

**The United Nations Mission In Sudan****Date: 16 November 2005****Office of the Spokesperson****PRESS BRIEFING**

Good afternoon ladies and Gentlemen. I have with me today Mr. Ramachandran , the Deputy Head of UNICEF Office in Sudan and Dr. Ahmed Al Ganainy from WHO office in Sudan to brief you on the recent yellow fever outbreak. We have also après release from WHO on this issue in the room.

I'll start with my briefing first.

I'll start with the activities of the SRSG.

SRSG

-During the three-day visit to Juba, from 13 to 15 November, the SRSG held a series of meetings with senior official of the Government of Southern Sudan. He met with Mr. Salva Kiir, the First Vice-President of the Sudan and the President of the Government of Southern Sudan. He met also with Mr. Riek Machar the Vice President of the GoSS, Mr, Justin Yac and Minister of Cabinet Affairs. The SRSG met also with the Speaker of the legislative Assembly, Mr. JAMES Wani Igga and the legislative Assembly members. Discussions focused on the CPA implementation, including Institutions building. The SRSG met also with the SAF and SPLA commanders and discussed with them the security of humanitarian workers in the areas where LRA activities has been reported, particularly the safety and security of de-miners. The SRSG met also Mrs. Rebecca Garang during his visit.

-The SRSG attended also the CJMC meeting. I'll brief you on the main issues discussed and decisions reached during that meeting shortly.

-The SRSG left today for a one day trip to South Darfur where he will be meeting with Mini Minawi and other SLM/A commanders. The SRSG will discuss with them a range of issues, including the participation of the Movement in the 7th round of Abuja talks scheduled to take place on 21 November. He intends to meet with Abdulawhid Nur at a later date.

CJMC MEETING:

The 13th CJMC Meeting was held on 15 Nov 05 in Juba, chaired by the Force Commander Maj Gen Fazle Elahi Akbar. The main decisions of the CJMC were: the parties will forward their respective comments on the final draft of the report to the Ceasefire Political Commission that will be circulated by the Secretary prior to the next CJMC meeting -It is to be recalled that although a presidential decree was signed in October to establish the CPC, this commission has not yet start functioning-; that UN will brief the Parties at each CJMC meeting on the movements that have been monitored by the UN Military Observers; that with

the assistance of the UN, SAF will earmark a place in Abyei for SPLA members in the JIUs; the parties will not accept military deserters from the other party and will take all possible measures to assist in handing them back to the other Party; this policy would apply from 9 Jan 05. The UN confirmed that it would make its Human Rights Unit available to monitor the cases when requested by the Parties. On assembly and registration centres issue, the SPLA agreed to assemble their forces at a time and location to be agreed between the SPLA and the UN in order for full monitoring and verification to occur.

-Still on Military related issues, the current total strength of UNMIS troops is of **3737**, including **255** UN Military Observers.

- On activities of UNMIS Military: UN Troops in Juba have moved to different locations along Juba – Yei road and other equatorial regions in South Sudan to provide protection to the De-mining Teams operating in the area.

SOUTH SUDAN

Fighting between the local population in Yambio, the State capital of Western Equatoria in Southern Sudan erupted the day before yesterday and resulted in casualties. No information is available on the number of casualties. The WHO compound has been looted and burnt by the mob. 55 UN agencies staff and international NGOs in Yambio were relocated yesterday and 44 UN and INGO staff operating in Tambura were also relocated giving the rising tensions in the area. The relocation is temporary and all staff relocated will go back to the two locations as soon as the situation is normalized.

ABYEI

In an effort to encourage reconciliation in Abyei, UNMIS office in Abyei arranged a meeting on 14 November between Dinka Ngok, Misseriya leaders and Misseriya nomads in order to provide an updated picture of nomad movements towards Abyei, and allow the two tribes leaders to meet with the nomads and deal with emergency conflicts. The initiative was considered a major success by the participants who requested that similar meetings take place in other areas in Abyei.

HUMANITARIAN

Darfur

-The incidence of sexual and gender based violence in and around IDP camps remains a matter of concern throughout Darfur, with cases of this type of violence being reported regularly. Moreover, the week saw two incidents of kidnapping of village women in the Masteri and Geneina areas where up to 12 women were abducted. Insecurity around Kalma continues, in the absence of intensive police patrolling. Meetings between the IDP sheikhs and government security forces are giving some hope that the situation may soon improve.

-An estimated 10,000 persons have displaced as a result of the fighting in Sergela (located km northwest of Joghana in South Darfur) and surrounding villages. The situation is still tense, after troops thought to be JEM forces attacked the village on 11 November. UN Security is undertaking a security assessment on 15 November, which will be followed by an interagency mission to determine the needs of the newly displaced populations.

-Humanitarian access in West Darfur has somewhat improved since last week, UN security assessments of the roads out of Geneina are ongoing, and it is hoped that the travel restrictions on these roads will be partially or completely lifted in the near future. Although Geneina remain restricted for UN personnel, relief supplies are being delivered by commercial trucks.

Southern Sudan

UNICEF, WHO the Federal Ministry of Health of the GOSS and NGO partners have postponed the launch of a massive measles immunization campaign which was due to start in Western Equatoria on 21 November, due to the the incident I mentioned above in Yambio. The campaign will begin instead in Juba on 25 November. The campaign aims to immunize about 4.5 million children between 6 months and 15 years of age over this year and in 2006. Measles vaccination coverage in Southern Sudan is very low and outbreaks common, leading to many avoidable child deaths. Local and international staff preparing for the mass measles campaign were among the UN and NGO aid workers temporarily relocated from Yambio and Tambura on Tuesday due to violence.

IDP survey begins in Southern Sudan

Training of surveyor in preparation for a survey of the intentions of IDPs in Southern Sudan has begun in several locations across the region. The Southern IDP survey will be the primary source of quantitative data on South-South IDP movements. Surveyors will visit numerous IDP camps to gather information on the IDPs' areas of return, household composition, socio-economic and ethnic characteristics, return and reintegration needs, information needed to make an informed choice about their return, and their health situation. It is expected that the survey results will help refine return planning by providing numerical estimates of IDPs who may be returning to their places of origin or other locations in Southern Sudan in the next year.

A preliminary report is expected to be ready by year-end. An earlier report, "IDP Intentions Concerning Return to their Places of Origin" covered areas in Khartoum, as well as North, East and Central Sudan and was published in June 2005 by IOM, in partnership with UN agencies, NGOs and the Sudanese Government. The survey results are available on the UN Sudan Information gateway website www.unsudanig.org.

Before I conclude my briefing and hand over to Dr. Sabitinelli, I have a couple of items to mention:

One, I want to clarify some confusion in the media about what we said about the PDF: The statement made by Mr. Francis KaiKai the Head of the DDR Section at UNMIS was misrepresented. In answer to a question during the last week press briefing on whether the PDF would be part of the Sudan DDR programme, the UNMIS official replied that the PDF has a different status from what the CPA refers to as "other armed groups", since they are part of the Sudanese Armed forces. Any decision relating to the PDF is entirely in the hands of the Sudan Armed Forces. The DDR Programme in Sudan is owned and led by the people of Sudan and we (UN DDR) are in a supportive role. The parties to the CPA will determine the groups they want disarmed and demobilized and supported with civilian reintegration opportunities. We are performing a support role in the context of the Comprehensive Peace

Agreement (CPA), to which the Government of Sudan and the Sudan People's Liberation Army/Movement are signatories.

Two, on the question that was asked last week on whether the UN can confirm what was reported in the media on the SAF withdrawal of 15 thousand of its troops from Southern Sudan, the answer is that the UN has been notified that the SAF have moved the equivalent of 17% of its forces north of the 1-1-56 line. Due to the delay of this information, UNMIS is only able now to start fully monitoring and verifying the data provided.

So I hope with that issue that I am clear now.

I have been informed that Dr. Sabitinelli will not be with us but we will have Dr. Ahmed el-Gannaini from WHO who will also be helping us with the questions and briefing you. I am also told that we have also Mr. Ramashandran from UNICEF, the Deputy HEAD OF univef office in Khartoum. Please join me to provide briefing to our gathering today.

Mr. Ramachandran: Thank you for this opportunity. On behalf of the WHO and the United Nations Children Fund, UNICEF, I would like to make a brief presentation to you on the yellow fever outbreak in South Kordofan.

On 14 November 2005, the Ministry of Health declared an outbreak of yellow fever in South Kordofan. This announcement followed laboratory confirmation that the yellow fever virus is the causative agent for dengue-like haemorrhagic fever.

The World Health Organization (WHO) and the United Nations Children Fund (UNICEF) are supporting the Ministry of Health in responding to the outbreak, which has already claimed the lives of an estimated 117 people and affected 400 others, as reported by health facilities. The fatality rate of the disease is 29 %.

The cases of yellow fever occurred in five localities in the eastern region of South Kordofan. Dilling and Rashad are the most affected areas.

The disease is caused by the yellow fever virus and is difficult to recognize, especially in the early clinical stages. Initially, yellow fever can easily be confused with malaria, leptospirosis, viral hepatitis, other viral haemorrhagic fevers, including dengue fever. It is transmitted through the bite of the Aedes mosquito.

Symptoms include fever, muscle pain, headache, shivers, loss of appetite, nausea and/or vomiting. After three or four days, most patients improve and their symptoms disappear. However, 15% of the patients enter a "toxic phase" within 24 hours and the patient rapidly develops jaundice and complains of abdominal pain with vomiting. Bleeding can occur from the mouth, nose, eyes and/or stomach and once this happens, blood appears in the vomit and faeces. Half of the patients who enter the "toxic phase" die within ten to 14 days.

The United Nations' response is coordinated by WHO. WHO has been in regular contact with local NGO partners in the field.

WHO immediately mobilized several assessment teams of experts to strengthen the daily compilation of case reporting and to provide technical assistance to the Ministry of Health to interpret the epidemic pattern and trend. WHO has also been facilitating daily meetings with the Ministry of Health in Khartoum and with the Ministry of Health at state level as well as NGOs and has provided insecticide and equipment for vector control.

UNICEF has provided essential drugs and medical supplies to support the case management and vector control activities.

NGOs like MEDAIR, MSF, PANCARE and SCF-US and SRC are providing medical teams and volunteers as well as medical drugs and supplies.

A yellow fever epidemic needs to be controlled by a mass vaccination campaign and an emergency appeal for US\$ 4.5 million is being launched by WHO and UNICEF to vaccinate initially more than 1.8 million people in the five affected localities in South Kordofan.

To control the yellow fever outbreak a well-coordinated response is needed to:

- Strengthen case management capacity in all the affected localities of South Kordofan;
- Strengthen the existing surveillance system and epidemiological follow-up of the outbreak by providing training in the use of the case definition, case reporting and active case finding;
- Appropriately identify the high-risk areas for preventive and control methods through entomological assessment, and to expand integrated vector control measures.

The last documented yellow fever outbreak in the area was in 1940, with 15 000 cases of whom 1,500 people died. Yellow fever was last identified in May 2003 in South Sudan. WHO and other agencies assisted the Ministry of Health in a vaccination campaign at the time.

We will be pleased to answer queries from you. My colleague from the WHO is here to answer the technical aspects of this campaign.

Spokesperson: Thank you very much. I would like first to get questions to our two guests today and then proceed with our regular Q & A session with me.

Q & A

Q (BBC): I am Jonah Fischer from the BBC. Just to clarify: there was talk of a Dengue Fever epidemic. Is it now a sign that it is not a Dengue fever but yellow fever - how does that work?

Secondly; how serious is this, given the fact that this is extremely poor country, what effect will it have on the spread of an epidemic like this?

Dr. Ahmed Al Ganainy: I would like to start by saying that it is a very serious issue and fatality rates could be up to 50% of affected cases and it is transmitted by a vector which is the mosquito. So all what you need is a mosquito bite to get the virus. And almost cause of death is due to (*indiscernible*) hepatitis.

For the time being, the first reported case was diagnosed as Dengue fever, hemorrhagic fever, which is sharing a lot of symptoms with yellow fever. But, of course, the type of jaundice and the further symptoms and signs is different. When we started our laboratory assessments, most of the rabbit tests and (*indiscernible*) techniques which had been used gave us the result of yellow fever, Dengue fever and also Rift Valley fever. This had to be confirmed by further advanced techniques. We did this laboratory assessment and we got a confirmed result of only that we confirmed that we had a yellow fever virus as related from these samples. So, to be very clear, it is a yellow fever epidemic and not a dengue fever epidemic. For the time being and with the data we have so far. We are still doing updates on our assessments and we

are still following the situation very closely on a daily basis with laboratory confirmations for further updates.

It is worth mentioning that the method of intervention for both of these two diseases will be the same. There is no definite treatment for both these two symptoms. We have to have integrated vector control interventions but yellow fever has a vaccine and we have now started to do this mass vaccination intervention.

We are concerned with the health situation and the infrastructure in this area, as you mentioned. That is why our intervention is not only the mass vaccination but we are also working on four (*indiscernible*) which are four top-urgent ones and mandatory. The first one is the mass vaccination carried in 1.8th of the population in southern Kordofan, plus improvement of the surveillance system and the immunological assessment; three, the vector-control assessment method and intervention and the last one which is also important is proper case management in health facilities. We started immediately mobilizing resources to this area with the experts drugs and material and establishing a referral system for the laboratory confirmation and we will keep you informed.

Q (AlSahafa): My first question is to the colleagues from WHO and on medical and non-medical sources. You have requested more than 10,000 dollars to control the disease. How much of this money have you actually received so far?

My second question is to Ms. Radhia Achouri on Mr. Pronk's visit to South Darfur and his intentions to hold talks with SLM leaders. Could this mean that the UN is also following an initiative to reunite the two factions to support the efforts of the US, Chad and France along the same lines?

Spokesperson: I prefer to answer your question to me later after concluding questions on the briefing given to you by my other colleagues.

Dr. Ahmed Al Ganainy: I have to mention that this appeal for support of about 5 million US dollars is a Phase I intervention that only targets the South Kordofan area. But it is worth mentioning that we may need to extend our intervention to all the areas bordering South Kordofan which will add a population of 3.6 million with its implications for the financial, resources and logistics support. All the parties and all the donors have been contacted and are now studying this issue very closely and we are expecting a broad-based and positive support and a reply very soon within 24 hours and 48 hours maximum from now because now we are tracing a virus and that virus is moving.

Mr. Ramachandran: Just to add on to that and to make a very quick response, UNICEF yesterday placed orders for the procurement of about 240,000 doses of vaccine which will be sufficient to cover the most affected indigenous locality.

Dr. Ahmed Al Ganainy: I would like also to mention one more information to share with you. In Africa, we already have three outbreaks of yellow fever. There are therefore three countries now competing to get the vaccine inside the country as soon as possible to control this outbreak. This kind of vaccine is a life-attenuated vaccine which in normal conditions is not available in the market and has to be reproduced and made available on request. We need a lot of vaccines to be used in the Sudan and we hope to get enough support at the proper time.

Q (BBC): Can you just give us an idea about how rapidly yellow fever might spread and how many people – I mean, honestly, it has got quite a hold already with many people having died – roughly how many people do you think might end up being affected by this?

Dr. Ahmed Al Ganainy: First, there are a lot of factors that interfere with the spread of the disease like the vector transmission and the immunity situation of the people. As well known, there was no regular vaccination against yellow fever in this area. So the immunological profile of this area and the target population will be negative for yellow fever. So they need to be vaccinated – which will allow a lot of casualties. Until now, we have the figure of 29% case fatality and we are talking about 3 weeks and 4 weeks of data.

Q (BBC): Just give us an idea about the trend at the moment. Is it still getting worse?

Dr. Ahmed Al Ganainy: Until this moment, the trend is still on the rise.

Q (BBC): And you are expecting that to continue ...?

Dr. Ahmed Al Ganainy: We have to intervene and stop this uprising mood. Intervention as we previously mentioned in four parts: mass vaccination, proper integrated vector control, improving surveillance systems and proper case management.

Q (BBC): So are you thinking that this will end up killing thousands of people or hundreds of people? What sort of scale are you looking at?

Dr. Ahmed Al Ganainy: As mentioned in the home literature and from previous experience with yellow fever outbreaks, fatality rates could reach up to 50%.

Q (BBC): What does that mean?

Dr. Ahmed Al Ganainy: That means that all the population exposed to the virus could have the disease and out of this you could have a 50% fatality rate if we didn't take up a proper management and we didn't interfere properly and on time.

Q (BBC): So we could be looking at thousands of people dying or hundreds of people dying.

Dr. Ahmed Al Ganainy: Hopefully not.

Q (AlAdhwa): In your view, is there a need to cordon off the area? How do you view the government response to this outbreak?

Dr. Ahmed Al Ganainy: I hope it was clear from our announcement that the Federal Minister of Health of Sudan announced and declared the outbreak on the 15th of November after they got the approval and, immediately, all that mobilization of resources had been done through the Federal Ministry of Health. We at the UN system – the WHO and the UNICEF – are supporting the intervention from the Federal Ministry of Health and the local health authorities helped by the local NGOs who are on the ground in South Kordofan.

Actually all the partners are sharing with a very positive approach now to contain this outbreak.

Q (*Free Lance*): Mohamed Sid-Ahmed – free lance journalist. How much is the whole Sudan vulnerable to this disease and are we talking only about the area where it now is or are we talking about what is going to happen in future? Is the north, the east, the west or the south of the country vulnerable to this disease?

Dr. Ahmed Al Ganainy: Most of the prevailing cases were recorded in low-lying communities. And as you know now, this area is about 50% of the resident community and about 50% of a moving community. With the movement of the community and with the movement of the vector, you spread the disease. A lot of factors therefore interfere in the spread of the disease and we already have this in South Kordofan – like movement of the population, movement of the vector. And the characteristics of the affected population give a very clear indication it is a movement population from nomadic groups.

Yes, there is a risk of the spread of the disease.

Spokesperson: Sorry, before we proceed, I thought that I introduced by guest but maybe I did not give their full names and capacities. We are colleagues and we are used to each other and all that but I invite my colleagues to introduce themselves – full name, full capacity, so the reporters will take note of it. They will need it for their reporting.

Ramachandran: My name is pretty difficult – Ramachandran. I am the Senior Programme Coordinator of UNICEF.

El-Gannaini: I am here on the behalf of Dr. Sabatinelli, the WHO Representative in Sudan. My name is Dr. Ahmed el-Gannaini and I am in charge of coordination of the outbreak response and the emergency response in Sudan.

Spokesperson: Thank you very much. I have a last question from the lady in the back.

Q (*Khartoum Monitor*): Wafa'a Kamil Amin from the *Khartoum Monitor*. You talked about the human rights situation in Darfur ...

Spokesperson: Sorry to interrupt you. Is it related to the yellow fever briefing?

Q (*Khartoum Monitor*): No, it is not related.

Spokesperson: So do I take it that we are done with my guests today – no other questions?

I thank my distinguished guests today. Thank you very much for this very important briefing and it is part of what the lead agencies are trying to do to mobilize for this particular important issue. So I hope you get the message out because part of the success of the campaign is to sensitize the population on whatever they can do to prevent this outbreak from evolving further and whatever measures they can have to be assisted so we are counting on your assistance to get the message out to the population.

We have the Press Release and as I told you it is quite self-explanatory. Use it and, for follow-up, we have our colleagues here. And by the way, as you might have guessed from the name of Dr. el-Gannaini, he speaks fluent Arabic and he can assist the colleagues who would like to have further details with easier language access.

Thank you very much and now we will proceed with my part.

Q (*Khartoum Monitor*): You talked about the human rights situation in Darfur and (*indiscernible*).

Spokesperson: I really did not get all that you said in your question because you referred to the human rights situation and then gender-based violence and the United Nations presence and the center of the United Nations. Since I did not understand the details of your question, I will keep my answer fairly generic.

The issue of gender-based or sexual violence is part of the issues which we are giving the utmost importance – you know that. Institutionally, the UN (I am talking about UNMIS) we have a section by itself that deals with gender-related issues. In terms of protection and dealing with certain types of violence, I know that the UNFPA for instance is quite active in this issue. Among other things, I reported many times on many trainings that were conducted by specialized UN entities on this particular topic of gender and sexual-based violence – training of trainers, sensitization campaigns, awareness campaigns, and so on. Overall, any violation of human rights, be it of this type or any other type, the UN has an overall mandate here in Sudan to monitor, verify and promote human rights, among other things. We report on this particular aspect to the Security Council and do have quite a strong mandate when it comes to human rights. On the specifics, if you could get in touch with me after this briefing, I could try to get you in touch or get in touch myself with the colleagues who deals with this particular issue and I will get you more information.

But, all-in-all, the UN is doing all it can to help in this issue but as far as the situation in the camps is concerned and in Darfur where the security, in general, is not all that present, we have been dealing with this issue and although the UN can intervene to bring to the attention of the authorities cases and so on – and we bring to the international fora where we have to bring the reports to – mainly it is an issue of protection and the responsibility to protect is the responsibility of the sovereign entities in the Sudan. But what we can do is to monitor, verify, mobilize, try to help in changing legislations, train people in order for them to help in this issue in the implementation aligning national policies with international legislation and this we are doing on a regular basis.

Before I proceed further, I had a question from the colleague on Darfur and Minni Minnawi. The SRSG will be meeting Minnawi today but he will be meeting not only with Minnawi but with many commanders of the SLA that are also there on the ground. Following this visit he will be meeting with AbdelWahid Nur. The time and venue of this meeting is yet to be decided but the decision has been made that he will be meeting shortly with AbdelWahid Nur. Is it on initiative of the UN? I would say: well, you know that SRSG Pronk has been meeting regularly with the rebel movements; you know our stand on these particular issues; you know the UN coordinates closely with international community partners. We never work in a vacuum and we coordinate with everybody. What I have to say to this is that the purpose of this is not to bring in a new initiative or a new proposal because where the international community stands, including the UN, is very clear. First; all the SLA leaders whoever they are and whatever the capacity they claim, have: 1. to make sure that they are present in the 7th round of Abuja talks. And this, I would presume, Mr. Pronk is going to make very clear to the people he is going to be talking with in South Darfur and to AbdelWahid Nur and the delegation that will be with him – they have to be present at the Abuja talks.

Two; all SLM/A members, whatever the situation currently is, have to abide by all prior agreements signed in the process of the talks particularly the ceasefire and the humanitarian agreements. Three; they have to cooperate and extend full cooperation to the AU. Finally; all of them, regardless of the situation as we know today, have to commit to a final, peaceful negotiated solution to the issue of Darfur.

Nobody spoke differently and, I don't want to put labels on things, but this has always been our stand and this has been the consensus within the international community and this is the context of the talks of Mr. Pronk with the two figures that I mentioned- Mr. AbdelWahid and Minnawi – as well as with other commanders. On the unity of the SLM/A: It is of course an important matter that should find a solution and an objective of the efforts that have been undertaken so far by all those who spoke to the SLM/A leaders and tried to mend the rift within the SLM/A.

I want to conclude and really stress that the elements that I highlighted are the important things to us: be in Abuja all of you; call and focus on the substance instead of personality issues; cooperate fully with the AU; all of you are bound by the agreements signed before – all of you are accountable based on these agreements regardless of what you think has changed. Nothing to us has changed in terms of accountability; and they have to show serious and absolute commitment to a final, peaceful negotiated settlement to the Darfur conflict, hopefully before the end of the year. This is where we stand.

Q (AlRai AlAam): You just mentioned accountability. What do you mean by that?

Spokesperson: It means that the agreements signed between the GoS, the JEM and the SLM/A are still valid regardless of any situation within the SLM/A. We regard these agreements as still binding to all members of the SLM/A and these members can not, whatever the case, shield shun away from responsibility towards these agreements. This is a clear message to all as our stance in principle. We have not received any indication to the extent that any part of the rebel movement wants to renege on the agreements but as a precaution, we remind all factions of the SLM of the political framework that the United Nations, the African Union and the international community at large regards as the framework for the success of the next round of talks in Abuja and the political process as a whole.

I hope my answer was clear.

Q (BBC): My first question is related to yellow fever. What impact does an outbreak like this have on opportunities of peace and development in the Sudan as a whole?

The second question is: do you really think that the Darfur peace talks are going to start on the 20th or 21st of November?

Spokesperson: I will start with the easiest. If the talks are going to start on the 20th or the 21st of November. So far we don't have any reason to believe that they won't. You have been following the process from the conference of the SLM to the meeting in Nairobi to lots of things that are happening and to high level visits from certain countries and the Special Envoys' meeting that took place here at UNMIS. So you are aware of the fact every effort is being exerted to make sure that the talks start according to schedule. So far we don't have an

indication to the contrary but we will wait and see. As far as we are concerned, the talks are scheduled to start on the 21st.

On your question, honestly, we collectively need more reflection to assess the impact of such an outbreak on the longer or medium term on the developmental or reconstruction effort and peace. We need quite a study on this but it is obvious in the context that has been described to you that you have a vulnerable population healthwise because they don't even have what it takes in terms of immunization for other diseases so they are more vulnerable than the average person; that's one. The other thing: the absence of infrastructure, the absence of equipment and even the environment itself. You have been in the south and you have seen the problem with mosquitoes and you are aware of the situation. An outbreak of this nature would have impact – I don't know for peace – but in terms of development and in terms of the long-term development if not contained if it spreads further, you heard UNICEF and WHO today saying that they appealed to quite a sum of money to counter this outbreak. This is in addition to what we have been asking for in terms of resources for other activities and we are still short in terms of resources. From our side, I mean United Nations resources wise, this is going to create another need for us and of course the donor generosity is going to be put to test seriously and you can imagine the scenario. As a donor, you either address an outbreak immediately – that is the emergency – and delay assistance to other projects to address development and reconstruction needs for the long-term and medium-term. So you it could be quite a challenge and for Sudan because whatever resources they have they have to allocate them to so many other priorities particularly in the south in terms of reconstruction and development, which are also of an urgent nature . And in some cases it is not even reconstruction but construction – they don't have anything. It is quite a constrain and it could delay the overall endeavor in terms of starting a sound, viable, sustainable and even development all together.

But, again, I would go back, it is quite an interesting question and somebody needs to really study it with all its ramifications and provide you with the substantial assessment of such an impact.

Q (*Sudan Radio Service*): You spoke about the tragedy in Yambio in Western Equatoria. According to your assessments what were the causes of these problems that took place two days ago in Yambio?

The second short question is about Raja locality in West Bahr-el-Ghazal. Yesterday over telephone, we were told that there is a problem in Raja and intruders from western Sudan who call themselves *kuwat el-(indiscernible)* forced their way into the city and they are looting property and even raping young girls at night and so many other bad things in Raja. I learnt that there was supposed to be a kind of letter to be written to the United Nations representative in Wau. My question is: are you aware of what is happening in Raja these days? What will your role be as the United Nations? It seems your attention is quite far from Raja and West Bahr-el-Ghazal in particular.

Spokesperson: Frankly, it is the first time for me to hear this kind of report – I didn't hear it before. I will go back and check if we received anything on this. If you noticed, when you were talking I was trying to get as much notes as possible but I will ask and get in touch with you in the day, hopefully.

On Yambio, I don't have anything on the exact circumstance of what happened exactly. What we know is the situation as the people on the ground saw it evolving but whatever the causes of the conflict are, I am not clear about it and don't have any indication on why it started. If we have any indication on this later, I will let you know but we are not clear about the exact circumstance or the reasons behind the actual clash. We are following it and if I can find anything to satisfy your query, I will let you know.

Q (*Khartoum Monitor*): I am Alfred Soka of the *Khartoum Monitor*. My question is regarding the deployment. Up to now we have about 3,737 which is almost 40-something percent of the troops to be deployed. And you are talking of deployment ending by the end of January. It has taken us already a long time to have the 40%. What is the guarantee that the 60% will be deployed within this short time?

Spokesperson: I don't know about guarantees but the initial date was November but because of so many considerations beyond our control, because we depend on Troop Contributing Countries and when they are sending their troops and so on. Two there was a kind of, say, lack of coordination among Troop Contributing Countries because, basically, they send the monitors without sending the protection forces, without sending enabling units – the engineers and so on. So we have the monitors but we can not deploy them because they don't have engineers and they don't have somebody to take care of their establishment. We told you about this many times. I can not tell you for sure that by the end of December we will be having the complete deployment but what we are aiming at is to finalize deployment at that time and from all the experience that we have with Troop Contributing Countries, we are trying to coordinate, of course we coordinate with New York to make sure that everything goes according to schedule. We have an obligation of effort but as for the result, I am not sure that we can get you the last soldier on the ground of Sudan by the end of January.

As I tried to explain to you many times, the United Nations depends on the Troop Contributing Countries and many other factors so it is not something that we can just guarantee. These people are not just sitting somewhere ready to be deployed here. One day I should bring you somebody to try to show you how deployment is done because everybody seems to think that the United Nations has its troops somewhere so it can draw from them any time it wishes. That is not the case but we are trying very hard to make sure that deployment is completed and if not completed to have something like 90% of the bulk of the forces being in Sudan. That is what we can do.

Q (*Sudan Radio Service*): Just to follow up. Since you said that you don't know the causes of the conflict in Yambio, but now you have withdrawn all your staff from Western Equatoria, to the best of my knowledge. This will cause more fear as the civilians will feel that the international community is far from them. what is the United Nations going to do in this particular situation?

Spokesperson: As you said, this is an issue within the local population. The United Nations withdrew its people there – and you know it is standard procedure. When you have violence and people dying in the street and you have mob indiscriminately looting and all that, what we do is to make sure that our staff is safe and sound and relocated somewhere else – we have to do that; it is our obligation towards our staff. In terms of who should do something about this, we believe that it is the authorities of the state of Western Bahr-el-Ghazal who should do something and re-establish law and order in Bahr-el-Ghazal and in Yambio and any other area where such a situation happens. I don't want to draw parallels but you

remember what happened here in Khartoum at some point and that is the responsibility of the authorities.

As far as the civilian population goes, we don't have a role in terms of intervening to de-escalate or to resolve a situation of this nature. What we can do is: if we have a room to play a role of bringing confidence-building within the population, we will do it exactly like what we did in Abyei, that I mentioned in my briefing to you. We try to talk to the populations, get them together and to help reconciliation, confidence building but that is the extent of our role.

As I said, we do expect the situation to be normalized and we do hope that law and order are going to be reinstated as soon as possible so we could bring back our personnel for them to resume their important work in those two locations. This is my answer to you.

Thank you very much for your attention and see you next Wednesday.

 *End* 