every 100,000 people.
- Infant Mortality Rate for under five year-olds has nearly doubled from 100/1,000 in 1993, to 190/1,000 in 2001.
- A clear majority (58.4% of the population) is living under the poverty threshold.
- A massive 69% of the population is undernourished.

### 2003 Health Objectives
- Improve access by vulnerable populations to quality health care.
- Improve prevention, early warning and identification and response to epidemics.
- Improve coordination and technical assistance in the humanitarian health sector.

### 2003 Health Sector Achievements and Constraints

**Achievements**
- Strengthened disease surveillance.
- Health intervention coordinated with the participation of the implementation partners.

**Constraints**
- The high morbidity and mortality rates, particularly among women, children, the elderly and displaced, has underlined the lack of sufficient funding to the social sectors, especially health.
- HIV-AIDS, malaria, meningitis, cholera and other diarrhoeal disease, amongst others, have all reached epidemic proportions in Burundi during the last 12 months. Successful control of them remains an ongoing battle in a country heavily constrained by conflict and with a health infrastructure seriously weakened by the civil war.

### 2003 Health Sector Donors
- European Commission
- United States

### 2003 Health Implementing Partners
- MoH
- International NGOs
- UNICEF
- UNFPA
- UNAIDS

### WHO Objectives for 2004
In order to have a positive impact on the health status and well-being of the most vulnerable groups, the WHO Objectives for 2004 are:
- Reinforce the early warning system especially for communicable diseases. Ensure emergency drugs are available in stock and case management is properly and timely done.
- Improve access to quality curative and preventive health services for people living in the most affected areas by the conflict. Ensure capacity building at provincial and community level.
- Improve coordination and technical assistance in the humanitarian health sector; be the focal point of partners in the health sector for health information exchange; and support the MoH in strengthening the interagency health coordination mechanism.
- Follow up / monitor the implementation of the new malaria treatment and ensure the pharmacovigilance of the drugs of the new treatment (Amodiaquine / Artesunate).

These objectives will be fulfilled by WHO if the Proposed Projects for 2004 are funded.

### WHO Proposed Projects for 2004
- Endemic and epidemic diseases control, Emergency Response
- Access / Use of an Essential Care Package
- Coordination in the Health Sector
- Malaria new treatment protocol implementation: follow up and monitoring

Total WHO funding required for Burundi is approximately US$4 million.
Total WHO funding required for Central African Republic is approximately US$1 million
### Central African Republic

#### Background

- Unprecedented political and military crisis since the coup attempt of October 2002.
- There has been a major division of the country into three areas.
- 2.2 million people have been affected by the crisis.
- There has been systematic looting of health institutions, weakening the health system and leading to increased illness.

#### 2003 Health Objectives

- Support the coordination of health interventions.
- Overall prevention and control of epidemics.
- Emergency intervention support to the national laboratory, blood transfusion center and mental health service.

#### 2003 Health Sector Achievements and Constraints

Unfortunately the health sector projects proposed in the 2003 CAP were not funded. Therefore no project could be implemented.

#### 2003 Health Sector Donors

None

### WHO Objectives for 2004

In order to have a positive impact on the health status and well-being of the most vulnerable groups, the **WHO Objectives for 2004** are:

- Ensure adequate and timely preparation and response to epidemics (meningitis, measles, cholera and shigellosis).
- Ensure correct management of STI.
- Ensure the change of behavior of the population towards disease.
- Ensure the safety of blood transfusions.
- Ensure enhanced technical capacity of the laboratory.
- Reduce the consequences of psychological trauma to the population.
- Improve co-ordination and technical assistance to the health sector.

These objectives will be fulfilled by WHO if the **Proposed Projects for 2004** are funded.

#### WHO Proposed Projects for 2004

- Reinforce prevention, preparation and response to epidemics
- Ensure training and case management for STI
- Reinforce health education countrywide, to prevent the spread of current disease
- Reinforce the hospitals in safe blood testing
- Reinforce the national laboratory for diagnosis of disease
- Support the psychiatric services in Bangui
- Support the co-ordination of health interventions

Total WHO funding required for Central African Republic is approximately US$1 million

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Health Action in Crises 2003: a summary
Total WHO funding required for Côte d’Ivoire is approximately US$1.6 million
### Background
- The Côte d'Ivoire (+3) appeal predominantly represents Côte d'Ivoire with minor references to three other countries: Ghana, Mali and Burkina Faso.
- One year after the attempted coup that split Côte d'Ivoire into two and brought instability unknown by the country since its independence, there continues to be serious humanitarian needs affecting the people of Côte d'Ivoire.
- Curable diseases have once again started killing the populations. Malnutrition, which was unthinkable in Côte d'Ivoire, has made its appearance, affecting the most vulnerable groups.
- The country finds itself at a critical juncture: significant progress has been made towards the achievement of peace, but tensions continue.

### 2003 Health Objectives
- Save lives and assure vulnerable populations access to primary health care facilities.
- Target people at high risk, both in rebel and government areas on awareness of HIV/AIDS transmission to minimize risk of HIV infection during population movements.
- Advocate, develop and implement social mobilization campaigns to protect vulnerable groups (children, young people and women) from sexual violence and exploitation; inform them how to prevent HIV and encourage communities to provide support to orphaned and separated children.
- Distribute health kits, and ensure that they all contain STI diagnosis tools and STI drugs.

### 2003 Health Sector Achievements and Constraints
**Achievements**
- From the onset of conflict in November 2002, the West of the country immediately became the focus of humanitarian efforts in Côte d'Ivoire. Food distribution, immunization campaigns, primary health services, medical supplies, and therapeutic feeding initially for over three thousand malnourished children were among the most urgent needs immediately addressed.
- The humanitarian community worked to provide health assistance to the most vulnerable. In cooperation with the Government, large-scale epidemics of measles and cholera were averted.
- The UN/humanitarian community supported Government response and coordination efforts by strengthening community absorption capacity in the sectors of health, education, water and sanitation.

**Constraints**
- Public service personnel, including health workers and teachers, had fled the area. Local authorities for the most part also fled at the onset of the conflict there in November 2002.
- Local administration and public service personnel, including health and education, remained absent from the North and the West: over 80% of health personnel in formerly occupied areas left their posts, and 70% of health structures ceased to function.
- Infrastructure and basic social services were strained in the sectors of health, education and water and sanitation.
- Assistance for food-aid, refugees, and third country nationals received approximately 50% support in the Côte d'Ivoire + 5 Appeal, while sectors such as health and coordination, received little or in some cases, no funding.

### WHO Objectives for 2004
In order to have a positive impact on the health status and well-being of the most vulnerable groups, the **WHO Objectives for 2004** are:
- Strengthen the health information system by focusing on critical epidemic thresholds among the population of affected areas.
- Ensure the main in-patient referral care, including surgery and gynaecology-obstetric cares in northern and western areas by providing equipment, drugs and other medical supplies.
- Reduce STIs and HIV/AIDS
- Strengthen WHO capacity to coordinate health activities within the UN system; strengthen MoH capacity plan and implement health interventions to mitigate the effect of the humanitarian crises in the affected districts; and support MoH and other partners in mobilizing affected communities to respond to the health challenges due to humanitarian crises.
- Strengthen health system resilience in neighbouring countries

These objectives will be fulfilled by WHO if the **Proposed Projects for 2004** are funded.

**WHO Proposed Projects for 2004**
- Early warning health information system for epidemic diseases surveillance and monitoring of health status of populations in the affected areas
- Support referral health facilities in the most affected areas
- STI/HIV/AIDS Prevention
- Strengthening Health Response in Ghana

Total WHO funding required for Côte d’Ivoire is approximately US$1.6 million
Democratic People’s Republic of Korea (DPRK)

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by WHO.

Total WHO funding required for DPRK is approximately US$5.6 million
# Democratic People’s Republic of Korea (DPRK)

## Background
- The humanitarian crisis in the DPRK takes place against a backdrop of continuing economic difficulties and a weakened international response, both of which threaten to undermine the substantial gains that humanitarian assistance has achieved.
- Following the re-emergence of the nuclear issue in the DPRK, there has been a steady deterioration in the relations between the DPRK, RoK, Japan and the United States.
- DPRK health indicators have worsened. 9% of children suffer from acute malnutrition. Chronic malnutrition in some parts of the country is more than 45%.
- The maternal mortality rate, which has doubled since 1993, is of great concern.

## 2003 Health Objectives
- Strengthen the capacity of the health system for delivery of essential services.
- Support the emergency nutrition rehabilitation of severely malnourished children, and reduce micronutrient deficiencies among children under five and pregnant or lactating women.
- Improve living conditions for patients and staff in health institutions and children’s institutions during the winter through provision of essential relief items and emergency rehabilitation works.

## 2003 Health Sector Achievements and Constraints
### Achievements
- Progress in ensuring regular deliveries of essential medicines to health facilities has been made. Over 100,000 families received Basic Facts for Life books, containing essential good health practices for children and women. A large number of families received key health education messages through mass media.
- Routine immunization coverage is expected to be around 75% and polio eradication is on track.
- Around 10,000 malnourished children were treated in 25 treatment centres.
- Vitamin A targets fully met; local food production continues.
- Living conditions improved for patients and staff in 13 health institutions, and approximately 400 children institutions.

### Constraints
- Funding constraints mean only five or six vital medicines could be provided. Less than 100 health staff were trained in the management of critical illnesses, and more training needs to be done in 2004.
- Even though good progress was made, low funding made it difficult.
- The 10,000 children treated for malnutrition correspond only to 15% of the target group for the country.
- Iodized salt production was maintained at the same level as last year but it corresponds only to 70% of the planned target for 2003. Target of reaching all pregnant and lactating women in accessible counties with fortified foods was not achieved due to shortfalls in WFP pipeline.
- This was achieved in spite of implementation difficulties.

## WHO Objectives for 2004
- Enhance the capacity for early detection and response to disease outbreaks; and strengthen SARS preparedness, with special attention to hospital infection control and barrier nursing techniques.
- Contain the malaria epidemic; increase the awareness and knowledge of the population and health personnel on prevention if HIV/AIDS; and strengthen diagnosis and treatment of tuberculosis in children.
- Provide essential medicines to vulnerable groups
- Strengthen the institutional capacity of the national immunization system (EPI) to routinely immunize 470,000 children under one year of age with seven EPI antigens, and 480,000 pregnant women with tetanus toxoid; and to advance polio eradication activities

These objectives will be fulfilled by WHO if the Proposed Projects for 2004 are funded.

## WHO Proposed Projects for 2004
- Early detection and control of disease outbreaks, including SARS
- Strengthen the control of malaria, HIV/AIDS and tuberculosis
- Strengthen health services at the community level
- Provide essential medicines to vulnerable groups
- Upgrade Blood Transfusion Services
- Strengthen the EPI

**Total WHO funding required for DPRK is approximately US$5.6 million**

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**Table: 2003 Health Sector Donors**

- European Commission
- Norway
- Republic of Korea
- Denmark
- Sweden

**Table: 2003 Health Implementing Partners**

- MoH
- Concern
- UNICEF-UNFPA
- CESVI
- Première Urgence
- Handicap International
- Triangle Génération Humanitaire
Democratic Republic of Congo (DRC)

Total WHO funding required for DRC is approximately US$4.4 million
Democratic Republic of Congo (DRC)

<table>
<thead>
<tr>
<th>Background</th>
<th>2003 Health Objectives</th>
<th>2003 Health Sector Achievements and Constraints</th>
<th>2003 Health Sector Donors</th>
</tr>
</thead>
</table>
| 2003 has seen a new political environment for the DRC, with the previous Government and former rebel groups uniting to form a new transitional Government. However, the reality of local warlordism and the widespread lack of adherence to the commitments of the peace accords, despite being signed by all parties, provide a constant sobering counterweight to the positive advances made at national and international level. Over five years of war have left trails of destruction across the country and further crippled an already ailing population. Basic social services are practically non-existent: high morbidity, high mortality, reduced access to education, and HIV prevalence rates are key indicators of a deepening humanitarian crisis. | Reduce mortality and morbidity directly or indirectly related to the conflict among the population affected by the crisis, by focusing on the communicable diseases. Reduce malnutrition among the affected population. | Achievements  
- More actors present in the field and resumption of multi- and bi-lateral cooperation.  
- A study on mortality and morbidity by the IRC showed an improvement in epidemiological surveillance. Constraints  
- Epidemic preparedness and response are still unsatisfactory.  
- There was poor funding for health projects financed through the CAP framework.  
- The DRC epidemiological profile for 2003 has been marked by the upsurge of epidemic outbreaks. This was further compounded by the consequences of the war with increased insecurity. The lack of funding for the minimum package directed against the seven leading diseases and the weakness of surveillance system also played a role in those outbreaks. |  
- Ireland  
- Canada  
- Netherlands |

**WHO Objectives for 2004**

In order to have a positive impact on the health status and well-being of the most vulnerable groups, the **WHO Objectives for 2004** are:

- Assist the National AIDS Program in the monitoring and evaluation of the HIV/AIDS epidemic trends in order to improve the national response to HIV/AIDS epidemic.
- Alleviate the psychosocial suffering of the population and to reinforce the capacity of local actors.
- Reinforce national program capacities in early detection and response of epidemics.
- Contribute to the reduction of morbidity and mortality among children and pregnant women in selected health zones.
- Alleviate the suffering of affected populations, physical and psychological, through immediate interventions. To make available emergency kits and others inputs in strategic distribution sites to reach rapidly the affected areas and vulnerable populations.

These objectives will be fulfilled by WHO if the **Proposed Projects for 2004** are funded.

<table>
<thead>
<tr>
<th>WHO Proposed Projects for 2004</th>
</tr>
</thead>
</table>
| - HIV surveillance  
- Community-based psycho-social rehabilitation  
- Epidemic preparation and prevention in Eastern DRC  
- Malaria prevention and control in complex emergency situations  
- Support to emergency management |

Total WHO funding required for DRC is approximately US$4.4 million
Ethiopia

Total WHO funding required for Ethiopia is approximately US$11.5 million

Source: ESRI data & Maps CD March 2000
**Ethiopia**

### Background

- Ethiopia is one of the world’s poorest countries with one of the highest levels of chronic malnutrition, poor access to drinking water and poor health services.
- Due to the current and past droughts, as well as the past conflict with Eritrea, a vast majority of health institutions in drought and war-affected areas are still weak and not functioning. Major population displacements occurred. Currently around 12.6 million people are affected by drought crisis (which has increased from 11 million in May).
- The security situation has dramatically improved but remains precarious along the Ethiopia-Eritrea border where landmines are still present.

### 2003 Health Objectives

- Prevent morbidity and mortality among the affected population and build the capacity of MoH, regional and district health offices.
- Prevent occurrence of epidemics and be able to control in case they occur.
- Assist in nutrition intervention programmes in drought affected areas and lessen the effect of the drought on the susceptible population.
- Raise community awareness on communicable diseases and other health related problems.
- Ensure the quality of water in the affected areas.
- Prevent morbidity and mortality among the affected through sanitation intervention.
- Technically assist and build capacity of the regional and district health offices to better respond to emergencies such as drought.
- Improve the management and coordination of activities.

### 2003 Health Sector Achievements and Constraints

#### Achievements

- WHO is and has played a primary role in ensuring disease control, surveillance and response, training of health workers, assistance for the expanded programme on immunization and strengthening of laboratory services to the most vulnerable in conflict and drought affected areas.
- Procured and distributed 170 Emergency Health Kits.
- Spearheaded measles vaccination and vitamin A supplementation campaigns.
- For 2003 Malaria epidemic, provided funds for indoor chemical spraying and provided anti-malarial drugs to MoH.

#### Constraints

- Low health service coverage and poor infrastructure.
- Lack of funding for health sector.
- Shortage of essential supplies and logistics.
- Shortage of trained manpower, vector control staff.
- Weak surveillance system.
- Landmines and security at cross border areas.

### WHO Objectives for 2004

In order to have a positive impact on the health status and well-being of the most vulnerable groups, the **WHO Objectives for 2004** are:

- Strengthening of Health Services Systems within drought-affected areas to prevent morbidity and mortality among the affected population and also build capacity at the different levels
- Ensure malaria epidemic preparedness at national, regional and district level by supplying adequate diagnostic kits, anti-malaria drugs, indoor residual spraying and capacity building to primarily drought affected and epidemic-prone districts.
- Strengthening Epidemic Preparedness and Response to prevent occurrence of epidemics and be able to control in case they happen.
- Assist in nutrition intervention programmes in drought affected areas and lessen the effect of the drought on the susceptible population.
- Raise community awareness on communicable diseases and other health related problems.
- Ensure the quality of water in the affected areas.
- Prevent morbidity and mortality among the affected through sanitation intervention.
- Technically assist and build capacity at the different levels to better respond to emergencies such as drought.
- Strengthen and improve the management and coordination of activities.

These objectives will be fulfilled if the **Proposed Projects for 2004** are funded.

### WHO Proposed Projects for 2004

- Strengthening Health Services Systems within drought affected areas at national, regional and district level
- Strengthening Epidemic Preparedness and Response
- Nutrition intervention programmes in drought affected areas
- Community Education material Production and Distribution activities
- Water Quality Control
- Environmental Sanitation
- Emergency malaria prevention and control interventions
- Technical Assistance to MOH and affected regional health bureaus
- Monitoring, Management, Coordination and Supervision

Total WHO funding required for Ethiopia is approximately US$11.5 million

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17
Health Action in Crises 2003: a summary
Eritrea

Total WHO funding required for Eritrea is approximately US$1.7 million
### Eritrea

#### Background
- Eritrea has suffered four years of continuing drought. Rains in 2003 were below average and erratic in coverage, resulting in crop failure and loss of livestock.
- The country is still trying to recover from the war with Ethiopia, especially with regard to a basic health system at the border area with Ethiopia.
- In 2003 Eritrea will only be able to produce about 20% of its annual needs. As the Eritrean Government does not have the economic means to fill the gap by importing food, the country remains heavily dependent on food aid for 2004.
- Malnutrition rates, both acute and chronic, remain unacceptably high. The current level of wasting is far above acceptable prevalence rates indicating a need for blanket supplementary feeding of children under five years of age.

#### 2003 Health Objectives
- Disease prevention, control and surveillance in the drought-affected population.
- Prevention and control of STIs including HIV/AIDS.
- Strengthen Safe Motherhood, Emergency Obstetric Care and Reproductive health programmes.
- Strengthen Capacity Building including mobile clinics.

#### 2003 Health Sector Achievements and Constraints
- **Achievements**
  - Although basic health care received no funding from the 2003 CAP, WHO was able to implement maternal and child health care initiatives and malaria and other communicable disease control activities, through regular and extra-budgetary resources.
- **Constraints**
  - The health and nutrition component of the CAP received 60% of the requirements. However, late receipt of the funds limited activities in supplementary feeding and nutrition surveillance, activities that could have assumed critical importance due to the drought.
  - The lack of implementing capacity to carry out large-scale screening and supplementary feeding programmes was one of the problems faced by aid agencies trying to address health problems is. The presence of specialized NGOs with experience in addressing such situations is highly desirable.

#### WHO Objectives for 2004
In order to have a positive impact on the health status and well-being of the most vulnerable groups, the **WHO Objectives for 2004** are:
- Strengthen the capacity of health workers, in early detection of epidemic prone diseases and communicable diseases among the vulnerable groups; in order to take an appropriate response.
- Prevent the spread of HIV/AIDS. These objectives will be fulfilled by WHO if the **Proposed Projects for 2004** are funded.

#### WHO Proposed Projects for 2004
- Integrated Disease Surveillance and Response
- Protection of Women and Youths against HIV/AIDS

Total WHO funding required for Eritrea is approximately US$1.7 million

#### 2003 Health Sector Donors
- Norway
- Japan
- Denmark
- United Kingdom

#### 2003 Health Implementing Partners
- MoH
- NGOs
- ERREC
- UNICEF
- UNFPA
- WFP
Total WHO funding required for Great Lakes Region is approximately US$900,000
Great Lakes Region

### Background
- The long-running crisis in the Great Lakes Region has resulted in an unprecedented number of deaths, great suffering and hardship.
- The scale of human devastation is unimaginable as populations struggle to cope with raging conflicts, repeated and continued displacement, drought and disease, not the least of which is the scourge of the HIV/AIDS pandemic. Human rights abuses are so commonplace as to be routine.
- The longed-for peace is within reach and despair is slowly turning to hope. Tireless efforts of the international community, the regional stakeholders and of the people of the GLR themselves, are bearing fruit.

### Objectives
- Prevent outbreak disease to reduce the mortality among the effected population by the crisis.
- Optimise the use of available resource through a coordinated effort to respond better to the need of the effected population.

### Achievements
- WHO has developed an Integrated Disease Surveillance and Response Guideline, which is now ready for use and will be shared with health ministries.
- WHO’s assistance to national Ministries of Health for responding to outbreaks of malaria (Kenya), Ebola (RoC) and meningitis (Northwest Uganda) has directly benefited the population in these countries.

### Constraints
- In Tanzania, the government continues to consider the large caseload of refugees in the North of the country as a security concern. Early in the year, food shortages necessitated the reduction of rations up to 50%, raising concerns about a potential deterioration of refugees' health.
- Conflict-induced displacement of people and military movements (UPDF in Uganda/DRC, militias in DRC), poor hygiene and sanitation in confined sites (northern Uganda, DRC), limited access to preventive care and poor vaccination coverage raise epidemics to disastrous proportions. Controlled diseases such as monkey pox are re-emerging; yellow fever and cholera are constant threats.
- Large populations in densely-packed camp settings result in a breakdown of social norms; poverty and economic necessity drive people into high-risk occupations. The cycle continues, eventually including sexual violence against women and girls, children being abducted for use as sex slaves, and increased rates of infection ultimately spiralling into greater prevalence of the disease.

### WHO Objective for 2004
In order to have a positive impact on the health status and well-being of the most vulnerable groups, the **WHO Objective for 2004** is:
- Co-ordinate and improve health response; provide technical support on health response including surge capacity, health assessments, health information networking, priority setting for preparedness and response to emergencies.
This objective will be fulfilled by WHO if the **Proposed Project for 2004** is funded.

### WHO Proposed Project for 2004
- Facilitation of Coordination of Health Emergency activities in the Great Lakes Region

Total WHO funding required for Great Lakes Region is approximately US$900,000
Total WHO funding required for Guinea is approximately US$1.9 million.
Guinea

<table>
<thead>
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<tbody>
<tr>
<td>• Located at the heart of instability that has plagued the Mano River Union countries for over a decade, Guinea remains a major stabilizing factor in the West Africa sub-region and has provided a safe-haven for refugees fleeing conflict in four out of the six neighbouring countries.</td>
<td>• Reinforce epidemiological and nutritional surveillance.</td>
<td>Achievements</td>
<td>• UK</td>
</tr>
<tr>
<td>• The situation continues to affect effective protection of civilians at entry points, delivery of humanitarian assistance and the launch of rehabilitation activities in affected areas due to lack of donor confidence; and decreases the impacts of development programs in hosting areas.</td>
<td>• Deliver quality curative and preventive health care to affected populations in the crisis-stricken areas.</td>
<td>• The lack / weakness of project funding was the main constraint to achieve all the objectives during 2003.</td>
<td>2003 Health Implementing Partners</td>
</tr>
<tr>
<td>• Several infectious diseases (measles, meningitis and yellow fever) appeared regularly in Guinea in 2003, particularly in refugee-hosting areas. UN health agencies worked closely with NGO partners and the Government to tackle this situation.</td>
<td>• Strengthen coordination and management of health and nutrition around health authorities (by institutionalising crisis management committees and implementing preparedness and response plans for medical /nutritional emergencies.</td>
<td>Constraints</td>
<td>• MoH</td>
</tr>
<tr>
<td></td>
<td>• Restore access to health and nutrition services for people in crisis-affected areas.</td>
<td>• Post-conflict reconstruction initiatives have been launched to support health centers.</td>
<td>• UNHCR</td>
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<tr>
<td></td>
<td>• Contribute to preventing sexual harassment and abuses.</td>
<td>Constraints</td>
<td>• UNICEF</td>
</tr>
<tr>
<td></td>
<td>• Contribute to preventing problems of mental health.</td>
<td>• The whole country needs to be targeted but only certain regions and populations have been reached due to resource constraints.</td>
<td>• NGOs</td>
</tr>
<tr>
<td></td>
<td>• Enhance the capacity to screen and prevent STIs.</td>
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<tr>
<td></td>
<td>• HIV/AIDS, and ensuring the availability of psychological assistance to infected persons.</td>
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</tr>
</tbody>
</table>

In order to have a positive impact on the health status and well-being of the most vulnerable groups, the WHO Objectives for 2004 are:

• Ensuring quality preventive and curative health care for the vulnerable populations through PHC services, routine immunization services and nutrition supplementation and rehabilitation. Strengthening the capacity of reproductive health services for vulnerable populations especially for pregnant women and adolescents in refugee camps. Strengthening referral service delivery to affected populations and host communities in targeted districts. Reinforcing national capacities to respond to disease outbreaks.
• Training mental health care workers in Guinea, to provide immediate mental health care to victims of armed incursions and to build up the skills of health agents, humanitarian actors and other service providers in taking responsibility for and preventing primary mental health problems.
• Facilitate health coordination among the humanitarian actors in the health sector. These objectives will be fulfilled by WHO if the Proposed Projects for 2004 are funded.

WHO Objectives for 2004

WHO Proposed Projects for 2004

• Reducing morbidity and mortality among vulnerable populations in disaster affected areas in Guinea
• Reducing morbidity and disabilities caused by a deterioration of mental health among the war-affected Guinean populations
• Coordination of health activities and information sharing in Guinea

Total WHO funding required for Guinea is approximately US$1.9 million
Total health funding required for Liberia is approximately US$16.2 million
The humanitarian situation in Liberia further deteriorated with the escalation of the conflict. The civilian population has been the direct target of the war. Surveys conducted prior to the recent war indicate that an estimated 80% of the population live below the poverty line; 35% of the population are undernourished; only 28% of the population are immunized and only 25% of the population have access to safe drinking water. The humanitarian situation has visibly deteriorated as a result of widespread looting, destruction and virtual collapse of social services sectors.

**Objectives**

- Save lives and assure vulnerable populations access to primary health care facilities.
- Target people at high risk in rebel and Government areas on awareness of HIV/AIDS transmission to minimize risk of HIV infection.
- Advocate, develop and implement social mobilization campaigns to protect vulnerable groups from sexual violence and exploitation inform them on how to prevent HIV transmission and encourage communities to provide support to orphaned and separated children.
- Distribute health kits, and ensure that they all contain STI diagnosis tools and STI drugs.

**Achievements**

- Supported the needs assessment
- Supported water chlorination
- Set up epidemic surveillance system
- Supported immunization activities
- Supported referral health system

**Constraints**

The limited funding provided to humanitarian assistance in Liberia was imbalanced between, population groups, sectors and agencies; health only received 9%. As the security situation deteriorated and attacks were launched into Monrovia, most of the international personnel of the UN and NGO community had to be evacuated to neighbouring countries. Only a few international NGOs, ICRC and national staff of UN agencies remained operational. As humanitarian agencies were forced to abandon their operations in various parts of the country, they subsequently lost supplies and over 175 vehicles were looted.

**WHO Objectives for 2004**

In order to have a positive impact on the health status and well-being of the most vulnerable groups, the WHO Objectives for 2004 are:

- Disease surveillance and immunization; restoration of essential health services; nutrition intervention coordination and capacity building
- Institutional support and capacity building of key Government agencies to improve co-ordination of planning and implementation of services; capacity building; water and sanitation Ministry to ensure implementation and monitoring capabilities.
- Maintain water, sanitation and hygiene services in IDP centers and camps to agreed standards

These objectives will be fulfilled by WHO if the Proposed Projects for 2004 are funded.

**WHO Proposed Projects for 2004**

- Emergency health & nutrition needs
- Institutional and capacity building support
- Maintenance and construction of water supplies and sanitation in IDP camps and ‘Way station’ transit areas

Total health funding required for Liberia is approximately US$16.2 million
Total WHO funding required for North Caucasus is approximately US$1.4 million
## North Caucasus

### Background
- Hostilities within Chechnya resumed four years ago, scarring the lives of many civilians.
- A vast majority of the Chechen population live below the poverty line and an estimated 63% has a monthly per/person income of less than US$20.
- Throughout 2003, the government has continued infrastructure rehabilitation, though much remains to be done to ensure that shelter is available to all and that public services such as health, education, water, and sanitation services function at minimum levels.
- To sustain life in dignity for the population of the region, the current level of federal and local government assistance in Chechnya needs to be complemented by additional relief and recovery aid.

### 2003 Health Objectives
- Improve the capacity of preventive and medical care in primary health facilities, as well as in hospital facilities.
- Increase the health awareness of the general population.
- Improve the quality of health care.

### 2003 Health Sector Achievements and Constraints

#### Achievements:
- There has been a greater inter-agency partnership in the field of health. Joint assessment missions became more common; the Ministry of Health was in increasingly regular contact with WHO; thematic working groups have been established and an inter-agency health preparedness plan has been established.
- Hepatitis A incidence has been reduced; TB awareness has been increased through activities surrounding the World TB Day; TB and HIV/AIDS control and prevention has been sought through capacity building of local health professionals and provision of basic equipment and supplies.
- 400 health care professionals were trained in 2003; there was a decrease from 158 in 2002 to 142 registered new cases of TB in Ingushetia; disposable syringes distributed to health units in Ingushetia and disposable syringes, ice packs, vaccine carriers supplied to Chechen hospitals by UNICEF; improved access to primary health care services through provision of essential basic MCH-related medical supplies.

#### Constraints:
- Chechen colleagues have limited movement and a distinct lack of access to Chechnya due to the volatile security situation; strict and lengthy procedures by federal customs; lack of interest of local non-health authorities; uncertainty of funds hinders planning and implementation.
- Lack of access to Chechnya reduces monitoring of impact of activities.
- No TB DOTS programme possible yet in Chechnya as facilities are destroyed and TB patient care not ensured; delivery of basic vaccines by the federal center delayed; difficult for the population inside Chechnya to access health care facilities. Measles outbreak in IDP population, Vaccine coverage in camps and temporary settlements not adequate.

### WHO Objectives for 2004
- Strengthen and support humanitarian coordination and health information management.
- Reduce morbidity and mortality of communicable diseases; prevention of outbreaks of vaccine-preventable disease; implementation outbreak control measures and increasing capacity of primary health care providers.
- Reduction of mortality and morbidity caused by TB among target population and to prevent development of drug resistance TB.
- Reduce maternal and child morbidity and mortality and support national efforts to improve quality of reproductive health care.
- Improve and raise awareness, education and prevention of HIV/AIDS/STI.

These objectives will be fulfilled by WHO if the Proposed Projects for 2004 are funded and if the security situation, especially in Chechnya, which is one of the largest obstacle to humanitarian action, improves.

### WHO Proposed Projects for 2004
- Strengthening Health Coordination and Information Management
- Strengthening Communicable Disease Surveillance and Epidemic Response; Strengthening Primary Health Care
- Tuberculosis Control in the North Caucasus
- Strengthening health services in Chechnya at primary health-care level through capacity building in perinatal and child care
- HIV and STI Prevention

Total WHO funding required for North Caucasus is approximately US$1.4 million.
Total WHO funding required for occupied Palestinian territory is approximately US$4.8 million
Background

- The 2nd Intifada started in September 2000 accompanied by the tightening of Israeli security measures.
- Checkpoints, curfews and the separation wall have curtailed access to health care crippled the Palestinian economy: poverty rates have reached 60%, unemployment rates have reached 40%.
- The health situation of the Palestinian population has yet developed into a crisis, thanks to a good health situation prior to the Intifada, the decentralization measures of the MoH and the assistance of the international community.

2003 Health Objectives

- Public health protection in key areas, ensuring access to health services.
- Community-based health and emergency health care.
- Local and national capacity for surveillance and coordination.
- Advocacy for the right to health.

2003 Health Sector Achievements and Constraints

Achievements
- Obtaining, collecting and interpreting health information and improving impact of health interventions through efficient co-ordination.
- Maximizing health outputs through up-to-date technical guidance and improving access to humanitarian assistance.
- Improving access to emergency medical supplies.
- Promoting a context for health and humanitarian action, creating platforms for dialogue between health professionals and institutions.

Constraints
- The main constraints met in the implementation of the CAP 2003 projects are the lack of access and the lack of security. The ongoing conflict led to a restricted freedom of movement and increased the waiting time at checkpoints that hampers project implementation.

WHO Objectives for 2004

Mobility restrictions impact on access to health care: half of the Palestinian population had to change health facilities and face delays when searching health care. This has not precipitated a crisis, yet, but several indicators reveal a trend of deterioration. The overall strategy is to promote health for the Palestinian population by supporting the MoH, and other health service providers, to deliver essential services, to provide quick responses to emergency health needs of the population and to prevent further deterioration of the health system. WHO aims also at providing the umbrella for a neutral forum where professionals from Palestinian and Israeli governmental and non-governmental organizations can present and discuss key health issues.

The WHO 2004 health objectives are:
- Monitor the health situation and to assist the MoH to implement outreaching health services and provide comprehensive care to the affected population.
- Address the emergency and longer term needs of the population in the area of nutrition, by strengthening the capacity of the Palestinian MoH in policy and planning, management and follow-up on nutrition related issues.
- Organize and implement outreaching mobile mental health team activities as part of the health services, training and new programs.
- Organize and implement three outreaching community mental health centers and five units for shelter.
- Create income-generating activities that provide jobs to people psychosocially incapacitated.
- Empowerment and self-help activities to alleviate psychosocial impairment.
- Address the severe health and social needs of the local population through the development of bilateral partnerships.
- Develop advocacy work in order to promote the right to health and unconditional access to health services in oPt.

These objectives will be fulfilled by WHO if the Proposed Projects for 2004 are funded.

WHO Proposed Projects for 2004

- Strengthening the Palestinian MOH in health emergency response.
- Strengthening Health Information Management.
- Monitoring consequences of restricted access to health care and providing outreaching health services to isolated communities.
- Improving management of malnutrition.
- Reorganizing the health services for local psychosocial emergency preparedness and networking for reintegration of psycho-socially affected vulnerable groups.
- Creating local income generating activities for social integration and coping of psychosocially affected vulnerable groups.
- Promoting community empowerment programs and self-help activities.
- Promoting health and social partnership between Israeli, European and Palestinian cities.
- Keeping lines of communication open.
- Development of a communication and advocacy strategy for health access.

Total WHO funding required for occupied Palestinian territory is approximately US$4.8 million.

2003 Health Sector Donors

- United States
- Norway
- Italy
- European Commission

2003 Health Implementing Partners

- MoH
- Al Quds University
- Association of Palestinian Local Authorities and Union of Local Authorities of Israel

Health Action in Crises 2003: a summary
Total WHO funding required for Sierra Leone is approximately US$6.4 million.
Sierra Leone

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>• Sierra Leone’s destructive eleven-year conflict devastated much of the country and brought great suffering to its people. It resulted in the displacement of more than half the population, disrupted economic activity and destroyed much of the infrastructure. • Since the end of the conflict, there has been significant progress towards peace and recovery, including the extension of civil administration throughout the country, peaceful Parliamentary and Presidential elections, return of over 543,000 displaced persons and implementation of the National Recovery Strategy.</td>
<td>• Improve access to and quality of the provision of basic social services, especially in health. • Support the restoration of state services throughout the country in order to ensure that communities and citizens have access to health facilities. • Raise awareness and mitigate the spread of HIV/AIDS.</td>
<td>Achievements • Overall access to primary health care has been enhanced. • National Recovery data (June 2003) reveals that 224 Primary Healthcare Units out of 624 have been rehabilitated and are in good condition while a functional referral hospital exists in every district except Kambia and Kono. Constraints • Poor accessibility and high numbers of returning populations has strained the health system. • Insufficient funds have prevented the implementation of several projects.</td>
<td>• European Commission • Sweden • United Kingdom</td>
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<th>WHO Proposed Projects for 2004</th>
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</thead>
<tbody>
<tr>
<td>In order to have a positive impact on the health status and well-being of the most vulnerable groups, the WHO Objectives for 2004 are: • Increase awareness of HIV/AIDS amongst high-risk groups and to reduce the factors for HIV transmission. • Restore basic health service provision to improve access to and quality of health care, to reduce mortality and morbidity rates for communities in vulnerable areas. • Ensure the return of people in safety and dignity, meeting all needs and services en-route. • Secure refugee and community health through the provision of referral systems, medical treatment and specialist activities for the vulnerable. These objectives will be fulfilled by WHO if the Proposed Projects for 2004 are funded.</td>
<td>• Control of Lasa fever &amp; Onchocercasis • Emergency medical response • Health support during the repatriation • Promoting HIV / AIDS awareness in local communities • Restoring and strengthening community health and nutrition services • Malaria prevention &amp; Response • Delivery of basic health care and referral services for mother and child</td>
</tr>
</tbody>
</table>

Total WHO funding required for Sierra Leone is approximately US$6.4 million
Total WHO funding required for Somalia is approximately US$5.8 million
## Somalia

### Background
- Twelve years after the fall of the Government of Siyad Barre in January 1991, Somalia remains without a functioning, recognized central Government.
- The environment for aid operations and beneficiaries remains complex, with some areas of the country experiencing political development, economic recovery and relative stability, while other areas remain insecure and unstable.
- In 2003, UN operational agencies and NGOs continued and where possible intensified activities inside Somalia, including the delivery of humanitarian relief assistance to vulnerable groups and communities.

### 2003 Health Objectives
- Increase access and the delivery of essential preventive interventions such as EPI and polio.
- Prevent, reduce and control mortality and morbidity from cholera, malaria and tuberculosis.
- Train health workers on malaria prevention and control.
- Increase availability and access to emergency obstetric care, integrated reproductive health services and information.
- Expand blood safety transfusion programs.
- Address HIV and STIs.

### 2003 Health Sector Achievements and Constraints
#### Achievements
- Spread the use of DOTS with four more centers for TB.
- Essential drugs procured along with vaccines and cholera kits prepositioned.
- Support to 12 supplementary feeding centers and three Therapeutic feeding centers.
- Training and awareness including HIV/AIDS and on female genital mutilation.
- Polio National Immunization Days and Sub-National Immunization Days were carried out, supportive supervision during field activities, and strengthened surveillance ensured progress towards polio eradication. Vitamin A was also supplied.
- Preliminary information on cholera morbidity and mortality during 2003 shows that case fatality rate should be, for the first time in the last few years, well below 5% threshold. This has been made possible by the improvement in case management, early detection of cases, targeted social mobilization/IEC, and strengthened supervision of staff working in cholera treatment centers.

#### Constraints
- Insecurity.
- Sometimes unreliable lab services.
- Time-consuming coordination process.
- Discrimination against women.
- Lack of sufficient funds.

### 2003 Health Sector Donors
- Italy
- United Kingdom
- Netherlands
- Norway
- Finland
- European Commission

### 2003 Health Implementing Partners
- MoH
- UNICEF
- UNFPA
- NGOs
- IMC
- UNIFEM
- UNDP

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<td>In order to have a positive impact on the health status and well-being of the most vulnerable groups, the WHO Objectives for 2004 are:</td>
<td>Total WHO funding required for Somalia is approximately US$5.8 million</td>
</tr>
<tr>
<td></td>
<td>- EPI, including Polio Eradication Initiative</td>
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<td>- Emergency Preparedness and Response to Epidemics</td>
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<td></td>
<td>- Mental Health</td>
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<td></td>
<td>- Support to basic development needs programme</td>
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<tr>
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<td>- HIV/AIDS Prevention</td>
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<tr>
<td></td>
<td>These objectives will be fulfilled by WHO if the Proposed Projects for 2004 are funded.</td>
</tr>
</tbody>
</table>
Total WHO funding required for Southern Africa Region is approximately US$12.1 million
# Southern Africa Region

**Background**

- While humanitarian response efforts and a reasonable agricultural season may have taken Southern Africa off the critical list in terms of food availability this year, the region remains in serious trouble.
- Short-term gains have been made, but so far most of the recovery has been fragile.
- Over six million people remain in need of critical lifesaving assistance, and millions more are highly vulnerable, mostly due to the combined effects of HIV/AIDS, extreme poverty, and food shortages.

<table>
<thead>
<tr>
<th>2003 Health Objectives</th>
<th>2003 Health Sector Achievements and Constraints</th>
<th>2003 Health Sector Donors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Achievements</strong></td>
<td>• Enhance the response of the UN system to the humanitarian crisis in Southern Africa, by improving cooperation between the agencies involved, by ensuring greater cohesion in their programmes and by providing crucial technical support at both national and regional level.</td>
<td>• Norway</td>
</tr>
<tr>
<td></td>
<td>• Immense progress was made in containing cholera outbreaks in the last 12 months. During the current cholera season, 2,711 cases were reported compared to 33,150 cases in the last cholera season.</td>
<td>• European Commission</td>
</tr>
<tr>
<td></td>
<td>• The expansion of HIV/AIDS awareness campaigns with food distribution, establishment of WFP radio-programme, introduction of life skills programme and Anti-AIDS clubs for empowerment of children in the face of HIV/AIDS, crash programme for teacher training, as well as HIV/AIDS mitigation projects for teachers and school committees were some notable achievements.</td>
<td>• New Zealand</td>
</tr>
<tr>
<td></td>
<td>• Health sector capacity and impact assessments have been conducted in Lesotho, Swaziland and Zambia, while the ones in Malawi, Mozambique and Zimbabwe are in process.</td>
<td>• UK</td>
</tr>
<tr>
<td></td>
<td>• Inadequate social services and insufficient social safety nets due to lack of funding.</td>
<td>• Norway</td>
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</tbody>
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<table>
<thead>
<tr>
<th>2003 Health Objectives for 2004</th>
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</thead>
<tbody>
<tr>
<td><strong>WHO Objectives for 2004</strong></td>
</tr>
<tr>
<td>- Reproductive health- ensure provision of essential emergency obstetric care. This will involve training in emergency and essential obstetric care, and supply of reproductive health kits to improve obstetric service response.</td>
</tr>
<tr>
<td>- Rapid strengthening of response to cholera - control cholera epidemic by organizing prompt intervention at community level, to stop the transmission and reducing related mortality by better case management of the disease. Some priority activities include: increase public awareness about cholera transmission prevention and control; build capacity for cholera control activities; strengthen disease surveillance, early detection and rapid response for control and management; strengthen coordination mechanisms for cholera control activities; support activities to thoroughly investigate the causes of cholera outbreaks in the country.</td>
</tr>
<tr>
<td>- Improve response to disease outbreaks – strengthen the capacity of affected districts to respond to priority diseases, particularly those districts prone to epidemics. This will include scaling up malaria and cholera control at National Level.</td>
</tr>
<tr>
<td>- Scale up aggressively HIV/AIDS control and prevention methods; strengthen provision of HIV/AIDS services including Voluntary Counseling and Testing (VCT) ; acceleration of Antiretroviral (ARV) therapy introduction in the most vulnerable communities</td>
</tr>
<tr>
<td>- Strengthen disease surveillance – improve and strengthen the surveillance of major diseases occurring in areas affected by food shortage, including HIV/AIDS.</td>
</tr>
<tr>
<td>- Strengthen capacity to control, manage and treat malnutrition of children under five, patients with TB and those living with HIV/AIDS.</td>
</tr>
<tr>
<td>- Health coordination - strengthen coordination of health interventions to increase efficiency in the allocation of resources, provide technical backup for acceptable health quality services and information-sharing, including standardized protocols for control of HIV/AIDS in emergency setting. These objectives will be fulfilled by WHO if the Proposed Projects for 2004 are funded.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHO Proposed Projects for 2004</th>
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</thead>
<tbody>
<tr>
<td>- Control of malnutrition among children under five, people with tuberculosis and living with HIV/AIDS</td>
</tr>
<tr>
<td>- Acceleration of introduction of ARV therapy in the most vulnerable communities</td>
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<tr>
<td>- Strengthening emergency health coordination</td>
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<tr>
<td>- Enhancing district health system capacity to respond to major diseases and health related threats in drought-affected areas</td>
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<tr>
<td>- Emergency Epidemic Response</td>
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<tr>
<td>- Targeted supplementary feeding</td>
</tr>
<tr>
<td>- Voluntary counselling and testing at community level</td>
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<tr>
<td>- Community home-based care in Southern Province</td>
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<tr>
<td>- Expansion of women's project to Southern Province</td>
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<tr>
<td>- Mitigating the impact of malaria among vulnerable populations in drought-prone areas</td>
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<tr>
<td>- Nutrition surveillance and control of malnutrition</td>
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</tbody>
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<thead>
<tr>
<th>Regional projects</th>
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</thead>
<tbody>
<tr>
<td>- Impact of HIV/AIDS on health sector</td>
</tr>
<tr>
<td>- Southern African Health Impact Assessment and Health Service Capacity Monitoring Programme</td>
</tr>
<tr>
<td>- Strengthening WHO presence and response to the humanitarian crisis in Southern Africa</td>
</tr>
</tbody>
</table>

Total WHO funding required for Southern Africa Region is approximately US$12.1 million
Total WHO funding required for Sudan is approximately US$9.8 million

Source: ESRI data & Maps CD March 2000

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by WHO.
**Background**

- Apart from a brief period of peace between 1972 and 1983, the Sudan has been facing internal conflict that caused lots of suffering since independence.
- In addition to the estimated two million deaths directly attributed to the fighting, a significant but incalculable number of people have suffered as a result of associated disruption of their livelihoods and lack of basic services.
- The Sudan has the largest number of displaced population in the world with some 3-4 million internally displaced people (IDPs) and an additional 400,000 Sudanese refugees.

**2003 Health Objectives**

- Ensure access to appropriate and equitable essential health care services, including reproductive health and immunization services.
- Prevent and manage the consequences of sexual and gender violence, the spread of STI, including HIV/AIDS.
- Support the control and management of the five main killer diseases (malaria, diarrhoea, ARI, malnutrition and measles).
- Address malnutrition through surveillance and response interventions.
- Include mental and physical rehabilitation services for communities affected by the conflict.

**2003 Health Sector Achievements and Constraints**

**Achievements**

- Early Warning System (EWARN) activities in Southern Sudan were extended to Southern Blue Nile and Nuba mountains, with training of community health workers, leaders on outbreak detection and response and on mass vaccination.
- Access to basic health care, prevention and management of malnutrition activities were enhanced.
- STOP TB programmes were supported with training, equipment and drugs.
- Support to curative and preventive health care services in IDP camps in Khartoum and Kassala was provided.
- Blood kits, drugs and essential obstetric equipment were provided to health facilities. Technicians were trained in blood safety, surveillance sites were established and midwifery kits distributed.
- Nutritional surveillance, supplementary feeding and therapeutic feeding supported with supplies, training.
- Vaccine and drugs were prepositioned, vaccination campaigns conducted against measles, meningitis and yellow fever, support to cold chain.
- A workshop on mapping agencies and geographic areas of interventions was organized and a task force for health sector was established.
- Beneficiaries, especially women, were trained in health, nutrition, income-generating opportunities and other skills to improve their quality of life. Training of community leaders and volunteers on Female Genital Mutilation (FGM), HIV/AIDS, women and gender issues was carried out.

**Constraints**

- There has been a constant and significant downward trend in overall CAP funding over recent years.
- Under-resourcing, compounded over several years, is an immediate contributing factor to the humanitarian consequences of the crisis in the Sudan. Due to consistent under-funding and/or late funding, assistance has been provided in such a way that it largely fills gaps, as such funding practices do not permit proper planning and prioritization of assistance.

**WHO Objectives for 2004**

- Reduce the incidence and prevalence of communicable disease through prevention, early diagnosis and appropriate treatment of cases.
- Establish or strengthen the disease surveillance system and build the capacity to respond to outbreaks; ensure the protection of returnees from endemic diseases in new settlements.
- Establish qualified medical and para medical staff, surgical and laboratories supplies to one main state referral center in nine different counties to ensure adequate standard and emergency obstetric care.
- Establish psychosocial services at community level and provide a psychiatric referral system through the primary health care system. Train nine health care staff in limb saving surgical techniques and build the capacity of community-based organizations to provide trauma care and first aid.
- Ensure an effective process of rehabilitation and reconstruction of the health sector by conducting health sector analysis and capacity building to support appropriate health policy development and operational planning.
- Reduce the incidence of HIV/AIDS among conflict-affected people by establishing a voluntary counselling and testing service, ensuring blood safety during transfusions, and integrating HIV awareness and testing opportunities into other WHO-supported programmes.
- Minimize the negative health effects of a disaster by strengthening disaster management at state/region and community level.

In order to have a positive impact on the health status and well-being of the most vulnerable groups, the *WHO Objectives for 2004* are:

**WHO Proposed Projects for 2004**

- Reduction of the burden of communicable diseases and mitigate/prevent epidemics
- Reduction of maternal mortality by providing appropriate referral systems
- Assist mentally and physically disabled conflict-affected populations
- Post-conflict recovery of the health sector
- Support to HIV/AIDS control programme in Sudan
- Minimize the effects of natural disasters on health

Total WHO funding required for Sudan is approximately US$9.8 million

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**2003 Health Sector Donors**

- European Commission
- Netherlands
- Norway
- Italy
- United States
- Finland

**2003 Health Implementing Partners**

- MoH
- UNICEF
- UNFPA
- MEDAIR
- FAR
- NGOs

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Health Action in Crises 2003: a summary
Total WHO funding required is approximately US$4.3 million
### Tajikistan

#### Background
- Tajikistan still suffers from the after effects of the five-year civil war that ended officially in 1997.
- Over 83% of the population live below the national poverty line and 17% of the population are considered destitute.
- Tajikistan is one of the most disaster prone countries in the world.
- Tajikistan is heavily reliant on international assistance. The Government’s overall budget for 2003 totals just $229m out of an economy estimated at $1.2bn for 6.5m people.
  - The health care system remains heavily dependent on external assistance for essential drugs and supplies.

#### 2003 Health Objectives
- Reduce maternal and infant morbidity and mortality.
- Improve the nutritional status of children, women of a childbearing age and pregnant women.
- Decrease the incidence of infectious diseases, particularly water-borne.
- Prevent drug addiction, HIV/AIDS and STI among younger population.

#### 2003 Health Sector Achievements and Constraints
**Achievements**
- Medical supplies and equipment provided to 500 peripheral health centers; 200 health workers trained on early child care; 10,000 parents supported in home care practices; safe basic delivery equipment provided to 20 maternity hospitals and 15 villages; and 600 health workers trained on safe motherhood.
- Anemia prevalence reduced by 20% among 1.84 million people; two supplementary feeding centers with 500 children supported with supplies.
- Public health awareness increased.
- Health and living conditions of the rural population improved through access to sanitation facilities and clean drinking water.
- Increased awareness in the target population about the risks of contracting HIV/AIDS and STI.

**Constraints**
- Low CAP funding severely affected the well-being of the population, especially vulnerable groups such as women and children in rural areas.
- Low funding prevented the expansion of information campaigns.
- Due to the lack of sufficient funding through the CAP, WHO resources earmarked for technical assistance were used for procurement of equipment, computers and other logistical arrangements.

### WHO Objectives for 2004
In order to have a positive impact on the health status and well-being of the most vulnerable groups, the **WHO Objectives for 2004** are:
- Reduce maternal and infant morbidity and mortality and to contribute to improving of quality the health care and introduction of new technologies
- Increase the availability of essential drugs and promote rational drug use in health institutions
- Improve capacities for timely response to and prevention of malaria epidemics/outbreaks through the strengthening of national infrastructure and increasing community awareness; to reinforce the malaria surveillance system
- Improve impact and coordination of UN programs in HIV/AIDS

These objectives will be fulfilled by WHO if the **Proposed Projects for 2004** are funded.

### WHO Proposed Projects for 2004
- Introduction of PEPC (Promoting Effective Peri-natal Care)
- Procurement and rational use of essential drugs
- Malaria control and prevention in malaria-affected areas of Tajikistan
- Tackling HIV together with other UN agencies

Total WHO funding required is approximately US$4.3 million

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### 2003 Health Sector Donors
- Canada
- Japan
- Norway

### 2003 Health Implementing Partners
- MoH
- UNICEF
- MERLIN
- PSF-CI
- ICRC
- IFRC
Total WHO funding required for Uganda is approximately US$2.4 million
Background
- Since July 2002 and throughout most of 2003, the humanitarian situation in Uganda has continued to deteriorate.
- The problem of internal displacement continues to be a problem within Uganda and has been ongoing for the last seventeen years.
- The number of internally displaced persons has reached a figure of over one million.
- Living conditions in the public places and camps accommodating the IDPs are catastrophic; food stocks are mainly those provided by the humanitarian community; water supply is highly insufficient; sanitation is very poor and the provision of health and education services is at a minimum.

2003 Health Objectives
- Stronger emphasis on public health care.
- Supporting preventive health programmes (e.g. immunization and IEC).
- Providing essential medical supplies and equipment to the affected districts.
- Supporting community capacity to complement rural health clinics in the health care delivery system of the affected districts.
- Improve water supply and sanitation in IDP camps.
- Strengthen therapeutic and supplementary feeding to severely malnourished children and pregnant mothers.
- Support immunization of girls under-fifteen and women of childbearing age especially for measles, tetanus, polio and providing vitamin A supplements.
- Reduce transmission of HIV/AIDS through information, education and improved communication (IEC), provision and promotion for use of condoms and providing palliative care for the sick.

2003 Health Sector Achievements and Constraints

Achievements
- Emergency supply of essential drugs.
- The supply of safe water containers for IDPs, reducing the chances of water borne diseases.
- Supporting the safe and clean construction of latrines.

Constraints
- Lack of funding to last years CAP meant that some of the achievements made were funded by regular budgets, not by funding received through the CAP process.
- Inadequate access to IDPs because of lack of security.
- Inadequate personnel on the ground.

2003 Health Sector Donors
- Canada

WHO Objective for 2004
In order to have a positive impact on the health status and well-being of the most vulnerable groups, the WHO Objective for 2004 is:
- Improve health conditions for IDPs by providing the minimum health care package, providing essential medicines, supplies, logistics and incentives for health workers. Providing the health education necessary for them to avoid and prevent disease. Immunizing children under one against the six killer diseases, especially measles. To fulfil the rights of IDPs to health by building capacity of community based resource persons, who guarantee health care in a sustainable way. Providing the necessary support supervision of health care services.

This objective will be fulfilled by WHO if the Proposed Project for 2004 is funded.

WHO Proposed Project for 2004
- Control and prevention of common diseases, especially epidemic potential diseases

Total WHO funding required for Uganda is approximately US$2.4 million
United Republic of Tanzania

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by WHO.

Source: ESRI data & Maps CD March 2000
WHO has extensively worked in United Republic of Tanzania during the past year, specifically assisting the health situation within the IDP camps. WHO does not propose any specific health projects for the coming year.
Total WHO funding required for the West Africa Region is approximately US$1.1 million
## Background

- The West Africa Region is comprised of Côte d’Ivoire, Mali, Burkina Faso, Guinea, Liberia and Ghana.
- The West Africa Region appeal is based on the set-up of coordinated health activities in the region, therefore there are no country specific project proposals.
- Over the last year, there have been several factors contributing to the crises in the West Africa Region:
  - Chronic instability in Guinea-Bissau
  - State collapse and violent conflicts in Côte d’Ivoire and Liberia.
  - Disputed governance in Guinea and Togo
  - Economic weakening
  - The burst of political tensions in Mauritania
  - Increased vulnerability in rural areas due to drought in the Sahel region and an increased number of civilians seeking asylum in the border areas of Guinea, Mali, Ghana and Burkina Faso.

This is the first year that an appeal has been collectively mounted for the West Africa Region. Therefore, there are no 2003 activities on which to report (Objectives, Achievements etc…) for this region. The 2003 Objectives, Achievements and Constraints, Donors and Implementing Partners from the countries that comprise the region (Côte d’Ivoire +3, Guinea and Liberia), can be seen on their individual pages within this report.

## WHO Objectives for 2004

In order to have a positive impact on the health status and well-being of the most vulnerable groups, the **WHO Objectives for 2004** are:

- Prevent and mitigate the spread of HIV/AIDS/IST among the population at risk (refugees, IDPs, returnees, Third Country Nationals (TCN) and host communities)
- To reinforce institutional capacities as well of those actors involved in the field operation (situation analysis)
- To advocate and coordinate efforts

- Provide support to: cross-border disease surveillance, health information network, health assessments and priority setting for preparedness and response, the provision of technical guidance provision, strategic planning and monitoring of the health sector in the CAP, and the facilitation of coordinated epidemic control in the sub-region.

These objectives will be fulfilled by WHO if the **Proposed Projects for 2004** are funded.

## WHO Proposed Projects for 2004

- Reduction of Vulnerability and Risk to HIV/AIDS
- Sub-Regional cross-border epidemiological surveillance and epidemics control

Total WHO funding required for the West Africa Region is approximately US$1.1 million
Total WHO funding required for Zimbabwe is approximately US$3.5 million
The crisis in Zimbabwe, apart from the problems faced by the rest of the region, has its own dynamics. What initially appeared as a food crisis in Zimbabwe in 2002 has turned into a major humanitarian emergency due to the deteriorating economy, immense policy constraints, the devastating effects of HIV/AIDS, and the depleted capacity in the social service sectors. Zimbabwe has entered its fifth successive year of economic decline. The country faces critical shortages of foreign exchange to maintain essential infrastructure, fuel and energy needs.

### 2003 Health Sector Achievements and Constraints

#### Achievements
- Established an inter-country team in Zimbabwe to strengthen WHO response in the Southern Africa region. This team is in the process of carrying out a health impact assessment and health service capacity assessment.
- WHO coordinates the overall health sector.
- Technical Assistance provided to Vulnerability Assessment Committee (VAC) to undertake multi-sectoral assessment visits.
- Procurement of medical supplies amounting to $2.5 million and distribution to 24 districts.
- WHO and UNICEF provided technical and financial support to the MOH to respond to the cholera outbreak.
- In response to other epidemic diseases, Integrated Disease Surveillance and Response materials were adapted for Zimbabwe and training of trainers began.

#### Constraints
- Donor response to priorities in the basic social service sectors, such as health, was low at $12,107,500 through the CAP.
- The under-funded and weakened social service sectors, mainly health, also bore the brunt of both the economic crisis and the HIV/AIDS epidemic, contributing to a decreased access to health care, poorer quality of services, shortage in health workers and teachers, and increased illness and suffering.

### WHO Objectives for 2004

In order to have a positive impact on the health status and well-being of the most vulnerable groups, the WHO Objectives for 2004 are:

- To ensure access and delivery of essential health services to targeted populations.
- To maintain the basic capacity of the health system, essential public health interventions, and strengthen emergency preparedness and response.
- To identify essential needs and the impact of the crisis on health through needs assessments and regular monitoring.
- To ensure coordination of health intervention and promote a coherent approach to HIV/AIDS between health and other sectors.
- To advocate for the development of sustainable policies (and subsequent funding) to enable the health system to begin recovery.

These objectives will be fulfilled by WHO if the Proposed Projects for 2004 are funded.

### WHO Proposed Projects for 2004

- Increase availability of vital drugs and medical supplies including obstetric drugs.
- Mitigating the impact of malaria and HIV in selected vulnerable groups in targeted drought and poverty-affected areas in Zimbabwe.
- To avert maternal deaths in resettled areas through capacity building and active community support.
- To improve health worker skills in identifying and managing common under fives conditions.
- To improve supplies of essential drugs and Oral Re-hydration Salt (ORS) for management of common under fives conditions. To ensure proper home care for under fives.
- To enhance HIV/AIDS control initiative through reduction of infant morbidity and mortality through comprehensive Prevention of Mother to Child Transmission (PMTCT) interventions in growth points, border and former commercial farming areas.

Total WHO funding required for Zimbabwe is approximately US$3.5 million.

<table>
<thead>
<tr>
<th>Zimbabwe</th>
<th>2003 Health Objectives</th>
<th>2003 Health Sector Achievements and Constraints</th>
<th>2003 Health Sector Donors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Background</strong></td>
<td><strong>Objectives</strong></td>
<td><strong>Achievements</strong></td>
<td><strong>European Commission</strong> &amp; <strong>Norway</strong> &amp; <strong>DFID</strong></td>
</tr>
</tbody>
</table>
| The crisis in Zimbabwe, apart from the problems faced by the rest of the region, has its own dynamics. What initially appeared as a food crisis in Zimbabwe in 2002 has turned into a major humanitarian emergency due to the deteriorating economy, immense policy constraints, the devastating effects of HIV/AIDS, and the depleted capacity in the social service sectors. | Provision of Essential Drugs and medical supplies. | Established an inter-country team in Zimbabwe to strengthen WHO response in the Southern Africa region. This team is in the process of carrying out a health impact assessment and health service capacity assessment. | • European Commission  
• Norway  
• DFID |
| Zimbabwe has entered its fifth successive year of economic decline. The country faces critical shortages of foreign exchange to maintain essential infrastructure, fuel and energy needs. | Increase capacity within the health system for monitoring, control and prevention of epidemics. | WHO coordinates the overall health sector. |  
| Improve access to health services for the identified vulnerable population, including reproductive health services and reduction of maternal morbidity. | | Technical Assistance provided to Vulnerability Assessment Committee (VAC) to undertake multi-sectoral assessment visits. |  
| | | Procurement of medical supplies amounting to $2.5 million and distribution to 24 districts. |  
| | | WHO and UNICEF provided technical and financial support to the MOH to respond to the cholera outbreak. |  
| | | In response to other epidemic diseases, Integrated Disease Surveillance and Response materials were adapted for Zimbabwe and training of trainers began. |  
| **2003 Health Implementing Partners** | **2003 Health Objectives** | **2003 Health Sector Achievements and Constraints** | **2003 Health Sector Donors** |
| **WHO** | | **Achievements** | **European Commission** & **Norway** & **DFID** |
| **Objectives for 2004** | | **Constraints** |  
| **WHO Proposed Projects for 2004** | | Donor response to priorities in the basic social service sectors, such as health, was low at $12,107,500 through the CAP. |  
| | | The under-funded and weakened social service sectors, mainly health, also bore the brunt of both the economic crisis and the HIV/AIDS epidemic, contributing to a decreased access to health care, poorer quality of services, shortage in health workers and teachers, and increased illness and suffering. |  
| | In order to have a positive impact on the health status and well-being of the most vulnerable groups, the WHO Objectives for 2004 are: | |  
| | To ensure access and delivery of essential health services to targeted populations. | |  
| | To maintain the basic capacity of the health system, essential public health interventions, and strengthen emergency preparedness and response. | |  
| | To identify essential needs and the impact of the crisis on health through needs assessments and regular monitoring. | |  
| | To ensure coordination of health intervention and promote a coherent approach to HIV/AIDS between health and other sectors. | |  
| | To advocate for the development of sustainable policies (and subsequent funding) to enable the health system to begin recovery. | |  
| | These objectives will be fulfilled by WHO if the Proposed Projects for 2004 are funded. | |  
| | • Increase availability of vital drugs and medical supplies including obstetric drugs | |  
| | • Mitigating the impact of malaria and HIV in selected vulnerable groups in targeted drought and poverty-affected areas in Zimbabwe. | |  
| | • To avert maternal deaths in resettled areas through capacity building and active community support. | |  
| | • To improve health worker skills in identifying and managing common under fives conditions. | |  
| | • To improve supplies of essential drugs and Oral Re-hydration Salt (ORS) for management of common under fives conditions. To ensure proper home care for under fives. | |  
| | • To enhance HIV/AIDS control initiative through reduction of infant morbidity and mortality through comprehensive Prevention of Mother to Child Transmission (PMTCT) interventions in growth points, border and former commercial farming areas. | |  
| | Total WHO funding required for Zimbabwe is approximately US$3.5 million. | |  

Health Action in Crises 2003: a summary
Part 2: Non-CAP Countries

This section contains information on WHO involvement in other countries.
Total WHO funding required for Colombia is approximately US$1.2 million
## Colombia

<table>
<thead>
<tr>
<th>Background</th>
<th>2003 Health Objective</th>
<th>2003 Health Sector Achievements and Constraints</th>
<th>2003 Health Sector Donors</th>
</tr>
</thead>
</table>
| • Between 1999-2002 the armed conflict in Colombia intensified, spread and has led to massive displacement with 2 million persons displaced.  
• Rural communities are most affected, literally besieged with impact on access to food, fuel, medicines and basics.  
• Internally displaced suffer from limited supplies of food and other basic provisions.  
• Access to basic social services such as health care, sanitation, housing and education is limited. | • To facilitate the access of the displaced population to health care services and water and sanitation systems. | **Achievements**  
• Establishment of a joint source of information (contributed by the Health authorities, NGOs and Red Cross) on health issues of displaced populations.  
• Improved but still fragile, communication between all health actors.  
• Technical training, publications and advice.  
• Improved field presence of several agencies including the WHO emergency program.  
• The realization of the need to include IDPs as a priority in their programmatic areas.  

**Constraints**  
• Incomplete health reform and many difficulties between national and local levels of implementation of an efficient health system.  
• Very politicised environment.  
• Dispersion and multiplicity of actors in health field. | [Canada](#)  
[Norway](#)  
[United States](#) |
| [Canada](#)  
[Norway](#)  
[United States](#) | **WHO Implementing Partners**  
• MoH  
• Red Cross Movement  
• Universities  
• Local NGOs | **WHO Objectives for 2004**  
To contribute to the reduction of the impact of displacement on the health of populations affected by the internal armed conflict in Colombia. The focus of the technical cooperation activities will be: access to health care, access to water and sanitation systems, mental health and health information. | **WHO Proposed Projects for 2004**  
• Document and disseminate information on the impact of displacement on the public health of the affected populations (IDPs and Colombian refugees).  
• Strengthen coordination among the different actors in the health sector (Government, NGOs, the community, United Nations System) present at the national, departmental and local levels.  
• Enhance response capacity of the health personnel in high-priority issues.  
• Advocate for the inclusion of the displaced population into the National Health Systems by promoting no distinction between displaced person/refugee and host population. | **Total WHO funding required for Colombia is approximately US$1.2 million** |
Total WHO funding required for Haiti is approximately US$7 million
## Background

- Haiti is experiencing a silent emergency with steady deterioration in living conditions.
- Political crisis stemming from elections in 2000 with increasing violence and insecurity with wide use of light arms.
- Severe storms from June to October, occasional flooding and earthquakes, periodic droughts increase vulnerability.
- Extensive deforestation, soil erosion and inadequate supplies of potable power, widespread poverty (42% live below poverty line and malnutrition).
- Difficulty in obtaining essential medicines, poor vaccination coverage, high HIV prevalence.

## 2003 Health Objectives

- Support health priorities: HIV/AIDS (safe blood) and maternal and child health services with activities targeting reduction of maternal mortality, vaccination, implementation of IMCI programs and addressing malnutrition.
- Ensuring accessibility and availability of essential medicines and basic supplies.
- Strengthening the management of medical and surgical emergencies.
- Establishing active surveillance to monitor health situation.

## 2003 Health Sector Achievements and Constraints

**Achievements**
- Activities addressing the priorities were carried out as part of the regular programme of agencies.
- An outbreak of typhoid fever in April-May was responded to.
- Limited funding for improving access to safe water was made available.
- Humanitarian aid (limited) funds were allocated, following the floods end of August 2003.
- Donations of medical supplies and medicines were received.

**Constraints**
- The Integrated Emergency response Programme targeting vulnerable groups and communities in Haiti was launched end of April.
- Very limited funding overall (0.5%) has been received especially for the health sector (0.09%).

## 2003 Health Sector Donors

- France
- ECHO

## 2003 Health Implementing Partners

- MoH
- NGOs: Concern, PSI, UNICEF, Red Cross, UNFPA, UNAIDS

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### WHO Objectives for 2004

Continuation of the Integrated Emergency response Programme (IERP) for 2004 thus same objectives as for 2003 listed above.

### WHO Proposed Projects for 2004

- Securing access of the population to generic essential medicines.
- Support for safe blood transfusion: blood quality, equipment, donors.
- Improvement of access to vaccination services.
- Support for vaccination of children against polio and measles.
- Support for the elimination of maternal and neonatal tetanus.
- Support for medical centres to take responsibility for medical and surgical emergencies.
- Active surveillance of the health situation within the framework of the IERP.
- National nutrition and food campaign.
- Support for access to emergency hospital care for vulnerable persons.

Total WHO funding required for Haiti is approximately US$7 million.
Total WHO funding required for the Horn of Africa is approximately $5.7 million
Disaster History and Health Concerns

- The Horn of Africa countries face common crises with similar hazards and vulnerabilities, including drought, floods, environmental degradation, land pressure, armed conflicts, acute food shortages and mass displacements, not to mention chronic under-resourcing and lack of access to any health services for vast numbers of people.
- Although the crises affect all areas, death from starvation and disease is most severe in frontier and remote areas because the majority of national and international resources are concentrated in the capitals and in central areas. The remoteness of many communities living near international borders and their prevalent pastoralist life style makes it difficult to provide primary health care, including preventative services. The social integrity, safety and “health security” of border communities and “border crossers” are widely neglected and relegated to a marginal position in the development agenda. Armed conflicts are commonplace in border areas and, in fact, no country in the Horn of Africa has escaped this fate. Environmental degradation and land pressure, compounded with droughts and floods, are also common features.

The Horn of Africa countries have already benefited from the Initiative. A total WHO funding required for the Horn of Africa is approximately $5.7 million. The various health partners have expressed the need for the decentralized and active presence of WHO providing technical guidance in best public health practices as well as disease management at border areas.

WHO Objectives for 2004

In order to have a positive impact on the health status and well-being of the most vulnerable groups, WHO envisages a five-year strategic plan, As a start-up, the WHO Objectives for 2004 are:

- Consolidate capacities of Member Countries to elaborate inter-country strategies for control of major health problems at their borders;
- Increase capacities of Member Countries to implement inter-country strategies for control of major health problems at their borders;
- To develop appropriate capacity for integrated epidemiological surveillance and response for priority communicable diseases and malnutrition; and
- Promote peace building health activities in highly unstable border areas to facilitate transition from post conflict settings to rehabilitation and development.

These objectives will be fulfilled by WHO if the Proposed Projects for 2004 are funded.

WHO Proposed Projects for 2004

Proposal on HOAI Initiative coordination and management. At country level, the respective Ministries of Health and WHO offices have identified a Focal Person to liaise with the HOAI Coordination Office in Addis to ensure appropriate coordination activities. Each border region/state has set up cross border health committees.

- Establishing an Early Warning and Response Network (EWARN) for Epidemic-Prone Diseases at Border Districts in the Horn of Africa. Reduce epidemic-associated excess morbidity and mortality at cross-border areas of the HOA countries.
- Scaling Up Cross Border Malaria Control between Ethiopia and Sudan. To contribute to the national goals to reduce malaria morbidity and mortality in the target areas by 25% by the end of year 2005 as compared to the 2002 baseline level.
- Reduce overall nutrition vulnerability and strengthen nutrition surveillance in the border areas of the Horn of Africa.

Total WHO funding required for the Horn of Africa is approximately $5.7 million.
Total WHO funding required for India is approximately US$200,000

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by WHO.

Source: ESRI data & Maps CD March 2000
### Background

- India is most vulnerable to natural and man-made disasters.
- Dense populations, poor living conditions in high-risk areas and compromised infrastructural support cause relatively high morbidity and mortality in an emergency/disaster situation.
- Pressure on health sector to provide adequate public health support to the affected population during an emergency/disaster always remains high.

### Disaster History and Health Concerns

- After the super-cyclone of 1999 in the State of Orissa, WHO and UNDP partnership was successful in providing joint technical support. WHO and UNDP partnership was also successful during the devastating earthquake of January 2001 in the State of Gujarat. WHO was identified as the focal agency for health sector response by the UN agencies and the local Government. WHO provided technical assistance to the affected population with improved water and sanitation, food and nutrition, and established a disease surveillance system. The Government of Gujarat has requested WHO to expand its activities in the rehabilitation/development phase to the other earthquake-affected districts in the State to establish a similar system in the health and water-quality sectors.
- In 2003, WHO provided technical support for disease and nutrition surveillance in the four drought-affected districts of Rajasthan.

### WHO Objectives for 2004

In order to have a positive impact on the health status and well-being of the most vulnerable groups, the WHO Objectives for 2004 are:

- Strengthen the Office of the WHO Representative to India by placing and funding an experienced Health Action in Crises Focal Point. The Focal Point will cater to the expanded HAC responsibilities in different States of the country, their wide geographical and population size, and timeframe to implement the joint UNDP-WHO projects.
- Provide technical support to the ongoing HAC activities in the State of Gujarat, and also in the fields of urban health, environmental health, indigenous systems of medicine and nursing education.
- Develop, jointly in collaboration with UNDP, effective, integrated and well-coordinated pre-disaster preparedness, prevention and mitigation measures in some identified States.

These objectives will be fulfilled by WHO if the Proposed Projects for 2004 are funded.

### WHO Proposed Projects for 2004

- Strengthening HAC activities in India
- Follow-up and contribute in the implementation of:
  - Communicable disease surveillance
  - Surveillance, prevention and management of non-communicable diseases
  - Health promotion
  - Disability, prevention and rehabilitation
  - Mental health and substance abuse
  - HIV/AIDS
  - Blood safety and clinical technology

Total WHO funding required for India is approximately US$200,000
The proceeding information on Iraq is different to the other countries contained within this report, because it does not detail specific projects for the coming year, instead illustrating what progress has been made over the last year and what the priorities are for the health sector in Iraq, for the coming year.
Background

- As the war came to a close in April 2003, the health system imploded dramatically, and in unforeseen ways.
- In much of Iraq, insecurity continues to hamper the restoration of basic services, including electricity, water, and environmental sanitation. It also denies access to health services by those most in need, particularly pregnant women and children.
- Compounding the situation further, was the widespread looting and wanton destruction that affected not only health-care structures, including the public health laboratory network and centers for disease control, but also the administration of the health system.

2003 Health Objectives

- Provide an immediate, coordinated humanitarian response to the health needs of the population, with special attention to the most vulnerable groups.
- Support the restarting of the health care delivery and public health systems, including ensuring the availability and reliability of basic information on the health.
- Have the capacity to direct health systems, and to manage medical supplies, personnel, finance and service delivery.
- Advise the MoH on long-term re-development, reconstruction and, where appropriate, reform of the health system at national, governorate and district levels.

2003 Health Sector Achievements and Constraints

Achievements
- There is good collaboration amongst health groups, in the form of the ‘Health Steering Committee’, comprising WHO, MoH, (CPA)ORHA, and representatives of health staffs. WHO established, and is now leading the ‘Task Force for Cholera Control’ in Basra and is participating in general and technical coordination at central and governorate level all over Iraq.
- With the support of coalition forces, the national drug distribution system, managed by Kimadia, has re-started. WHO has instituted water quality control procedures in six governorates so far making use of reference laboratories rehabilitated prior to the war.
- WHO has assisted stakeholders in the health sector, including the MoH, on matters of public health guidance. For example, WHO has provided guidelines on ‘drug donations’, and advice on ‘the use of field hospitals’.
- Following the collapse of the health information and disease surveillance systems, WHO initiated an interim sentinel site surveillance system on behalf of the MoH for selected priority diseases. WHO is leading the inter-agency Cholera Task Force in Basra, and is coordinating disease surveillance and outbreak control activities undertaken by other agencies.

Constraints
- Security remains the major constraint, both towards implementation of public health programmes, attendance of patients to health services and attendance of health promoters to their work place.
- The general health information and disease surveillance system collapsed constraining health activities in Iraq (this constraint was however overcome by WHO: detailed above).

Major Health Objectives for 2004

- The re-establishment of basic health services, medicine supplies and public health programs identifying and addressing the most important short-term health needs of the population (i.e. jumpstarting the health care delivery system). This jumpstart initiative includes: a) urgent rehabilitation of the hospitals and clinics, by and providing time-limited support of running costs b) the supply distribution network c) the public health programmes and d) capacity building of MoH capacity for planning and decision making. This set of priority public health programmes aims at the establishment of basic health security network through disease surveillance and outbreak response, tropical diseases, TB and malaria control, rehabilitation of laboratories, environmental health, nutrition and food safety, mother and child health.
- Planning the longer term restoration of an effective health system. The MoH/CPA with technical assistance from the UN has already identified strategic priorities and actions. The main determinants of the burden of disease need to be effectively tackled in order to reduce avoidable mortality, morbidity and suffering. The target of halving maternal and child mortality (presently at unacceptable levels) within two years will require the concerted effort of all actors and a substantial investment in infrastructure rehabilitation, supply of key equipment, drugs and vaccines, and interventions for a rapid upgrading of the workforce. Reorienting the sector from the centralistic hospital-based model towards Primary Health Care requires an expansion of health services and human capacity development (starting from currently neglected areas, such as nursing, public health and administration). The development and introduction of standardized clinical protocols will guide health workers in better case management and will improve efficiency of services. The strengthening of the health information system, including its surveillance component, will provide health managers and policy makers with an adequate basis for monitoring the health status and decision-making.
- Efficient phasing out and the hand-over of the health part of the Oil for Food programme should be finalized by 21st November 2003.

Health Sector Priorities for 2004

The health sector priorities for 2004, as quoted from the ‘Needs Assessment Exercise’ include:
- Restore effective control and ensure stewardship over the health care system
- Secure effective implementation of public health programmes and interventions
- Provide equitable access to effective health care, taking services as close to the client as possible, and with the full involvement of community groups
- Increase focus on improving public health, with particular attention to women, children and other vulnerable groups
- Address imbalances in the distribution and skill-mix of health professionals
- Rehabilitate essential infrastructure and health services to render them more responsive to priority needs of the Iraqi population
- Develop a national health plan, with focus on the ten areas identified in recent stakeholder consultations (discussed in the following section).

Sector Donors

- US
- Australia
- Norway
- Spain
- Italy
- Republic of Korea
- Sweden
- UK
- Greece

Sector Implementing Partners

- CPA/MoH
- UN agencies
- NGOs

Partners

- Greece
- UK
- Sweden
- Italy
- Norway
- Australia
- Spain
- CPA/MoH
Total WHO funding required for Nepal is approximately US$200,000.
### Nepal

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| - Nepal is exposed to multiple hazards such as earthquakes, floods, landslides, fires, thunderbolts, windstorms, hailstorms, avalanches and civil conflicts. While floods and landslides are annually recurring events, earthquakes happen infrequently.  
- The most troubling fact of Nepal’s 750 years seismic record is a recurrence period for major earthquakes of only 75 years, suggesting that a devastating earthquake is inevitable in the long run and likely in the near future. | - Nepal is one of the most hazard-affected countries in the world. Every year floods, landslides, epidemics, fires and earthquakes cause extensive damage and loss of life. The risk that these hazards become disasters is directly related to the vulnerability of the country and its capacity to respond in an effective and timely manner.  
- Nepal has experienced nine major earthquakes during the last 700 years, and recurring earthquakes during the 20th century. In 1934, the Great Bihar Earthquake killed approximately 8,500 and wounded thousands more. If a similar earthquake occurs now-a-days, 40,000 deaths and 90,000 injured can be expected in the Kathmandu Valley alone.  
- Floods and landslides affect Nepal every monsoon season in the central regions and the flat southern parts of the country. Due to a combination of vulnerable topography and increasing human interference, such regularly occurring disasters can be expected to continue, causing loss of life and injuries as well as posing increased public health risks. Official disaster statistics from the last five years indicate that on an average 180 people lose their lives annually in water inducted disasters. In 2002, the floods and landslides were more severe than usual. According to the Ministry of Home Affairs, almost 500 people died and more than 55,000 families were affected.  
- Nepal is experiencing a mounting civil unrest, which has been ongoing during the last seven years. The situation is worsening day-by-day causing a breakdown of all aspects of the social and economic systems. |

### WHO Objectives for 2004

In order to have a positive impact on the health status and well-being of the most vulnerable groups, the WHO Objectives for 2004 are:

- Increase capacity of the health sector to prepare for and respond to disasters and promote risk mitigation within a development framework.
- Strengthen emergency preparedness and disaster response capacity of the health sector at national level.
- Decentralize the emergency preparedness planning process for the health sector and enhance capacity of regional and district level health facilities.

These objectives will be fulfilled by WHO if the Proposed Proposals for 2004 are funded.

### WHO Proposed Projects for 2004

- Strengthening Health Action in Crises (HAC) activities in Nepal
- Follow-up and contribute in the implementation of:
  - Communicable disease surveillance
  - Malaria
  - Tuberculosis
  - Surveillance, prevention and management of non-communicable diseases
  - Health promotion
  - Disability/injury prevention and rehabilitation
  - Mental health and substance abuse
  - HIV/AIDS
  - Nutrition
  - Health and environment
  - Blood safety and clinical technology

Total WHO funding required for Nepal is approximately US$200,000
Total WHO funding required for Sri Lanka is approximately US$200,000

Source: ESRI data & Maps CD March 2000

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by WHO.
Background

- Sri Lanka is vulnerable to natural and man-made disasters.
- Sri Lanka has witnessed a long civil war, which has affected the entire country. It has made the most devastating impact on the North and East part of the country where people have very limited access and poor quality of basic services such as health and education. Many areas have been closed from the rest of the country which has led to severe deterioration of many sectors and one of the worst affected sectors is the state health sector.
- Armed conflict lasting nearly two decades has retarded the development of Sri Lanka as a whole and severely disrupted the civil life of much of the northern and eastern part (commonly known as the North-East) of the country. This has had a severe impact on the population in the North-East part of the country. This has led to widespread human sufferings, massive displacement of people and dispersal of many from the conflict area to different parts of the world. People who have left the country are living in refugee or welfare camps for many years. The civil war has forced most of the government functionaries to scale down their operations due to voluntary or involuntary factors.
- In 2001, there was severe drought in seven districts of Sri Lanka affecting more than one million people. As a result of this drought, there were many post-drought health problems.
- There were severe floods and landslides in May 2003, the worst experienced since 1947, affecting the districts of Ratnapura, Kalutara, Galle, Matara and Hambanota in the southern part of the country. As a result of these floods and landslides, there was great loss to life and property. The floods destroyed power and telephone lines, sections of roads and collapsed bridges, which seriously hampered the rescue and relief operations.

WHO Objectives for 2004

In order to have a positive impact on the health status and well-being of the most vulnerable groups, the WHO Objectives for 2004 are:
- Establish and institutionalise Health Action in Crises (HAC) units at appropriate levels.
- Establish emergency care unit at municipal, divisional and district hospitals.
- Establish/expand the health security network in the North and East of Sri Lanka.
These objectives will be fulfilled by WHO if the Proposed Projects for 2004 are funded.

WHO Proposed Projects for 2004

- Strengthening HAC activities in Sri Lanka
- Follow-up and contribute in the implementation of:
  - Communicable disease surveillance
  - Malaria
  - Tuberculosis
  - Surveillance, prevention and management of noncommunicable diseases
  - Health promotion
  - Disability/injury prevention and rehabilitation
  - Mental health and substance abuse
  - HIV/AIDS
  - Nutrition
  - Health and environment
  - Blood safety and clinical technology

Total WHO funding required for Sri Lanka is approximately US$200,000
Total WHO funding required for Vanuatu is approximately US$100,000

Source: ESRI data & Maps CD March 2000
**Background**

- Vanuatu is an archipelago of more than 80 islands strung roughly north-west to south-east, south of the Solomon Islands, west of Fiji and north-east of New Caledonia.
- Current population estimate is 207,586 with 42.7% of the population under 15 years.
- Most of the population is employed in subsistence agriculture and the remainder in the government, service industries, and light industry. The government is by far the largest formal sector employer in the country.
- For a number of years economic growth has been stagnant or recessive. Employment has stagnated or declined. Although 14 Pacific countries have achieved quite different levels of development over the past decade, Vanuatu is at the lower level of development. The country is moving closer towards complete dependence on the tourism industry, which will not be sustainable for economic development.

**Disaster History and Health Concerns**

- Vanuatu is rated as the highest disaster prone country in the South Pacific due to its geographical location, isolation, and remoteness of islands and villages and its difficult terrains. The limited resources to deal with such disasters in a timely manner compound this.
- Recent major disasters in Vanuatu include: a major earthquake measuring MM7.5 (Modified Mercalli Scale) which affected Port Vila and torrential rains causing landslides and flashfloods on Tanna Island in December of 2002.
- Landslides and floods caused many casualties and serious concerns on public health including malaria outbreak.

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**WHO Objectives for 2004**

In order to have a positive impact on the health status and well-being of the most vulnerable groups, the WHO Objectives for 2004 are:

- To strengthen the health sector’s capacity for health emergency management
- To address priority public health needs

These objectives will be fulfilled by WHO if the Proposed Projects for 2004 are funded.

**WHO Proposed Projects for 2004**

- Strengthening health emergency preparedness and response in Vanuatu
- Follow-up and contribute in the implementation of:
  - Hazards and vulnerability analysis
  - Assessment of health facilities for disaster preparedness
  - Health emergency preparedness planning
  - Upgrading of health facilities and services for emergency response
  - Development of MOH Disaster Emergency Operations Centre
  - Blood safety and clinical technology

Total WHO funding required for Vanuatu is approximately US$100,000.