



## **Annual Report 2004**

Presented to the Members of the Partnership for Health Preparedness

Canadian International Development Agency  
Department for International Development of the U.K.  
Office of U.S. Foreign Disaster Assistance (USAID)

### **Introduction**

This is the 2004 Annual Report on the activities carried out by the Pan American Health Organization's Area on Emergency Preparedness and Disaster Relief (PED). It is presented to the members of the Partnership for Health Preparedness (PHP): the Canadian International Development Agency, the Department for International Development of the U.K. and the Office of U.S. Foreign Disaster Assistance (USAID), in compliance with our partnership agreement. It covers calendar year 2004 (January – December).

The report is structured around four expected results and a series of indicators that were developed in collaboration with our partners, following the presentation of PED's Strategic Plan at the 2003 meeting of the PHP (Belize). These indicators correspond to the five-year life of the strategic plan and this report charts annual progress toward the indicators. This report focuses on the impact of disaster preparedness, mitigation and response activities in the health sector of Latin America and the Caribbean and does not pretend to provide a full account of all work carried out

Latin America and the Caribbean are exposed to all types of hazards. This past year has been characterized by a cluster of devastating hurricanes that affected six countries. Clearly the most cost-effective way to reduce the impact of any crisis is to prevent it from happening in the first place. However, disaster prevention does fail, and local and national systems must have the capacity to limit the extent to which people suffer in crises. PAHO/WHO strives to build in-country capacity to reduce the adverse health impact of crises by providing the best available tools to member countries and all actors through advocacy, training, improved information dissemination, direct technical cooperation, and alliance building.

## Disaster Preparedness

*The health sector in Latin America and the Caribbean is better prepared to respond to the health consequences of natural, manmade and technological disasters.*

Spiraling population growth in urban areas of Latin America, and the growing percentage of the population that remains marginalized from many government services, coupled with national budgets that are slowly declining—including for health services—make the citizens of this Region vulnerable to the health effects of disasters. The task of reducing the vulnerability of the health sector is, however, too great for the Ministry of Health to undertake alone, particularly in its current condition in many countries. In 2004 substantial efforts were made to take this case to other sectors, sensitize them to, and lobby for support in addressing health aspects of disasters, integrate the topic of vulnerability reduction of critical infrastructure into their training efforts and routine work, and build coalitions that will ensure sustainable results.



INDICATOR

In the 80 % of PAHO Member Countries in which a national health disaster programs presently exist, maintain (staff and funds) and/or adapt these programs to changing country situations as needed.

During 2004, there was a marked increase in formal subregional cooperation agreements that encompass disaster preparedness and mitigation, as a result of initiatives that were implemented in the recent past. This process is particularly important because it strengthens the position of the Ministry of Health and gives legitimacy to the need to address and reduce the consequences of disasters on the health sector.

One successful strategy was to support subregional integration mechanisms in order to include health disaster preparedness and response in the political agenda of other sectors. As a result of this approach, Central American nations approved a subregional Disaster Plan for the Health Sector in 2003. This plan formalized technical cooperation in disaster situations to ensure a timely, organized and efficient response. Within this framework, in 2004 these countries expanded their cooperation to include two other issues: mental health and hazardous materials.

### **Andean Countries Approve Five-Year Disaster Plan for the Health Sector**

Within the context of the strategic commitments of CAPRADE, an Andean Health Plan was produced that addresses disaster preparedness and response. The objectives of the plan include.

- Establishing a common policy throughout the Andean region in terms of health disaster preparedness and response.
- Conduct a systematic search and compile documentation on the political state of disaster reduction in the Andean Region countries with a view toward learning about similar programs, differences and alternatives and to be able to produce a coherent work plan.
- Improve interaction among the disaster programs and the international relations offices in the Ministries of Health. Also

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A subregional **Mental Health Plan** was developed in a political framework that fostered and required joint collaboration. This collaboration was a key factor in its subsequent approval by the Ministers of Health. Later in the year, the Plan became an operational tool to assess country capacity at the local level to train health personnel and to design follow-up programs. One important gap that remains to be filled is the availability of mental health diagnostic and intervention tools for disasters. Although PAHO/WHO published a technical manual on mental health in disaster situations, which was recognized by the countries as an excellent reference document, it is insufficient as a practical handbook of what to look for and how to provide services that deal with this often overlooked aspect in the aftermath of a disaster. A new practical handbook is expected to be finalized in 2005.

The other topic that contributed to reinforce technical cooperation between countries was the management of hazardous materials. This issue has been promoted through regional courses organized in Sao Paulo, Brazil by CETESB<sup>1</sup>, the PAHO/WHO Collaborating Center for chemical emergency preparedness and response. A group of former Panamanian participants in this course, with the support of PAHO, developed a national initiative that evolved in 2004 from a Panama-PAHO-CETESB initiative into a Central American Plan; from a one-country health issue to a multisectoral Central American integration commitment. The initiative to improve the capacity of Panama's health sector to respond to chemical disasters began with a workshop. The workshop for the diagnosis of hazardous situations and a national capacity for response to chemical emergencies was the beginning of a joint effort between multiple institutions linked to the production, transportation, storage, use, and response to accidents with chemical products in Panama. The Ministry of Health of Panama assumed the leadership among their Central American counterparts and proposed the preparation of a Central American cooperation plan to respond to chemical accidents.

The interest of the Ministers of Health progressively involved the institutions responsible for environmental management at SICA<sup>2</sup>. After several months of negotiation and sharing of experiences promoted and supported by PAHO, the Ministers of Health of Central America, and the Dominican Republic approved the **Subregional Plan for Integral Management of Hazardous Materials**. This agreement includes the participation of the secretaries of agriculture, secretaries of environment, and the UNITAR<sup>3</sup> chemical and waste management program.

Similar approaches, but a higher level, render it fruitful in the Andean Region. In 2002, PED was instrumental for the creation of the **Andean Committee for Disaster Prevention and Response** (CAPRADE) in the Andean Community of Nations (CAN)<sup>4</sup>. The continuous support to this entity for the elaboration of the Andean Strategy for Disaster Prevention and Response, approved in July 2004 by the Andean Community, determined the inclusion of the health sector concerns in this policy document. The

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<sup>1</sup> CETESB - Companhia de Tecnologia de Saneamento Ambiental, da Secretaria de Estado do Meio Ambiente do Governo do Estado de São Paulo. ([www.cetesb.sp.gov.br/emergencia/emergencia.asp](http://www.cetesb.sp.gov.br/emergencia/emergencia.asp))

<sup>2</sup> The Central American Integration System

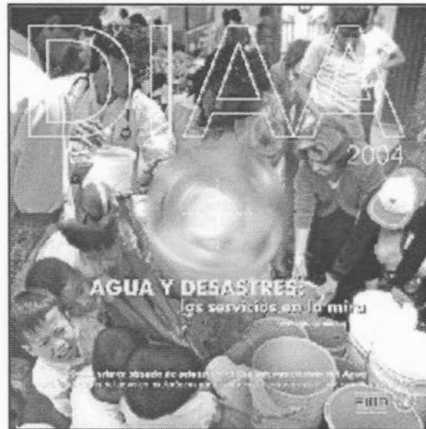
<sup>3</sup> United Nations Institute for Training and Research

<sup>4</sup> The CAN is a subregional organization comprised of Bolivia, Colombia, Ecuador, Perú and Venezuela, formed to promote economic and social and regional integration and improve the lives of the population of this region ([www.comunicadandina.org](http://www.comunicadandina.org))

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health sector now figures prominently and has been assigned specific areas of responsibility giving it much more backbone and political support to the Ministries of Health. Taking advantage of this success, the Ministries of Health of six countries prepared and agreed on a **Five-Year Disaster Plan for the Health Sector**.

In addition to the previous issues, Latin American countries are facing many public health risks, including the consequences of diseases like SARS, avian influenza and terrorism. In all of these scenarios, the challenges are to remain focused, avoid diverting resources, and adopt a multi-hazard approach. Building the overall capacity of the health sector is the best approach to establish a more effective national and regional strategy against bioterrorism, and will have the additional benefit of improving response to natural infectious disease outbreaks and/or new emerging diseases. PED participated in the planning and organization of several workshops and meetings promoting the development of overall disaster plans and programs including human resources development, provision of authoritative information, strengthening laboratory capacity and strengthening early warning epidemiological surveillance, and emergency response useful for bioterrorism and disaster reduction. In Barbados, PAHO provided technical support to the OAS Inter-American Committee against Terrorism Secretariat in the planning and execution of a terrorist simulation exercise involving radiological materials.



**World Water Day Shines  
Spotlight on Disasters**

The theme of the 2004 celebration of World Water Day (organized by WHO and WMO) was "Water and Disasters," highlighting the problems caused by too much and too little water and giving special attention to the grave threats to health that occur when water and sewage services are affected by disasters.

For more than 10 years, Latin America and the Caribbean have celebrated the Inter-American Water Day. This year, in the regional celebration linked to the global one, the slogan "Water and Disasters: Spotlight on Services" was used to point out the importance of incorporating disaster preparedness and prevention in the water sector's development plans. The purpose of this annual celebration is to focus attention on specific topics and develop strategies for implementation. The 2004 celebration focused on promoting the recommendations of a major PAHO/ISDR meeting on vulnerability reduction in drinking water systems, at which a ten year plan of action was developed and approved (see Annex 1).



**New disaster-related training and educational opportunities provided to at least 5,000 disaster professionals region-wide.**

When it comes to health disaster preparedness and management training initiatives, PAHO continues to support, in some fashion, a wide variety of events throughout the Americas. The number and variety of training events have increased, thanks to a stronger involvement of the network of disaster focal points in the PAHO Country Offices who are taking over the more "traditional" disaster preparedness training of specific national interest. Although increasingly, government agencies, universities or other institutions are

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assuming most of the cost and the responsibility for these activities, PAHO's support (in the form of technical material, seed money or institutional backing) will continue to be required for some time to come.

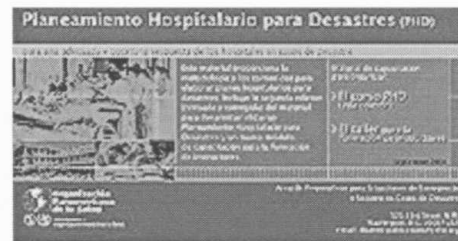
The degree to which countries have assumed responsibility for routine training has allowed PAHO to focus greater efforts on a limited number of training initiatives with greater impact. One of these is the hospital disaster planning course, which currently is available only in Spanish. The course, which was developed last year, became so popular that it was revamped in 2004 and additional materials were developed to train trainers. In the coming year, efforts will be devoted to strengthening this network of trainers in the Americas so that this activity will become a priority for and responsibility of member countries.

The LEADERS course is another example of the type of training that PAHO is focusing on. In 2004, courses were conducted in Mexico and Brazil (in Spanish and Portuguese respectively), helping to increase the regional risk management network in the health sector. These courses also strengthened the head offices of member countries, identifying national instructors and promoting involvement and coordination among institutions that did not normally coordinate, and had not participated in past courses. This was not only beneficial to the coordination of these institutions at the country level, but also increased the quality of presentations and exchange of experiences inside and out of the health sector. Brazil has taken leadership in organizing and financing the national version of the LEADERS course, an important step in the proposed decentralization of this activity.

Likewise, Mexico has assumed an increasingly significant role at the national level in furthering the LEADERS course. Many of the "instructors" at the 2004 course were health experts from the state and local levels who outlined national policies and the prospect of implementing them at local levels. The National Civil Protection System, the Center for Disaster Prevention at Mexico's National Autonomous University, the Mexican Institute of Social Security, the National Institute of Public Health, and the Center for Epidemiological Surveillance and Disease Control presented many of the course modules, and through demonstrations and general discussions showed the enormous potential of international courses to draw on strengths of sectoral and multisectoral efforts and the immediate impact in the approach of these institutions toward the reduction of disasters.

The first course presentation outside of the Americas was held in Thailand in November 2004, following the participation of professionals from Nepal, Sri Lanka, Indonesia, and Papua New Guinea in the

**New Materials Improve the Hospital Disaster Planning Course**



In 2003, PAHO published a training module to support the organization of hospital disaster planning workshops. Suggestions and comments on how to improve the content were gathered from the participants at many of these workshops. At the same time, PAHO began working with other experts to develop complementary material to train trainers.

The result is the second version of Hospital Disaster Preparedness, a technical training tool that now includes the methodology to train trainers to carry out these courses. The revised version includes lesson plans, guidelines for instructors, visual aids, evaluation forms and reference material.