

# **Coordination and International Response During Disaster Situation**

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News of a major natural disaster often reaches the international community minutes after its occurrence. Within hours, government agencies, voluntary organizations and private citizens begin mobilizing resources in a remarkable demonstration of human and international solidarity. When properly directed towards priority needs, international assistance alleviates suffering and contributes to rapid rehabilitation. But when misguided by unsubstantiated donor perceptions of what the health needs *ought to be*, this assistance only exacerbates problems and contributes to chaos.

Unfortunately, during the last decade, the latter has remained an all-too-constant feature in the aftermath of earthquakes and hurricanes in the Americas, despite the repeated efforts of agencies such as UNDRO, the League of Red Cross Societies and PAHO/WHO to influence these practices. In fact, one might say that disaster relief is on an unhealthy course.

On the one hand, in the immediate aftermath, affected countries often are reluctant or unable to state exactly what type of assistance *is* required, and perhaps more importantly, what *is not*. Conflicting official statements, or indiscriminately accepting offers of aid has contributed to confusion during the first and most critical days after a disaster.

On the other hand, foreign relief assistance serves a complex range of donor interests. Its intent is certainly generous and altruistic. But unfortunately, it can be tainted by domestic politics, public relations or an unhealthy competition to appear "first to arrive on the scene."

As a result, political expediency and public pressure may lead some donor countries to hurriedly dispatch medical supplies and personnel before the afflicted country can possibly assess its outstanding needs. The earthquakes in Mexico and Armenia, and the volcanic eruption in Armero, Colombia are illustrative of this. The extraordinary size of Mexico's Federal District (pop. 18 million) and its vast medical resources made any *immediate* international health assistance, except for very highly specialized skills, unnecessary. Mobile hospitals, health personnel, medicines, and volunteers were *not* required. Despite formal statements to this effect, rescue flights left for Mexico from all corners of the world.

There are several reasons why this can occur. Selective media coverage of death and destruction following disasters can imply an urgent and dire need for outside volunteers, causing thousands to generously offer their assistance. But Latin America is a well-prepared region with considerable medical resources. Volunteers would tend to place an overwhelming burden on the already severely-taxed health care delivery system.

Nevertheless, many foreign volunteers or medical teams have proceeded to affected countries, either misinformed or mistrusting the official advice they received.

In addition, the fear of breaching diplomatic protocol or offending potential donor countries all too often prevents some disaster-stricken nations, dependent on aid, from being candid about the value of internationally provided assistance, thus perpetuating traditional errors in disaster management.

In all cases, unsolicited medical equipment and supplies such as blood, plasma and other items erroneously presumed to be in short supply, as well as expired drugs, old clothing and perishable food, begin overwhelming the city, competing for immediate attention, space and transportation facilities with other more urgent needs.

### **WHO/PAHO Contribution to the Solution**

The previous observations do not imply that external assistance has no role or place. Indeed, few countries are able to mobilize the resources necessary for relief, rehabilitation and reconstruction following a major disaster. These observations are offered to stress the importance of assessing outstanding needs prior to accepting or providing international assistance so that relief is directed to those areas which the assessment reveals are most in need.

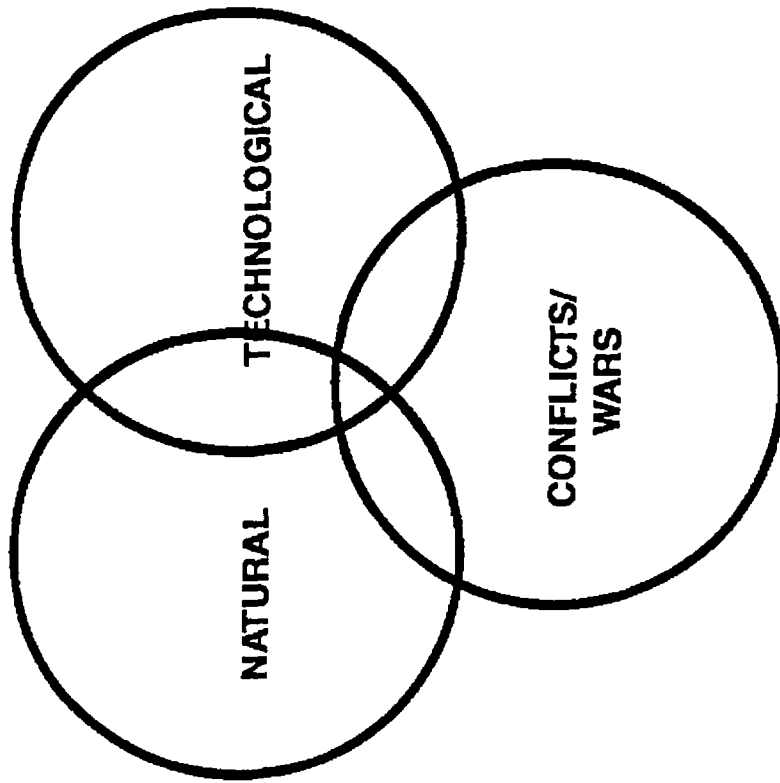
In the Americas, WHO, through its Emergency Preparedness Program, is contributing to the solution by:

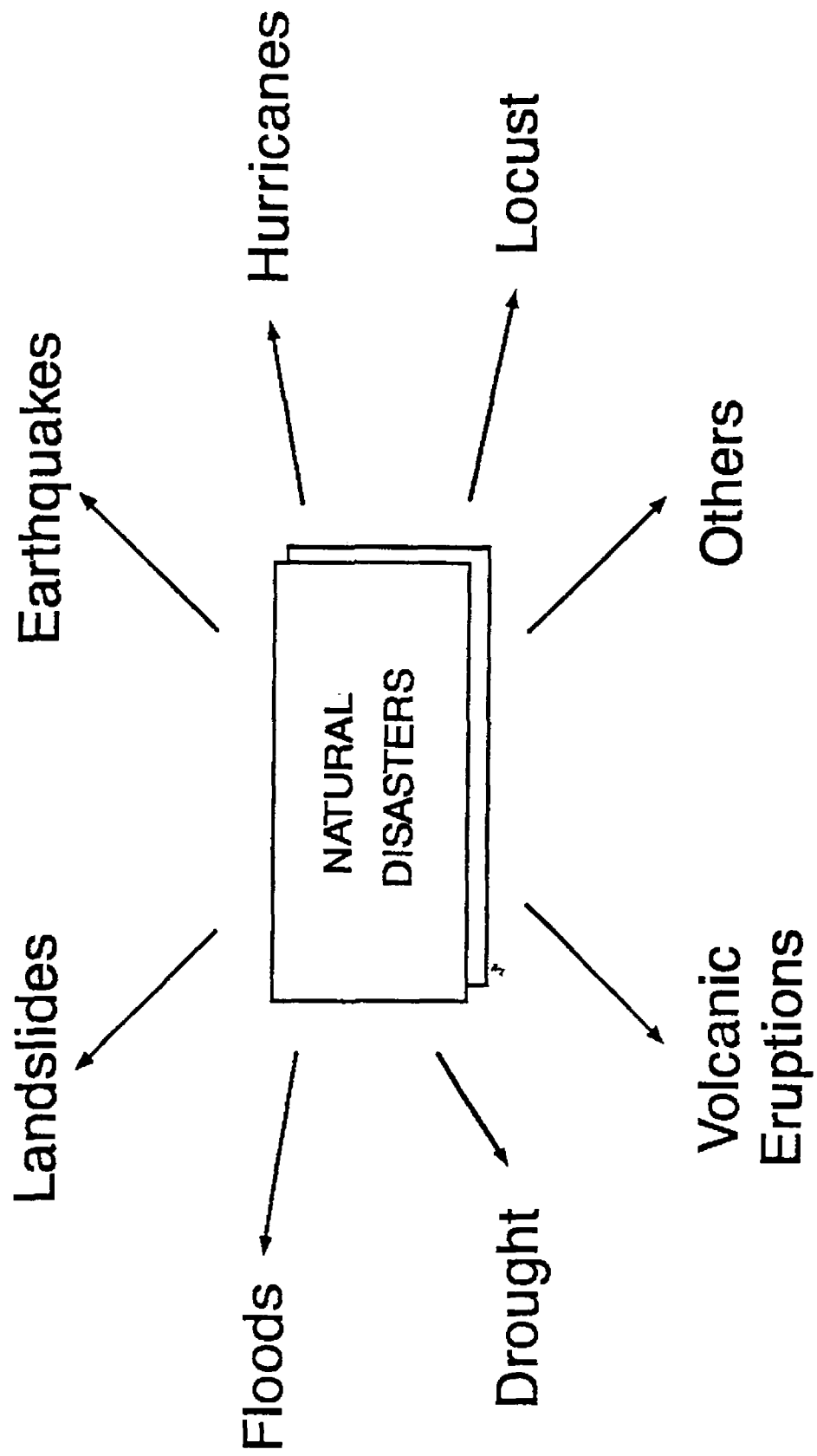
- ▶ strengthening the need for local preparedness and self-reliance;
- ▶ training health officials on why and how to assess post-disaster needs rapidly and objectively;
- ▶ organizing workshops for mass media, Foreign Affairs diplomats (including missions abroad), Civil Defense officials in the Americas, etc. to improve the accuracy of the coverage;
- ▶ producing and distributing videos for the general public to dispel the myths and misperceptions concerning disasters;
- ▶ promoting formal agreements and cooperation among neighboring countries.

In disaster situations, WHO/PAHO assists in:

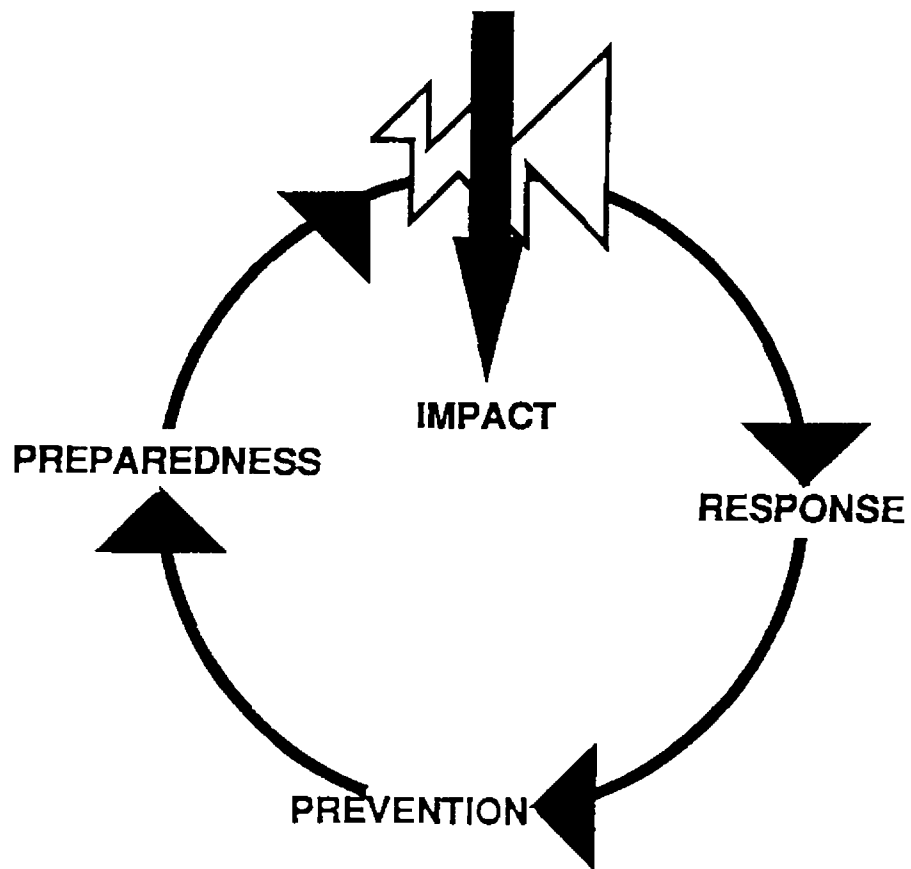
- ▶ the assessment of genuine health needs;
- ▶ international coordination of health assistance within the overall framework of the UN system;
- ▶ providing telecommunications support (INMARSAT);
- ▶ advising donors on an appropriate/inappropriate response;
- ▶ the evaluation of the disaster response.

# DISASTERS





# THE DISASTER CYCLE

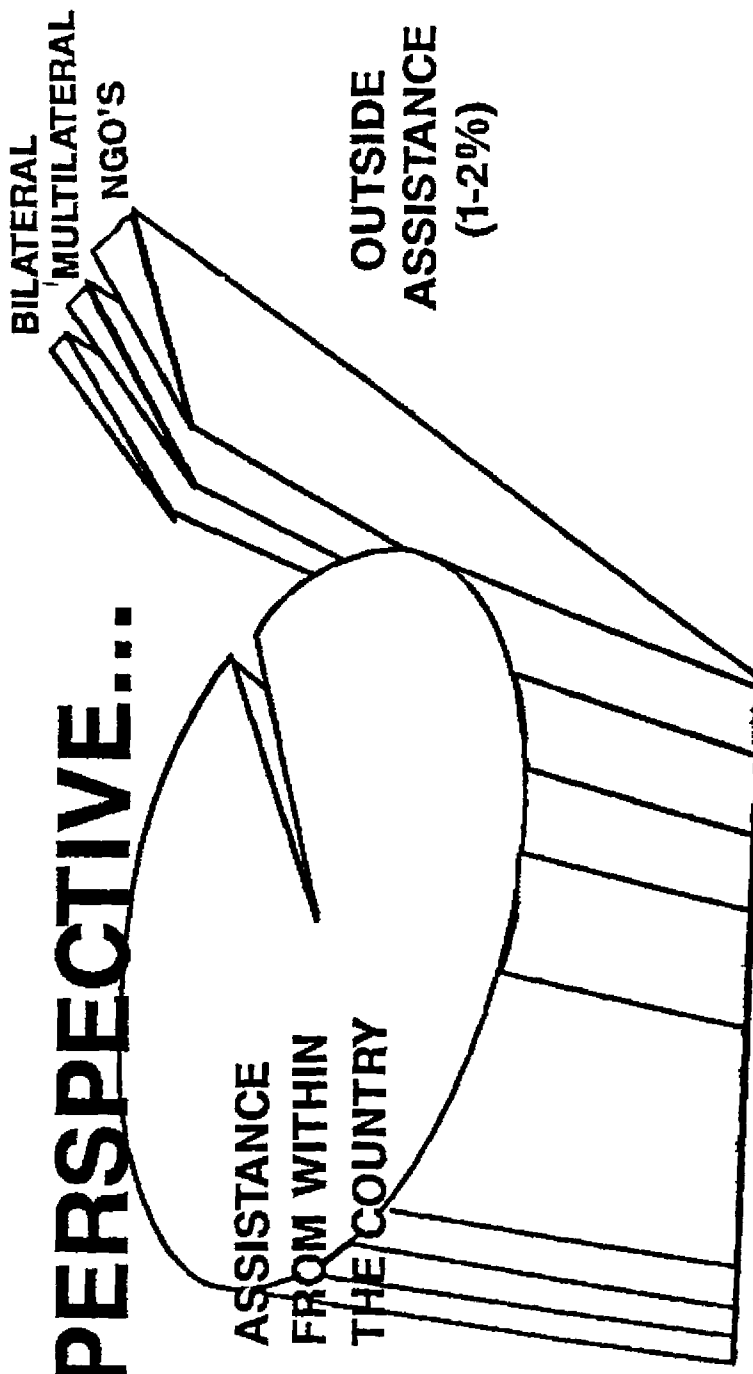




# **COORDINATING EXTERNAL EMERGENCY AID**



# INTERNATIONAL ASSISTANCE IN PERSPECTIVE...



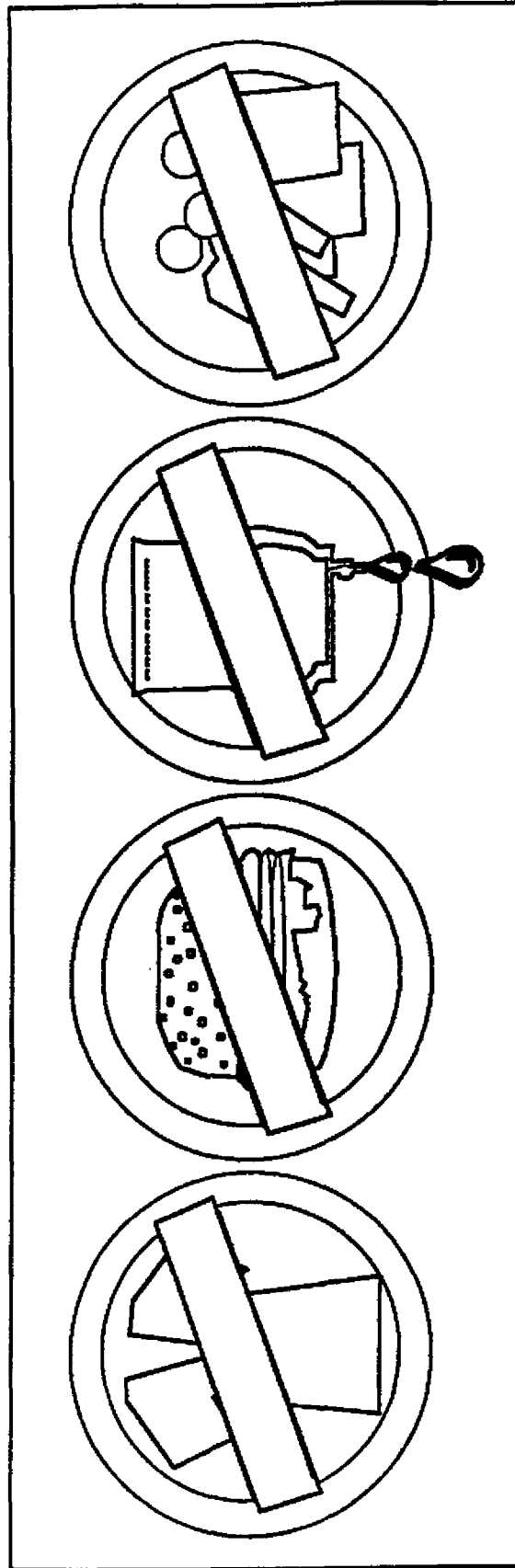


**THE RIGHT THING  
AT THE RIGHT PLACE  
AT THE RIGHT TIME**

# THE RIGHT THING.

## THE NATURE OF DONATIONS

- SHOULD BE REQUIRED
- SHOULD NOT BE AVAILABLE LOCALLY



**THE RIGHT THING.**

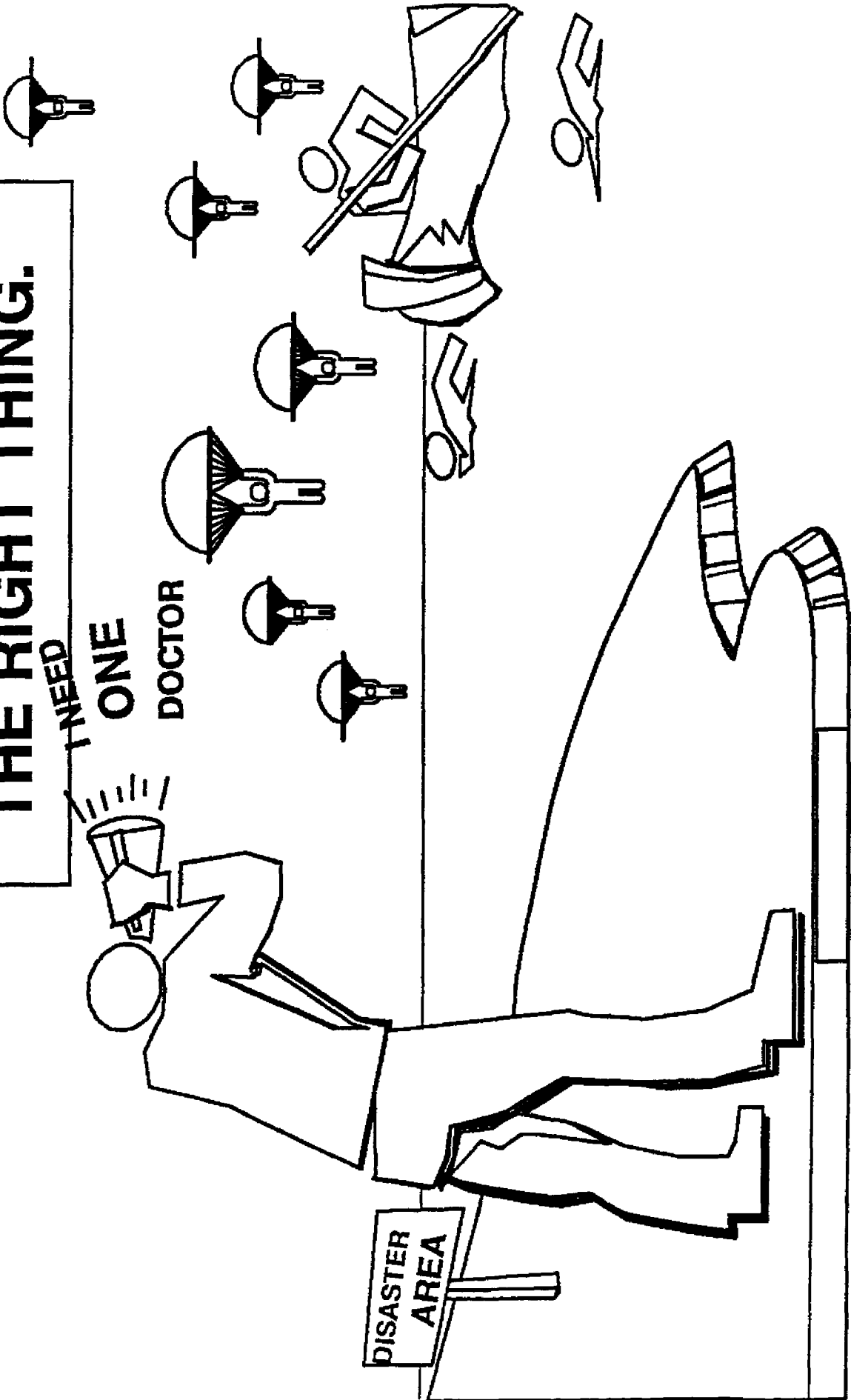
**I NEED**

**ONE**

**DOCTOR**

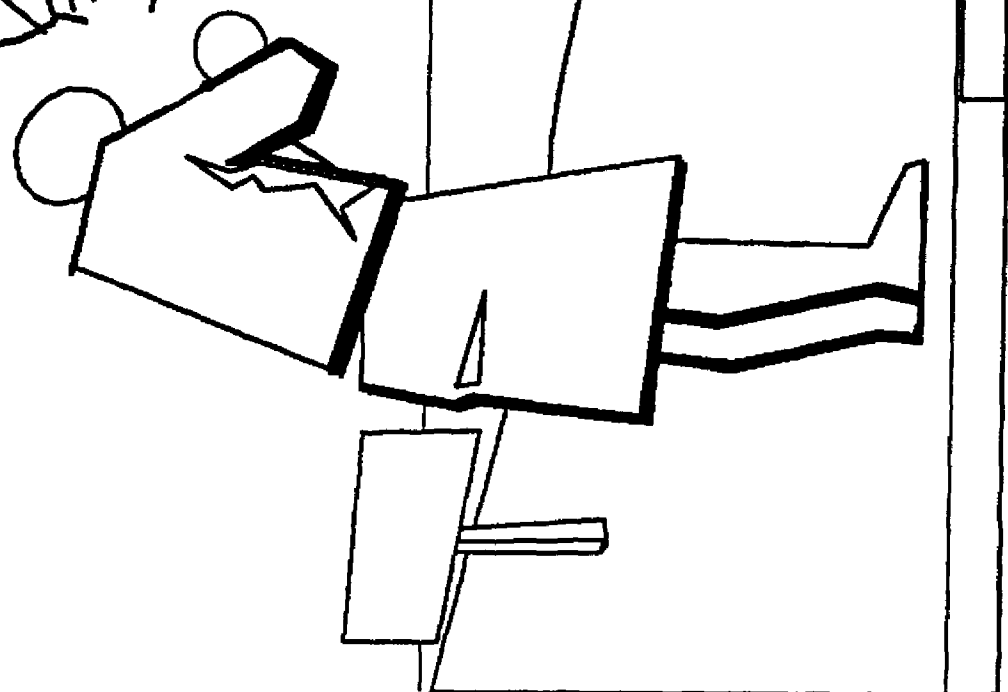


**DISASTER  
AREA**



# IN NORMAL TIMES...

I NEED  
ONE  
DOCTOR

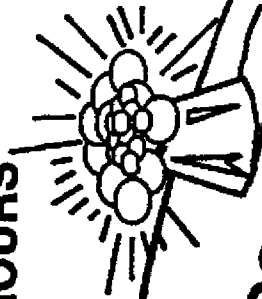


# THE RIGHT TIME.

3-7 DAYS

24 HOURS

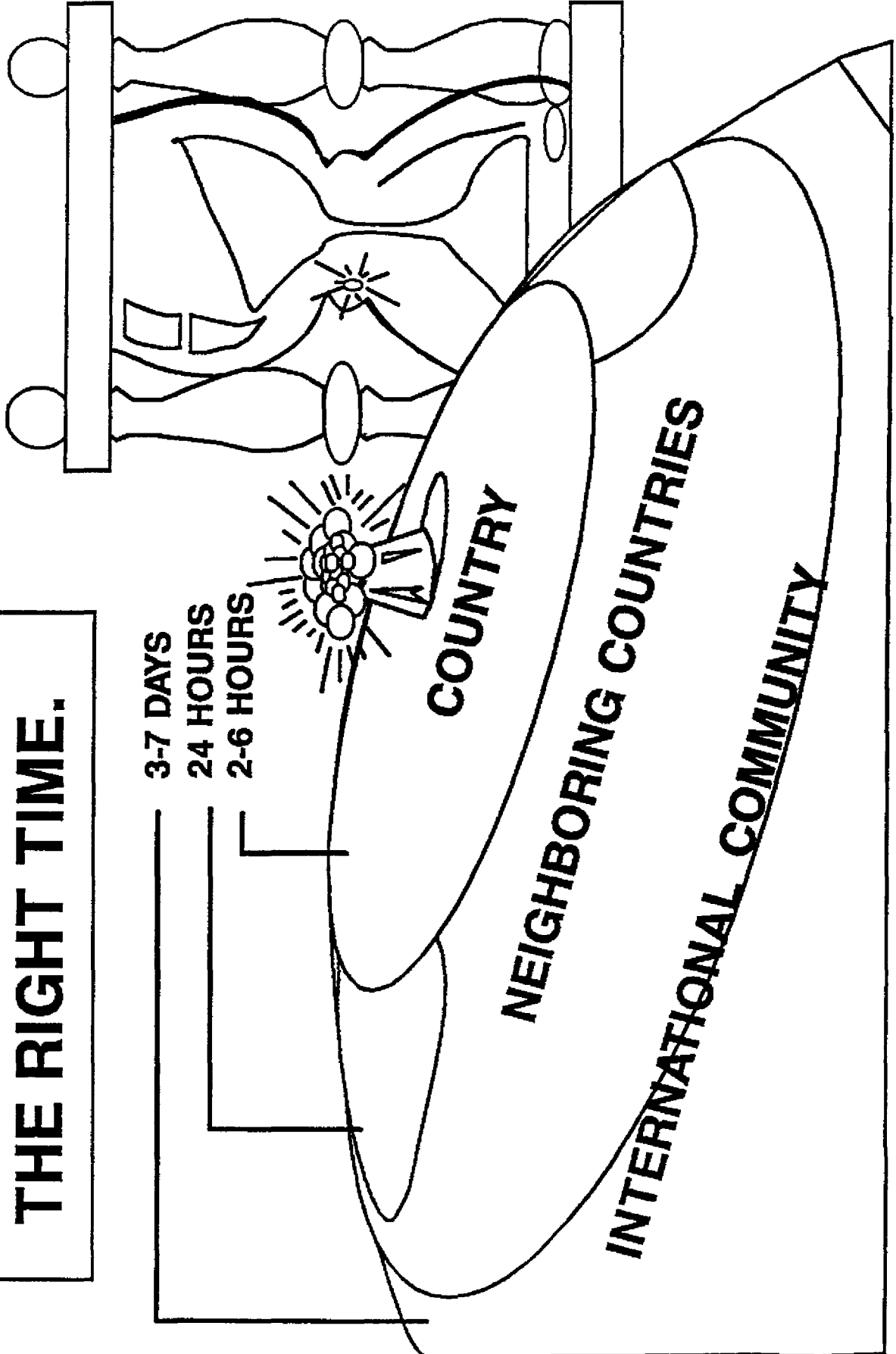
2-6 HOURS



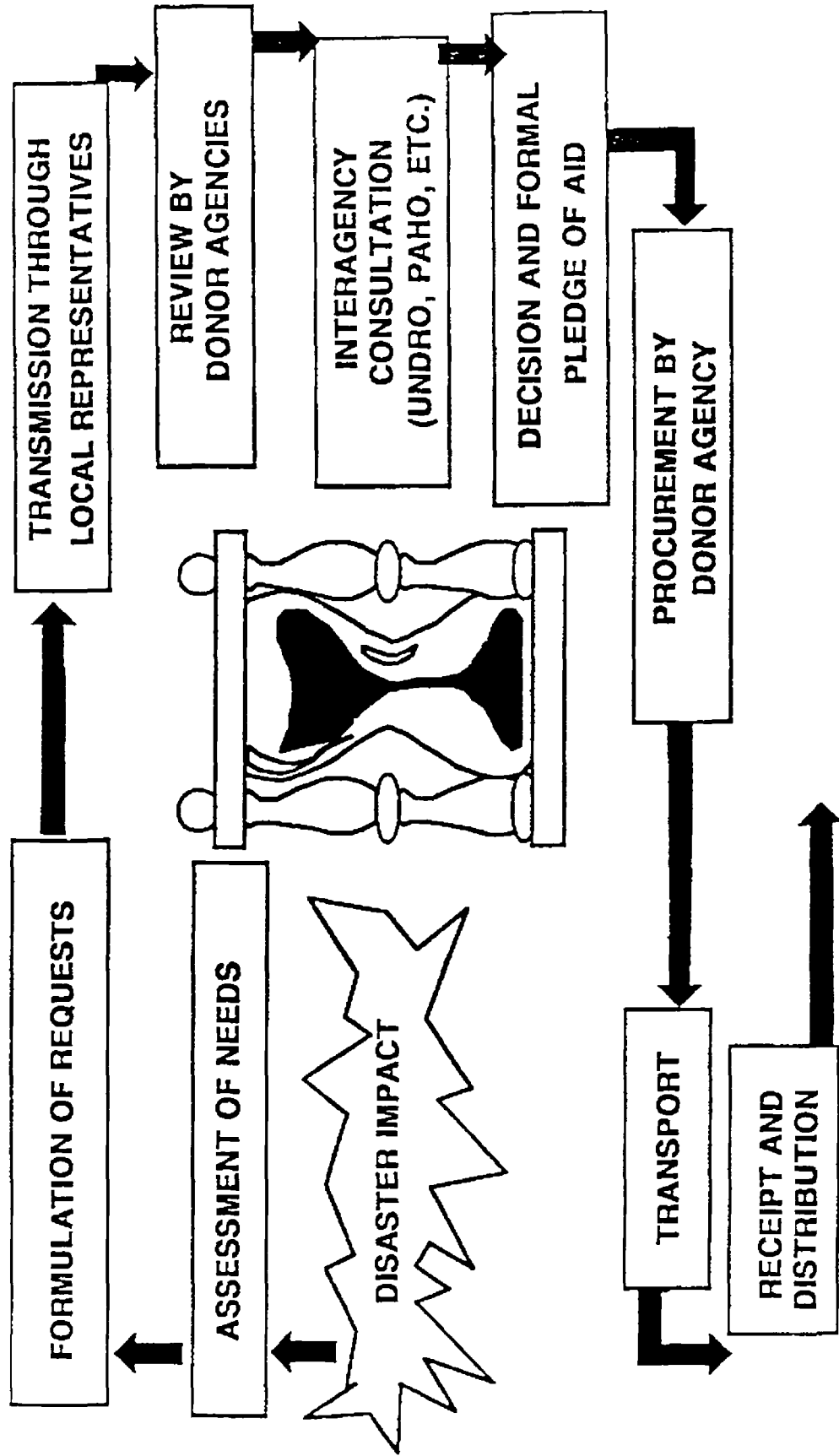
**COUNTRY**

**NEIGHBORING COUNTRIES**

**INTERNATIONAL COMMUNITY**



# EXPECT DELAYS BETWEEN THE REQUEST AND THE ARRIVAL OF AID





**THE "GOLDEN HOURS" FOR EMERGENCY  
MEDICAL CARE ARE THE FIRST SIX HOURS.**

**THIS RULES OUT MOST OUTSIDE**

**MEDICAL TEAMS AND MOBILE HOSPITALS.**

