6. PROGRESS AND PENDING ISSUES

This section will review rapidly the progress made in the Region and the difficulties encountered. It will also outline several issues on which guidance from the Subcommittee may be required.

6.1 Strengthening of Institutions

Ministries of Health: The key objective of the Program is to establish or strengthen an institutionalized program in the health Ministry, with its own personnel and resources dedicated to emergency preparedness and response in the health sector. All Member Countries have designated "focal points" for emergency preparedness and disaster relief coordination.

In most Latin American Countries, at least one health professional works full time on emergency preparedness and disaster relief coordination. However, a recent review of the national programs in the Andean Region indicated that the legal, administrative and budgetary status of the programs is still precarious. Few countries have placed the program at a level in their organizational chart compatible with cross-departmental activities and coordinating authority. (It is generally suggested that the national program report directly to the Director General, Vice Minister or Minister, as is the case in PAHO/WHO and most developed countries.)

In many instances, a specific budget line and posts for preparedness have not been established (a process which may require legal steps). Countries have adopted a temporary ad-hoc solution to a **permanent** problem.

Perhaps of greater concern is the recent initiative of some countries to add strong national security functions, through the civil defense, to the health emergency preparedness program. The practical implications of this initiative must be assessed.

In brief, with a few exceptions, programs are currently established on an ad

hoc basis within the Ministry of Health. Their level of effectiveness depends primarily on the competence and dedication of the individual in charge. Their continued existence in the absence of external support, or in the case of change in local leadership within the Ministry of Health, is far from ensured at present.

It may be necessary to reassess the objectives of the Program in the smaller countries of the Caribbean. Given their very limited human resources and small size, a self-sustained preparedness program in the health sector, particularly with a full-time dedicated health professional, is an unreasonable goal. With a few exceptions, local activities take place only immediately prior to the hurricane season. Preparedness for other natural disasters, such as earthquakes or technological accidents has received an understandably low priority given the many day-to-day pressing needs of the health sector.

To work within this framework, an original approach has been developed in the Caribbean. The Pan Caribbean Disaster Preparedness and Prevention Project (PCDPPP) is a joint inter-agency project that was established seven years ago with headquarters in St. John's, Antigua. The Project constitutes an effective, albeit loose, arrangement between UNDRO, the Red Cross and PAHO to coordinate their cooperation in disaster preparedness. The benefits of a joint approach at the international level certainly offset the administrative complexity of integrating our health preparedness cooperation in the Caribbean into both the PAHO regional program, the overall cooperation of the Organization, and into a multiagency project.

All countries covered by PCDPPP (all Caribbean Islands and territories, Belize, Guyana and Suriname) have designated both a general disaster coordinator and a health disaster coordinator, yet only a small minority is in a position to dedicate any significant amount of time to this additional function. To stimulate a national commitment in this field, PAHO should join together with other agencies such as PCDPPP and CARICOM, to consider initiating a promotional/motivational campaign at the highest level (Office of the Prime Minister) to raise awareness of the cost-effectiveness of preparedness in terms of both development and politics. Additional time and concerted efforts will be required before the Caribbean is prepared to face disasters.

Other health institutions: In most Latin American countries, the social security institutions, the health authorities in metropolitan areas, and state Ministries of Health in a federal structure, play a significant role in the delivery of health care. The Organization is increasing its collaboration with these institutions. In a region where the vast majority of the population lives in large cities or receives care from social security hospitals, meaningful health disaster

preparedness requires a permanent dialogue between the Ministry of Health and other institutions. PAHO resources and technical support are often instrumental in promoting an integrated, coordinated approach to disaster management.

In countries with a federal decentralized structure, PAHO is faced with a special challenge because the health response to disasters takes place at the state level. However, the official contact and cooperation of the PWRs have traditionally been channelled to the federal level. Increasingly the program has developed contacts at the state and municipal levels and has responded to requests for direct technical support, in close consultation with the central government. This supportive role should be, and in some cases is, increasingly assumed by the Ministry of Health at the central level.

Multisectoral institutions: During national emergencies, the cooperation of the Civil Defense, the Ministry of Foreign Affairs and other non-health authorities is critical to the health sector. PAHO is seeking to reinforce the position of the health sector within the overall national or international coordinating structure. PAHO has invited representatives from civil defense or other similar institutions to participate in key intercountry meetings and is also indirectly strengthening these institutions. Requests for specific technical cooperation that fall outside the health mandate of the Organization are forwarded to UNDRO or interested bilateral agencies. The health sector should retain leadership in health preparedness. Establishing parallel health preparedness programs (for instance, by civil defense), has led to duplication and conflicts in a few countries. The Organization does not encourage this duplication.

It is essential to the Organization to have closer contact with the Ministry of Foreign Affairs in order to fulfill its function as an information clearinghouse and affirm its role as the authoritative source of information on health needs. In the past, medical assistance has been requested or accepted, not infrequently, by External Relations, without consulting with the Ministry of Health. Small workshops for key diplomatic personnel in the countries and abroad will be organized to minimize this problem.

Evaluation of program development: It is difficult to determine, at a glance, where each country program stands in terms of its own development, and how one country's program compares to that of another. The definition of the criteria for measuring progress must be improved and the basic indicators by which the respective programs' development can be measured must be established. These indicators can then be placed on a matrix to graphically depict the level of development achieved in each country.

An attempt to evaluate program progress of some countries was made by means of a questionnaire. The response to this evaluation mechanism was not effective. Rather than a self-assessment, it would be more beneficial for all partners involved if on-site evaluations could be carried out in each country. Perhaps a team of independent assessors, assisted by national resource persons, could develop a more accurate picture of each country's progress, including specific strengths and weaknesses, than that rendered by the self-evaluation form. Plans for future activities within each country could then be tailored to fit existing needs.

6.2 Development of Human Resources

Type of activities

This component of the program is the most visible and includes several activities.

- courses and workshops:

Total number of meetings in 1988	:	147
Total number of participants	:	7,507
Total cost to PAHO	:	$396,176
Average length of meeting	:	4 days
Average number of participants	:	51 persons
Average PAHO cost per meeting	:	$2,714

Table 2. General information on meetings in the Region, 1988

Most meetings do not exceed five days and are first organized on an intercountry basis. This strategy has contributed to the development of a common body of knowledge, and a common approach to health disaster preparedness and relief throughout the Region. Participants in these meetings are encouraged to reproduce these courses at the national, province or local level. As a result, an increasing percentage of PAHO training funds are used to support routine workshops at these levels. It is unclear whether these activities would continue in the absence of funding to

cover travel costs, local expenses, etc., from the Organization.

In 1988, 147 meetings were organized or supported at various levels. The chart below reveals that the vast majority of the meetings and courses dealt with general preparedness to support national programs (GEN). Less than half that number were on hospital disaster preparedness and mass casualty management (HOS). While only 20 meetings or courses on Environmental Health Training (EHT) were held throughout the Region, this represents an increase over previous years. There were few meetings on Technological Disasters (TEC) and Assessment of Needs, Relief, or Post-disaster Evaluation (DIS).

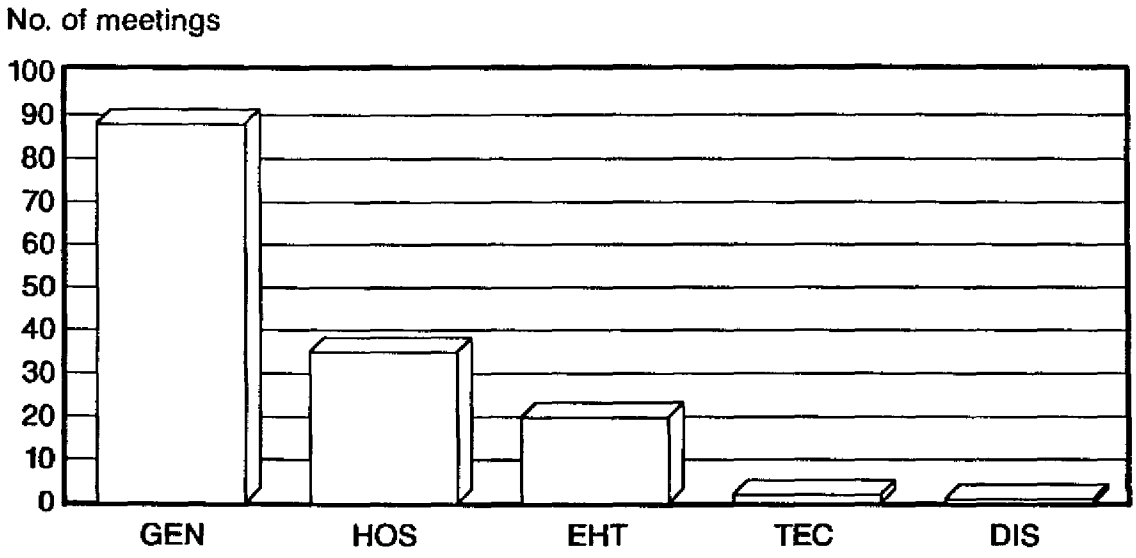

Chart 1. Meetings in Latin America and the Caribbean by technical area, 1988

Following is a breakdown of the meetings and courses held in each country by subregion.

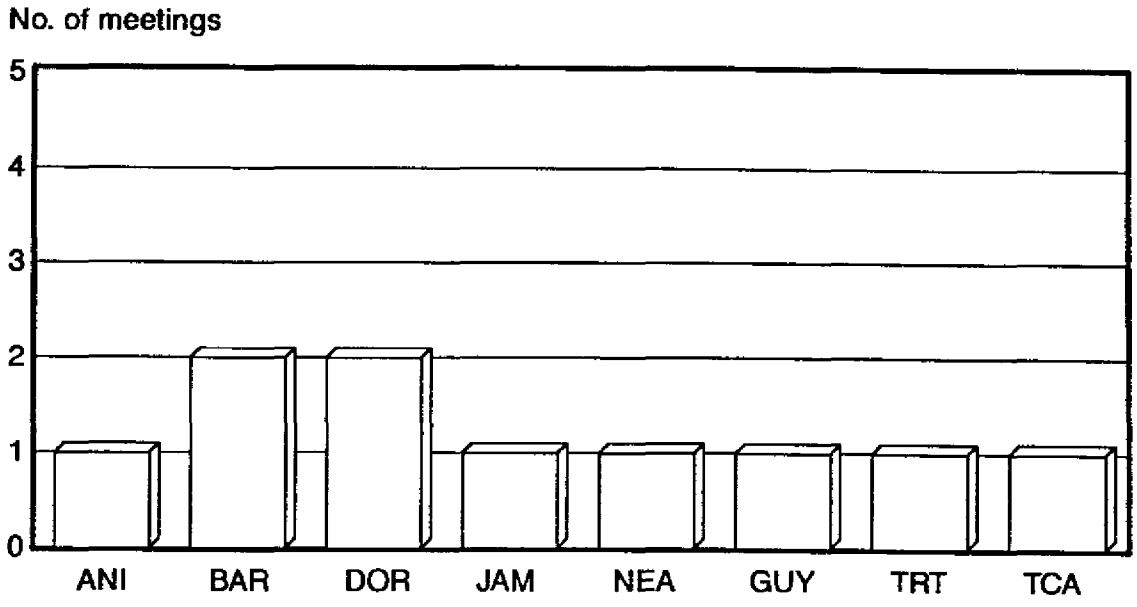

Chart 2 Meetings in the Caribbean by country 1988

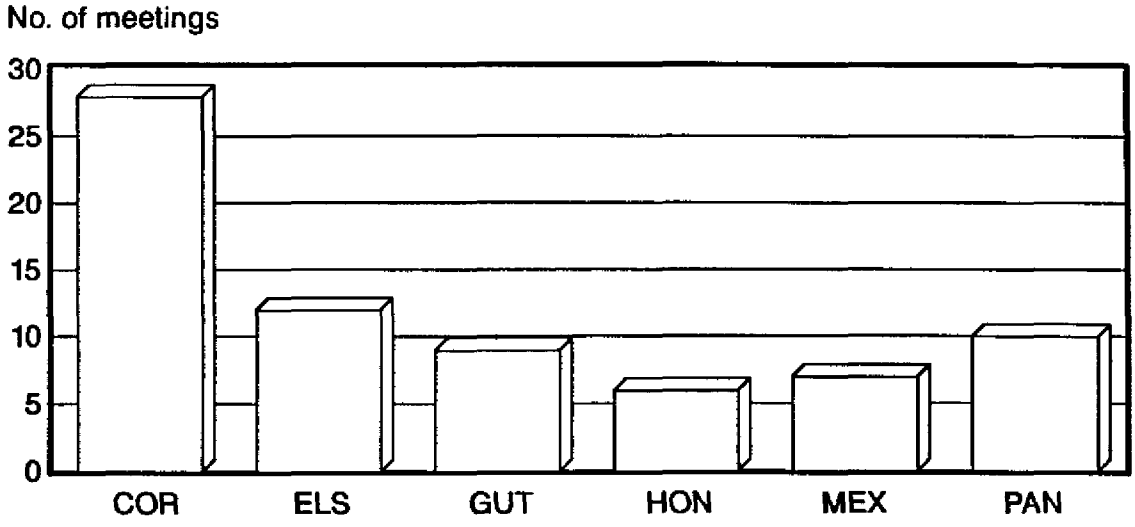

Chart 3. Meetings in Central America, Mexico and Panama by country, 1988

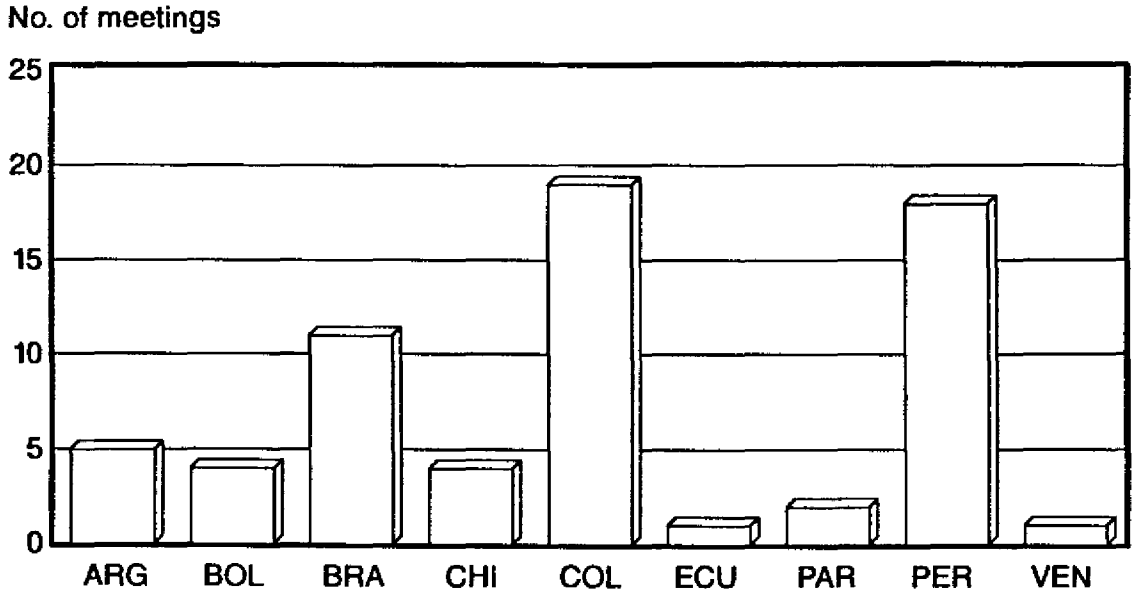

Chart 4 Meetings in South America by country, 1988

In the future, the regional program should perhaps concentrate its efforts on developing new areas of knowledge or reaching new audiences rather than on dedicating its resources to support an ever-growing number of local courses or meetings.

- the program has developed a large quantity of written material on disaster preparedness (a list of available material is attached in Annex 1.)

The quarterly Newsletter, *Disaster Preparedness in the Americas,* has proven to be a cost-effective powerful tool for influencing attitudes and promoting a technical approach to disasters. Its effectiveness is based on its mailing list, comprised of approximately 8,000 individuals or institutions predominantly, but not exclusively, from this Region. The distribution of the Newsletter by geographical area and type of institution is shown below.

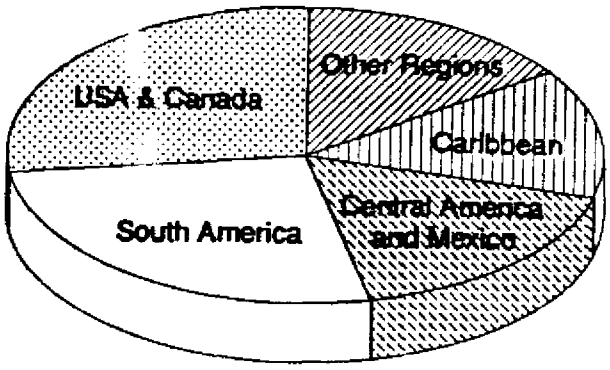

Chart 5. Distribution of Newsletter "Disaster Preparedness in the Americas" by region, 1988

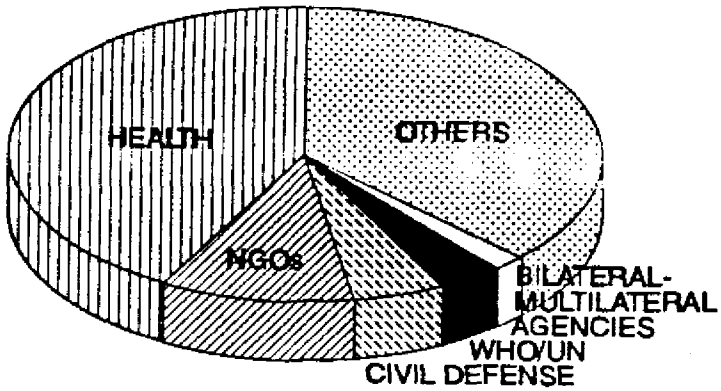

Chart 6. Distribution of Newsletter "Disaster Preparedness in the Americas" by affiliation, 1988

Two recent implementations have dramatically improved the quality and usefulness of the mailing list. First, responsibility for adding and maintaining the information has been decentralized to the subregional offices, thus improving its accuracy. Second, the transfer of the data from the mainframe to personal computers has greatly increased the flexibility of disseminating technical material to selected target audiences.

A selected bibliography of 250 articles and documents related to disasters is available to the readers of the Newsletter. Offset reprints are distributed, on request, for research or training purposes.

The computerized disaster preparedness Update is a 8-volume annotated bibliography of disaster-related documents and material identified or received by PAHO. Close to 4,000 documents have been indexed by the Program. The computerized indexing used PAHOLINE software and a strictly controlled thesaurus developed for the program jointly with HBL. Since 1988 new documents are being entered using the ISIS system adopted

by BIREME for use in the Region. Although more complex, the ISIS system ensures consistency, standardization, and more importantly, broader access to this information. This function which has been carried out at headquarters in Washington, will be decentralized to the Costa Rica office where a documentation center will be staffed by a U.N. volunteer to be recruited in 1989. The National Emergency Committee of Costa Rica has offered space on their premises and administrative support to house and assist this documentation center. This decentralization is expected to improve the access by nationals to these documents--a service provided only on an occasional basis, due to shortage of staff at headquarters.

- the Program's audiovisual training material has grown tremendously in the last few years. It has evolved from the original eight-set slides series developed in the first phase of the Program to include a large video library of acquired programs and five health disaster programs on disasters in this Region prepared by PED with the collaboration of the Department of Information and Public Affairs. DPI has also assisted in developing a bank of slides and professional quality stock video footage in recent years. Stand-by agreements and contracts with freelance video crews has permitted the Program to rapidly document recent disasters in the Region. In 1989-1990 several audiovisual projects are planned:

  - a textbook/slide training module on *Analysis of Risk and Design of Hospitals in Seismic Areas.* This material is being prepared for use at a three-week course in mid-1989 in which PAHO will collaborate with CISMID, the Center for Research on Seismic Engineering and Mitigation of Disasters in Lima, Peru. CISMID is a joint venture of Peru's National University of Engineering and the Government of Japan.

  - a video on Hurricane Gilbert will track the path of the hurricane across the Caribbean and Mexico, documenting the health consequences caused by the storm and highlighting lessons learned that other countries can share.

  - a video program on the health aspects of floods, with emphasis on the consequences of environmental health problems.

- in the late 1970s, PAHO initiated the development of table-top simulation exercises. These exercises, which last three to seven hours, simulate the intersectoral decision-making process at the national level by presenting a rapid succession of scenarios, cables, and messages. At present, many versions in English and Spanish have been adapted to various types of disasters (explosions, earthquakes, floods, etc.) and to different national systems (small or large landlocked countries or islands) and are in use at the country level. The Region has developed a reservoir of experts and

PAHO's role is now largely limited to assisting in administrative arrangements for intercountry cooperation in this field.

- field drills, including simulated casualties, are increasingly popular in the Region. PAHO actively supports the organization of drills when the following criteria are met:

  - the drill tests, critiques and updates an existing disaster plan;
  - all relevant agencies and sectors participate in a manner compatible with their actual role and responsibility in the disaster plan.

  Drills with no clear technical objectives are discouraged.

- distance education is being handled by the Disaster Management Center of the University of Wisconsin, USA, which has been commissioned to prepare self-teaching health preparedness material in English and Spanish. This University is offering distance courses in disaster management with credit toward a Master's degree. Tuition fees for candidates from Latin America and the Caribbean are waived under a grant from PAHO to the University.

- the future of the training component of the program lies in the formal inclusion of the topic in undergraduate and postgraduate health courses offered by established institutions in the Region. Considerable progress has been made with the Schools of public health in Latin America and the U.S.

  Although some faculties of medicine and schools of nursing have already introduced this component, much more remains to be accomplished. Similar initiatives should be implemented in schools of engineering in the Region. Due consideration should be given to diverting PAHO's training resources from local routine workshops to this initiative.

Topics covered

The technical content of the training is constantly evolving from a general health management of disasters to more specialized areas such as the vulnerability of water supply systems, hospital disaster preparedness, chemical accidents, and overall management.

- *general public health emergency management:* a typical agenda includes: types of disasters; their expected health effects; an overview of health management issues; and national and international coordination. Routine workshops of up to five days are widely repeated to develop a multidisciplinary critical mass of trained professionals at the regional level. After a disaster, evaluation workshops or seminars on the specific type of disaster are promoted at the interinstitutional level to identify and disseminate lessons learned. Training has reached an estimated 20,000 persons during the last 10 years. PAHO's support is predominantly providing technical material (publication, slides, videos) and sharing local costs.

- *mass casualty management:* the pre-hospital and intra-hospital management of a large number of casualties poses serious organizational problems in countries with uncoordinated and weak emergency health services. The approaches that have been adopted in developed countries, such as the use of paramedics and emergency medical technicians, telemetry and sophisticated equipment, are not necessarily appropriate to situations in Latin America and the Caribbean. Demands for specific training in this area are rapidly exceeding the response capacity of the Organization. In 1988, 35 courses were organized in the Region. Funding that has been requested from the Government of Italy will lead to the establishment of a regional project, based in El Salvador, to respond to the specific needs of each country. Improving skills in the management of mass casualties will undoubtedly benefit the daily management of emergency medical services.

- *search and rescue:* methods and techniques for search and rescue (SAR) are not, strictly speaking, a health topic. However, medical care and survival support to trapped victims does concern the health sector. In past earthquakes, Latin America's severe lack of skills in rescue management in collapsed buildings created the scenario for the highly publicized but chaotic presence of foreign search and rescue teams, most of whom were from countries without direct experience with earthquakes. Presently, no UN nor bilateral organization is addressing the issue of training nationals in the management and supervision of search and rescue operations. The question arose from a PAHO-organized international meeting in Mexico on this topic

-- Should the health sector and PAHO exercise leadership and initiate training in SAR management as suggested by national counterparts, and if so, to what extent? Guidance from the Subcommittee would be appreciated.

- *environmental health:* thanks to the very effective cooperation of the Environmental Health Program (HPE) at headquarters and at the field level, 15-18 specialized training activities were held in 1988, particularly on urban water supply systems. The Program will seek the cooperation of professional associations of engineers and teaching/academic institutions in a more systematic manner. Training material, including several publications, has been developed on vector control following natural disasters. However, actual training in this area has been somewhat overlooked.

- *chemical accidents:* the role of the Program is limited to the promotion of multidisciplinary planning, mobilization and coordination. Toxicological and epidemiological aspects fall under the leadership of ECO. Cooperation between the two Programs is excellent. The agendas of general training sessions are increasingly including chemical accidents and other technological disasters. At least four intercountry or national workshops were organized or cosponsored in 1988.

- *mental health following disasters:* the psychological effects of disasters have been recently addressed by the Program thanks to collaboration from the regional Mental Health Program and the scientific support of the Johns Hopkins University. Training activities have been initiated in Colombia as a result of the volcanic eruption of the Nevado del Ruiz. Similar workshops were organized in the Andean Region and other disaster-prone countries. The primary health care approach to mental health in the aftermath of disasters, special training sessions and publications will provide, in late 1989, the technical support for more systematic training of trainers throughout the Region.

Target groups

- *geographical coverage:* intercountry training activities are either national or subregional in nature. Due to the high cost of interpretation, the diversity of natural hazards that countries face and the varying levels of development, few activities are directed to all Member Countries.

- *interdisciplinary audience:* to the degree possible, training audiences are multidisciplinary and, when appropriate, intersectoral (Civil Defense, Police, Fire Department, etc.) Activities that are limited to one single discipline, for example, nursing or pharmacology, are exceptional.

- *special non-health audience:* a trend is emerging toward the organization of special training sessions or workshop for key non-health audiences. Special mention should be made of the mass media whose influence on national and international relief activities cannot be underestimated. This group also includes diplomatic personnel whose cooperation in emergency situations is critical to both the Organization and the health sector. This trend should be developed and maintained.

- *community leaders:* PAHO is executing an Italian-funded pilot project on community participation and education in Cusco, Peru.

  In the Caribbean, the Organization actively collaborates with UNDRO, CARICOM and other local institutions in this field. Similar cooperation takes place in El Salvador in the form of a bilateral Italian project of risk mapping at the community level.

  Although disaster preparedness at the community level is essential, PAHO's role in the training of community leaders should perhaps be only promotional and supportive of national or bilateral initiatives.

- *teachers and school children:* in Costa Rica, a special collaborative effort has been initiated with the Ministry of Education to develop material for school children, to train a nucleus of teachers and to test the methodology for including disaster preparedness in the primary school curriculum nationwide. As Costa Rica takes over this successful initiative, the Organization's support will decrease. Similar programs will be promoted in other countries where interested agencies or bilateral donors will be invited to play a leading role.

- *PAHO staff:* PAHO staff are trained by participating in PED training activities and periodic one-day sessions in each PAHO/WHO Representation office. The latter approach is perhaps most effective but is also more demanding on the limited staff of PED. Substantial efforts must be made to involve the field staff more actively in emergency preparedness and prepare them for their special and exacting role in case of disasters in the country in which they serve.

Evaluation of training

A formal evaluation of training is needed to address the following basic questions:

- Have the appropriate people been trained?
- To what extent has training filtered down within countries? What has been the multiplier effect?
- What has been the effectiveness of training in terms of national performance in dealing with real disaster situations, in simulation exercises and drills or in the preparation of emergency procedures and guidelines?
- What gaps in preparation and response capabilities currently exist which can be addressed by training in future?

Development of human resources in emergency preparedness is recognized as the Organization's area of expertise. The rapidly widening scope of this component and its very success make the reformulation of priorities an urgent matter. By accelerating the transfer of responsibility for repetitive local training activities to the countries (Ministry of Health or PAHO country program), and stimulating the support of interested bilateral organizations or NGOs, PAHO resources could be best used to develop new technical areas and training material, and to carry out a more sustained effort with established academic and teaching institutions to develop a more permanent mechanism for the transfer of knowledge.

6.3 Disaster Relief Coordination

The region is vulnerable to a wide variety of natural disasters. The tables below show the major emergency situations reported to PAHO in 1980s. Because of space limitations we can show only earthquakes, floods, hurricanes and volcanic eruptions.

YEAR	COUNTRY	DEATHS	AFFECTED
1985	Argentina	6	38,000
1985	Chile	177	170,000
1985	Mexico	10,000	60,000
1985	Guatemala		12,000
1986	Peru	15	8,000
1986	El Salvador	1,100	500,000
1986	Brazil	1	15,000
1987	Ecuador	300	150,000

Table 3. Recent major earthquakes in Latin America, 1985-1989

YEAR	COUNTRY	DEATHS	AFFECTED
1986	Bolivia	29	260,000
1986	Peru	12	150,000
1986	Argentina	3	144,000
1986	Jamaica	54	40,000
1986	Chile	15	54,118
1986	Haiti	79	85,000
1986	Haiti	69	45,000
1986	Colombia	13	250,000
1987	Bolivia	20	20,000
1987	Peru	100	25,000
1987	Chile	55	116,364
1987	Haiti	13	5,000
1987	Guatemala	84	6,500
1988	Costa Rica	9	4,200
1988	Brazil	300	70,000
1988	Argentina	25	57,000

Table 4. Recent major floods in Latin America and the Caribbean, 1986-1989

YEAR	COUNTRY	DEATHS	AFFECTED
1980	St Vincent (Allen)	N/A	20,000
1980	St. Lucia (Allen)	17	70,000
1980	Jamaica (Allen)	9	10,000
1980	Haiti (Allen)	220	835,000
1982	Cuba (Albert)	40	105,000
1983	Mexico (Tico)	135	10,000
1985	Cuba (Kate)	2	475,000
1988	Jamaica (Gilbert)	45	500,000
1988	Mexico (Gilbert)	250	200,000
1988	Nicaragua (Joan) and others	116	185,000

Recent major hurricanes in the Caribbean and Central America, 1980-1989

YEAR	COUNTRY	DEATHS	AFFECTED
1976	Costa Rica		70,000
1976	Guadeloupe		75,000
1979	St. Vincent	2	20,000
1982	Mexico	100	60,000
1985	Colombia	23,080	200,000

Recent major volcanic eruptions in Latin America, 1976-1989

PED assumed the major coordinating responsibility in the aftermath of many of these disasters--the earthquakes in Mexico, Ecuador and El Salvador; the eruption of the Nevado del Ruiz volcano and Hurricanes Gilbert and Joan. Although coordinating disaster relief activities is critical both technically and politically, it occupies only an estimated 3-5% of the staff's time.

Headquarters Emergency Center: The need for a small emergency operations room at Headquarters was identified in the aftermath of the earthquake in Mexico. Facilities to rapidly connect additional telephones, direct lines for fax and electronic mail and computers were installed in Room 1013. These convenient facilities were fully used during Hurricane Gilbert, providing a cost-effective return on the small investment. During Hurricane Joan, the self-reliance of most affected countries and the decentralization of the coordinating role to our office in Costa Rica did not justify the Center's full use.

Field Assessment Team: The Organization has adopted the policy of rapidly mobilizing PAHO staff from outside an affected country when communications are interrupted preliminary information suggests major damage in a Member Country. Both quantitatively and qualitatively, the resources of the local PWRs office are often insufficient to provide the necessary cooperation. PAHO field staff may also be personally affected by the disaster. Operational decisions will be based on the resources available in the country (PAHO and the Ministry of Health) and the availability of staff members familiar with the affected country and/or the type of disaster. Although, Consultants/Temporary Advisors have been occasionally used with success (two pharmacists in Jamaica), if technical skills are not coupled with a familiarity with both the affected country and the type of disaster, the result may be inappropriate and unrealistic advice to a government in a crisis situation.

In the Caribbean, the Caribbean Program Coordinator has organized a PAHO Disaster Response Team which is on stand-by during the hurricane season. Maintaining its motivation and a state of readiness, year-after-year, is a difficult challenge especially considering that its members are stationed in Barbados (CPC), Antigua (PCDPPP/PAHO), Trinidad and Tobago (CFNI/CAREC), and Jamaica (CFNI). However, the efforts of the CPC to develop this type of team approach in the smaller islands of the Caribbean deserves full support to avoid providing uncoordinated or piecemeal assistance as was the case in the aftermath of Hurricane David in Dominica in 1979.

As indicated, communication support provided by a transportable, self-contained ground satellite station (TCS 9000; weight: 250 pounds) helps the PAHO cooperation team to be self-sufficient in the affected country. The system--easy to use but expensive to operate--provides voice, data, telex and fax services.

Reaching the affected area remains a major problem. Following a hurricane, weather conditions do not permit landing within the first 24 hours! Prepositioning key personnel and equipment in the presumed target area of a hurricane may be an advantageous alternative under very special circumstances.

But it is difficult to predict the path of a storm, as illustrated in 1979 when a staff member was sent to Haiti, the presumed (erroneously) target of Hurricane David. Such a preparatory move is not feasible, however, for other types of sudden-impact disasters such as earthquakes. Logistic support provided by the U.S. Government has been, and remains, essential for rapid mobilization of PAHO resources.

Medical Relief Supplies: Many agencies provide medical supplies immediately following a disaster. PAHO is not particularly equipped to procure drugs or equipment on very short notice. The Organization concentrates its efforts on providing technical advice to interested donors and cooperating with the affected country to manage the incoming donations of health supplies. Much remains to be accomplished in the latter area. The task of inventorying and managing huge amounts of unsolicited medical supplies is paramount. Together with governments that provide significant amounts of relief supplies or assistance in the Region (the U.S., Japan, Italy, etc.), PAHO will initiate the development of a computerized system of inventorying and tracking essential medical supplies. NGOs or bilateral donors are expected to cooperate by organizing small teams with portable computers to assist the national health authorities in the initial phase of establishing such a system.

Refugees/Displaced Persons: Emergency technical cooperation has been limited in this field due to the lack of specific budgetary resources. Several successful workshops between NGOs and Ministries of Health were organized in San Salvador at the request of UNHCR. PAHO staff members provided technical expertise and support in Honduras and Costa Rica. The relationship between UNHCR and PAHO is frank and positive, however, it does not materialize in practical joint activities, permitting PAHO to exercise fully its advisory technical function on matters of health care to close priority groups.

Cooperation with NGOs and in particular with the International Committee of the Red Cross should perhaps be mentioned as a model. A joint project ICRC/PAHO will begin in August 1989 to organize/adapt a 3-week course on Health Care Management in temporary settlements which is scheduled for the second semester of 1990. This course, in Spanish, will complement the "HELP" course (Health Emergencies in Large Populations), organized jointly by ICRC and WHO/UN in Geneva and offered in English.

Additional perspectives and activities will depend upon the availability of specific resources.

Natural Disaster Relief Voluntary Fund (PD): This fund was established in 1977 to receive contributions, in advance, for relief activities. The Program's regular funds are used exclusively for development activities. The fund has not, however, met with the expected success from potential donors.

The purpose of the Fund is to allow relief funds, pledged by traditional donors such as CIDA, to be disbursed within hours. An amount which exceeds the pledge 15-20% is authorized for emergency local expenditures by the PWR in the affected country and charged to the PD fund. The excess 15-20% ensures that the full amount pledged is actually spent. Excess disbursements are absorbed by the Organization. Except for small contributions requested from CIDA ($20 to $50,000), PAHO does not encourage donors to channel their relief contributions through the Organization. The Organization is willing to act as the procurement agent, if necessary.

As noted in the chart below, the Fund's main source of income is the interest on the capital ($68,000 interest for the biennium 1986-1987).

Starting Capital (1 January 1986)		$374,716
Interest*		66,448
Miscellaneous income**		1,875
		443,040
Relief contributions	642,971	
Relief expenditures	607,461	
Unliquidated obligations	93,905	
Difference	(58,395)	-58,395
Capital as of February 1989		$384,644

* Interest is compiled on a biannual basis. 1988-89 not included in this amount

** sale of audiovisual training material fees for articles or reviews by staff members

Table 7. Natural Disaster Relief Voluntary Fund (PD), 1986-88

Liaison with UNDRO and donors: A key function of PED during emergencies is liaison and coordination with UNDRO and potential donors. Information on the health situation and genuine health needs of the affected country is continuously provided to UNDRO and disseminated through their telexed situation reports. Consultations from donors are attended to almost immediately when required. A typical inquiry is: "We are sending a relief plane in six hours. What medical supplies do you recommend we donate?"

The great flexibility with which the Organization operates and the credibility of its recommendations are strengths of the Organization and have a positive effect on the countries. This is a valuable but fragile asset.

7. RESOURCES

7.1 Budgetary Resources

The Emergency Preparedness Program continues to depend heavily on extrabudgetary resources. The regular PAHO budget contribution is shown below:

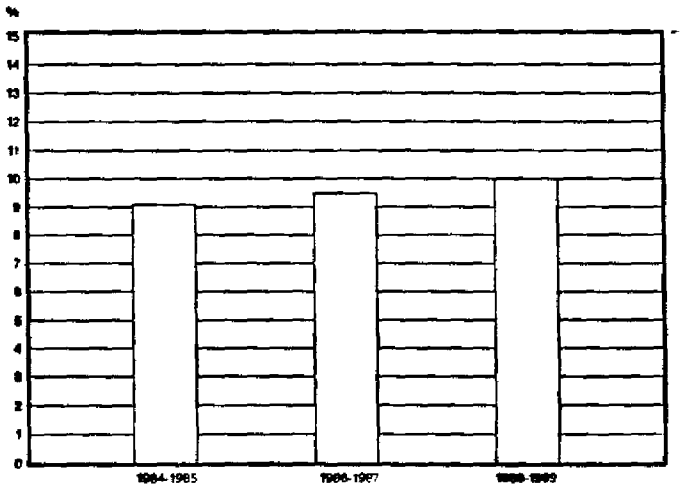

Chart 7. PAHO regular budget contribution to overall PED budget, 1984-1989

The Program's extrabudgetary resources are comprised of the following donor contributions:

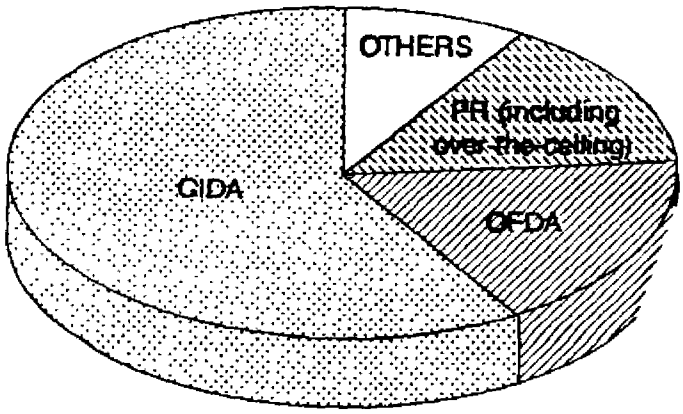

Chart 8 Extrabudgetary contributions 198

Without the constant support of the Governments of Canada and the U.S., little progress would have been possible. The Program's dependance on grants has both positive and negative implications:

- competition decreases for the scarce regular financial resources of the Organization.
- PED staff is constantly under pressure to maintain a high level of effectiveness. Self-complacency is risky for extrabudgetary funded-projects.
- planning and reporting to satisfy the distinct requirements of each donor is complex and time-consuming.
- the irregular pattern of funding and the short-term commitment of donors complicates medium-term planning and programming.

The higher priority that the Ministers of Health have accorded to emergency preparedness perhaps suggests that the time has come for the Organization and its Governing Bodies to increase their regular contribution to the Program. In a climate of austerity, the Organization is certainly justified in investing in those programs regarded as particularly effective in meeting the needs of countries.

7.2 Staff Resources

Several countries are providing in-kind contributions to the Program by assigning Associate Program Officers (APO).

Japan	2, (Antigua; Washington)
Italy	1, starting March 1989 in Costa Rica
Netherlands	1, starting March 1989 in South America
Belgium	1, reassigned from Costa Rica to Antigua, April 1989.

It is particularly noteworthy that the Dutch Government approved the funding of a national from a PAHO Member Country to serve as an APO in this Region.

PED's experience with APOs has been positive; more so when the individuals have a strong health background. Part of the success is due to the very competent and close supervision and support provided by the Subregional Advisors.

7.3 Bilateral Resources

PAHO is encouraging donor governments to support health sector emergency preparedness programs or activities on a bilateral basis. Technical support has been provided to Peru, Colombia and several Caribbean countries to formulate and submit health projects to bilateral donors. Contacts are maintained with the Governments of France, the U.S., Italy and Japan. Three-party agreements (bi- and multilateral) are perhaps the solution most likely to meet the needs of the donor and recipient countries while maintaining technical consistency and compliance with the regional policies.

8. MANAGEMENT ISSUES

On the recommendation of CIDA, a Canadian consulting firm specializing in international management was commissioned to review the management of the Program. The report of the Consultant is attached as Annex 2 for the Sub-Committee's consideration.

A few additional issues will be briefly commented below:

8.1 Planning Process

The Organization has had to be flexible in applying PAHO's computerized planning and programming system (APB) to the Program. The uncertainty of the availability of medium-term funding, the changing priorities or opportunities for change in the countries, and the particularly complex and delicate nature of the Program's activities prevent rigid, detailed planning.

8.2 Consultation with National Counterparts

The frequent meetings of subregional and regional advisors with their national colleagues has led to a permanent two-way consultation process. Our technical cooperation is constantly being reassessed to adjust regional program priorities to the expressed needs of each national program. Conversely the influence of PAHO on health preparedness activities at the national level is unmistakable.

8.3 WHO Collaborating Centers

Four WHO Collaborating Centers on disasters have been designated by the Director-General.

- the Center for Research on the Epidemiology of Disasters in Brussels, Belgium;

- the Medical Division of the Italian Ministry for Cooperation, Rome, Italy;
- the Centers for Disease Control, Atlanta, Georgia, USA;
- a consortium of public health institutions in Finland.

All four centers are from developed countries; with the exception of Italy, none have exposure to major natural disasters.

In consultation with WHO, the Region is proposing three new regional institutions as future WHO Collaborating Centers:

- University of Antioquia, Medellin, Colombia;
- CETESB, Sao Paulo, Brazil;
- The health program of the National Emergency Commission, San Jose, Costa Rica.

Their designation is expected to be formalized by mid-1989.

8.4 Decentralization

In line with the general policy of the Director, every effort has been made to decentralize both the authority and the resources of the Program to the subregional offices. These competent professionals are in a better position to respond quickly and appropriately to requests from the countries under their jurisdiction. The role of PED at headquarters should be, in our opinion, to determine objectives, strategies and policies that will provide support and to monitor closely the results of the cooperation.

The decentralization of funding, authority and of managerial tools has increased the effectiveness of the Program's subregional advisors.

8.5 Flexibility and Speed of Response

Whether in the planning phase or during actual relief, in order to respond to opportunities for progress and change at the country level, technical cooperation to support national initiatives should be provided promptly and flexibly.

A government's interest in disaster preparedness is unfortunately fragile. Today's pressing needs often override the concern for a possible disaster tomorrow. PAHO should be, and has often been, in position to respond rapidly to unexpected opportunities at the country level. This flexibility should be preserved.

8.6 Communications and Computer Support

The Program makes extensive but cautious use of telecommunications facilities. The increased effectiveness and the lack of delay in response time more than offset the additional cost of facsimiles, telex, and telephone. Electronic mail and portable computers are becoming essential tools for keeping up with the Program's escalating pace. A decentralized mailing list, an inventory of supplies, and lists of meetings and training activities will progressively help to target, implement and evaluate our technical cooperation.

9. INTERNATIONAL DECADE FOR NATURAL DISASTER REDUCTION

In 1987, the UN General Assembly adopted a resolution presented by Japan and Morocco proposing the designation of the forthcoming decade as the International Decade for Natural Disaster Reduction (IDNDR). In 1988, an ad-hoc Committee of Experts was established to draft a proposal for priorities and a workplan for the IDNDR. The final report will be presented to the UN Secretariat in mid-1989. The UN General Assembly will review this proposal later in 1989 and is expected to finally declare the 1990's as the International Decade for Natural Disaster Reduction.

To date, no significant health component or activity has been proposed for the Decade. PAHO, together with WHO, has actively promoted the health sector's priorities and interests before the UN.

The Organization has sought the support of the Health Ministers, officials from Foreign Affairs, Civil Defense, and key NGOs to ensure that the Expert Committee's predominantly basic research approach (tectonic or engineering) is matched by a social/health orientation (public awareness, community training, health services prevention/preparedness activities, etc.). Only one member of the 26-person Committee is a health professional.

The health sector of the Member Countries should play a very active role in establishing a National Committee for the Decade in order to ensure that their concerns, needs and priorities are considered by the UN and the General Assembly.

It is the opinion of the Organization that given a properly balanced workplan, the Decade can be instrumental in promoting political support at the highest level in the countries, in stimulating dialogue and collaboration at the national level among governments, scientific communities and NGOs, and in directing international resources to the areas of greatest need in the health sector.

10. LONG-TERM PERSPECTIVES

The management review of the program by INMANEX clearly presents the need for a long-term projection of the Program development. How well developed, sustainable and self-sufficient will the national health disaster preparedness programs be in the countries in 10, 15 or 20 years? When will PAHO be in a position to phase out some of the promotional training activities?

Progress during the first six years of the Program, 1977-1982, was very slow in coming. The countries' interest in this new technical area was minimal. During the last six years, the pace of progress at the national level escalated rapidly. First, the smaller Latin American countries, and recently the larger countries, have begun to take the technical matter of health disaster preparedness seriously.

Administrative, budgetary and legal action must still be taken. Given the trend emerging over the last six years, almost all countries of the Region should have a basic, permanent, self-sustaining preparedness program securely established during the forthcoming decade. It is a well-known fact that human systems need to be reminded of their vulnerability to catastrophes. And unfortunately, the occurrence of large-scale disasters will most likely help to maintain this accelerated pace of progress. For planning to be useful, more precise projections are definitely needed. Formulation of these projections will be a priority for the regional program in 1989.

As recent experience indicates, establishing a national program, does not necessarily reduce the need for cooperation. On the contrary, a permanent dialogue with competent, experienced counterparts often results in better formulated, more sophisticated needs for cooperation. The need for PAHO's cooperation will not decline in the forthcoming decade. It will change in nature and scope, a challenge that the Organization and the international community should accept.