



**Pan American
Health
Organization**



Regional Office of the
World Health Organization

Executive Summary

2004 Annual Report of the Area on Emergency Preparedness and Disaster Relief

This past year, 2004, began and ended with disasters—some overwhelming and some small, some natural and one of human origin. All had a profound effect not only on the affected countries but also on the work of the Area on Emergency Preparedness and Disaster Relief of the Pan American Health Organization. The response and coordination of these emergency situations claimed a substantial amount of time in providing technical support and backstopping of country offices. However, more importantly, they also yielded valuable lessons and insights and helped to shape our core areas of work. While the impact of our normal disaster preparedness and mitigation activities is described in the body of the Annual Report, this executive summary highlights some of these important issues that have come to light in 2004.

Striking a balance between emergencies and development: Haiti is one of the five highest-priority countries for the Pan American Health Organization's technical cooperation programs. These priority countries—which include Bolivia, Guyana, Haiti, Honduras and Nicaragua—are the region's lowest-ranking in terms of life expectancy and per capita income. A series of emergency situations in Haiti in 2004—first the civil strife caused by the departure of former president Aristide in February, followed by severe flooding at mid-year and finally, the effects of Tropical Storm Jeanne in September, helped focus on the need to strike a balance between emergencies and development. PAHO/WHO is a specialized health agency that uniquely addresses, in an integrated manner, all health issues—either chronic (long-term) or acute (outbreaks, disasters). PAHO is not a humanitarian organization, but rather a development agency with a vision. As a development agency, PAHO has always maintained a long-term perspective with regard to its disaster management activities. PAHO has long recognized the link between relief, rehabilitation and development:

- ❑ Responding rapidly and successfully to emergencies and providing health technical cooperation has considerably enhanced PAHO's ability to contribute to reconstruction and resume health development programs.
- ❑ Disasters offer windows of opportunity for improvement. PAHO has been able to seize these opportunities in the past.
- ❑ Ensuring that the international health response is compatible with and supportive of long-term priorities has always been a trademark of PAHO's post-disaster response.
- ❑ PAHO's objective has always been to improve the overall disaster response, not just its own input.

Preparedness for the overall aspects of emergency response: The 2004 hurricane season was particularly hard-hitting. Hurricanes and tropical storms battered the Caribbean and parts of the U.S., leaving a wake of devastation. Hurricanes Charley, Frances, Ivan and Jeanne proved to be most deadly, reminding us that disaster preparedness efforts cannot cease. Grenada, Haiti, the Dominican Republic, the Cayman Islands, Cuba, St. Vincent and the Grenadines, Jamaica and the Bahamas suffered the ravages of these storms. Earmarked funding was mobilized to meet emergency needs, but it was our core funding that made possible the human infrastructure and platform on which the response was carried out. However, the case of Grenada challenged our traditional disaster preparedness model by raising the question: can we, should we and to what degree is it possible to shift the balance from traditional disaster preparedness in small islands that run the risk of island-wide devastation, as was the case in Grenada, to a more comprehensive program of disaster mitigation that protects critical health facilities?

Advocacy for health initiatives is an integral part of our work. Disasters leave in their wake stark reminders that countries must work to reduce their vulnerability. Because these lessons are often repeated without corrective action being taken, PAHO's role is to provide advocacy for and accompany the process of strengthening national health authorities to achieve this goal. In 2004, Latin American and Caribbean nations joined forces to promote the adoption of "safe hospitals" as one of the multisectoral indicators of global disaster vulnerability reduction by the World Conference on Disaster Reduction (January 2005). This laid the groundwork for the passage of a Resolution at PAHO's most recent Directing Council meeting in September, urging Member States to adopt "Hospitals Safe from Disasters" as a national risk reduction policy and set the goal that all new hospitals are built with a level of protection that better guarantees their remaining functional in disaster situations. A short publication on what hospitals represent to nations—in human and economic terms—was prepared to set forth a common vision. PED will lead a strategic effort, in conjunction with other PAHO technical areas, WHO regional offices and regional health agencies to promote this message and strengthen leadership of the health sector to achieve this indicator.

Inter-agency collaboration is critical: The field of disaster reduction is becoming increasingly crowded and competitive, with overlapping activities in many areas that were once the traditional domain of the health sector. This reality is even more glaring in the response phase of disasters. It is often the case that the more severe the emergency, the more crowded the playing field, which sometimes results in competition rather than coordination. Strengthening collaboration with other global, regional and national disaster management agencies will improve coordination. PAHO can cite several examples of coordination (where organizations with distinct skill sets are effectively combining resources and working together toward a shared goal) that were stepped up in 2004 through memos of understanding and letters of agreement with NGOs, UN agencies and foundations. The most visible of these is the Logistic Support System (LSS). Six U.N. agencies partnered to develop a common software platform for the management of humanitarian supplies. The first phase of the LSS project successfully concluded in 2004 and efforts will now focus on the implementing the system in an actual emergency setting.

In-house coordination is just as important: Coordination in house (among technical areas in PAHO, within PWR offices and between country offices and PAHO/HQ) is equally as important and just as much a challenge. Many recent disasters have highlighted the fact that disaster management cannot be considered the vertical responsibility of PED alone, but rather must become a cross-cutting issue that is formally incorporated into the work plans of all PAHO divisions and country offices. However, stimulating the participation of PAHO technical experts in disaster preparedness and response activities

continues to pose a challenge. Information management in the immediate post-disaster phase is a case in point. The collection, analysis and distribution of information on the impact of a disaster on the health sector and health needs require the quick response and input of a variety of health experts. Our challenge is to enable PAHO's technical experts to shift gears quickly to collect and analyze time-sensitive information in such a way that it provides a value added for decision makers and work with PAHO to create a more flexible response mechanism in an organization geared more toward development. These issues have become priority for the Organization and will be the topic of subregional workshops in 2005.

Just five days before 2004 drew to a close, a devastating earthquake and tsunami struck 11 countries in south Asia, a disaster of global proportions that prompted worldwide attention and response. As 2005 unfolds, the ramifications of this enormous disaster are being felt throughout the disaster community, and although none of the affected countries falls within PAHO's jurisdiction, as a regional office of WHO we have already and will continue to collaborate on a number of fronts. One experienced PAHO disaster staff member will have spent two months as the WHO team leader in Banda Aceh, Indonesia, coordinating the health response in this most devastated nation. PAHO's longstanding experience in preparedness and response and its regional cadre of seasoned professionals will support WHO in relief efforts, resource mobilization, information management and project formulation and implementation. No doubt, a disaster of this magnitude will reveal lessons that should have been learned and will uncover new ones as well. These lessons are and will be, after all, the backbone of disaster preparedness.