

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

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very cost-effective compared to other alternatives. The issue was, in fact, that despite the level of resources available, these disasters still would have been incredibly challenging.

*The shortcomings in terms of transparency and coordination do not put in question the validity of SUMA as a tool, but rather the commitment of the countries or the humanitarian organizations to share data and communicate.*

In the case of Haiti, the chaotic environment and the effort required to stimulate cooperation from the multitude of independent actors who tended to jealously guard information, called for a far more sustained level of investment of resources. In Haiti, the implementation of SUMA had a minimal effect, in part due to the lack of political will and support from the PAHO local office, UN

agencies, and national authorities. It seems as though good inter-agency management of supplies was not a priority, in spite of statements to the contrary.

Although the effectiveness of SUMA was recognized by the various users, it does not mean that the deployment of SUMA was effective in achieving the objectives of better technical management of the supplies by the agencies using it, or in improving good governance (coordination, transparency and accountability). In the Dominican Republic, SUMA assisted local authorities in Jimaní, the Red Cross Society, and to a lesser extent, the Emergency Operations Center in managing their own warehouses. There was much room for improvement in terms of data exchange, transparency, and accountability (although accountability was more a political issue rather than a SUMA shortcoming)

After more than 12 years of promoting and implementing the SUMA system in the Americas, PAHO realized there was little chance to expand the current system globally unless a new system was developed with the support of other organizations from the outset. In 2003, PAHO convened a meeting of UN and other humanitarian actors where it was decided to develop a global information system for the management of relief supplies in emergencies. This became the interagency Logistics Support System (LSS). The LSS is a joint effort of WFP, PAHO, UNHCR, UNICEF, OCHA and WHO to facilitate the exchange of information on needs for, and movements of humanitarian supplies complementing agency-specific commodity tracking systems.

The first phase of the LSS development focused on a joint approach to humanitarian supply coordination and software development, based on the experience of SUMA at the national level and the UN Joint Logistics Center (UNJLC) at the international level. Bolstering a joint approach to humanitarian supply coordination is a difficult task, but the achievements have been



**The Interagency Logistics System Serves as  
Coordination Tool**

The LSS software (developed on the basis of the original UNJLC and SUMA systems) looks specifically at coordination functions (both at national and international levels) that are not addressed by other commodity tracking systems developed or contracted by larger humanitarian actors. LSS can serve as an inventory control tool for smaller agencies (including national institutions) that cannot afford the cost or human resources required by the existing commodity tracking systems. LSS has two components, a windows-based application that can work as a stand-alone or network module and a Web-based application. The use of either application or a combination of both will depend on the situation in a given emergency and the available resources. LSS

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impressive. Representatives of participating agencies formed an Advisory Committee to monitor the design of the software, revise training materials, and obtain their agency's concurrence during project implementation.

FUNDESUMA, a Costa Rican NGO which has implemented SUMA in the Americas for more almost ten years, was contracted to follow up the LSS development and ensure that all of the needed functions were incorporated into the new system. FUNDESUMA has played a key role in ensuring that the needs of countries and NGOs are met in the LSS. UNJLC has played a similar role in putting forward the concerns of operational UN agencies. The Beta version of the software was rolled out in 2004.

Milestones in the development of LSS in 2004 include:

- ☐ Agencies pledge funds and designate an expert as the LSS focal point (January).
- ☐ Software design document approved by agencies (May).
- ☐ UN interagency working group views demonstration of beta LSS version (September).
- ☐ Testing of first release (October).
- ☐ Testing and feedback on 2nd release (December).

The next phase of the development of LSS will unfold over a two-year period and will include testing the system in real events where the political will exists. Training will also begin for human resources in key agencies and in countries worldwide.

## **Enhanced PAHO Capacity to Support National Disaster Programs**

*Support for disaster management in the health sector is mobilized internally and externally.*

PAHO's Headquarters Disaster Task Force was created by the Director in the aftermath of Hurricane Mitch (1998). Two dozen health and administrative professionals at PAHO headquarters actively collaborate on this ad hoc Task Force, which is coordinated by PED and mobilized in major disasters.



**Support given to PAHO country offices and centers to strengthen their disaster management capacity.**



**PAHO Headquarters Task Force during season 2004**

The PAHO network of disaster focal points in the country offices continues to be key to bolstering the capacity and legitimacy of the disaster offices in the Ministries of Health region wide. Each PAHO/WHO Representation in Latin America and the Caribbean has a disaster focal point, which is selected from among the professional staff assigned to that country, to plan and execute disaster reduction activities with their national counterparts at country level.

In meetings during 2004, many of these experts expressed concern that, as non-disaster experts, they require additional training and capacity building in the form of specialized courses such as LEADERS for disaster focal points (including sessions on project formulation, negotiation and resource mobilization), and the UN course on early warning. During 2004, ideas were collected and a plan of action was developed to address their needs.

The PAHO disaster focal points were interested in developing a predefined annual work plan with PED based on their work with the disaster offices of the Ministries of Health of each country. As full-time staff members based in these countries, they are well acquainted with the national reality, and therefore, were in the best position to help develop the most effective work plan, including how to increase the involvement of the Ministries of Foreign Affairs in emergency and risk reduction activities and protocols, and to guide PAHO's disaster response in specific situations such as bioterrorism incidents, and cross-border or multi-country disasters. PED already provides many tools to engage and facilitate the participation of this network in disaster reduction activities, including a Virtual Disaster Library of more

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than 500 full-text publications on disaster and emergency management, a general and multiple specialized web sites, and is currently working on a collective “virtual” workspace with chat features in order to facilitate communication among countries and PED subregional offices.

A string of hurricanes, beginning with Charley and ending with Jeanne, seriously affected a number of PAHO/WHO Member States in 2004, which required PAHO to mobilize a significant number of staff and other resources of the Organization. It also revealed many institutional strengths and shortcomings.

In order to capture these perishable experiences, PAHO organized a meeting to review what went right and what went wrong from the Organization’s standpoint and make recommendations to streamline and improve management and administrative procedures for timely execution of humanitarian projects.

The following is a list of specific recommendations that resulted from the meeting of PAHO/WHO Representatives, field administrators, and headquarters administrative staff (finance and procurement). A comprehensive list and a summary of the meeting are contained in Annex 8.

- A quick evaluation of health sector needs in a disaster-affected area is no longer sufficient. It should be complemented by a small but highly-qualified and specialized PAHO presence in the affected area.
- The PAHO/WHO Disaster Response Team was overstretched by the number of affected countries during the recent hurricane season.
- Several PAHO staff members were unfamiliar with some of the rules, had received contradictory interpretations of these rules, or feared the implications involved in applying the rules.
- Humanitarian donors have specific financial and narrative report requirements that are different from usual projects.
- Disasters and emergency situations occur in the Region every year and all countries are exposed to some type of hazard. However, almost none of the countries’ situation analyses consider or include reference to disaster risk.
- Most offices and Areas have reacted very positively when it comes to releasing staff for emergency operations and support, but this is not an established policy.

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**Strengthened cooperation and links with the disaster community, including subregional, regional and international institutions, civil-military organizations and the Inter-American, UN and Red Cross systems**

- Improving Civil-Military Coordination

More than 100 diplomats, professionals and high ranking military officials from Latin America and the Caribbean received training on health, disasters, poverty, and the repercussion for security in a regional training on national and hemispheric threats organized by the International School of Defense. These and other activities developed during 2004 dealt especially with managing the consequences of biological, radiological and chemical terrorism.

- Cross-Border Cooperation

In order to improve the ability of the Mexico-United States border communities to prevent, prepare for, and respond to public health emergencies, PAHO provided technical cooperation to improve across-the-border communication and exchange of information on public health emergency situations between agencies, and to increase skills of public health personnel responsible for responding to public health emergencies on technical and managerial levels. As a result, local early warning epidemiology systems are better connected to national and global systems and the local personnel of the Mexico-United States border agencies improved their knowledge and skills to respond to public health emergencies.