

# Disasters

## Preparedness and Mitigation in the Americas



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### The Crisis in Haiti: Who can provide the best response?



The response to complex emergencies is not the same as the response to natural disasters. Just as each situation is unique, each type of agency—humanitarian and development—has a specialized service to offer. What (and who) works best in one situation is not necessarily the same in another.

Haiti's long history of crises—natural disasters and chronic humanitarian and political situations—has had a major impact on the health of this island nation of 8.4 million. According to the Pan American Health Organization's Epidemiological Bulletin, Vol. 24, No. 1, by 2000, infant mortality had increased to 80.3/1,000 live births, a rise associated with

increased poverty, deficiencies in the health system and the impact of the AIDS epidemic. Other major health concerns include vector-borne diseases such as malaria, which is endemic in Haiti, diseases preventable by immunization such as measles, intestinal infectious diseases and nutritional and metabolic diseases. Malnutrition ranks

*(continued on page 7)*

### PAHO to Study Impact of its Publications

For almost a quarter century, PAHO has attached great importance to its disaster publications program. The wide range of topics and formats can be viewed at [www.paho.org/disasters](http://www.paho.org/disasters) (click on Publications Catalog).

To help gauge the impact of these publications and audiovisual materials, PAHO is undertaking a pilot evaluation in four Spanish-speaking countries. The evaluation will be carried out through surveys and focus groups that will look at our users' level of satisfaction; the content of the materials we produce and contrast this to the type of information users tell us they need; and, perhaps most importantly, how this body of work has impacted their knowledge and changed their work.

Look for the results of this evaluation in a future issue of this Newsletter.



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**Pan American  
Health  
Organization**

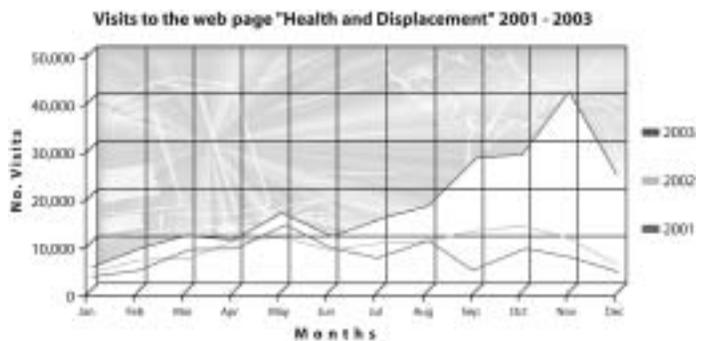


Regional Office of the  
World Health Organization

## Internet and complex emergencies: How the Internet has become a key source of information on health and displacement in Colombia

In 1998, PAHO/WHO began a project in Colombia to improve the health sector's capacity to meet the needs of the displaced and vulnerable populations. Over time, PAHO/WHO opened seven field offices in Colombia to bring technical cooperation closer to those areas with the greatest need and to assist health authorities in overall planning for the health problems of the internally displaced and in specific activities such as vaccination campaigns and community training. One of the most successful results of the project is a multiagency web site on health and displacement.

This web site grew out of the need to improve existing information on the health of the displaced population in Colombia. It fits into the framework of a WHO-U.S. Centers for Disease Control and Prevention initiative called HINAP—Health Intelligence Network for Advanced Contingency Planning—which was a project on general health indicators to manage emergencies and proactively gather data on the health of refugees for decision making and planning



The number of visitors to the site reveals a growing tendency to use inter-agency information resources and full-text documents. In 2003, the site received 220,502 hits. The site is updated with documents from a variety of actors: PAHO/WHO and its field offices, national and international NGOs, Colombian organizations and U.N. agencies. For more information visit [www.disaster-info.net/desplazados](http://www.disaster-info.net/desplazados).

## WHO/PAHO Look at Public Health Response to Biological and Chemical Weapons

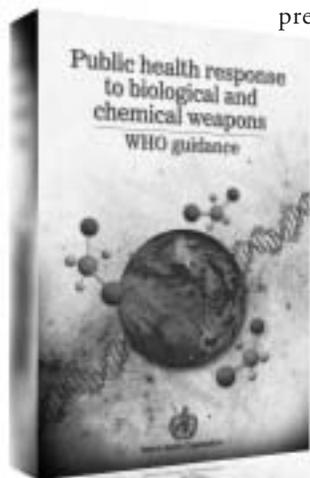
The World Health Organization has released the second edition of its publication "Health Aspects of Biological and Chemical Weapons," written to guide member states on preparedness for and response to the deliberate use of biological and chemical weapons. Among the recommendations of the publication:

- Public health contingency plans addressing a deliberate release of biological or chemical agents against civilian populations should be prepared, consistent with existing plans that address outbreaks of disease, natural disasters, large-scale accidents, etc.

- Use standard principles of risk management to assess the relative priority that should be accorded to such releases in comparison with other dangers to public health.
- Strengthen existing public health infrastructure, particularly for public health surveillance and response as a preparedness measure for this type of emergency.

The WHO publication in English can be consulted at [www.who.int/csr/delibepidemics/biochemguide/en/index.html](http://www.who.int/csr/delibepidemics/biochemguide/en/index.html).

PAHO has just published the Spanish language edition of this important publication and it is available in full text on our web site [www.paho.org/disasters](http://www.paho.org/disasters) (click on Publications Catalog).



# Other Organizations

Other Organizations

## U.N. Discussion Paper on Haiti

The U.N. Peacekeeping Best Practices Unit has published a discussion paper that reviews the international community's involvement in Haiti and identifies some lessons to be learned from United Nations engagements between 1994 and 2001. As a discussion paper, the document does not represent the views of the Department of Peacekeeping Operations or carry directive weight. Instead, it provides recommendations for planners. The paper finds that previous engagements failed to establish a stable policy and provides lessons that can be learned from weaknesses, key among which are the short mandate duration, the lack of cooperation from Haitian leadership, the lack of assumption of local ownership or self-reliance, ill-timed financial aid, pressure from member states, and a lack of coordination. The paper concludes that Haiti needs support in stability and security, institution building, DDDR (disarmament, demobilization, rehabilitation and reintegration) and socio-economic development, and provides recommendations for these areas. Download the paper from the U.N. website at: [www.un.org/Depts/dpko/lessons/](http://www.un.org/Depts/dpko/lessons/).

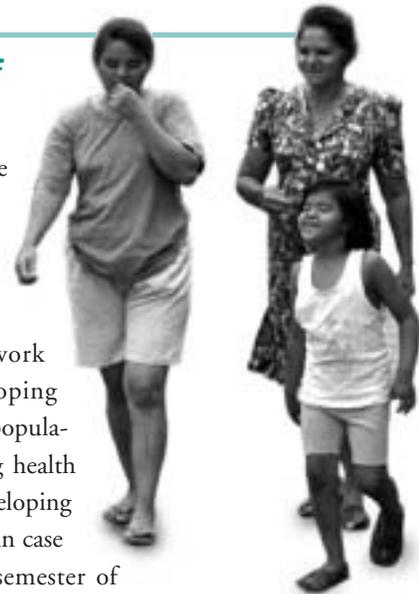
## OFDA Publishes Conclusions of Hemispheric Summit



The Office of U.S. Foreign Disaster Assistance has published in print form the conclusions of the Hemispheric Conference on Risk Reduction that took place in 2001. At the Hemispheric Conference, hundreds of disaster professionals discussed how to implement risk management mandates developed at the Third Summit of the Americas. The publication offers an extensive summary of these discussions. A limited number of print copies is available. Contact Juan Pablo Sarmiento at [jsarmiento@ofda.net](mailto:jsarmiento@ofda.net). The full text version is on the web at <http://www.ofdalac.org/conferencia/>.

## IOM/PAHO to address at the health of mobile populations

A Letter of Understanding between the International Organization for Migration (IOM) and PAHO has set the stage for formal collaboration on the health of migrating populations. In Colombia and neighboring countries, this issue has become particularly critical. IOM and PAHO will work together on a number of initiatives, including developing methodologies for quick health evaluations of mobile populations; monitoring access to health services and analyzing health trends, including potential epidemic outbreaks; and developing training and awareness materials including best practices in case management. Activities should begin in the second semester of 2004. More information in future issues of this newsletter.



## World Conference on Disaster Management

The Canadian Centre for Emergency Preparedness will host the 14th World Conference on Disaster Management from June 20-23 in Toronto. With the theme *The Changing Face of Disaster Management*, this year's Conference will bring together professionals in emergency response and management, disaster relief and assistance, risk management and other disciplines to answer challenges such as what have we learned from the past? Are there better ways of doing things? Are we ready for the next big incident? More information on the web at [www.wcdm.org](http://www.wcdm.org).

# Member Countries

## Andean Region

### Training Program for Volcanic Emergencies

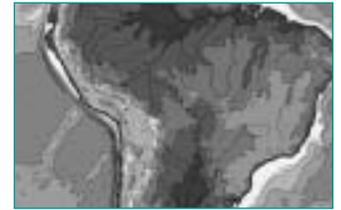
Colombia and Ecuador will be the focus of a project to strengthen the health sector's capacity to respond to volcanic eruptions. Through the project, funded by the DIPECHO initiative of the European Union, technical guidelines and multimedia training material will be produced for health professionals to aid in damage assessment, epidemiological surveillance, environmental health, mental health and communications. A cadre of health professionals will also be trained in these health preparedness issues to replicate the training in at-risk areas.

One innovative aspect of this project will be the development of a special module for decision making related to volcanic emergency scenarios, through a series of tests and practical exercises. The module will be supported with an extensive collection of readings based on the direct experience accumulated in the Americas in the past 25 years. Contact Ricardo Perez at [rperez@ecu.ops-oms.org](mailto:rperez@ecu.ops-oms.org). More information in an upcoming issue of this newsletter.

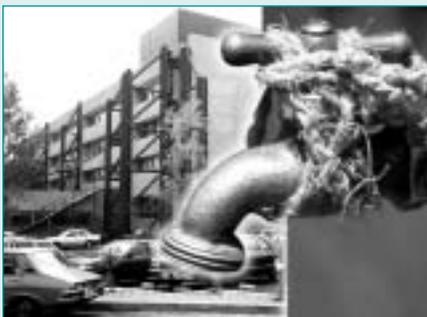


### Subregional Disaster Plan for Health

Representatives from the disaster programs and the international relations departments of the Ministries of Health of the Andean Region met in April for the first in a series of meetings to lay the groundwork for an Andean Region Disaster Preparedness and Response Plan for the Health Sector. International agencies and other regional bodies also attended. Although many activities are already underway between and among these countries, the Plan's objectives bring a formality to the process: strengthening knowledge, information and planning; mutual assistance; and horizontal and international cooperation. A schedule was developed to follow up on national disaster plans while the roles of each agency involved in the process is clearly spelled out. In the short term, each country will analyze its current situation with regard to disasters and health. This analysis will be presented at the next meeting in June. For more information contact Dr. Alejandro Santander at [asantand@ecu.ops-oms.org](mailto:asantand@ecu.ops-oms.org).



## On the Road to the Kobe World Conference: Latin America Experts Prepare Disaster Mitigation Agenda



More than 100 experts from 18 Latin American countries met in Nicaragua in April to review the current state of disaster vulnerability in the Region, record the

achievements to date in risk reduction, and prepare an action plan to reduce vulnerability in health facilities and water systems over the next ten years. They stressed the need for these important topics to be debated in national political agendas, be supported by the necessary budgetary funding and be backed by a legal framework that will help ensure the mandate is carried forward.

As a preparatory meeting for the U.N.'s Second World Conference on Disaster Reduction, which will be held in Kobe, Japan next January, participants divided into two workshops to study issues related

to vulnerability reduction in health facilities and water systems. Recommendations were proposed that will be introduced at the Kobe conference.

### Health facilities

As a baseline, participants analyzed the recommendations of the International Conference on Disaster Mitigation in Health Facilities, held in 1996 in Mexico, noting that the work is far from complete and efforts must be redoubled to guarantee that health facilities continue functioning in the aftermath of disasters. The technical

## Floods Affect the Dominican Republic

A significant part of the Dominican Republic, particularly the north and northwest of the country, was seriously affected by intense rains that produced heavy flooding. This led to an increase in the incidence of diseases such as dengue, malaria, and the emergence of cases of leptospirosis and called for epidemiological surveillance in the affected areas. A project was initiated to strengthen current surveillance systems and institute entomological surveillance, vector control and health promotion in the flood zone.



The timely participation of a multisectoral team helped control the situation quickly, averting what could have been a difficult and complex situation in a country with vital ties to the tourism sector, which would have seriously compromised were it not for the fast recovery actions.



The epidemiological surveillance activities yielded important lessons: an appreciation of the activities implemented for disease control and monitoring and vector control and the importance of working through community education to control endemic health problems.

and scientific advances in this field and the successful examples of even those countries with scant economic resources demonstrate that it is possible to reduce vulnerability when the decision makers in the health sector take the appropriate action. One point that has severely affected these initiatives was identified as the absence of consistent funding for maintenance, which leads to progressive deterioration of infrastructure and equipment in all health facilities.

How can governments protect the lives of their citizens, the costly investment they have made in health infrastructure and the functionality of these critical facilities in the aftermath of disasters? For this to happen, the participants concluded that it is essential that governments enact a national disas-

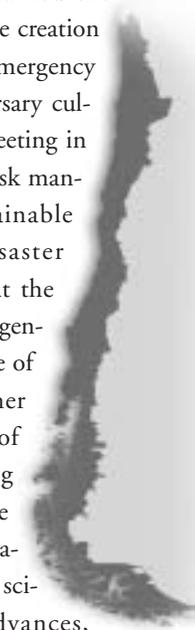
ter mitigation policy that governs new health facilities and that they retrofit existing facilities located in high-risk areas.

### Drinking water infrastructure

At this parallel workshop, participants concluded that both the knowledge and the technology exist to enable disaster-stricken developing countries to make drinking water available to the affected population. However, in order to change the paradigm that it is too costly to protect these systems, national authorities in the water and sanitation sector must familiarize themselves with current state-of-the-art knowledge and with hard-won experience and lessons learned in order to protect the health and development of the population.

## Chile's Disaster Office Turns 30

A series of activities marked the 30th anniversary of the creation of Chile's National Emergency Office (ONEMI). The anniversary culminated in an international meeting in March on the importance of risk management as a factor in sustainable development. National disaster organizations from throughout the Americas and civil protection agencies emphasized the importance of overall risk management rather than the exclusive focus on of disaster response. Achieving this requires broadening the scope of participating organizations and civil society so that scientific and technological advances, complement sectorial programs on risk reduction, and disaster preparedness and response. Visit [www.onemi.gov.cl](http://www.onemi.gov.cl) for more information.



One important point of agreement: not taking risk management into account during the planning and development of water services jeopardizes the safety of these systems and will make it difficult to achieve one of the Millennium Development Goals that seeks to "Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation."

For more information on health facilities workshop contact [mitigacion@ecu.ops-oms.org](mailto:mitigacion@ecu.ops-oms.org); on the drinking water infrastructure workshop, contact: [desastre@cepis.ops-oms.org](mailto:desastre@cepis.ops-oms.org). Complete information on the web at [www.paho.org/de-sastres](http://www.paho.org/de-sastres).



## Keep Up-to-date on Environmental Health and Disasters with these Publications



In 2003, PAHO's disaster program and its Center for Sanitary Engineering and Environmental Sciences (CEPIS) began publishing a series on environmental health and disasters to disseminate lessons learned and new knowledge on risk management, concentrating on drinking water, sewerage, and solid waste, as these issues relate to health. The publications also look at protecting the

infrastructure from the effects of disasters and restoring the level and quality of services as quickly as possible. The series targets professional and technical personnel who are involved in policy making and the provision of water and sanitation services. It is also useful for national and local emergency management and health protection agencies. To date, the series includes the following publications (all in Spanish with the exception of the last one mentioned):

- *Management of Solid Waste in Disaster Situations* (see the last issue of this newsletter) complements guidelines and basic instructions with case studies from disasters in the Americas.
- *Impact of the El Niño on Water and Sewerage Infrastructure: Experiences from Ecuador 1997-1998* compiles the experiences of water and sanitation service providers, the

effects this phenomenon had on infrastructure and the consequences to health.

- *Lessons Learned: The Eruption of the Volcano Reventador (2002) and its Effects on Water and Sewerage Systems* analyzes how the vulnerability of these critical services can lead to a deterioration of the quality of service and outlines steps to deal with emergencies.
- *Minimizing Earthquake Damage: Guide for Water Utilities* was translated into Spanish to form part of this series from the English-language publication by the American Water Works Association. It provides information, based on real-life scenarios, to assess a system's seismic vulnerability and find ways to minimize damage.

The Spanish-language full-text of these publications can be downloaded from the CEPIS website at [www.cepis.org.pe/bvsade/pub/index.html](http://www.cepis.org.pe/bvsade/pub/index.html). For the English-language publication *Minimizing Earthquake Damage*, visit [www.awwa.org](http://www.awwa.org). For more information or to comment on this series contact CEPIS at [desastre@cepis.ops-oms.org](mailto:desastre@cepis.ops-oms.org).

## Caribbean Course on Emergency Care and Treatment

In many Caribbean countries, it is common that ambulances responding to accidents with a large number of casualties have no formally-trained medical technicians on board. Other agencies, such as police and fire services, also may arrive first at the emergency or disaster site, yet many of their personnel lack training on how to handle these situations. For many years, countries have expressed the need for a simple but formal course for all first responders. Therefore, in collaboration with many emergency medical technicians and Caribbean and U.S. doctors, PAHO has developed an emergency care and treatment course (ECAT) for the Caribbean.

The course, which is available on CD-ROM, addresses basic medical response for disaster and emergency situations. The course



includes a participant's manual, tips for the instructors, a PowerPoint presentation and review tests. Participants will benefit most from this new course if they are familiar with other PAHO courses on mass casualty management and incident command systems.

A limited number of copies of both the CD-ROM and the print participant's manual can be requested from [disaster-publications@paho.org](mailto:disaster-publications@paho.org). The contents of the course are also available online at [www.disaster-info.net/carib/](http://www.disaster-info.net/carib/).

## The Crisis in Haiti: Who can provide the best response?

(from page 1)

eighth among the causes of general mortality and 76% of the cases are in children under 5.

Although both natural disasters and complex emergencies wreak havoc on a country's health care system, a natural disaster can ultimately strengthen a country's management capacity as a result of experience gained and an influx of national and external assistance. This was the case in several countries affected by Hurricane Mitch in late 1998, where financial support was used not only for immediate repairs to infrastructure, but to also build better disaster prevention and response mechanisms. Nicaragua is a good case in point. In the last five years, the country has built up its health disaster program at a much faster pace than it was able to do in the previous twenty years, so much so that it recently led the process to create an inter-country disaster preparedness and prevention plan for the health sector in Central America.

Complex emergencies, where public institutions have received little or no support, do not offer the same opportunities. In Haiti, almost nothing remains from previous humanitarian and military interventions. The United Nations has called for a long-term international presence of some 20 years as Haiti recovers from this series of reverses. "We cannot continue," said the U.N. Special Adviser to Haiti to the Security Council, "with the stop-start cycle that has characterized relations between the international community and Haiti. Since 1994, 10 separate and joint missions by the United Nations and the Organization of American States (OAS) would spend a year or two, without necessarily involving local people in their work, and there would be no continuity after the missions left."

There is a great deal of goodwill among the Caribbean Community, the countries of the Western Hemisphere and the international community to change the way support is provided to countries in a chronic state of crisis such as Haiti. However, if humanitarian or security programs and institutions act in isolation during the post-conflict period, progress may be short-lived.

What triggered the latest international humanitarian response in Haiti was not the downward spiral in the

state of health, but rather the sudden increase in violence—duly recorded by the arrival of the international press corps in Port-au-Prince. At that point, the international community focused its response primarily on security. Fortunately, a military intervention aided in peacekeeping and the transition government, the international community and NGOs were then free to look at humanitarian issues.

Humanitarian programs are needed and will be needed for a good while in Haiti to deal with the most immediate needs brought on by the crisis. But they will have little or no role in strengthening the government or addressing the roots of the crisis. Humanitarian agencies and workers are tremendously adept at providing a quick and agile response to crises, but they must work hand-in-hand with the development community. Some best practices that were noted in previous crises include:

- Avoid having humanitarian programs deal with the overall post-conflict situation. "Humanitarians" should focus on what they are good at: rehabilitation, preparedness for the next disaster, logistics and quick fixes.
- Avoid having the development community begin its full involvement only when humanitarian programs are winding down. "Developers" must be fully involved from the beginning, working in tandem with humanitarian agencies. Later, bilateral, UN or NGO cooperation should take the lead in medium-term reconstruction efforts.
- Avoid cutting off aid in areas such as security, policing, justice and the political process too soon, as has been the case. No stable development or economic program can be carried out without a minimum level of security. Development programs are among the strongest contributors to good governance and stability.

In situations of chronic crisis, strictly humanitarian agencies and programs should be the first to complete their post-crisis contribution, followed by support to the security, judicial and political aspects of the crisis (disaster preparedness agencies, however, should remain for several years). Development programs should be the last to withdraw from countries in crisis such as Haiti.

In natural disasters, good humanitarian programs can resolve most problems. However, they cannot have the same impact in post-conflict situations that result from serious structural and long-term political problems. These situations require everyone to be on board, contributing to the areas for which they are best equipped. The overall process will be best led by professionals and agencies that have traditionally been in charge of medium and long-term development. Humanitarians, with their ability to operate quickly in crisis mode, are the best suited to deal with security and logistic issues and to concentrate on preparedness or readiness when crises are imminent.



Photos: PAHO/WHO

# Selected Bibliography



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