

in 1991 and spread across the continent in just three years. So we know we are not really isolated. We have five very important poultry-producing countries, namely Argentina, Brazil, Canada, Chile and the United States, and they all have high standards of hygiene and surveillance in place. We have a very strong veterinary public health programme. We have had for the past 30 years a biennial meeting of national agriculture and health departments, at the ministerial level. But we also have a number of countries with very weak and vulnerable health systems. So we have started to get ready. We were one of the first WHO regions

to have a Regional plan for pandemic influenza. It was presented to our Executive Committee in September 2005, and we have been implementing it ever since.

Q: What is your vision for the near future? What are the main achievements in your Region? What are the new challenges in your Region? How are you intending to meet them?

A: With 100 years of history behind us, we have lots of experience. My vision is that we should continue to help our Member States work together, sharing their resources and expertise. But we must also begin to share our

knowledge with, and learn more readily from, other [WHO] regions. Just as some countries work together on trade and manufacturing, we should work together in health care. The islands of the Caribbean share common problems with the small islands of the Pacific. The natural hazards we face, the world faces. To give two recent examples, in 2004 we supported the WHO Regional Offices and affected countries after the Asian Tsunami, and in 2005, after the earthquake in Pakistan. Not only did we provide relief as an expression of solidarity and generosity, but we also learned how to deal with similar situations in our own continent. ■

WHO response to the humanitarian crisis in Lebanon

WHO, other UN agencies, 45 local and international partners and the Lebanese Red Cross have been supporting Lebanese authorities in meeting the health needs of people caught in the conflict across the border between Lebanon and Israel.

The crisis, which affects the lives of one million people in Lebanon, Israel and surrounding countries, forced large numbers of people to flee their homes.

WHO's main task has been to coordinate the relief effort in all areas related to health care. The organization also filled unmet gaps — for example, by providing essential medicines, in particular for

the chronically ill, and monitoring the quality of drinking-water.

WHO set up an effective reporting system for disease outbreaks in 60 public buildings in Beirut where people sought refuge. The aim was to detect any outbreak of disease and contain it at an early stage.

WHO, in collaboration with UNICEF, the Lebanese Ministry of Health and other agencies participated in two measles and polio immunization campaigns in greater Beirut, targeting children displaced by the fighting. About 10 000 children were vaccinated in five days at the height of the crisis.

When the conflict was at a peak

in late July and early August, access to southern Lebanon was severely hampered — due to security concerns and badly damaged roads and bridges — making it extremely difficult for UN agencies to deliver humanitarian relief supplies.

Nevertheless, WHO was able to send supplies which met the needs of Lebanese health care workers, including 20 Emergency Health Kits to hospitals. One kit meets the basic health needs of 10 000 people for three months.

Hospitals and other health facilities were also dangerously close to running out of fuel. Fuel is essential to keep the back-up generators running that supply electricity to hospital operating theatres, incubators for newborn babies and refrigerators containing vaccines and drugs. WHO warned that more than half the hospitals would close without fuel delivery.

However, with the cessation of hostilities on 14 August, freedom of movement over the whole of Lebanon was restored. "We are glad access is now allowed. We can move experts and supplies more easily to many places, especially in the southern part of the country," said Dr Ala Alwan, WHO Representative of the Director-General for Health Action in Crises.

In mid-August, WHO sent 67 tonnes of fuel to southern Lebanon, enough to meet the needs of 18 hospitals for 10 days. The ceasefire also allowed WHO to visit dozens of hospitals and health centres to assess the damage and the needs for early recovery. ■



Christopher Black, WHO

Dr Ziad Mansour, from the WHO Country Office in Lebanon, helping out in Beirut.