

EMERGENCY AND HUMANITARIAN ACTION

News update
August and September 2007

<http://www.searo.who.int/eha>



World Health
Organization

Regional Office for South-East Asia

INDONESIA



SUMATRA EARTHQUAKES

- Starting 12 September 2007, a series of powerful earthquakes (6 to 8+ RS) have been rocking southern provinces of Sumatera Island (Bengkulu, Jambi and West Sumatera) and Melawai Archipelago.
- Tsunami warnings have been issued several times but fortunately huge waves have not materialized and flooding has only taken place of relatively small parts of coastal areas from high tidal waves. Despite their serious magnitude (6-8RS), the frequently repeated events have caused fewer casualties than originally feared with 30 dead and 165 injured.
- Serious damage to buildings and infrastructure has been reported with detailed assessments still ongoing. According to initial estimates, 15 000 houses and public buildings have been destroyed and an additional 40 000 damaged. Ministry of Health reported 472 health facilities damaged (83 completely destroyed, 157 heavily damaged, 174 moderately damaged and 58 lightly damaged). The events have caused displacement of approximately 30 000 people for approximately 2 weeks. Affected communities were severely traumatized by the repeated tsunami alerts, the uncertainty and the damages. EHA WHO Indonesia joined the UN Assessment Team visiting affected areas on 'Day One'. Although the Government of Indonesia (GOI) has not requested international assistance, UN agencies are supporting GOI relief operations with available non-food items. Various NGOs with local capacity are also providing aid for communities in the most affected villages. EHA WHO Indonesia supports the UN-OCHA by providing health-related technical backstopping to their coordination efforts and emergency funds disbursement to applying NGOs.

FOREST FIRES IN KALIMANTAN AND CENTRAL JAVA

- From the 24-26 September, officials in Kalimantan are monitoring and fighting 170 forest fires related to farming practices. In one month, there has been a total of 214 fires. Meanwhile, the forest on Mount Sindoro, Temanggung, Central Java, continues to burn. This is the second fire since 28 August when over 100 ha of forest were lost. (Source: Media Indonesia | Kompas). The Head of the forest fire controlling team in South Kalimantan, Nordan Natjimi, stated that the forest burning activities have reached the 'seasonal peak'.

LAUNCH OF NEW TRAINING CONSORTIUM ON DISASTER RISK REDUCTION

- A new training consortium (ITC) on disaster risk reduction was launched in Makassar, Indonesia on the 17-19 September. In connection with the launch, EHA WHO Indonesia provided support to MOH Crisis Centre to organize an international seminar on building 'Disaster Risk Reduction' capacities. The event was also sponsored by Japan International Corporation for Welfare Services (JICWELS).
- The ITC training program will commence in November 2007 and will engage participants from all levels of society. The training programmes will draw on the vast experience

Indonesia has developed during the last decade where the country experienced many disasters both natural (e.g. volcanic eruptions, floods, earthquakes, landslides) and man-made (e.g. mining accidents, conflict). The impact from these disasters has encouraged efforts and ideas to organize a regional learning base in Indonesia focusing specifically on disaster risk reduction management and related capacity building for communities.

OTHER ACTIVITIES

- The National Oceanic and Atmospheric Administration (NOAA) plans to add four more buoys as a part of a 5-year program to develop the Tsunami-warning system protecting the Western Coast of Sumatra.
- According to the newest World Bank survey, health indicators in Nias Island remain worse than in other regions of Indonesia. The research documented high infant mortality and low immunization program coverage. Lack of adequate human resources and health financing issues has been blamed. Nias Island was severely affected by the December 26 2004 earthquake and tsunami and again by a powerful earthquake in March 2005. Reported difficulties persist despite recovery aid programs being implemented by the Government of Indonesia (BRR Agency) and the International community in the aftermath of these two events. The World Bank is preparing a similar survey for Aceh.

DPR KOREA

FLASH FLOODS

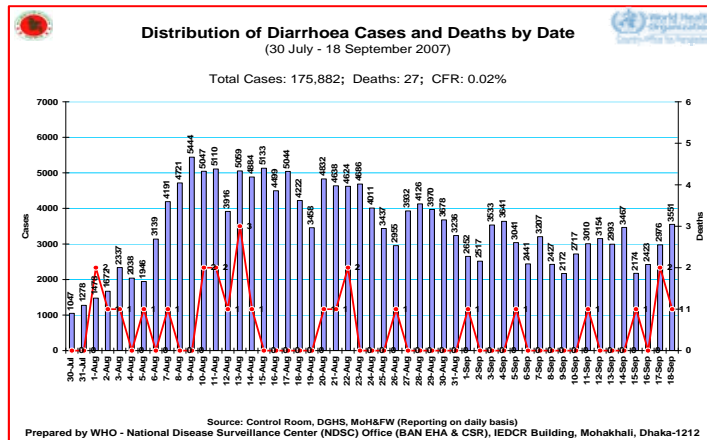


- Torrential rains between 7 and 14 August 2007 caused severe flooding, land- and mudslides in six provinces in central and northern parts of the Democratic People's Republic of Korea and in its capital, Pyongyang. More than 450 people were killed and more than 960,000 were affected, while nearly 170,000 people were made homeless. 10% of the total farmland was inundated, and 2781 public buildings were partially or fully damaged.
- The extensive damage to water supply systems and interruptions to basic medical services across the country means that the impact is felt beyond the directly affected communities. When the flood waters started to recede in many locations, tens of thousands of people were living in temporary shelters, and urgent concerns had been expressed regarding supplies of potable water and prevention of waterborne disease, outbreaks of diarrhoea, malaria, acute respiratory tract infections, skin diseases and malnutrition.
- The Government of the Democratic People's Republic of Korea (DPRK) responded swiftly to the situation, mobilizing government resources in rescue operations, road clearance and relief distribution. Flood recovery operations are being led by the National Defence Committee (NDC), the highest decision-making body in DPRK.
- To support the emergency response operations, a number of sector clusters were formed to improve coordination and planning. WHO is the lead agency for the health cluster. The health cluster objectives are to:
 - Reinforce the health care system to be able to deliver essential services to the affected population by providing a supply of essential drugs, additional basic medical equipment, and medical supplies.
 - Strengthen the capacity and the capabilities of the public health system to monitor, prevent and respond to disease outbreaks.
- A Flash Appeal has been launched with the participation of UN agencies and NGOs operating in DPR Korea. The appeal included 11 projects in six sectors. With the aim of complimenting the response mounted by the national Government and other bilateral support pledged, the appeal requests a total amount of US\$ 14 125 700 to address the most pressing needs of the worst-affected people over the next three months. The health sector is appealing for US\$ 2.6 million.

BANGLADESH

MONSOON LANDSLIDES AND FLOODS

- Continuous inflow of water from the Indian states of Assam and Maghalaya as well as heavy rainfall in Bangladesh resulted in floods, which started from mid-July 2007 and submerged over 25% of the of the country affecting 40 out of 64 districts. The flood situation in the country further deteriorated due to incessant rains over the basins of the Ganges, Meghna, Brahmaputra and south-eastern hills from the second week of September 2007.



- Diseases like diarrhoea, dysentery, enteric fever, eye, ear and skin infections, and intestinal worms have started to occur in epidemic manner. In the period from 30 July up to 18 September a total of 175 882 diarrhoeal cases with 27 deaths (CFR= 0.02%), have been reported at the control room of the DGHS. At the same time apart from diarrhoea, a total of 38

380 cases of ARI with 23 deaths (CFR= 0.06%), 266 cases of snake bite with 88 deaths and 816 deaths from drowning have been reported. The total death toll in the floods has risen to 954 (as on 18 September 2007), which exceeds the death toll of 726 of the last large floods in 2004.

- As part of the emergency response, and supported by donors like Norway, WHO EHA has supplied 20 emergency health kits (New Emergency Health Kits, Cholera Kits, and Malaria kits) to the health sector for post flood health management. Countrywide advocacy training has been provided on health education such as use of safe drinking water, hand washing before eating and after defecation, and maintaining personal hygiene and sanitation. WHO is also working to enhance monitoring of the disease outbreak situation (diarrhoea, dysentery, ARI, skin, eye, ear infections etc) in collaboration with the Control Room, DGHS through Surveillance Medical Officers (SMO) of WHO-IVD/EPI program across the country.
- For more detailed information, please visit the monsoon monitor at www.searo.who.int/eha

TRAINING ON INFORMATION MANAGEMENT



- From September 2007, a training programme on 'Emergency Health information Systems' has been started for statistical assistants in disaster prone districts and upazilas. A series of trainings will be held to train them on basic computer operations, digital record keeping of surveillance data and educating them on how to generate routine reports out of the surveillance data.
- The training programme is jointly carried out by World Health Organization (WHO) BAN EHA and Directorate General of Health Services (DGHS). WHO has already

provided 448 computers to the disaster prone Upazilas of the country to establish an integrated disease surveillance system for the nation. Now it is time to develop the human resources who will be responsible and committed to build up an integrated disease surveillance database, and improve the management of health information in emergencies.

MONSOON FLOODS

- By 23 August, 47 districts across Nepal had been affected by floods and landslides. Nepal Red Cross Society reported that 148 people have been killed and 94 injured while four are missing. Throughout the country, 472 280 people have been affected, and 24 116 families displaced. While no major or unexpected outbreaks have been reported from any of the flood or landslide affected areas, common illnesses such as water-, food- and vector-borne diseases are observed in the majority of the affected districts. A recent Inter-Agency Rapid Flood Assessment covering 13 districts in Terai done by UNICEF, WFP and Save the Children concluded that the health system seems to have been well prepared and Rapid Response Teams were sent to areas with diarrhoeal outbreaks to quickly contain further contamination.
- Following the floods, EHA WHO Nepal has been engaged in the following activities as a means of mitigating the health consequences after the floods and landslides:
 - Pre-positioning of three diarrhoeal kits (2 in Nepalgunj and 1 Biratnagar);
 - Training sessions to strengthen the capacity of emergency preparedness and response among members of the District Disaster Response Committee, health facilities and Rapid Response Teams are scheduled to be carried out in early October in Sankhuwasabha District.

POLITICAL SITUATION

- Recent developments in the country seem to indicate a fragile political environment. In September, the Maoist government ministers resigned from the Government and announced their intentions of carrying out peaceful street protests over a period of three weeks. In addition, an increase in the scale of violence in the Terai lowland has been observed, mainly in Kapilavastu and Dang districts. According to OCHA reports, the death toll in Kapilavastu range between 21 and 31 killed, with around 25 reported injured. The Ministry of Home Affairs has recorded the destruction of 325 houses and shops in six village development committees, along with 155 vehicles torched and vandalized by mobs since 16 September. The Ministry also reports 20 houses being damaged in Dang district. The Home Ministry reports that around 1500 individuals are displaced in Kapilavastu and 800 individuals are displaced in Dang. However, other field sources estimate that up to 5000 individuals may be displaced in Kapilavastu, while up to 900 may be displaced in Dang.

INDIA

MONSOON FLOODS

- By 16 August, 7 Indian states were affected by heavy monsoonal rains and extensive flooding. Fresh monsoon rains in the second week of September led to renewed flooding in the states of Assam, Bihar, and West Bengal. The states of Andhra Pradesh, Karnataka, Orissa have been experiencing heavy rainfall in the third week of September. The flood situation in Assam and Bihar is mostly improving with only light rainfall in the latter part of September. The cumulative number of people who have lost their lives during the South West Monsoon so far is 3020. WHO in association with Ministry of Health and Family Welfare, GOI has been closely monitoring the disease situation in the flood-affected districts of Bihar, Orissa and Assam. In order to assess the risk and strengthen the existing disease surveillance programme, a team from WHO country office visited Patna, Bihar and flood affected districts in the second week of August. The team also held discussion with the State government to initiate a measles vaccination programme in selected areas.
- In Orissa response has been mounted to contain the spread of Cholera. A coordination meeting of members representing the UN agencies UNDP, WFP, UNFPA, WHO, and UNICEF was held on 27th August to discuss on the cholera outbreak in three tribal dominated districts of Orissa (Kalahandi, Rayagada and Karaput). UNICEF, WHO and UNDP have created a technical team that will support the 3 affected districts improve epidemiological surveillance, and provide technical support for treatment protocols for case management as well as strengthen IEC activities.

THAILAND

FLOODS

- Several provinces were affected by flash floods during the past two months. In August 2007, sudden downpours and flash floods affected residents and farmland in the Southern, Northern and Central provinces in Thailand. Several schools were closed. The flash flood triggered mudslides, which killed one person and injured several others. In August, 53 districts in 11 provinces were affected. The number of people affected was 395,886 and two persons died. In addition, until 20 September, 9 districts in five provinces were affected. 17 426 people were affected was and five persons died, while one was missing and 12 were injured.
- The Department of Disaster Prevention and Mitigation (DDPM) of the Ministry of Interior (MOI) and the local government official managed the relief operation. Soldiers were sent into flood-damaged areas to help restore roads, houses and tourist resorts hit by powerful run-off and mudslides. Provincial officials blamed the rapid expansion of tourism for the natural disaster, saying the development of resorts had destroyed some waterways that served as natural reservoirs helping to retain floodwater. The Government provided support in developing emergency relief centres in each of the affected provinces and provided disaster relief packages to disaster affected communities. In addition, the Thai Red Cross provided funds to manage dead persons and reconstruction of affected houses.

VIOLENCE IN THE SOUTHERN PROVINCES

- The situation in Thailand's southernmost provinces has changed significantly during the past two months, which saw several reports of killings. Statistics show that every day, an average of 11 people is injured due to insurgent attacks in three provinces (Yala, Pattani and Narathiwat) and of them four dies. One of the causes of death is the lack of capacity of the health care centres and hospitals in managing the injury cases. During a forum organised by the National Economic and Social Advisory Council (NESAC), in early September 2007, the impact on the health situation was discussed. Reports had been received that fears of insurgent attacks kept people from using health care services as many were too afraid to leave their home. Pregnant women were reluctant to visit the community health care centres or hospitals and instead turned to 'toh bidae', traditional Muslim midwives. The UN Working Group (WG) on the 5 Southernmost Provinces is now chaired by UNFPA, and WHO is an active member. Its last meeting was held on the 4 September 2007, in which EHA represented WHO.

EMERGENCY PREPAREDNESS CAPACITY ASSESSMENT

- Work is on-going in the project on 'Assessment of Current Situation on Emergency Preparedness for the Health Sector and Communities in Thailand'. In August, the MOPH organised several meetings / workshops in order to finalise the survey methodology including the questionnaires and the interview schedules. WHO Thailand EHA is providing support including technical assistance to the Thai MOPH. It is expected that the preliminary results will be available by the mid-December 2007.

UN THEMATIC WORKING GROUP

- Under the 'UN Joint Programme on Integrated Highland livelihood Development in Mae Hong Son province', EHA WHO Thailand coordinated in organising a meeting with UNFPA and IOM to develop a draft activity plan on health related issues targeted at vulnerable groups, including migrants and displaced persons in Mae Hong Son province. The FAO Deputy Regional Representative is the current chair of the UN TWG. The joint final project proposal will be submitted to the UN Trust Funds for Human Security (UNTFHS) for funding support.

INTERNATIONAL TRAINING ON PRE HOSPITAL CARE

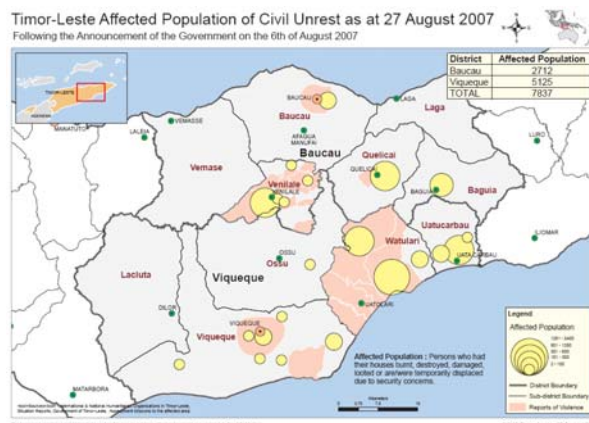
- From 21 to 31 August 2007, an international training on pre hospital care was organized by the WHO Collaborating Centre for Injury Prevention and Safety Promotion, Khon Kaen Regional Hospital, Khon Kaen, Thailand and WHO. EHA WHO Thailand collaborated with SEARO EHA and DPR (Disability, Injury Prevention and Rehabilitation) and gave a presentation on 'WHO SEARO Strategies on Injury Prevention and Control. The presentation covered various aspects of injury prevention and control including the magnitude of injury problems, public health approaches to injury prevention and control, the role of the health sector in injury prevention, WHO mission and objectives for injury prevention and control, and the SEARO regional strategy for injury prevention and control.

OTHER ACTIVITIES

- EHA WHO Thailand represented WHO SEARO and WHO WPRO at the Regional IASC Humanitarian Network for Asia and the Pacific held on 7 September 2007 and updated health cluster/sector lead information including the forthcoming meeting on the 'Joint Asia Pacific Informal Meeting of Health Emergency Partners and Nursing Stakeholders' to be held from 25 to 27 October 2007 in Bangkok.
- EHA WHO Thailand is collaborating with WHO DPR Korea and ADPC and is planning a study visit for four MOPH DPR Korea delegates to Thailand from 18 September to 13 October 2007. Amongst others, the delegate's will visit the WHO Collaborating Centre (WCC) for Injury Prevention and Safety Promotion at the Khon kaen Regional Hospital in Khon kean from 3 to 4 October 2007.
- From 13 – 19 August, the 'Asian Collaborative Training on Infectious Diseases, Outbreak, Natural Disasters and Refugee Management 2007 (ACTION 07)' was organized by the International Federation of Medical Students' Association (IFMSA) in collaboration with Mahidol University in Phuket, Thailand. EHA WHO Thailand delivered lectures on 'Water and Sanitation in Emergencies' and 'Food and Nutrition in Emergencies'. The lectures were focused on issues concerning refugees/displaced population due to natural disasters or conflict situation and highlighted, briefly, WHO's key functions in emergencies, outbreak and crises. The lectures were attended by 65 medical students from 8 countries (Australia, Germany, Indonesia, Japan, Myanmar, Sudan, Slovenia, and Thailand). The IFMSA expressed thanks to WHO and requested technical support in organising forthcoming ACTION 2008.

TIMOR-LESTE

CIVIL UNREST



- The appointment of the new government on 6 August 2007 in the post legislative elections led to a spate of civil unrest and violence. The most affected areas were in the three districts of the eastern region namely: Baucau, Lautem and Viqueque. The violence included burning and destruction of houses and belongings. As a result, a number of new IDP camps were established. The conflict also affected the capital Dili and a few other districts but with no major destruction taking place.
- By September, the security situation had improved, but the situation in Viqueque district remains volatile. In Metinaro, a subdistrict of Dili, at least 15 houses have been burnt down since 23 August due to the unrest. Some of the population in the affected areas still seek refuge in the surrounding mountains and at police stations during night time.
- A multi-sectoral assessment conducted by the government, NGOs and UN agencies found that 7837 people were affected (5125 in Viqueque district and 2,712 in Baucau district) as of 27 August 2007. More than 350 private houses were burnt, while another 52 private houses were damaged. Other houses were looted and most of the affected population left their homes due to the security threat. A number of public buildings including NGOs were also burnt down, and this led to some disruption of public services and schools, but since September function has gradually been restored.
- Direct health care service providers such as health posts, community health services and hospitals has been functioning normally and no damage to health facilities has been reported. Drugs and medical supplies were also sufficient. The public health response was coordinated by the Ministry of Health involving organizations and agencies working in the health area. The following interventions took place: 1) health coordination meeting to develop health sector preparedness and response plan and implementation; 2) sub-group

meetings to discuss technical issues and interventions for nutrition, health promotion, malaria and vector control; 3) assistance to the affected areas including emergency drugs and regular drug supplies, chlorine tablets, and hygiene kits; 4) distribution of long lasting insecticide treated nets (LLINs), training of health staff on rapid diagnostic test using RDTs and using the new Standard Protocol for Malaria Treatment using coartem; 5) liaising with the District Health Services and Community Health Centres to provide mobile clinic services to the IDPs, particularly to reach the isolated and remote IDPs in the mountains.

- WHO support has focused on 1) situation assessment; 2) assisting with the development of assessment tools and review of translations; 3) provision of a malaria consultant to the MoH to support implementation of the malaria control programmes; 4) support to medical evacuations; 5) technical standards on environmental health interventions; and 6) coordination meetings within the MoH and broader Humanitarian Coordination meetings which involved all sectors.

COMMUNITY EPR MANUAL

- In order to address the lack of manuals and guidelines on emergency preparedness and response at the community level, a one day workshop was organized by the Ministry of Health with technical support of WHO Timor-Leste to discuss and finalize a draft manual entitled Community Village: Prepare and Response to Disasters in Timor-Leste. The workshop was attended by representatives of the government ministries working in disaster management including the National Disaster Management Office (NDMO) of the Ministry of Interior, the Ministry of Health and local government authorities. UN agencies, specialized organizations and institutions working in disaster management such as police, army, fire fighters, Timor-Leste Red Cross, as well as I/NGOs implementing disaster-related programmes at the community level also participated.



- The manual is intended for health staff, government and NGO field workers, and community leaders to facilitate training for the community to be self-reliant in emergency situations. The draft manual will be pilot tested in selected disaster prone areas prior to its finalization. There is also a plan to develop a simplified IEC messages derived from the manual to be distributed to communities during training sessions.

OTHER ACTIVITIES

- In preparation of rainy season, UN-OCHA coordinated the development of preparedness plans across all sectors to support the Government of Timor-Leste with a special focus on the IDP camps. WHO participated in the planning process and provided technical input to the assessment tools for the Wet season preparedness plan. WHO also worked closely with the MoH in the finalization of the health sector component of the plan.
- The 2nd batch of a Management & Leadership Training was held in August. The training programme is an ongoing training involving lectures (2-3 weeks) and distance education assignments (5-6 weeks) with 700 learning hours in total. It covers a comprehensive approach to leading and managing the overall priority health services and programmes. The training was organized by the MoH's Institute of Health Sciences, Ministry of Health and technically supported by WHO Timor-Leste. MoH aims to train all the health authorities in district and sub district levels by end of 2008. The training also includes a component on Disaster Management, which was facilitated by WHO EHA Timor-Leste.

SRI LANKA

IDPs

- Since June 07, the Government of Sri Lanka (GoSL) has resettled 120 000 people in their places of origin in Batticaloa and Trincomalee districts. Western Batticaloa has now been resettled with 104 000 people in the areas of Paddipalai, Vellavelly and Vavunatheevu. There is much damage to health infrastructure and equipment in these areas, and WHO and other agencies are working to address these needs. As of September 2007, there are

some 180 000 IDPs remaining in Sri Lanka. Some of these are long-term IDPs, for example the 24 000 in Jaffna. There are also 47 000 IDPs in Killinochi, 32 000 in Mullaitivu, 16 000 in Mannar, and 6000 in Trincomalee. 3600 new IDPs have been created in Mannar because of recent fighting.

RECONSTRUCTION PLANS FOR THE NORTH-EAST

- The Ministry of Health has developed 'the 180 day plan', which will last from the 1st July to 31st December 07. This plan aims to address reconstruction needs and equipment short-falls in the North-East. However, it will not include measures to combat the human resources gap. WHO has prepared a redevelopment plan for the Vaharai MOH area of Batticaloa as part of the health sector response to the 180 day plan. In support of the 180 day plan, and funded through the CERF, WHO is procuring up to US\$ 70 000 worth of equipment for health institutions in the North-East, as requested by DPDHS of Trincomalee and Batticaloa.

HEALTH SITUATION AND SERVICES IN THE NORTH-EAST

- Overall, health services are continuing in both the IDP camps and the resettlement areas. Antenatal clinics, family planning clinics, well-baby clinics and mobile medical clinics are being carried out by the Ministry of Health and various NGOs. However, with the withdrawal of certain NGOs, there is likely to be a gap in mobile clinic provision, especially in the Kiliveddi area of Trincomalee.
- There have been no major outbreaks of disease for the months of August and September. There have been a few cases of typhoid in Jaffna this month. This could potentially increase with the imminent arrival of the monsoon season. WHO is currently procuring water quality testing tablets for the DPDHS office in Jaffna.
- WHO in collaboration with the Ministry of Health conducted a survey on the nutritional status and mental health status of 3000 people (all aged above 5 yrs) in the MOH district of Vaharai. This survey aimed to complement a recent survey carried out by UNICEF and the DPDHS in under 5's in Vaharai. The survey results are currently being analysed, and will be used to guide interventions related to food.
- Water and sanitation issues have been problematic due to the large-scale movement of IDPs into the resettlement areas. Wat-San actors have been stretched between the resettlement areas and the remaining IDP camps, with the result that the latter is suffering. The Batticaloa Wat-San group is working to rectify the situation with gully-sucking of full toilets, amalgamation of smaller camps into larger ones, and the ongoing adequate provision of soap. Drinking water is chlorinated by responsible agents. This appears to be satisfactory, as there have been no outbreaks of water-borne diseases.
- WHO continues to coordinate with the Ministry of Health and other NGOs / INGOs at both the central and peripheral level. Centrally, WHO hosts a fortnightly Health Coordination Meeting in Colombo, where data from WHO field trips is disseminated amongst attendees, and health issues are discussed and action plans decided upon. Peripherally, WHO attends Health Coordination meetings in Batticaloa and Trincomalee. In Jaffna, the WHO field office coordinates regularly with the DPDHS in order to deliver more efficient health services to the population.

SEARO

SOUTH-EAST ASIA REGIONAL HEALTH EMERGENCY FUND

- The establishment of the South-East Asia Regional Health Emergency Fund was proposed at the 25th Health Ministers' Meeting and the 60th Regional Committee (RC) in Thimphu, Bhutan 31 August to 2 September 2007. The Fund was endorsed by all 11 member countries, and Resolution SEA/RC60/R7 was passed by the 60th RC to enable the creation of the Fund. The fund will come into existence from 1st January 2008. 1% of the Fund will come from the regular budget allocations of the SEAR Member countries, and voluntary contributions will be raised to make up the complete volume, which is initially targeted to reach US\$ 2.5 – 3 million. Thailand has already committed an additional US\$ 100 000.



WEBSITE UPDATES

- New updates on the SEARO EHA website include an expanded section on the SEARO benchmarks including the complete benchmarks framework and the publication *Benchmarking Emergency Preparedness*.
- New country hazard and disaster management profiles have been uploaded that outline the hazards and disaster management system in each of the 11 SEARO member countries.
- All new publications, including the magazine FOCUS and the programme profile Systematizing Emergency Health Management 2005-2007, are available at <http://searo.who.int/en/Section1257/Section2263/Section2304.htm>

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