



## IRAQ

### Canal Hotel attack and United Nations presence in Iraq

On 19 August the compound of the UN Headquarters in Baghdad suffered a bomb attack which caused 23 deaths, among them, the one of the Secretary General Special Representative for Iraq, Sergio Vieira de Mello. Nadia Younes, Chief of Staff for the UN Special Representative, was also killed. Nadia Younes was seconded in May to the UN Baghdad office from her role as Executive Director in charge of External Relations and Governing Bodies at WHO.

More than one hundred persons were wounded. Coalition Forces, Iraqi doctors and nurses, paramedics from the Swedish Rescue Service and UN staff worked together to assist the injured and transfer them to hospitals. All wounded were evacuated to Kuwait, Jordan and other points in the following days. All UN agencies were actively involved in providing assistance and comfort to the victims. The UN Secretary General has vowed that the tragic attack will not thwart the UN's commitment to work for the Iraqi people. UN presence in the country has been temporarily reduced until new security measures are put in place.

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### New Contributions for Emergency Activities

- **AGFUND:** (2002 pledge turn contribution) USD 20,000 (1<sup>st</sup> tranche), Improving child health project in **Kosovo** (non-CAP 2002)
- **ECHO:** (pledge) EURO 875,000 (USD 997,720), strengthening of health services at community level (county hospitals) **Democratic People's Republic of Korea (DPRK)**
- **Italy:** (pledge) EURO 31,005 (USD 35,354), NEHK (5) and BDM (5) kits to Monrovia, to assist local population of **Liberia**
- **Italy:** (pledge) EURO 50,800 (USD 57,925) 5 NEHK + trauma and diarrhea kits to Iraq for assistance to the population of the **Thi Qar province**
- **Netherlands:** (Pledge) USD 451,138, reintegration of former UNITA health workers into the National Health System - UNFPA/**Angola**
- **Norway:** (pledge) NOK 2,555,400 (USD 355,905), in-kind (surgical supply kits) NOK 2,467,400 (USD 343,650) and cash NOK 88,000 (USD 12,255), support health needs in Liberia, revised UN CAP 2003 for **Liberia**
- **Norway:** (pledge) NOK 1,000,000 (USD 130,890), **Sudan** Floods (non-CAP)
- **OCHA** (on behalf of Greece): (pledge turn contribution) USD 200,000, Flash Appeal for **Iraq**

**WORLD HEALTH ORGANIZATION**  
**Emergency Preparedness and Response Highlights, August 2003**

**IRAQ: Needs Assessments: Health Priority  
Setting Workshop in Baghdad**

A three-day workshop was held in Baghdad on 17-19 August with representatives from the Ministry of Health, the Coalition Provisional Authority, UN agencies, NGOs and donors. Towards the overall goal of providing health services that are accessible, equitable, and affordable, the workshop identified several areas of concern and established working groups for each one of them.

- It is essential to develop benchmarks for health outcomes and to ensure meaningful health promotion to the community.
- Principles, standards and processes for an effective and up-to-date production of reliable health information need to be established that would eventually translate in a better decision making and policies and monitoring of health status and activities.
- There is a need to introduce key legislation in areas such as private sector providers, sanitary inspections, importation and commercialization of harmful products, etc.
- Parameters need to be established for the numbers, types and geographical distribution of licensed medical personnel.
- New curricula need to be developed to enable Iraqi professionals to catch up with international standards and trends.
- There is a need to further develop a preventive and primary health care system that is capable to address the disease profile of the country.
- Pharmaceuticals, medical supplies and equipment: there is a need to modernise supply systems and to develop policies that ensure appropriate use of drugs and technology.
- Financing of Health Care: the challenge is to find an optimal financing model that takes into account expected public revenue, per capita income and income distribution and to ensure a minimum essential services package for all.

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**RECENT EVENTS...**

**Planning and Organization of Mental  
Health Services in the West Bank and  
Gaza, 8-10 September 2003**

The objective of the two-day meeting, held at WHO Headquarters in Geneva, was to draft a common vision of planning and organization of mental health services in the West Bank and Gaza. The aim is to overcome the present fragmentation of the mental health and psychosocial field in the occupied Palestinian Territory (oPt).

Participants included the directors of the Ministries of Health in Gaza and the West Bank, representatives of NGOs as well as the French and Italian government who are actively involved in setting up mental health services in oPt.

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**... AND UPCOMING EVENTS**

**Inter-Agency Working Group Meeting on  
Reproductive Health in Refugee Situations**

The conference will be held in Brussels from 6-8 October 2003. The theme of this year's meeting is "Reproductive Health - from Disaster to Development."

The Working Group on Reproductive Health meets annually and is hosted either by WHO, UNHCR or UNFPA. Its members include over 40 organizations. The main focus of the Working Group is to promote collaboration, identify common areas of work, reach consensus on priority issues and develop a joint programme of work.

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### **Children in Complex Emergencies: Health Issues and Partnerships**

This interagency consultative meeting will be held on 21-22 October on Geneva, Switzerland.

The meeting will address the health needs of children in complex emergencies. This is critical to the success of relief efforts and requires coordinated and effective interventions. There has not been a systematic review of child health care practices in complex emergencies.

The meeting is organized by WHO, with the participation of UNICEF.

It will bring together major international and national players working on child health in complex emergencies in order to identify existing gaps in child health in complex emergencies and reach consensus on a general framework for next steps in addressing child health in complex emergencies.

## **LIBERIA UPDATE**

### **Disease outbreaks and control**

*Cholera:* A cholera outbreak is ravaging Liberia's capital, Monrovia. 10,043 thousand people have been affected since hostilities started in June 2003. About 110 people are reported to have died of cholera so far. According to reports from NGOs working in the camps for displaced people, in Monrovia alone, there are over 2035 new cholera cases every week. The movement of thousands of people to the capital, seeking safety and shelter, has led to a complex situation - with insufficient water and sanitation for the displaced people.

Cholera is transmitted through consumption of

contaminated food and water. It results in a massive loss of liquid - and if left untreated, is fatal. To decrease the risk of a larger outbreak, WHO and its health partners are undertaking a massive chlorination of wells in Monrovia. Cholera has also been reported outside of Monrovia and WHO is now assessing the situation in towns surrounding the capital in order to get more data on how many people are affected. Chlorination of wells outside of Monrovia has already started.

*Measles:* There is a great risk of a measles outbreak in Liberia as immunization coverage has dropped dramatically during the past years. Measles counts among the biggest child killers in Africa. To avoid a major outbreak, WHO and health partners are carrying out emergency measles vaccination campaigns.

The first mass immunization campaign for children 6 months to 15 years was held in Tubmanburg. During the one-week campaign health workers vaccinated over 3,000 children and administered over 1,400 Vitamin A doses to children below five years of age. A second campaign was held in Grand Cape Mount and Gbarpolu Counties. A total of 458 children were vaccinated and 207 received Vitamin A supplements. The campaign will continue in Bomi County.

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**New documents on the EHA website**  
**(<http://www.who.int/disasters>)**  
**Updates/Situation Reports/Newsletters/**  
**Reports**

- Malnutrition on the rise in rebel-held western Liberia - *September 17*
- Iraq Humanitarian Assistance Report (PDMIN) - *September 16*
- Ethiopia: Malaria outbreak kills over 4,000 (Alertnet) - *September 10*

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- Southern African Humanitarian Crisis Update (UNRIACSO) - *September 10*
- China: Relief efforts continue as flooding causes further havoc (World Vision) – *September 9*
- Sudan: Health interventions lag behind needs, OCHA - *September 9*

**Selected Press Review**

**Press Releases**

- WHO Director-General calls for “urgent treatment” for people with AIDS in Africa, *1 September*
- Access to health services should be possible right across Angola, *29 August*
- Joint WHO, Food and Agriculture Organization and Chinese government mission on SARS animal reservoir and possible transmission to Humans, *20 August*

**Press Articles**

- Liberia’s health crisis: After civil war, care and recovery begin, *The World Paper, September*
- In South Africa, WHO leader sees chance in AIDS fight, *The Boston Globe, 4 September*
- Death by dithering: A health tragedy compounded by government farce, *The Economist, 7 August*

**Health and epidemiological surveillance in Burundi**

*Malaria.* Currently, malaria is the most pressing public health problem in Burundi with high morbidity (45.67%) and mortality (53.02% for children under five) rates. According to data from the national health statistics, the number of malaria cases increased from 548,201 cases in 1991 to 3, 547,319 cases in 2002.

For years, the first-line treatment of malaria was chloroquine. Sulfadoxine-pyrimethamine was used as second-line treatment. However, during the past years, the population developed a high resistance to these drugs. Up to 73% developed resistance to chloroquine and up to 49% became resistant to Sulfadoxine-pyrimethamine. National health authorities decided to adopt a new treatment protocol composed of Amodiaquine and Artesunate.

The new treatment protocol is now being implemented with WHO supporting training activities of national and regional trainers. The training of health personnel in community health centers continues and monitoring and follow up activities are in preparation.

*Meningitis.* The meningitis (type A) epidemic that was reported in Bubanza province is now under control. Between 26 July and 18 August 40 cases were reported, of which 37 cases occurred in Bubanza, 2 cases in Bujumbura Rural and 1 case in Cibitoke.

WHO took immediate action and, in addition to case management and reinforcement of the epidemiological surveillance, carried out an emergency vaccination campaign. 38,000 people at the risk were vaccinated.

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**WORLD HEALTH ORGANIZATION**  
**Emergency Preparedness and Response Highlights, August 2003**  
**Summary of 2003 WHO Emergency Requirements and Funding Status**  
as of 31 August 2003

Emergency	WHO Requirements	Cash Contributions	Pledges	Carry-Over	Total Resources Available
	US\$	US\$	US\$	US\$	US\$
<b>REGIONAL OFFICE FOR AFRICA</b>					
Angola (CAP)	5,814,425	-	1,022,567		1,022,567
Great Lakes Region and Central Africa (CAP)	571,160				-
Burundi (CAP)	1,967,000	200,000	-		200,000
Democratic Republic of the Congo (CAP)	15,190,660	294,464	-		294,464
DRC - Appeal Nyiragongo Volcano	1,033,810				-
Republic of the Congo	4,124,700				-
Uganda (CAP)	495,000				-
West Africa (CAP)	2,239,879				-
Burkina Faso (CAP)	201,450	161,464			161,464
Mali (CAP)	144,584				-
Guinea (CAP)	1,807,300				-
Liberia (CAP)	1,368,250		355,905		355,905
Sierra Leone (CAP)	2,824,462				-
Ethiopia - meningitis control	2,554,260				-
Ethiopia - drought and food shortage	1,536,800				-
Eritrea (CAP)	1,443,900				-
Southern Africa	22,710,477	273,600			273,600
Regional activities	1,650,000	569,896	-		569,896
Lesotho	1,272,000				-
Malawi	2,931,143	3,880,420	-		3,880,420
Mozambique	1,300,000				-
Swaziland	543,939				-
Zambia	1,805,000				-
Zimbabwe	13,208,395	1,631,486	-		1,631,486
<b>SUB-TOTAL</b>	<b>66,028,117</b>	<b>7,011,330</b>	<b>1,378,472</b>	-	<b>8,389,802</b>
<b>REGIONAL OFFICE FOR THE AMERICAS / PAN-AMERICAN HEALTH ORGANIZATION</b>					
Colombia	898,000				
<b>SUB-TOTAL</b>	<b>898,000</b>	-	-	-	-
<b>REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN</b>					
Somalia (CAP)	5,062,014	416,889			416,889
Sudan (CAP)	5,256,839	389,547	1,028,571		1,418,118
Afghanistan TAPA	18,770,140				-
Occupied Palestinian Territory (oPt) (HAP)	2,500,000	1,199,743	305,174		1,504,917
<b>SUB-TOTAL</b>	<b>29,088,993</b>	<b>2,006,178</b>	<b>1,333,745</b>	-	<b>3,339,923</b>
<b>REGIONAL OFFICE FOR SOUTH-EAST ASIA</b>					
Indonesia (CAP)	2,056,400	498,727	-		498,727
DPRK (CAP)	5,231,100	1,585,353	997,720		2,583,073
Sri Lanka	1,500,000				-
<b>SUB-TOTAL</b>	<b>8,787,500</b>	<b>2,084,080</b>	<b>997,720</b>	-	<b>3,081,800</b>
<b>REGIONAL OFFICE FOR EUROPE</b>					
Southeastern Europe (CAP)	6,010,000				-
Unearmarked					-
Federal Republic of Yugoslavia (excl.Kosovo)	2,460,000				-
UN Administered Province of Kosovo (FRY)	1,000,000	600,000			600,000
Former Yugoslav Republic of Macedonia	2,550,000	730,316			730,316
Chechnya & Neighbouring Republics in the NC (RF)	3,096,000	888,300	-		888,300
Tajikistan (CAP)	902,000	360,752	-		360,752
<b>SUB-TOTAL</b>	<b>10,008,000</b>	<b>2,579,368</b>	-	-	<b>2,579,368</b>
<b>OTHER PROGRAMMES</b>					
Project : Healthy Partnership between European and Palestinian Municipalities			130,000		130,000
HIV/AIDS in Complex Emergencies	1,135,900				-
Supply Management Project	2,731,780				-
Core Funding	4,487,002	449,432			449,432
<b>Total Appeals</b>	<b>123,165,292</b>	<b>14,130,388</b>	<b>3,839,937</b>	-	<b>17,970,325</b>
Other Contributions		33,130,769	6,227,503		39,358,272
<b>GRAND TOTAL</b>	<b>NA</b>	<b>47,261,157</b>	<b>10,067,440</b>		<b>57,328,597</b>

**WORLD HEALTH ORGANIZATION**  
**Emergency Preparedness and Response Highlights, August 2003**