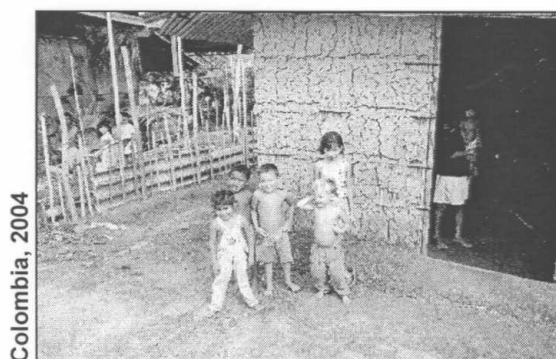


Disaster Response

The health sector of the countries of the Region respond effectively and efficiently to disasters and emergencies.

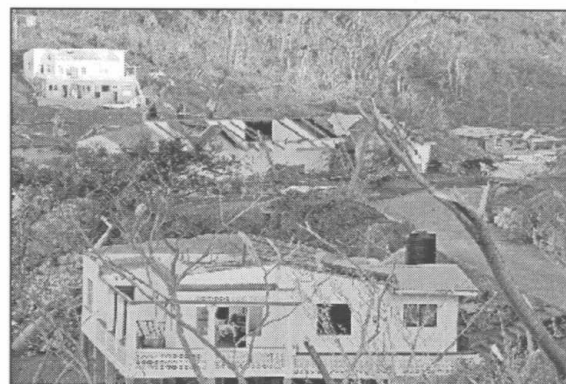


Colombia, 2004

This past year proved particularly challenging in terms of disaster response. Many small disasters plagued member countries, including floods, fires and earthquakes. For the most part, these were handled at the national level and required only limited technical support from PAHO. Other emergency situations required the large-scale mobilization of PAHO's resources. Some crises evolve over time, such as the El Niño phenomenon or the complex emergencies in Colombia and Haiti. These conflict situations occur in a much politicized context that

often challenges PAHO's ability to maintain an objective and independent stance while maintaining the long-term perspective required to identify genuine health priorities. Joint efforts with PAHO/WHO country offices and the HQ Disaster Task Force have proven critical.

Sudden-onset disasters, however, present a distinct challenge: few nationals have personal experience on the health impact and subsequent needs following massive natural disasters. Often these disasters follow a pattern that seasoned experts (PED and PAHO staff from other countries) are familiar with. Another reason it is important to have experienced disaster management staff present is that emergencies are highly emotional and politically-charged situations. This can potentially affect how priorities are determined. PAHO has issued a Directive to make the immediate travel of PED staff a standard procedure, and the headquarters task force has placed priority on the rapid mobilization of a significant number of experienced staff members or consultants.



Grenada, September 2004

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.

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

PAN AMERICAN HEALTH ORGANIZATION
AREA ON EMERGENCY PREPAREDNESS AND DISASTER RELIEF
Annual Report 2004

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. Although earmarked funding was mobilized to meet emergency needs, it was our core funding that made the human infrastructure and platform on which the response was carried out possible.

In response to Hurricanes Ivan and Jeanne, PAHO activated a number of its emergency response mechanisms: the Disaster Task Force and Emergency Operations Centers, both at headquarters and in the country offices; the rapid activation of emergency administrative procedures, including the quick purchase of supplies and equipment; the PAHO Disaster Response Team, including specialists from neighboring countries; and the mobilization of funds. Following is a brief summary of some of the actions undertaken by PAHO/WHO in the wake of these hurricanes:

Serious Flooding Impacts Haiti and the Dominican Republic

In June, representatives of the Ministries of Health of the Dominican Republic and Haiti, PAHO/WHO and the Red Cross Societies from both countries held a meeting along the border. This was followed by a workshop to improve joint strategies for future interventions in the border region. The UN system is currently looking into ways to improve inter-agency and inter-country information sharing, analyze logistics capacity on both sides and reinforce prevention and early warning systems.



Haiti

Beginning in late May, heavy rains and flooding affected an estimated 25,000 people in southeastern Haiti who were already living in dire conditions following the recent political crisis. The village of Fonds Verrettes was almost completely washed away by the floods and the lower part of Mapou disappeared under four meters of water. Although roads were destroyed and there was no communication with the affected area, assessment teams managed to arrive fairly quickly, thanks to logistical and helicopter support from the Multinational Interim Force (MIF).

Joint teams from Médecins sans Frontières, Médecins du Monde, the International Committee for the Red Cross and the Federation of Red Cross Societies quickly launched medical and psychosocial interventions, while NGOs such as OXFAM prepared water and sanitation programs. Although the acute emergency phase has now passed, many rehabilitation needs remain. Health centers, homes, and schools need to be repaired or even rebuilt in a safer area, while the population needs assistance to restore their lives and livelihoods.

The disaster revealed weak points in terms of the response: the dependence on the logistics of the MIF, the weak national infrastructure, and the late positioning/deployment of UN and humanitarian actors in the field.

Dominican Republic

The same heavy rains that affected Haiti raised the water level of the Jimaní River; homes were swept away, utility lines cut and rescuers prevented from reaching the hardest-hit regions. Civil defense officials helped to evacuate families to higher ground. The hospital in Jimaní was flooded and patients were transferred to another facility. A few of the potential public health risks from this disaster included changes in existing patterns of morbidity, changes in the ecosystem due to vectors, population displacement, and deterioration in drinking water, basic sanitation systems and health infrastructure. The most pressing tasks involved strengthening the capacity of



PAN AMERICAN HEALTH ORGANIZATION
AREA ON EMERGENCY PREPAREDNESS AND DISASTER RELIEF
Annual Report 2004

the provincial health authorities and health centers to deal with potential disease outbreaks common to this type of disaster and implementing health promotion, information, education and communication initiatives directed at the population in temporary shelters and those living in affected areas.

HURRICANE IVAN

Grenada -- 7 September 2004

- ☐ Deployment of 25 PAHO/WHO disaster experts (health professionals, epidemiologists, sanitary engineers, supply managers and others) from headquarters and country offices for needs assessment, health sector coordination and the compilation analysis and distribution of information.
- ☐ A system was made available to Grenada and CDERA to classify, sort, and inventory humanitarian relief (including the strengthening of the local capacity to manage the system), and allow for the transparent dissemination of information.
- ☐ Detailed assessment of damage and repairs needed to rehabilitate the health system.
- ☐ Procurement of basic medical supplies, purchasing of primary care medical equipment.
- ☐ Support for epidemiological surveillance, water quality and vector control.

Jamaica -- 10 September 2004

- ☐ PAHO/WHO staff from the country office in Jamaica and five disaster experts mobilized from other countries as part of a multisectoral assessment team.
- ☐ Purchase of essential health supplies and equipment, particularly in the areas of vector control, food safety, sanitation and water quality to prevent water/food borne and vector borne diseases.

Cayman Islands -- 12 September 2004

- ☐ Two persons from PAHO/WHO deployed to the Cayman Islands, where operations were being coordinated through the PAHO/WHO Office in Jamaica.
- ☐ 25 people trained in the installation and use of the SUMA system for the management of humanitarian supplies.
- ☐ PAHO/WHO assisted Ministry of Health to meet principal needs; which include staff (experts in accidents and emergency), water, sanitation and other environmental health aspects, and epidemiological surveillance.

HURRICANE JEANNE

Haiti -- 18 September 2004

- ☐ Coordination and monitoring of all humanitarian health activities undertaken by the many actors in Haiti.
- ☐ Opening of a temporary office in Gonaïve.
- ☐ Prevention of communicable diseases including water and sanitation: rapid response to possible outbreaks of epidemics, prevention of epidemics of diseases transmitted by vectors (particularly malaria) in the affected areas, disinfection and quality control of drinking water, quick & low-cost repairs to water facilities, and health education.
- ☐ Primary health care, essential drugs, restoration of health services including damage assessment of health facilities and quick and low-cost emergency repairs to selected facilities to ensure essential health services, purchase of basic medical equipment and pharmaceuticals from a standard list,

medical supplies (including vaccines and specialized Disaster Kits), and reinforcing PROMESS (the Immunization program for vaccines) in the distribution of supplies at no cost.

- ❑ Mobilization of disaster experts (epidemiology, disaster management, water and sanitation) in addition to PAHO-Jamaica office staff.

Dominican Republic – 17 September 2004

- ❑ Supporting and keeping the health services network up and running in the affected provinces so that the health needs of the affected population will continue to be met.
- ❑ Carrying out vaccination against diphtheria in children and adults in shelters and in areas identified as high risk.
- ❑ Operating basic water quality control and sanitation systems to contain disease outbreaks.
- ❑ Strengthening epidemiological surveillance, including laboratory diagnosis to quickly detect cases and outbreaks among the population in shelters.

Bahamas – 26 September 2004

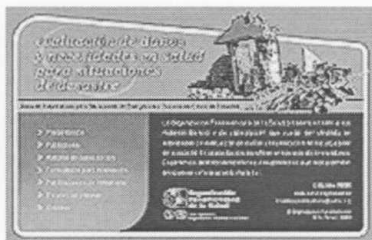
- ❑ Hurricane Jeanne compounded problems that already plagued the Bahamas following Hurricane Frances earlier that month.
- ❑ Provision of technical cooperation to the Ministry of Health Command Center.
- ❑ Assistance with rapid needs assessment.
- ❑ Mobilization of three disaster experts and the SUMA system for the management of humanitarian supplies.



INDICATOR

Improved assessment of needs which results in more appropriate material and technical aid.

EDAN in the Health Sector Expanded to Include Assessment Forms



Several months ago, PAHO/WHO published a new manual on Health Damage and Needs Assessment for Disaster Situations to assist health workers to conduct field evaluations in the aftermath of natural disasters.

Due to the high demand in countries in Latin America for additional material, particularly in the context of regional and national response teams, PAHO/WHO, together with a large group of regional experts, has produced a new CD-ROM with a variety of information on the topic, including PowerPoint presentations for training personnel who will conduct health sector

PAHO's first step in the response to disasters is to assess the health situation and need for external emergency assistance. Over the years, this has meant that PAHO staff (at country or regional level) must be present in the field with their Ministry of Health counterparts, and that the diagnosis of what is missing and urgently required be a joint effort by both partners. PAHO's international presence at the disaster site is critical to legitimizing the Ministry of Health's diagnosis, and to preserving PAHO's credibility in the eyes of its other Member States and the international community at large.

Due to the geographic characteristics and vulnerability of the Caribbean Islands, PAHO established a disaster response team more than 15 years ago, to support the governments as they respond to the public

PAN AMERICAN HEALTH ORGANIZATION
AREA ON EMERGENCY PREPAREDNESS AND DISASTER RELIEF
Annual Report 2004

health impact of disasters. This team, composed primarily of experts from PAHO and professionals from countries in this region, has been mobilized a number of times. In 2004, it was extensively mobilized during the hurricane season which severely affected many Caribbean countries including Grenada, Jamaica, the Dominican Republic, Haiti, Cuba, the Cayman Islands and the Bahamas.

The Ministers of Health of the Americas, at its annual Directing Council, requested that PAHO strengthen its support for these countries in emergency and disaster situations. As a demonstration of the Organization's commitment, the Director assigned over-the-ceiling funds to carry out three subregional workshops to improve the Organization's ability to manage information, develop project proposals and the development and management of projects, and improve the quality of communication and exchange of information in disasters.

In 2005, it is hoped that the Caribbean's Disaster Response Team coverage will be extended to the entire region. To do this, the internal coordination mechanisms and relations with organizations and national and international counterparts need to be stabilized through selection, integration and training. This team will be the fundamental pillar for the organization's response, and provide a significant contribution to the countries affected by disasters; because they should be able to provide both timely and high quality technical cooperation in the general field camps, epidemiology, health services, water and sanitation, information, communication, logistics, and administration.



INDICATOR

Improve transparency and credibility in humanitarian operations.

In mid-2004, ECHO expressed interest in evaluating the two SUMA operations in Haiti and the Dominican Republic, which were undertaken in entirely different contexts. Several agencies participated in the evaluation, including the Joint Logistics Centre of the World Food Program. The objectives were to evaluate the efficiency and effectiveness of SUMA operations following the floods in the Dominican Republic and the political crisis in Haiti and to identify the lessons learned that are relevant to the ongoing development of the global LSS.

In terms of efficiency, evaluators found that the resources allocated to implement SUMA were used efficiently. Using the NGO FUNDESUMA as a mechanism for operational implementation remains

Recommendations from the evaluation of SUMA

There are implications from these lessons in terms of future operations.

- A more substantial and sustained investment (funds and staff) is required in ongoing complex disasters in countries where the government does not assume ownership of SUMA.
- Priority should be given to processing/registering the most valuable (and therefore vulnerable) supplies rather than to worthless (and often bulky) unsolicited donations
- A web site and other mechanisms to disseminate information should be created as a prerequisite for funding and technical support from PAHO during an actual emergency. The content and timing of the web site should be clearly spelled out.
- Enthusiastic support should be provided to the Red Cross Societies and NGOs interested in including SUMA in their institutional development efforts
- There should be a differentiation between