

DISASTERS



PREPAREDNESS AND MITIGATION IN THE AMERICAS



Issue No. 72

News and Information for the International Disaster Community

April 1998

Health Universities and Disaster Management

The time when relief agencies and volunteer organizations prepared health workers to face disasters and health crises is a thing of the past. Health disaster management is rapidly becoming an integral part of the curriculum in leading health universities, medical faculties, nursing schools and public health institutions. Official inclusion into the academic education of future generations of health workers is no longer just the dream of a few disaster experts, but an emerging reality.

WHO and PAHO are committed to ensuring that this reality matures into an established and institutionalized public health discipline. In Latin America and the Caribbean, PAHO, with the support of OFDA, CIDA and the UK, has consistently advocated a proactive role for universities in disaster preparedness. WHO specifically designated the University of Antioquia, Colombia as a Collaborating Center to assist in this objective. A survey carried out in 1997 by the WHO Collaborating Center clearly suggests that progress has been particularly significant in the Americas since an earlier 1994 study.

In Latin America, based on the latest survey, more than 50% of the faculties of medicine who responded to the survey had included disaster

management in their curriculum. This is an improvement from the earlier survey, where only 20% reported having done so.

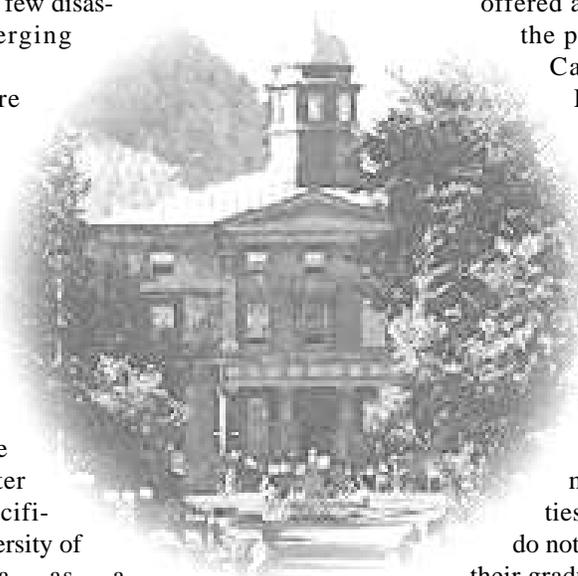
In the U.S., the Association of Schools of Public Health is carrying out a course development project in disaster preparedness. It is hoped that all members will adopt this, including prestigious institutions such as the School of Public Health of

Johns Hopkins University which has offered a course on this topic for the past several years. In the Caribbean, the School of Public Health of the University of the West Indies offers a three-week international course every year on public health management in disasters.

These achievements by regional academic institutions are laudable. However, the fact remains that the majority of medical faculties or public health schools do not give priority to preparing their graduates to prevent, mitigate and respond to the health crises caused by disasters.

First, some issues need to be clarified.

- The scope of humanitarian assistance is not limited to trauma care: health disaster management education and training in disaster medicine are as distinct as health and medicine. Medical care



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News from PAHO/WHO

WHO Collaborating
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WHO Designates New Collaborating Center for Hospital Mitigation; Center Participates in Global Meeting

In recognition of both the vulnerability and importance of hospitals in disaster situations, WHO has inaugurated a new Collaborating Center in Disaster Mitigation in Health Facilities at the University of Chile. The Center will: create a database of professionals working in this field; develop vulnerability evaluation procedures for health facilities; offer technical cooperation through the dissemination of research information; and provide training in the area of vulnerability studies.

Thirteen of WHO's global network of Collaborating Centers on emergency and disaster management, including the new Center for Hospital Mitigation, participated in the first global meeting in April in St. Petersburg, Russia (a list of these Centers is available from the Editor of this newsletter). Representatives from this Region included delegates from Colombia, Brazil, Chile and the U.S. Participants discussed the content of information and how it is distributed by Collaborating Centers. The Centers also noted the need to be sufficiently mobile and have the necessary resources to be present and provide technical assistance in their respective areas of expertise in emergency situations. The conclusions of this meeting, which was preceded by a meeting of Collaborating Centers from the Americas in March, indicated the need to establish links allowing support and interaction between WHO regions and Collaborating Centers, and to create Centers in non-represented regions. □

Health in Emergencies, Vol. 1

The Division of Emergency and Humanitarian Action (EHA), WHO, published the first issue of the new quarterly newsletter, *Health in Emergencies*, January 1998. The newsletter will

provide information about the progress and achievements of EHA projects and serve as a forum for contributions from donor organizations, NGOs, UN offices, Collaborating Centers and specialized agencies. Inquiries can be sent to menuj@who.ch, fax (4122) 791 4844. □

Internet News @ PAHO/WHO

Desastres en las Américas: Now on the 'Net!



PAHO's subregional disaster office for South America in Ecuador is pleased to announce the completion of its new web site. The site contains information about the Program in South America, discussion groups, publications, El Niño, links to other useful disaster resources in South America and much more! Visit them at www.salud.org.ec/desastre/. □

www.disaster.info.desastres.net: One-Stop Disaster Information!

Do you remember in the last newsletter we mentioned a one-stop site for disaster management information? **DisasterInfo**, the new information site, has made its debut on the web.

Organizations in Latin America and the Caribbean can post mirror sites of existing web pages on a high speed, reliable server. Why the name www.disaster.info.desastres.net? This lengthy name reflects the bilingual nature of the site, which is a mixture of both Spanish and English-language web pages. Already, **DisasterInfo** hosts the mirror sites of several disaster organizations in the Americas and we expect the number of participants to grow.

This multi-agency site offers many advantages to both organizations and users: a backup site available 24 hours a day, if they are having trouble connecting; users can access key contacts and resources in Latin America and the Caribbean with minimal navigation on the Internet; and last but not least, the technical process of posting the web site is very simple! Visit DisasterInfo at www.disaster.info.desastres.net. □

Other Organizations

Humanitarian Organizations to Develop Standards

The Sphere Project was initiated in July 1997, through a consortium of humanitarian organizations, to develop a set of uniform standards in core areas of humanitarian assistance that would improve the quality and accountability of disaster relief work. The end result of the Sphere Project will be a three-part document composed of: a Humanitarian Charter, a description of the philosophy under which relief missions are launched; minimum standards in water, sanitation, nutrition and food security, shelter and site selection and health services; and Best Practices, acceptable implementation procedures and appropriate approaches to complex issues such as gender equity, environmental impact and livelihood sustainability. Contact: Susan Purdin, Project Manager, fax: (4122) 730-4999; e-mail: purdin@ifrc.org or visit www.ifrc.org/pubs/sphere. □

CIET Emergency Evaluation

Community Information and Epidemiological Technologies (CIET), a non-profit international NGO, will run an intensive five-day emergency evaluation and training seminar in Acapulco, Mexico. The colloquium will focus on the use of Sentinel Community Surveys (SCS) in emergency settings. A practical field exercise in Acapulco will demonstrate data collection and analysis in the cross-design used by CIET in emergencies, including household surveys, institutional reviews, key information and other rapid appraisal techniques. Contact: CIET at inter@compuserve.com or fax: (52-74) 877238. □

New UK Center for Hazard Research

The Greig Fester Center for Hazard Research opened in June 1997, is a multidisciplinary center in the UK specializing in all aspects of natural hazards research. The Center has particular interest in disaster preparedness and the development of early warning systems, hazard monitoring, disaster management and response, and the roles of education and training in reducing risk in vulnerable communities. E-mail: w.mcguire@ucl.ac.uk; Fax: (44-1713) 887-614. □

Prevention Begins With Information...

The 1998 IDNDR World Disaster Reduction Campaign's theme is "Natural Disaster Reduction and the Media." The aim of the 1998 Campaign is to enlist the media as working partners in promoting natural disaster prevention measures. This year, the World Disaster Reduction Day will be celebrated internationally on October 14. The World Disaster Reduction Campaigns are organized by the IDNDR Secretariat and are designed to make people aware, worldwide and across all professional and social sectors, of what they can do to make their countries and communities safer from natural disasters. Contact the IDNDR Office for Latin America and the Caribbean at e-mail: hmolin@undpcos.nu.or.cr; fax (506) 257-2139; other regions contact: madeleine.moulin-acevedo@dha.unicc.org; fax: (4122) 733-8695. □



Disaster Education Programs

New Masters Program in Humanitarian Assistance

Beginning in September 1998, Tufts University (USA) will offer a one-year degree, Master of Arts in Humanitarian Assistance for professionals with field experience in the areas of famine, conflicts and complex emergencies. For more information contact the Feinstein International Famine Center at Tufts: fax (617) 627-3428 or e-mail: jhammock@infonet.tufts.edu. □

Disaster Management Diploma

The Disaster Management Center of the University of Wisconsin offers a Diploma in Disaster Management. The program is designed for practicing disaster management professionals worldwide. Fax: (608) 263-3160; e-mail dmc@enr.wisc.edu or visit epdwww.engr.wisc.edu/dmc/. □

University Degree Programs

Coventry University in the UK offers two undergraduate programs and one graduate degree program in disaster management and in particular, sustainable human development and health. The main areas of study include Technological Development, Environmental and Economic Development, Health Studies, Disaster Management Studies, and Disaster Relief. Fax: (44-1793) 785-883; e-mail: H.Hancock@coventry.ac.uk or visit www.coventry.ac.uk/acad/sbe/disaster/. □



Member Countries

Tradewinds '98

The annual Caribbean exercise, "Tradewinds" was held this year in Belize, April 20-27. This simulation provided valuable training opportunities for the host country in various aspects of disaster management. It also allowed them to exercise national response mechanisms under disaster conditions. This year the simulation exercise focused on hurricanes, which Belize must be prepared for, having had direct hits in the past and narrow misses over the last few years. The exercise had both military and civilian components. Several military units participated and the Caribbean Disaster Response Unit (CDRU), an arm of the Regional Security Service (RSS), participated in response activities as well as in disas-

ter management training programs. Over the past few years, Barbados, Saint Lucia, St. Kitts and Nevis, St. Vincent and the Grenadines, and Grenada have each hosted "Tradewinds." Next year, it will be conducted in Guyana. Further information on Tradewinds '98 is available from Dr. Dana van Alphen, dvanalphen@pahocpc.org; fax: (246) 436-6447. □

Caribbean MCM Instructors' Training to be Held in Barbados

Caribbean mass casualty management instructors will themselves attend a course on adult teaching techniques. This course will be held in Barbados in July and will focus on methods and techniques which are appropriate for adult learning to help instructors conduct more effective training programs. The instructors have all been trained in mass casualty management but not in adult education methods.

This training in the adult education aspect of mass casualty management will serve as a starting point for extensive training for first responders in the Caribbean countries. This has become a priority in order to foster the multisectoral involvement and cooperation necessary for effective management of mass casualty incidents. □

Roundtable to Analyze Vulnerability of Water and Sewerage Systems

A roundtable on analyzing vulnerability of drinking water and sewerage systems will take place at the upcoming AIDIS (Inter-American Association of Sanitary Engineering) Conference in Lima in November. This roundtable will follow up on discussions begun at the 1996 Conference, where the need for vulnerability studies was expressed. The upcoming meeting will highlight the problems that still exist, making it difficult to carry out these studies and implement prevention plans. It will also discuss the advantages associated with analyzing vulnerability and with implementing disaster mitigation measures in the systems' daily operations. For more information contact Santos Rohena by fax (787) 720-7029 or by e-mail at rohdn@tld2.TLD.NET. □

CRID and Information Networks: A Bridge to the Next Millennium

If you have recently visited a library or documentation center, you have likely encountered and taken advantage of the new technology available for consultation and information retrieval. If you are an Internet user, you have almost certainly discovered that you can search and request a document without ever having to visit the center that houses it. This new style of operation has basically rewritten not only the way centers operate but also the roles of both librarians and users.

What are known as 'virtual library' services, those that the user can access through information networks (i.e. Internet), are becoming mainstream as traditional systems are progressively abandoned. In many cases, however, it is still necessary to maintain a balance, which allows service to those users who make use of the technology and to those who prefer the traditional routes of information retrieval. Undeniably, however, there is progressive growth in the use of these resources in the Region, which allows new opportunities for collaboration among information centers, which cannot be ignored if there is to be improved access to existing documentation.

Information networking was the theme at the II Regional Meeting on Disaster Information for Latin America and the Caribbean, organized by the Regional Disaster Information Center (CRID) and the Regional Office of the IDNDR, March 23-24 in San Jose, Costa Rica. Representatives from 14 countries and 16 international organizations sought ways to improve exchange and the mechanism for more valuable cooperation and mutual support. The Meeting was held prior to the IV Pan-American Congress for Health Information Sciences.

Visit CRID's web site at www.netsalud.sa.cr/crid to view a copy of the conclusions of the meeting. □

EL NIÑO : A Snapshot of the Region

Nine El Niño phenomena have affected the planet over the last 40 years, but the majority of these left only a moderate imprint on a limited number of countries. The 1982-83 occurrence, and the current El Niño, however, have been different. They have wreaked havoc with climactic conditions in much of the world and have greatly affected the population of many countries.

Early warning systems

Never before has such complete information been available to disaster managers and the public with so much lead time as was the case with the present El Niño. In early March 1997, Latin American and Caribbean countries began to develop prevention and mitigation programs and contingency plans to mitigate the potential damages caused by El Niño.

Health and other effects of El Niño

The effects have varied from country to country.

In **Bolivia** outbreaks of cholera occurred in La Paz, Cochabamba and Oruro. Forty-three people died, 400 were injured and 40 were reported missing.

Brazil suffered heavy rains and serious flooding in Rio de Janeiro and fire claimed 37,000 sq. km. of forest land. No loss of life was reported.

Torrential rains in **Ecuador** also produced intense flooding along the coast. Leptospirosis and cholera were detected in the southern part of the country, and 183 people died, 35 were reported missing, and 34,000 affected.

In **Paraguay** low-lying areas were flooded and a tornado and storm killed 49 people in the capital of Asunción.

Peru's northern region suffered intense rainfall, as did the Amazon region and the coast. There was a significant rise in reported cases of cholera in the north and health conditions continue to be poor in this region. It was reported that 310 people have died, 746 were injured and 325,000 have been affected.

As we go to press, the effects of El Niño continue to be severe, and countries such as Brazil, Paraguay, **Uruguay** and **Argentina** are experiencing serious flooding. Argentina places the number of affected persons at nearly 300,000. A period of prolonged drought continues in Central America.

Damages to health and sanitation facilities

Flooding has had detrimental effects on water quality, as the intense flooding has pushed pesticides, garbage, and other man-

made waste into streams. Water treatment or intake plants that have been damaged by flooding which has reduced water reserves and heightened the risk of infectious diseases transmitted by rodents or contaminated water. This, coupled with the rising water temperature, has produced favorable breeding grounds for vectors that cause dengue, yellow fever and malaria.

Flooding had a wide variety of effects on health infrastructure causing deterioration in equipment and furniture and affecting roofs, walls, windows and supplies. Problems were also evident in sewerage, gas, electric and water supply systems.

In Peru, 9.5% of the health facilities (437 of 4,576) suffered damage. In Ecuador, flood waters or mud damaged 2.3% (7 of 299) hospitals. These facilities were also affected by damage to sewerage systems and problems with the drinking water supply.



Conclusions

The 1997-98 El Niño has highlighted the importance of incorporating meteorological studies and forecasts—which are increasingly more accurate, detailed and easy to obtain—into disaster mitigation and preparedness programs.

Although Latin America and the Caribbean heeded forecasts on El Niño, the resources invested by countries and international organizations in mitigation and preparedness programs were insufficient. This has been an extremely severe El Niño, and reminds us that countries must incorporate disaster prevention, mitigation and preparedness components into their social and economic agendas.

The countries of the Region will be best served by analyzing the lessons learned from the current El Niño and applying the results to our daily emergency work. This will also certainly help to prepare for the next El Niño. □

The unabridged version of this article is available at www.paho.org/english/disaster.htm. Look under El Niño.

A great deal of information on El Niño, prepared by Latin American countries, is available electronically. Try some of these sites:

- www.salud.org.ec/desastre.htm
- www.netsalud.sa.cr/crid/eng/otherinf/index.htm#TOPICS
- www.cepis.org.pe/eswww/propuest.html



Review of Publications

The material referred to in this section has been abstracted from review copies sent to the Editor of this Newsletter. Except where noted otherwise, none of the books is available from PAHO. The publisher and the list price (when available) are included for readers who are interested in obtaining the books.

The El Niño Phenomenon: How to Protect my Family, (Spanish only). Government of Peru.

This booklet is geared towards preparing the rural population in Peru against the effects of El Niño. Guidance is given on protecting homes from flooding and mudslides, storage and preparation of food, disposal of garbage, and personal hygiene in immediate environments. Contact Instituto de Defensa Civil (INDECI), Esq. Calle 1 y 21, Lima 27, Peru, fax (51-1) 441-3349; postmast@indec.gov.pe. □

Organization, Development, Quality Assurance and Radiation Protection in Radiology Services: Imaging and Radiation Therapy. Cari Borrás (ed.), Pan American Health Organization.

Technological disasters are a growing concern as we head into the 21st century. Latin America has already witnessed several radiation accidents. This is an excellent technical publication with an in-depth view of radiology services, and many

chapters on practical aspects of radiation protection and radiation protection standards. A limited number of free copies are available from CRID (see page 8). For information please e-mail levanrut@paho.org. □

Prehospital and Disaster Medicine. Journal of the World Association for Disaster Emergency Medicine (WADEM) and the International Society of Disaster Medicine.

This quarterly journal contains international research, news and analysis of emergency and disaster medicine and management. To subscribe contact the Editor: fax (608) 263-9641; e-mail: mlb@medicine.wisc.edu. □

Bombero Internacional (Spanish only). Miami-Dade Fire Rescue Department. This newsletter contains up-to-date international disaster news. To subscribe, e-mail: d022397c@dc.seflin.org or fax (305) 596-8933. □

Upcoming Meetings

Space Technologies for Disaster Mitigation and Global Health

On June 2-3, 1998, the Institute of Electrical and Electronics Engineers will be staging a symposium, Space Technologies and Disaster Mitigation and Global Health, in Washington, D.C. This meeting will investigate the applicability and role of space technologies in disaster mitigation and global health advancement; examine related government roles and policies; and explore the private sector market opportunities these applications present. Fax: (202) 785-0835; e-mail d.rudoph@ieee.org or visit www.ieee.org/usab/CONFERENCES/techpol98.html. □

11th International Disaster Management Course

Disaster Management Training for the International Decade for Natural Disaster Reduction will take place from July 28-September 3, 1998 in Faringdon, UK at the Disaster

Management Center of Cranfield University. The course covers a wide range of topics including mitigation, preparedness, response, ethics, gender issues and conflict resolution. Contact: disprep@rmcs.cranfield.ac.uk; fax: (44-1793) 782-179 □

Brazilian Conference on Pre-Hospital Emergencies and Disasters

The First Brazilian Conference on Pre-Hospital Emergencies and Disasters and the First Forum on Pre-Hospital Emergencies of Mercosur will take place concurrently in Brazilia, Brazil August 3-5, 1998. Contact sobramdp@nutecnet.com.br or fax (55-61) 328-1749. □

Seismic Safety of Big Cities Forum

The International Commission on Earthquake Prognostics in Berlin, jointly with the Turkish

(cont. on pg. 7)

Health Universities and Disaster Management

(from pg. 1)

for mass casualties (disaster medicine) is one of many components or aspects of the much broader issue of preventing or responding to health problems and technical or organizational challenges associated with major disasters.

- The complete picture includes more than just “complex disasters.” When it comes to curriculum design, the academic world should not focus exclusively on highly-visible, complex disasters which only a minute number of health workers are likely to experience. The reality is that in the majority of countries, health workers are ill-prepared to face natural disasters such as floods, hurricanes or earthquakes—disasters that may appear “small” by comparison but which are occurring with increasing frequency. Health workers in the next millennium must be prepared to cope with or prevent the myriad of minor chemical accidents, landslides, floods, or other unpublicized health crises that will face their communities.

What can WHO/PAHO contribute?

First, a diagnosis of the status of disaster management education in health universities (public health schools, faculties of medicine, nursing schools) is required and, we are glad to report, is being planned by WHO. Such a survey cannot be improvised and will not succeed without the active collaboration—from design to implementation—of scientific associations such as the International Society for Disaster Medicine (ISDM) and the World Association of Disaster Emergency Medicine (WADEM). A sound registry of academic institutions permanently offering this topic in their undergraduate or postgraduate curriculum is essential. WHO/PAHO can lead other agencies and countries in a systematic inventory of the many universities or schools offering those courses.

Second, WHO should encourage dialogue among universities through the use of the Internet and specifically, electronic discussion groups should be established. As witnessed in Latin America through the WHO Collaborating Center in Medellin, Colombia, the best approach is to facilitate the transfer of experience and creative innovation directly from one university to others. Technical cooperation and collaboration among peers is most effective and economical.

Third, WHO should listen carefully to universities and scientific associations to identify needs or gaps that WHO alone can or should fill. One such ‘gap’ is the need for an updated and consistent terminology in disaster management. The concepts of disaster prevention, mitigation and preparedness have evolved considerably in the last decade, resulting in the need for a common vocabulary. Emphasis should be on consensus-building, not on the isolated work of one expert or national agency. Latin America and the Caribbean have adopted a common understanding of concepts and a working terminology as a result of 20 years of cooperation. It is now time to reach a similar common language at the global level.

Finally, perhaps the only thing PAHO and WHO should not do is actually assume the responsibility for academic teaching.

In summary, health disaster management has now been acknowledged as a discipline that must be taught to new generations of doctors, nurses and public health officers in WHO Member States. WHO/PAHO is taking the challenge of promoting a disaster prevention/preparedness culture in the health sector. Educational programs offer the opportunity to link disasters and development: to build the capacity of future generations of health personnel in disaster-prone countries, and thereby reduce the health costs associated with natural and complex disasters. □

NEEDED: One Scientific Association on Health Disaster Management

Several global or regional associations of Disaster Medicine have emerged over the last 20 years. Some, especially in Latin America, have disappeared just as quickly.

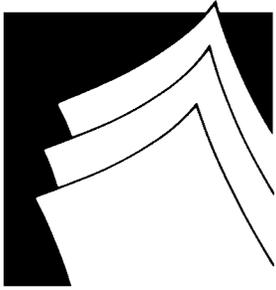
The two leading global associations are the World Association for Disaster and Emergency Medicine (WADEM) and the International Society for Disaster Medicine (ISDM). Their scientific contributions to the advancement of this discipline have been significant; the membership of both associations is predominantly from industrialized countries. The time has now come for these organizations to join forces and their limited resources into one single scientific entity, which encourages strong participation from developing countries and accompanies WHO and PAHO as partners in promoting a culture of disaster management in the health sector of developing countries.

Upcoming Meetings

(from pg. 6)

Earthquake Foundation, TDV, is organizing the World Forum on Seismic Safety of Big Cities to be held in Istanbul, September 20-26, 1998. This multisectoral meeting will focus on demonstrating

today’s abilities and efforts in mitigating and reacting to the impact of impending earthquakes in densely populated areas. Contact: epicenter@compuserve.com; fax: (49-30) 775-7083 □



Selected Bibliography

The articles listed in this section may be of interest to health professionals and others responsible for disaster preparedness, mitigation and relief. They have been reproduced and recently added to the collection of articles available from the Editor of this Newsletter. A complete list of reprints is available upon request. Please quote the reference code listed to the left of the publication title when requesting articles.

- V.6** PAHO/WHO, "El Niño southern oscillation and communicable disease in the Americas. Dec. 1997.
- V.7** Cespedes, Roxana and Hugo Prado, "Preparación de la comunidad para casos de desastre."
- V.8** Burkle, Frederick M. et al, "Strategic disaster preparedness and response: implications for military medicine under joint command," *Military Medicine*, Vol. 161, pp. 442-7, Aug. 1996.
- V.9** Alexander, David, "The health effects of earthquakes in the mid-1990s," *Disasters*, Vol. 20 No. 3, pp. 231-47.
- V.10** Hall, Stephen K., "Management of chemical disaster victims," *Clinical Toxicology*, Vol. 33, No. 6, pp. 609-16, 1995.
- W.1** Gibbs, Tony, "The impact of Bureaux de Contrôle on damage levels in hurricanes."

Disasters: Preparedness and Mitigation in the Americas is the Newsletter of the Emergency Preparedness and Disaster Relief Coordination Program of the Pan American Health Organization, Regional Office for the Americas of the World Health Organization. The reported events, activities and programs do not imply endorsement by PAHO/WHO, nor do the statements made necessarily represent the policy of the Organization. The publication of this *Newsletter* has been made possible through the financial support of the International Humanitarian Assistance Division of the Canadian International Development Agency (IHA/CIDA), the Office of Foreign Disaster Assistance of the U.S. Agency for International Development (OFDA/AID), and the Department for International Development of the U.K.

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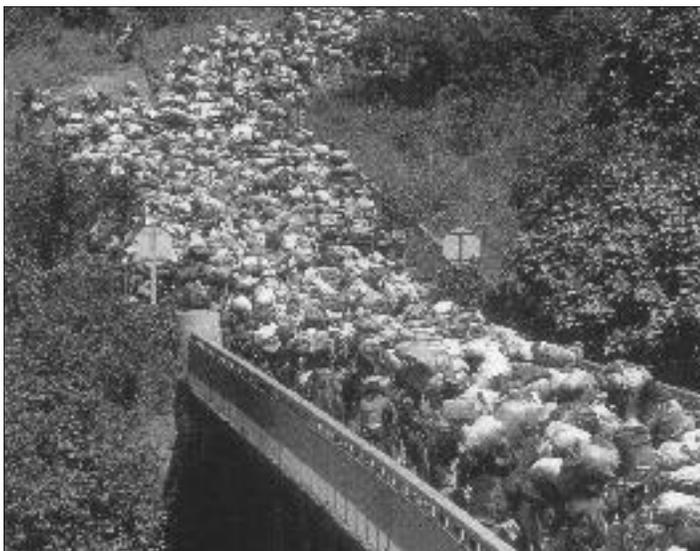
SUMA

No. 4

A Supplement to *Disasters: Preparedness and Mitigation in the Americas*
the quarterly newsletter of PAHO/WHO

April 1998

SUMA . . . toward a global standard with support from the Government of the Netherlands



UNHCR/R. Chalasani

SUMA began as a supply management system following natural disasters in the Americas. However, in several complex emergency situations, SUMA proved just as effective. This realization launched SUMA on the road to becoming a global standard in humanitarian relief supply management for all types of situations.

The SUMA project has been underway for more than six years, and although a second phase is about to begin, many activities from Phase I will continue. These include changing behaviors and sensitizing countries and disaster managers to the need for a reliable humanitarian supply management system and placing emphasis on training of nationals. SUMA will also keep in mind the lessons learned in numerous disaster situations regarding supply management, which were used to adapt the SUMA system to user needs. Flexibility, recognition of the advantages SUMA offers, and daily practice and experience have served to make SUMA an increasingly frequent resource in other regions of the world.

As an example of this, SUMA is going to Rwanda later this year to hold a course with two important objectives. The first is to begin using a system which has already been tested in many different circumstances and which can become a global standard to strengthen national emergency management capacity. The second is to use SUMA as an integrated system for all types of supply management (before, during and after emergencies). These objectives also represent the primary direction SUMA will take in Phase II.

. . . there are more than 1,700 trained users in Latin America and the Caribbean . . .

Phase I (1992-1997) of the SUMA Project ended last year with an evaluation report supported by the governments of the Netherlands and Canada, highlighting its achievements and making recommendations to strengthen its weaknesses.

Important results were achieved in the first phase.

- The increasing interest in supply management—before, during and after disasters—from the countries in the Region is ever more evident, especially since it previously occupied a low priority in national agendas.
- International, multilateral, and bilateral agencies are now motivated and include the topic of supply management on the agenda of domestic discussions and in dealing with recipient countries.
- SUMA's efforts in training have been constant from the start, resulting in a critical mass of more than 1,700 trained users from different levels and institutions in Latin America and the Caribbean on how to use and manage the SUMA system. Thanks to experiences with SUMA, countries now identify their post-disaster needs more precisely, and donors have been better educated about humanitarian assistance in the Region.

The evaluation also mentioned areas that require strengthening.

- The topic of supply management should be consolidated into each country's operational plans taking into account all actors: civil defense, ministries, non-governmental organizations, the private sector, etc.
- The project should expand its capabilities to include independent, self-supporting modules for warehouse management and following up on donor pledges.
- Training of groups of instructors in the countries should continue in order to ensure sustainability of the methodology.
- The scope of agencies active in SUMA should be broadened and more actors included. Particularly, the scope of the project should be expanded to cover the broad gamut of supply management.

The challenge of Phase II, financed primarily by the Government of the Netherlands, consists of using the evaluation results to improve all

aspects of supply management, in which registering information is only one of several components. The methodology must also become a global standard, in coordination with the World Health Organization, other UN agencies, non-governmental organizations, governments and donors.

This new phase of SUMA brings with it an important change in the project's management. FUNDESUMA will assume most of the responsibility for and leadership in the technical management of this PAHO/WHO project. But, what is FUNDESUMA? (see page S-4.)

News from SUMA

Steering Committee Meets in Geneva

The second meeting of the SUMA Steering Committee was held in Geneva, Switzerland last December. Presided over by Dr. Guillermo Rueda Montaña, President of the Colombian Red Cross, this Committee is made up of the following people: Rolando Durán, Executive Secretary, CEPREDENAC; Florence Gittens, Lt. Col., Regional Safety Services, Barbados; Ricardo Cícero, Director of Training, CENAPRED, Mexico; Claude de Ville de Goyet, Chief of the Emergency Preparedness Program, PAHO/WHO; and Edgardo Acosta, Executive Director of FUNDESUMA.

At this meeting, an analysis was made of the conclusions and recommendations of the 1992-1996 evaluation report on SUMA. Version 5.0 of the software, and the future version 5.1 were presented, and CDERA's new "pre-arrival" module was also discussed. The implementation of Phase II in the Americas, cooperation with the armed forces, and training and emergency operations were studied. The most significant topic of discussion was the proposal to use SUMA in other regions, under the coordination of the World Health Organization's Division of Emergency and Humanitarian Action.

New National SUMA Teams

An intense program of training and specialized activities has taken place in recent months in several countries of the Region: El Salvador, Honduras, Nicaragua, Costa Rica, the Dominican Republic, Panama, and Venezuela have all planned and completed courses. These courses were noteworthy because they used the countries' own human resources as instructors and their own training materials such as computers, manu-

als, and audiovisual equipment. This illustrates the high degree of preparation and interest on the part of the emergency and disaster management institutions of these countries. Currently, more than 1700 individuals have participated in SUMA courses in Latin America and the Caribbean.

First Steps Toward Software and Manuals in Portuguese

Brazil has finally joined the group of SUMA countries, where the first national SUMA course was held from 12-14 March 1998. The University of the State of Santa Catarina, UDESC, and the Southern Region Training Center for Emergency Prevention (CETREM/SUL) sponsored this course. The program and the manuals were translated into Portuguese. In the short term, the National Civil Defense and CETREM/SUL will collaborate with SUMA to place a Portuguese version of both on the SUMA web site.

SUMA Proves Worth as Tool in Rehabilitation Projects

In the second semester of 1997, the European Union, through the International Federation of Red Cross and Red Crescent Societies, financed rehabilitation projects for low-income families affected by several disasters in Costa Rica and Peru. The Federation's field delegates used the SUMA methodology with very good results—especially the

(cont. on pg. S-3)

ECHO Supports South American NGOs in SUMA Management



Every day, the amount of humanitarian assistance handled through the non-governmental organizations (NGOs) is greater, hence the need to coordinate and use tools such as SUMA that allow countries to manage and distribute this aid more effectively.

PAHO, with financial support from the European Community Humanitarian Office (ECHO), initiated a project Strengthening Humanitarian Assistance Management Systems, directed mainly at NGOs, which is geared to: training technical disaster personnel, strengthening the national humanitarian assistance management systems, and improving storage and distribution systems of goods.

Initially, eight countries in South America were targeted: Argentina, Brazil, Bolivia, Chile, Colombia, Ecuador, Peru, and Venezuela. Several NGOs have already installed SUMA independently in order to facilitate their own supply management and to keep other NGOs and the Government informed.

The results obtained so far clearly indicate that an exchange of information decreases duplicity of effort, provides more detailed information on existing resources and their location, and fosters closer institutional relations which are vital for emergency management. The use of the SUMA System during the recent El Niño emergencies in Ecuador and Peru was an excellent example of the importance of coordination among NGOs that collaborate and make donations, and government agencies that handle emergencies.

Experience has shown that in complex disasters, every agency or NGO faces the same problem: how to manage the flow of information on supplies in order to optimize the use of resources and report transparently to all parties involved (donors, the public, and the beneficiaries). In the absence of a methodology and local tools, each NGO in Bosnia had to improvise their own system. Once an individual or unique routine is established (at a high cost), it becomes very difficult to electronically exchange information among agencies. Also lost is coordination and receptiveness to the idea of a common methodology.

News

(from pg. S-2)



Since its start, there have been more than 100 SUMA training workshops throughout the Region of the Americas. Teams in Japan, Bangladesh and Bosnia-Herzegovina have also received training.

Warehouse Management module—making it an important tool for future emergency situations.

New Module to Follow Offers of Assistance

PAHO/WHO signed a technical cooperation agreement with the Caribbean Disaster Emergency Response Agency (CDERA) to prepare a module for monitoring donor pledges. This module will allow information on supplies to be exchanged before their arrival in the affected country. It will also help in compiling and consolidating requests for international assistance. Although the module is independent from the SUMA package, it is 100% compatible and will be distributed with the software before the end of 1998.

Response to Hurricane Pauline in Mexico

Hurricane Pauline battered the Atlantic Coast of Mexico in November 1997, severely affecting several states, especially Guerrero and Oaxaca. At the request of Mexico's Civil Protection Agency and the National Health Secretariat, a SUMA Response Team organized supply management centers in Puerto Escondido and Huatulco. Civil Protection, the

Health Secretariat, and the Red Cross collaborated in the operation. Doctors Without Borders also supported SUMA. The SUMA system contributed to the expeditious and efficient management of an enormous quantity of supplies, and helped to report appropriately to all participating institutions.

Caribbean SUMA Teams to Meet in Barbados

Members of SUMA Teams in the Caribbean will meet in Barbados in July to discuss a number of items including logistical plans, SUMA operating standards, maintaining a network of contacts, updating procedures, managing equipment and selecting SUMA focal points. Team members are drawn from volunteers from almost every Caribbean country. These teams will also act as SUMA instructors in the Caribbean and at this workshop will perfect their knowledge of version 5.0 of the software. This will be an excellent training opportunity for new courses that will be given in 1998 and 1999.

SUMA and El Niño in Peru

The 1997-98 El Niño struck areas of Peru particularly hard and resulted in a major mobilization of aid both from within the country and from abroad. SUMA played a significant role in the complex management of a large amount of supplies and donations. Goods from the international community arrived at several reception points in Peru. Donations and supplies from the private sector, government agencies and the general public, including cash for local purchases, all had to be channeled to and distributed in the affected areas. The same was true for supplies from governmental agencies and spontaneous donations from the general population. The large influx of donations created the need for coordination among local level and national government agencies, non-governmental organizations, the private sector, and international donors and organizations. Implementing the SUMA methodology improved coordination and the flow of information among all parties involved.

SUMA in Rwanda

In countries or in circumstances where a large portion of the population depends on external assistance, the logistics of managing humanitarian supplies takes on a special dimension. In the present case of Rwanda, WHO's Division of Emergency and Humanitarian Action is executing a plan to strengthen the national capacity to prepare for emergencies. Within this plan, WHO, in collaboration with PAHO, FUNDESUMA and the Ministry of Health of Rwanda is organizing a training workshop in Kigali later this year on the management of humanitarian supplies.

The course consists of two tracks: planning for emergency logistical management, with emphasis on the health sector, and training in the use of the SUMA system. Instructors from Colombia, Costa Rica and PAHO and WHO are available to provide training to participants from different Rwandan organizations. More information on this course will appear in a future issue of this Newsletter.

SUMA moves ahead

FUNDESUMA, the Result of the Project's Growth

FUNDESUMA, the Foundation for the Development of the SUMA Supply Management System was created in August 1996. This new NGO acquired regional prominence at the beginning of 1998 when it signed an agreement with the Pan American Health Organization to develop the following activities related to SUMA:

- technical and operational support
 - training in Latin America and the Caribbean
 - regional and global promotion
 - maintenance and updating of SUMA software
 - technical and operative support in humanitarian assistance
- FUNDESUMA is headquartered in Costa Rica.

SUMA on the 'Net



Information on SUMA has been available on the Internet for more than two years www.netsalud.sa.cr/orps/suma. The SUMA software can be downloaded and the manuals can be read on-line or printed through your desktop computer. The Web site also includes the project's most relevant news. Users are asked to complete a registration form (used to maintain an updated list of users and institutions for sending future releases and the news), and to download and copy the programs and manuals onto their computers at no cost. Two important initiatives are underway to make this service more user-friendly: we are completely redesigning the web site with new sections, and creating a "mirror site" (or copy) of these pages on the new site PAHO is organizing, Disaster.Info www.disaster.info.desastres.net, which will also provide reliable and fast access to all of these services.

SUMA Software and Manuals

Those familiar with SUMA will remember that the software (ver. 5.0) is organized around three modules: SUMA Central, SUMA Field Level, and Warehouse Management.

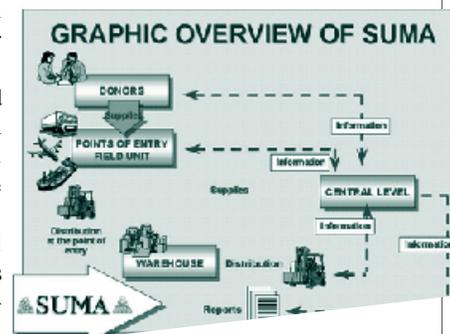
The Central Level module was designed as the focal point for managing the emergency and it is set up at the central coordination point. The Field Level

Unit operates at one or more points where humanitarian relief supplies enter the country. These points can be an airport, harbor, or border crossing. The Warehouse Module works in the warehouses where it helps to manage inventory and the entry and exit of supplies to local warehouses.

Each module has an accompanying software manual; in addition, a practice manual contains a variety of exercises that simulate real emergency situations, helping users to master the SUMA system. All of this material is available in English, Spanish, French and Portuguese.

New Version of Software

SUMA software version 5.1 will be released during 1998. Important improvements will be incorporated into this release, particularly in the Warehouse Module, and in terms of speed and system capacity in general.



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