



US\$ 20 MILLION NEEDED TO JUMP START THE IRAQI HEALTH SYSTEM

The damage done to the Iraqi health system by years of underinvestment, economic sanctions and most acutely by weeks of conflict is clear to see. Now, WHO is working to assist in putting the Iraqi health system back on its feet.

The first and most urgent step is to "jump start" hospitals and health centres across the country with a small amount of funding to prevent the damage from getting worse.

The idea behind the "jump start" programme is to build on existing Iraqi health facilities and their highly committed staff. This means making sure the very basics are in place - that floors are cleaned, patients fed and waste removed; that staff are given a daily allowance until a system is worked out to again pay their salaries; that basic maintenance work can be done, generators can operate and the most essential medicines can be supplied.

WHO estimates that just an additional few thousand of US dollars per month is all that is needed to make sure that each one of the key hospitals in the country can continue to provide basic health services for the people who depend on it.

For the whole country, WHO estimates that US\$20 million per month is all that is needed to keep the health system functioning. Without this small initial investment, much more will be needed to repair the damage that will inevitably result.

Iraq's hospitals and health providers were shamefully targeted by looters hoping to gain from the chaos that followed the collapse of the government. Vital medicines and medical supplies were stolen and health facilities were damaged in many towns and cities across the country. Now, a few thousand dollars a month

is all that is needed to make sure each facility can continue to operate.

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More information on Iraq can be found on page 4.

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New Contributions for Emergency Activities

- **Canada (CIDA):** (pledge turn contribution) Canadian dollars 99,958 (USD 67,999) , UN CAP for **Tajikistan 2003**
- **ECHO:** (pledge turn contribution – first instalment), Euro 856,046 (USD 921,471), reorganization of mental health services, **Occupied Palestinian Territory**
- **Ireland:** (pledge) EURO 250,000 (USD 269,107), emergency health care activities in **Democratic Republic of Congo (DRC)**
- **Italy: (ERF)** Euro 100,000 (USD 107,643), Ebola epidemic in Republic of Congo (funds transferred to **CDS**)
- **Italy: (ERF)** Euro 200,000 (USD 215,285), meningitis epidemic in Africa (funds transferred to **CDS**)
- **Italy: (ERF)** USD 95,498, emergency health kits, **Iraq**
- **Italy: (ERF)** Euro 500,000 (USD

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538,213), emergency activities, refugees, **Iraq**

- **Italy: (ERF)** USD 72,343, emergency health kits, **Occupied Palestinian Territory**
- **Italy: (ERF)**, USD 182,992 reintegration of stock (Euro 170,000 + transport)
- **Italy:** (pledge) Euro 500,000 (USD 538,213), for Bilateral Emergency Fund **(ERF)**
- **Norway:** (pledge) NOK 6 million (USD 821,917) divided in-kind (NOK 5,114,200, USD 700,575) and cash (NOK 885,800, USD 121,342), Flash Appeal for **Iraq**
- **Republic of Korea:** (pledge) USD -- in-kind 2,000,000, **Iraq**
- **Sweden (Sida):** (pledge turn contribution) SEK 4,000,000 (USD 472,255), UN CAP 2003 -- improve health and nutrition in the **Democratic People's Republic of Korea (DPRK)**
- **United Kingdom:** (pledge turn contribution) USD 1,561,500, preparedness for possible conflict in **Iraq**
- **United States (USAID):** (pledge turn contribution) USD 200,000, strengthen health coordination and epidemic surveillance and control systems in **Burundi**

Recent Events...

Heads of Agencies met at the plenary of the **Inter Agency Standing Committee (IASC)** which was held on **24 April** in **Paris**. WHO stressed the urgent need to jumpstart the Iraqi health care delivery system, with support of national staff, other UN agencies and NGOs, until longer-term mechanisms have been developed to provide the population with comprehensive health services.

On 30 April, the UN country team launched the **Flash Appeal for the Central African Republic**. In order to cover the most urgent needs for the coming three months of more than 2 millions people affected by the conflict, the UN request for US\$ 9.1 million. Out of this amount WHO appeals for US\$ 757,900 for co-ordination and to carry out priority health interventions.

...Upcoming Events

The next "**Health Emergencies in Large Populations**" (**HELP**) training course will take place from **26 May** to **13 June** in **Ouidah, Benin**. The course will provide the public health tools necessary for making appropriate decisions in emergency situations involving large populations.

The course is organized in partnership with academic institutions, WHO, PAHO, WMA (World Medical Association), and National Red Cross Societies.

WHO launches Partnership of European, Israeli and Palestinian Cities

WHO and the International Solidarity Fund of Cities against Poverty launched a new partnership for health and human development of European, Palestinian and Israeli Cities. This innovative programme aims at promoting dialogue through enhanced collaboration in the area of health between local governments and civil society.

WHO invited representatives from seven European cities - Geneva, Barcelona, Lyon, The Hague, Brussels, Torino, and Hamar (Norway) - to launch the initiative. On 30 April representatives met in Geneva with the Deputy Director General of the Union of Local Authorities in Israel (ULAI) and the Executive Director of the Association of Palestinian Local Authorities (APLA) to develop concrete next steps that will speed up the implementation of this partnership.

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In an initial phase of the programme, European municipalities, including professionals of the local health and social services, as well as representatives of the civil society, will invite health officials from Israel and the Occupied Palestinian Territories to participate in study tours, training initiatives, and workshops. At a later stage direct exchange activities between Israeli and Palestinian municipalities will be arranged. The program envisages specific collaboration initiatives in the areas of public health, primary health care and the health and social conditions of vulnerable groups. WHO will assist in coordinating these interventions and link them with overall national health policies.

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New documents on the EHA website
(<http://www.who.int/disasters>)

Updates/Situation Reports/Newsletters/Reports

- Health in Emergencies, Issue 16; Focus: Learning in Humanitarian Assistance
- Health Facilities in Iraq, in Diyala, Nihewa, Salah Al-Din and Taamim Governorates - (in -pdf format)
- OCHA: Consolidated Inter-Agency Appeal of Côte d'Ivoire Plus Five

Selected Press Review
Press Releases

- World Health Organization lifts Toronto travel advisory, maintains advice for areas of China, 30 April 2003
- A simple but ambitious plan: \$20 million to jump start the Iraqi Health System, 2 May 2003

Press Articles

- **Africa's AIDS crisis**, reflecting on the consequences of the epidemic "if nothing is done", *The Washington Times*, 29 April

WEST AFRICA CRISIS

The continued fighting in Liberia and the end of the conflict between Sierra Leone and Guinea were the main cause of mass movement in the region until August of last year. Since September 2002, the conflict in Côte d'Ivoire has aggravated the situation by generating mass movements of people to six countries, including inside Côte d'Ivoire, Liberia, Guinea, Burkina Faso, Mali and Ghana.

This has disrupted the health system of many countries in the region. According to recent WHO assessments that have been carried out in co-operation with the Ministry of Health of Côte d'Ivoire, the ICRC and MSF, 47% of the country's health infrastructure have been looted or destroyed; 85% of health professionals were forced to leave their homes and jobs in order to find safer areas to live. Even minimum health care services can not be ensured and health services in zones controlled by the government are completely overwhelmed. Communicable diseases, including malaria, cholera, meningitis, tuberculosis and HIV/AIDS are on the rise.

WHO elaborated a plan within the UN Consolidated Appeal Process 2003 for "Côte d'Ivoire Plus Five" (Liberia, Guinea, Ghana, Burkina Faso and Mali) which was launched on 29 and 30 April in Abidjan and Geneva. It includes an emergency response plan for refugees, internally displaced people (IDPs) and host communities. The plan proposes interventions in four main areas: 1. Enhanced coordination of health activities and information sharing, 2. Establishing of an early warning health information system for effective information management, 3. Tackling excess morbidity and mortality by reinforcing the emergency health response capacity, and 4.

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Supporting primary health care in front line emergency services including safe motherhood and HIV/AIDS prevention.

As a first step, WHO posted emergency public health officers in Guinea, Liberia and Côte d'Ivoire to reinforce existing capacity for emergency health coordination.

To carry out the badly needed interventions that are crucial to safeguard the health of thousands of people, WHO requested US\$ 6,7 million.

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FOCUS: RECONSTRUCTION PROCESS IN IRAQ - *continued*

WHO Guidelines released on donations of medical supplies

WHO is working with other health partners in Iraq to co-ordinate health assessments, reach consensus on priorities, and streamline public health interventions. One of the areas that urgently needs co-ordination and management is donation of medical supplies.

Uncoordinated donations of medicines and medical supplies burden the national health system, affect the local drug market and, when inappropriate and/or inappropriately labelled, can endanger the health of the population. Unsolicited donations require manpower to sort out the usable from the non-usable, and money to destroy those medicines that are expired or unknown to local health professionals. Further, there are technical complications related to destroying many of the items and costly expertise is needed to ensure that this is done appropriately and does not cause danger to people and the environment. Several factors contribute to uncoordinated donations of medicines and medical supplies. Examples include the lack of a strong national authority, enormous humanitarian need and media attention.

WHO, therefore, strongly urges governments to inform the Organization of any planned medical in-kind donations, to provide lists of items including expiry dates, and ensure that labelling is understandable to local health professionals. For any information, in this regard, please kindly inform eha@who.int.

WHO and its partners have developed guidelines for drug donations. The guidelines can be accessed on the WHO web site under: <http://www.who.int/medicines/library/par/who-edm-par-99-4/who-edm-par-99-4.htm>.

WHO reflections on the use of field hospitals in the Iraq Crisis: May 7th 2003

Iraq has some large and sophisticated hospitals with qualified and competent staff. Most kept functioning throughout the war but some were subsequently brought to a halt by wide-scale looting. In many of the hospitals that are operating now, the main problems are security, water, power and personnel. There are also some specific shortages of medicines and equipment but these vary from hospital to hospital.

The international health partners working in Iraq all agree that the best option for assistance to the health sector in Iraq, including to hospitals, is assistance that helps the existing infrastructure to operate as fully as it can under the circumstances and to progressively return to normal.

WHO is aware that the motive for donations is to provide help and to reduce suffering of the crisis-affected population, but the dispatch and mobilization of a field hospital is expensive. The funding may be better used for other more cost-effective interventions in support of the same services, for example for rehabilitation of an existing hospital, replacement or repair of equipment or provision of urgently needed supplies. Current WHO reflections on the use of Foreign Field Hospitals can be viewed at: <http://www.who.int/disasters/repo/9591.pdf>

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Summary of 2003 WHO Emergency Requirements and Funding Status
as of 30 April 2003

Emergency	WHO Requirements	Cash Contributions	Pledges	Carry-Over	Total Resources Available
	US\$	US\$	US\$	US\$	US\$
REGIONAL OFFICE FOR AFRICA					
Angola (CAP)	5,814,425	-	-	-	-
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		269,107		269,107
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				-
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
SUB-TOTAL	66,028,117	6,716,866	269,107	-	6,985,973
REGIONAL OFFICE FOR THE AMERICAS/ PAN-AMERICAN HEALTH ORGANIZATION					
Colombia	898,000				
SUB-TOTAL	898,000	-	-	-	-
REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN					
Somalia (CAP)	5,062,014	416,889			416,889
Sudan (CAP)	5,256,839	389,547			389,547
Afghanistan TAPA	18,770,140				-
Occupied Palestinian Territory (oPt) (HAP)	2,500,000	1,199,743	305,174		1,504,917
SUB-TOTAL	29,088,993	2,006,178	305,174	-	2,311,352
REGIONAL OFFICE FOR SOUTHEAST ASIA					
Indonesia (CAP)	2,056,400	238,000	118,064		356,064
DPRK (CAP)	5,231,100	885,353	700,000		1,585,353
Sri Lanka	1,500,000				-
SUB-TOTAL	8,787,500	1,123,353	818,064	-	1,941,417
REGIONAL OFFICE FOR EUROPE					
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	270,300			270,300
Tajikistan (CAP)	902,000	360,752	-		360,752
SUB-TOTAL	10,008,000	1,961,368	-	-	1,961,368
OTHER PROGRAMMES					
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
Total Appeals	123,165,292	12,257,197	1,522,345	-	13,779,542
Other Contributions		4,911,233	15,125,247		20,036,480
GRAND TOTAL	NA	17,168,430	16,647,592	176,887	33,992,909

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