

ANNEX III.

INTERNATIONAL HEALTH HUMANITARIAN ASSISTANCE

A REGIONAL POLICY FOR INTERNATIONAL RELIEF ASSISTANCE

After the traumatic disasters experienced in Mexico and Colombia in 1985, high-level delegates of the governments of Latin America and the Caribbean met in Costa Rica in 1986 with representatives from international agencies, donor countries, and NGOs to examine ways to make international health relief assistance more compatible with the needs of affected communities. The recommendations made at this meeting—approved unanimously by the participants—form the basis of the regional policy for the Pan American Health Organization (PAHO) regarding international health relief assistance. The essence of this policy, to which all Member Governments of PAHO adhere, is the following:

- Foreign health humanitarian assistance should be made only in consultation with officials designated by the ministry of health to coordinate such assistance.
- National health authorities should quickly assess needs for external assistance and immediately alert the international community to the specific type of assistance which is, or is not, needed. Priorities should be clearly stated, distinguishing between immediate needs and those destined to rehabilitation and reconstruction.
- Diplomatic and consular missions should communicate to donor countries firm policies on the acceptance of unsolicited or inappropriate supplies.
- To avoid duplication of health humanitarian assistance, full use should be made of PAHO's clearinghouse function to inform donors of pledged contributions and determine genuine health needs.
- Countries should give high priority to the preparation of their own health and medical personnel to respond to the emergency needs of the affected population. Donor countries and organizations should support such disaster preparedness activities.
- All countries must identify their vulnerability to disasters and establish appropriate measures to mitigate the impact on the most vulnerable populations.

MAKING DISASTER ASSISTANCE EFFECTIVE

International humanitarian assistance, if provided effectively, can play an important role in a country's development. The following are suggestions to donors

on how to avoid past mistakes and make international health assistance truly effective:

- **Don't stereotype the disaster.** The effects of disasters on health differ according to the type of a disaster, the economic and political situation in the affected country, and the degree to which the country's infrastructure has developed.
- **It is unlikely that medical personnel will be required from abroad,** given the capacity of Latin America and the Caribbean to mobilize health resources to respond to the immediate needs of disaster victims. In recent disasters, local health personnel treated injuries within the first 24 hours.
- **The need for search and rescue, life-saving first aid, and other immediate medical procedures is short-lived.** Special caution is necessary when considering international assistance that is useless once the acute emergency phase has passed. This type of assistance includes personnel, specialized rescue equipment, mobile hospitals, and perishable items.
- **International donors should not compete with each other to meet the most visible needs of an affected country.** The quality and appropriateness of the assistance is more important than its size, monetary value, or the speed with which it arrives.
- **Emergency assistance should complement, not duplicate, efforts taken by the affected country.** Some duplication is unavoidable as many countries and agencies worldwide hasten to meet the same needs, real or presumed. However, this need not have negative consequences if the assistance can be used later for rehabilitation and reconstruction.
- **Don't overreact to media reports for urgent, immediate international assistance.** Despite tragic images that may be shown, wait to get the overall picture and until pleas for aid have been formally issued.