

CHAPTER 12.

MANAGING HUMANITARIAN RELIEF SUPPLIES

The type and quantity of humanitarian relief supplies are usually determined by two main factors: (1) the type of disaster, since distinct events have different effects on the population; and (2) the type and quantity of supplies available in national inventories prior to the occurrence of a disaster.

Immediately following a disaster, the most critical health supplies are those needed for treating casualties and preventing the spread of communicable diseases. Following the initial emergency phase, needed supplies will include sanitary engineering equipment, food, shelter, and construction material.

There are always delays in the arrival of assistance from abroad. Immediate needs must be met primarily with locally available resources from the affected country and resources from provinces or departments adjacent to the area of impact. Humanitarian relief supplies that must come from neighboring countries or from abroad should be strictly limited to those items that meet specific needs that cannot be supplied locally.

The first humanitarian assistance shipments will arrive at a country's main entry points (airports, seaports, or land border crossings) within 24 to 72 hours of the event, but unloading, sorting, storage, and distribution of supplies will take much longer. The majority of relief supplies usually arrive after the most urgent health needs have already been met with local means.

The main problem in all but the least economically developed countries is not the acquisition of large quantities of new supplies in the event of a disaster, but rather the taking advantage of locally available resources. Identification, sorting, classification, inventory, storage, transport, and distribution of items, especially of unsolicited donations, pose another major challenge.

BASIC PRINCIPLES

The following basic principles regarding humanitarian relief supplies should be kept in mind:

- Sources for emergency supplies should be identified as part of the disaster preparedness process. Ideally, there should be a national inventory of resources that can be used in the event of a disaster.
- Stockpiling supplies exclusively for disaster situations is not recommended, because of the high costs entailed for developing countries. Such stockpiles require very efficient supply rotation systems that are costly to implement.

- When a disaster occurs, rapid damage assessment must be carried out in order to identify needs and resources.
- If external assistance is necessary, requests should be strictly limited to resources not available in the affected zone.
- Disaster managers must be prepared to receive large quantities of unsolicited donations from other areas of their own country, neighboring nations, and the international community. The quality and usefulness of such donations is often questionable.
- When requesting supplies, the time required for shipment and distribution must be considered, and there must be planning for needs that will remain unmet after supplies arrive.
- No supplies or other forms of relief should be sent without first verifying the need for such assistance. It is essential to assign priorities for each container shipped.

THE LOGISTICAL SUPPLY CHAIN

There are four principal components in managing humanitarian supplies:

- **Acquisition of supplies.** This requires determining what items are necessary, how to acquire them, and how to use them to meet identified needs.
- **Transport.** This entails an accurate assessment of readily available and alternative means of transportation to promptly and safely deliver supplies.
- **Storage.** An organized storage system safeguards supplies until they can be delivered to their final destination. The system also assists in anticipating amounts of supplies in reserve for later needs.
- **Distribution.** The ultimate objective of the logistic supply chain is to deliver assistance to the persons affected by the disaster or to the organizations in charge of their use. Balanced and controlled distribution must be ensured to avoid abuses, waste, or damage to the supplies.

These components are linked and complementary, and require very careful coordination to ensure that there are no interruptions in the logistics chain.

SUPPLY MANAGEMENT

The main objective of a humanitarian assistance management system is to strengthen national capacity so that supplies are effectively managed from the moment donors offer assistance and through their arrival and distribution in the disaster affected area.

As in other aspects of disaster management, managing humanitarian assistance supplies cannot be improvised. A standing committee or permanent official should be designated to:

- Establish national policy regarding donations and receipt of emergency supplies;

- Promote transparency by openly circulating information among agencies; and
- Provide cross-sectoral training in management of humanitarian assistance.

The agencies most involved in this field, in addition to the health sector, include civil protection agencies, customs agencies, Red Cross societies, and other NGOs capable of mobilizing national and international assistance.

Information management and coordination of logistic operations are the responsibilities of a variety of sectors outside of the health sector. The health sector should concentrate on management of medical and public health supplies.

Humanitarian relief supplies that arrive following a major disaster, whether natural or complex in origin, cause serious logistical and administration problems for national and international authorities. This is particularly true when the supplies have not been requested and their value in terms of meeting real needs is questionable.

A supply management system should be oriented to resolve the following issues:

- Space and transport are scarce or are not immediately available;
- Time is short—an emergency demands rapid and effective supply distribution;
- Donors and the news media receive a negative impression if local officials are unable to absorb supplies quickly and effectively and at the same time there are urgent appeals for assistance;
- There is no follow-up on offers made by donors;
- One agency may receive an excess of supplies, while another does not receive any;
- Key health personnel lose precious time sorting through donated medications that are of limited benefit.

Supply Management Systems

Long experience in international relief operations has demonstrated the value of a uniform system of supply management. Many recipient and donor governments and organizations involved in the management of supplies use the SUMA system. This system, created by the Pan American Health Organization, was adopted by the World Health Organization as a standard for the general management of emergency supplies (see Annex II).

The main tasks of a supply management system (such as SUMA) include:

- Sorting and identifying humanitarian assistance supplies;
- Rapidly identifying and establishing priorities for the distribution of supplies urgently needed by the disaster-affected population;
- Maintaining inventory and distribution control in warehouses;
- Entering all incoming supplies in a database (national authorities use reports generated from the database for decision-making);
- Registering consignments that are delivered to consignees;
- Keeping disaster managers informed about items available for distribution;
- Keeping national authorities and donors informed about items received.

Sorting Supplies by Priority

Certain incoming supplies satisfy urgent needs, others will be useful at a later phase of the emergency, and some are not useful at all. Supplies are therefore separated according to their priority levels. Incoming packages should be clearly labelled to show their level of priority; this is a key factor in managing storage, transport, and distribution of items.

Classifying Supplies

Incoming supplies are generally mixed together: one shipment may contain articles ranging from medicines to construction materials. Life-saving supplies compete for attention with less important or unsolicited items.

SUMA employs a classification system for humanitarian assistance supplies based on 10 basic categories, which are further divided into subcategories. These 10 categories are:

- Medicines;
- Water and environmental health;
- Health supplies/Kits;
- Food;
- Shelter/Electrical/Construction;
- Logistics/Administration;
- Personal needs/Education;
- Human resources;
- Agriculture/Livestock; and
- Unclassified.

Supply Inventory

Immediately after classifying supplies, information about technical characteristics, potency, presentation, packaging units, total quantity, etc., is entered into a database. This information, consolidated into a single list, allows disaster managers to make decisions regarding distribution. An inventory is only useful if it is kept up-to-date. Reports that accurately reflect the availability of supplies are very valuable in the decision-making process. Mechanisms to ensure the accurate generation of such reports are an essential component of any supply management system.

Distribution and Storage of Supplies

Once items have been sorted, classified, and inventoried at the arrival point, they are either delivered to consignees where their receipt is registered, or they are sent to an existing or temporary storage facility. All information regarding distribution is transferred to the Emergency Operations Center.

Follow-up on Donor Offers

Donor countries or agencies may not make immediate shipments to a disaster site, but depending on their capabilities, will offer to send specific materials or

equipment. These opportunities are frequently lost if a system is not in place to organize corresponding information. The system should have reliable mechanisms to follow-up on the offers, as well as to keep track of donations received.

Use of Local Stocks

Delays in delivery and high costs of air freight, in addition to lengthy customs procedures (despite international agreements on the free movement of humanitarian supplies), are additional factors to be considered before making urgent appeals for assistance.

Expenditures of air freight are generally subtracted from the total amount a donor allocates for a given disaster. This is another reason for directing efforts to improve the availability and access to resources existing in a country before a disaster occurs.

Every country has normal operating stocks of health supplies found in warehouses belonging to the national and municipal health services, pharmaceutical companies, private health services, nongovernmental organizations (e.g., Red Cross societies, Médecins sans Frontières, CARE, WorldVision), or military and police health systems. These supplies, available in and outside of the affected area, are usually sufficient to meet basic immediate needs during the emergency phase. Even when warehouses are damaged, some stock may be salvageable.

Localized shortages arise in the emergency period because of three main factors: (1) sudden disruptions in normal supply channels and in the availability of supplies; (2) difficulties in locating, accessing, sorting, classifying, inventorying, transporting, and distributing supplies in a disaster zone; and (3) the high consumption of items such as x-ray film and developing chemicals, casting plaster, and dressings.

The effective mobilization and use of available supplies requires that the institution responsible for national disaster management maintain an accurate inventory of resources that could be used in the event of a disaster. The inventory should contain information on the location and condition of the stock. It also should include information on standing agreements for expediting the procurement process of supplies and on mechanisms for transferring supplies to sites where they are needed.

Expired Drugs and Perishable Products

Drugs close to or past their stated expiration dates are often donated or offered. Expiration dates are very conservatively set for some drugs, and with suitable storage, the drugs remain safe and potent for much longer. When such drugs are of particular value, health authorities should decide whether reference laboratory testing and recertification should be arranged. There may be a negative public reaction nationally or internationally if this course is pursued.

Whole blood is often donated from abroad, although its medical need is generally limited. International donors of blood should verify that a need exists, that it cannot be met locally, that the blood can be properly handled, and that its safety can be ensured. It is more suitable to request or donate equipment to collect blood, or a suitable supply of blood substitutes.

LIST OF ESSENTIAL DRUGS

In 1977, an expert committee of the World Health Organization concluded that “for the optimal use of limited financial resources, the available drugs must be restricted to those called essential drugs, indicating that they are of utmost importance, and are basic, indispensable, and necessary for the health needs of the population.”¹ This approach, recommended for non-emergency situations, is critical for health management in emergencies.

The United Nations Children’s Fund (UNICEF), the International Federation of Red Cross and Red Crescent Societies (IFRC), the United Nations High Commissioner for Refugees (UNHCR), WHO, Médecins sans Frontières (MSF), and other nongovernmental and governmental organizations have developed lists of essential drugs for disaster relief. They also have established lists of medicines, or “kits,” for specific situations, including mental health, surgery, chronic diseases, tuberculosis, cholera, trauma, etc. The lists are designed to meet the general needs of 10,000 persons in specific conditions assuming that there are no other locally available resources. The WHO “kit” has characteristics that can be applied in most situations, and provides a good model for establishing lists of essential needs.² These kits are a good source of information for medicines and supplies needed for displaced populations. Although each list is designed to meet the needs and relief functions of an organization in specific situations, they have characteristics in common, so they serve as good models for most scenarios.

Health authorities in each country should prepare in advance their own list of basic medical supplies to be made available immediately after a disaster through locally available stocks. To gain maximum recognition and credibility, a variety of health-related institutions should be involved in developing the lists, including the ministry of health, social security, public and private health services, medical schools, Red Cross societies, pharmaceutical companies, etc.

REQUESTING INTERNATIONAL ASSISTANCE

To maximize the benefit of scarce international assistance to the disaster-affected country, the following guidelines should be followed:

1. A single government official should be designated for channeling emergency international appeals, since otherwise duplication, confusion, and shortcomings will result. In many countries in the Region of the Americas, the ministries of foreign affairs have designated a focal point for emergency situations who is involved in making international appeals for assistance.
2. Potential donors should be asked to provide large amounts of a few items since this simplifies and expedites procurement and shipping.

¹World Health Organization, *The Selection of Essential Drugs; First Report of the WHO Expert Committee* (Geneva, WHO Technical Report Series No. 615; 1977, p. 9). Since 1977 WHO has updated the list of essential drugs every two years. The most recent list is: *Use of Essential Drugs: (Tenth Model List). Seventh Report of the WHO Expert Committee* (Technical Report Series No. 882), Geneva: 1997.

²World Health Organization, *The New Emergency Health Kit: Lists of Drugs and Medical Supplies for 10,000 People for Approximately Three Months* (Geneva, WHO/DAP/90.1, 1990).

3. The request should clearly indicate the order of priority, amounts, and formulation (e.g., tablets or syrup). Vague requests for “antidiarrheal drugs,” “antibiotics,” or “vaccines” must be avoided. The amounts requested should be compatible with the size of the affected population and the anticipated occurrence of trauma and disease. Requests that international donors have considered out of proportion to the magnitude of the disaster have proved counterproductive.
4. Requests should be limited to drugs of proven therapeutic value and reasonable cost. Emergency situations do not justify requests for expensive and sophisticated drugs (especially antibiotics) and equipment which the country could not afford before the disaster.
5. Perishable products and vaccines should not be requested unless refrigeration facilities are available and special handling arrangements can be made at the airport.
6. Supplies will be duplicated if the same list is sent to several donors. Some items may be shipped by a number of suppliers and others not at all. PAHO/WHO can help the country to assess its needs more precisely and inform donors of the most appropriate assistance. The failure to coordinate donations nationally has resulted in time-consuming direct consultations between governments willing to assist, relief agencies, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), and PAHO/WHO to determine their respective courses of action.

Some donor countries and agencies are reluctant to replace local medical stocks that have been used for emergency purposes and instead want to supply emergency needs directly. This problem is lessened if donors are informed that the depletion of local stocks because of the emergency will restrict rehabilitation of normal medical services. Donors should also realize that their consignments of supplies often cannot be received and distributed in time to be used in treating casualties.