

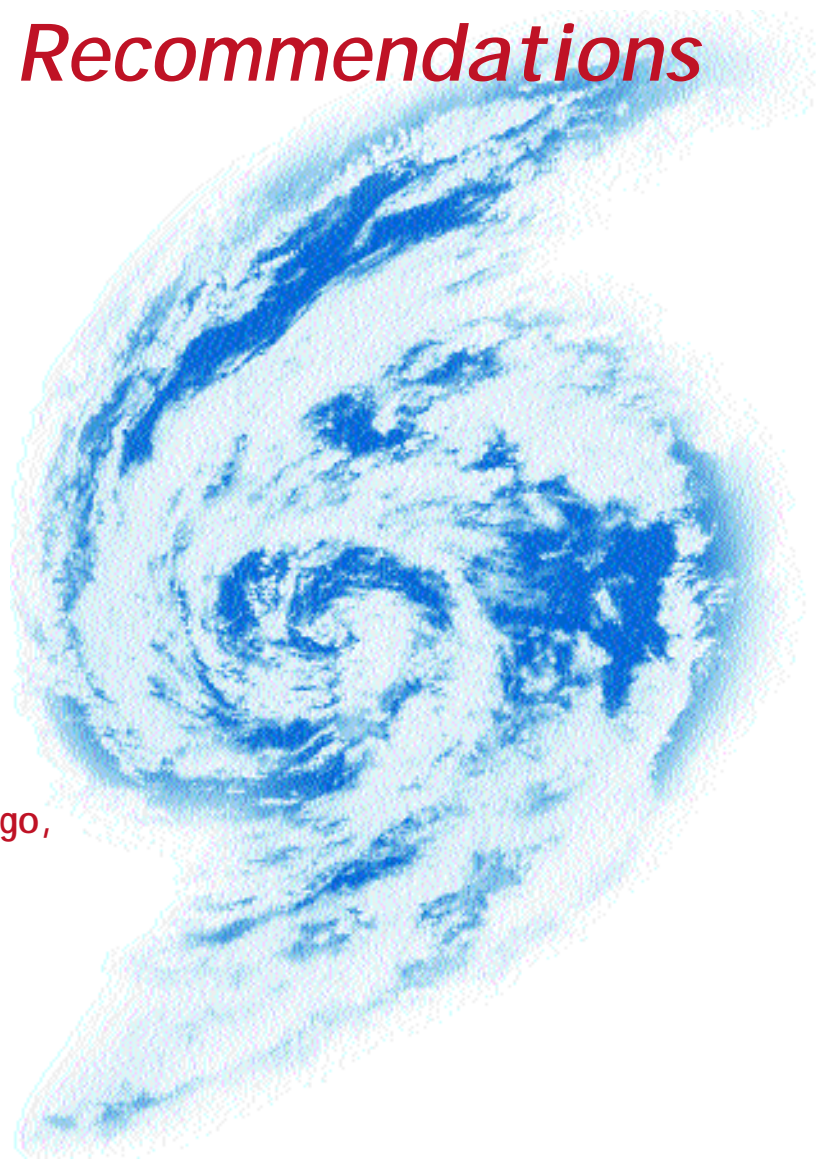


PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

Conclusions and Recommendations

Meeting on Evaluation of
Preparedness and Response to
Hurricanes Georges and Mitch

16-19 February 1999, Santo Domingo,
Dominican Republic



In collaboration with:



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A N o t e f r o m t h e E d i t o r

More than 400 professionals from 48 countries met at this meeting to identify lessons learned with regard to the preparedness for and response to two of the most devastating hurricanes of the last decades: Georges and Mitch.

The recommendations that follow in these pages were drafted in 20 working group sessions that were coordinated by one or several of the co-sponsoring international organizations: the Pan American Health Organization, UNICEF, the United Nations Development Program, the Office of Coordination for Humanitarian Affairs and the Secretariat of the International Decade for Natural Disaster Reduction.

In presenting these recommendations, we have maintained the original format of the meeting so that readers can easily identify specific areas of interest. At the end of the document you will find a summary of the evaluation of the meeting made by the participants.

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W e l c o m e M e s s a g e



Mr. Chairman, Ladies and Gentlemen, first let me thank you for coming to this meeting that has been organized by us in close collaboration with UNDP, OCHA, UNICEF and IDNDR with generous support from the Canadian, UK and USA development agencies. It is always a pleasure to recognize our partners.

We have with us here today representatives of a large number of agencies, institutions, NGOs and private individuals. This cross section

of interests is a manifestation of a growing and irreversible trend. The really important issues of our time cannot be dealt with solely by nations, agencies or individuals, even the most powerful ones. The phenomenon of globalization is no longer restricted to economic or financial matters, it is now evoking the wide participation of ranges and numbers of actors that would have been unthinkable a few decades ago. In almost all aspects of our work we are looking to find the partners and interests that can bring value to the management of the issue or the search for solutions, if definitive solutions can ever be found to the really important human challenges.

Natural disasters have, for me, always represented a classic example of the imperative need to involve multiple actors, or that multiple actors will, by the nature of the phenomenon, become involved. All of us are moved by Good Samaritanism to respond to misfortune, and the outpouring of material response to disasters is normal and natural. Various agencies have it within their mandate to respond to disasters and many perhaps moved by institutional Good Samaritanism also find that they must do something to help. It is in this light that I see the movement by various agencies to attempt to establish oversight coordinating roles in the Americas. This is perfectly understandable and laudable. And of course the national governments must, of necessity, regard it as their constitutional responsibility to address the material needs of their populations.

This meeting represents a forum for all of us to learn together how to prepare ourselves better to help countries to be better prepared to deal with the next disaster. We all need to be better prepared to understand that the natural hazards are beyond our control. We have still to accept how puny we are in the face or presence of the awful power of nature. But it is not arrogance to affirm that we can limit the

extent to which these natural hazards lead to disasters as well as the impact of the disaster itself. We can be better prepared to respond to the disaster.

Sometimes I am asked why a public health agency like the Pan American Health Organization should be programmatically involved in dealing with disasters. We have a long history of work in this area, as it was after the major earthquake in Guatemala in 1976 that the countries of the Americas instructed us to establish a technical cooperation program in the field. The experience of at least the last twenty years has strengthened my conviction of the critical role of the health sector in relation to disasters. There is the immediate concern for the health of victims and indeed after disasters this is usually the main focus of activity. We are concerned also with the damage to health services and their capacity to prevent diseases that might arise.

But more and more as health is seen as a key development sector, we are paying attention to the need to ensure that ill health does not impede the recovery process in its various dimensions. We therefore see our role as being concerned not only with disaster relief but with the whole spectrum, ranging from mitigation through preparation and prevention, to response, to development. In 1987, our Governing Bodies established the policy basis for our program that covers all these aspects and determined the responsibilities of the various levels of the Organization. The fact that this program is functionally attached to the office of the Assistant Director is an indication of the importance I assign to our work in this field.

The recent disasters such as Georges, Mitch, El Niño and the devastating earthquake in Colombia have really tested the preparedness of both the countries and the relevant agencies. That having been said, I do believe that the level of preparedness and general awareness has increased significantly in the Americas as a whole and definitely in the Caribbean and Central America. It is difficult to have quantitative proof, but the information from some countries shows how preparedness and the functioning of the preset mechanisms prevented greater loss of life after disasters. This has clearly been due to the activities of the countries, but here I would like to give some credit to the regional efforts that have been so generously supported by the governments of Canada, USA, UK, France and the European Community.

It is perhaps because of those advances that we should feel comfortable in participating in a careful examination of whether disaster preparedness received the required attention from health and other sectors. Could some of the consequences have been prevented? Was there optimum action and coordination by and among the various agencies that were involved, and can the mechanisms for the coordination be strengthened? I include the subregional agencies such as CDERA and CEPREDENAC in this category.

I am sure you will give attention to how the international goodwill can be channeled more effectively. You will reflect on how it can fulfill some definitive purpose instead of contributing to confusion because it was not solicited and did not respond to real needs. You will no doubt have the opportunity to examine the usefulness of

the supply management system, SUMA, and the extent to which it provided a mechanism for bringing some order to the great quantity of supplies when they arrived. But beyond the immediate benefit, it provided national governments with the kind of information that could ensure transparency in the management of the donations. It was also useful to donors, in that they could see exactly how their material contributions were directed. Unfortunately, I will not be able to stay for the whole seminar, so I will share with you some of the lessons I learned as a result of the recent disasters. Many of them were not new and perhaps I should say that my beliefs were strengthened, rather than that I learned anything new. I was impressed with the multiple tangible manifestations of regional solidarity. This was a clear manifestation of the Panamericanism to which I, as an individual, and my Organization are firmly wedded. Countries contributed according to their possibilities. Some such as Cuba and Mexico provided health personnel, some supplied money, and many provided equipment and critical supplies.

It was brought home to me very clearly that information played a key role in the response. The Internet is now a major medium that has to be recognized in disaster management. It is for this reason that PAHO was quick to establish a website that was a source of credible information during the immediate post disaster phase. I am sure you will discuss the problem of misinformation and what if anything one can do to limit it.

This is not a specific point to be discussed in your meeting, but it was a concern that kept recurring to me during my very brief visit to the countries most affected by hurricane Mitch. Those persons who lost the most had the least to lose. Those houses that were destroyed were often those that belonged to the poorest, and the death toll was highest among the poor. Indeed, the ill consequences of the disasters are often in direct relation to the degree of social inequity. We are concerned with inequity in health outcomes, but inequity in other areas shows its face to us at every turn and must surely be a constant cause of concern to those of us who are concerned with human development in its broad sense.

We look forward to the results of this meeting, the frank and open discussions that have as their sole purpose the improvement of our capacity to help our countries improve their capacity to prepare themselves to confront the inevitable natural hazards. This meeting will not address directly the phase of reconstruction, but all of us will surely be hoping that the countries that have been devastated by the hurricanes will not be forgotten once the faces of their people have passed from the world's television screens. The reconstruction must take account of the need to reduce the vulnerability of our people and their places to disaster.

I look forward to the report you will prepare and I wish to assure you of the commitment of the Pan American Health Organization to continue to work with you in the implementation of the recommendations you will make.

George A.O. Alleyne
Director, Pan American Health Organization