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In reply please
refer to:

Your reference: OL OTH 31/2019

Mr Baskut Tuncak
Special Rapporteur on the implications for
human rights of the environmentally
sound management and disposal of
hazardous substances and wastes
United Nations
Human Rights
Special Procedures
Palais des Nations
1211 Genève 10

8 October 2019

Dear Mr Tuncak,

I refer to your letter dated 19 June 2019, in which you request the World Health Organization (WHO) to inform you of the steps WHO has taken to support, or advocate for support to, the Roma, Ashkali and Egyptian (RAE) communities who were housed in UN camps in Kosovo^[1].

In this regard, please find a report prepared by the WHO Secretariat annexed to this letter.

Yours sincerely,

Dr Zsuzsanna Jakab
Deputy Director-General

^[1] Any reference to Kosovo, whether to the territory, institutions or populations, shall be understood in full compliance with UN Security Council resolution 1244 (1999) and without prejudice to the status of Kosovo.



Annex

Background and activities until 2005

Between 1999 and 2005 WHO developed and supported technical assistance as part of the UN family in north and south Mitrovica/ë and the Zvečan municipalities in relation to Roma, Ashkali and Egyptian (RAE) communities in the following areas:

- alleviation of the environmental exposure
- provision of a “lead-safe” environment
- provision of “lead-safe” occupations
- improvement of public health (addressing poor living conditions and poverty)
- provision of adequate case management and treatment for the affected population.

More specifically:

- WHO supported the medical treatment of 12 children who received emergency intravenous chelation therapy during 2004 and 2005 in Serbia;
- WHO and UNICEF, with US CDC experts, advocated to relocate RAE internally displaced persons to a lead-safe environment in this time period;
- In September 2005, the WHO Regional Director for Europe reported the situation to the WHO Regional Committee for Europe;
- In November 2005, a WHO expert Task Force was appointed in connection with the situation. The Task Force reviewed some of UNMIK's proposed sites for relocation, through series of consultations with the concerned communities, local authorities, general community, UN, NGOs and other stakeholders.

Activities since 2006

The relocation of RAE internally displaced persons commenced in February 2006. Since 2006, WHO has been leading and supporting the implementation of the following activities:

1. WHO contributed to developing the capacity of health personnel in the Institutes of Public Health (IPH) and Health Centers on prevention, diagnosis, treatment and mitigation of lead toxicity.
2. WHO established and equipped a “*Health and Heavy Metal Unit*” (HHMU) in each of North and South Mitrovica/ë IPH. These units have been running the BLL screening test and referral for treatment, as required. Kits for capillary blood tests were provided by WHO, while [XXXXX] were provided by the US Centers for Disease Control and Prevention (“US CDC”) through WHO.
3. Pediatricians and nurses from North Mitrovica/ë Health Center were employed in in Osterode, where a “Lead Unit” was established. This “ambulanta” (e.g. satellite of the primary health care centre) was used for the provision of health literacy on the health impact of heavy metals, and for lead toxicity treatment and case-management.

4. WHO, together with UNICEF, set up the Roma Health Mediators as a vocation in the Osterode camp. The mediators linked the people and the community with local Serbian-run health services and promoted health. Their work contributed to building trust among the various stakeholders involved and resulted in increased registration and access to health and social services.
5. WHO developed and recommended an oral chelation treatment protocol, which is associated with fewer side effects and allows for outpatient treatment in Osterode Camp. This protocol was using the DOTS (Directly Observed Treatment) approach, as implemented in TB care. The new treatment was provided by the Serbian health staff employed in the Lead Unit Ambulanta in Osterode, after their training and mentorship by WHO experts. This was performed under WHO's leadership with a close collaboration with the Camp management, the Ministry of Health of Serbia, local health institutions, the UN team in Kosovo. The treatment commenced in August 2006.
6. WHO trained local staff, provided recommendations for interventions, and identified and sourced equipment needed for on-site environmental assessment and risk management in potential relocation sites. WHO provided hotspot identification plans which were given to UNMIK for clean-up activities in Osterode camp.
7. WHO carried out comprehensive nutritional and dietary assessments of children 0-72 months (0-6 years), as an indicator of the nutritional status of the population. This assessment revealed a marked chronic under-nutrition. Recommendations were provided for adjusted nutritional food baskets with vitamins and minerals supplementation for lead exposure prevention and malnutrition.
8. –WHO developed, using the KAP survey results, a tailored health promotion programme focusing on lead intoxication for stakeholders and the RAE communities. RAE Health Mediators were selected and assisted in social mobilization, raising community motivation, education and case follow-up activities.
9. WHO has advocated with RAE communities and their leaders and with other stakeholders, including UNMIK, for these communities to be provided with a healthy source of income and to stop smelting activities. WHO also provided principles for an environmentally and occupationally safe smelting.
10. The 'Portage Project' was selected after an assessment and children were incorporated into the programme and taken on board by Save the Children and the universities in Pristina and North Mitrovica/ë.

WHO and US CDC documented the clear positive impact of this multi-faceted intervention package, six months after its initiation, with clear decrease in blood lead levels.¹

Furthermore since 2008, WHO has assisted the Kosovo health services to provide medical services to the RAE communities, guided by WHO and based on WHO protocols endorsed by the Ministry of Health in Pristina. A health promoting package, including education and counselling for management of the lead intoxication as well as treatment, has been provided by WHO since.

The abovementioned concerted interventions to combat the lead toxicity and side effects have yielded a positive impact. However, additional targeted actions are needed to foster access to good quality, people centered, seamless and continued health services, as well as to afford a healthy environment to communities in North and South Mitrovica. In addition, WHO considers that the

Trust Fund—which was established in 2017 by the United Nations to support the implementation of assistance projects to address health, economic, development and infrastructure needs of such communities—constitutes the best way forward to positively impact the health and well-being of the aforementioned communities.

WHO remains committed to provide policy guidance and technical assistance and expertise, in accordance with its public health mandate, to further support the RAE communities in Mitrovica/ë, including in collaboration with the UN family, Member States and partners.

ⁱ Brown, M.J., McWeeney, G., Kim, R., Tahirukaj, A., Bulat, P.V., Sylva, S., Savic, Z., Amitai, Y., Dignam, T.A., and Nitzan D. (Kaluski, D.N), Lead poisoning among internally displaced Roma, Ashkali and Egyptian children in the United Nations-Administered Province of Kosovo. *European journal of public health*, 20 3, 288-92. (2010).