The Risk of the Financial Crisis for Disaster Management

Editorial

This first decade of the 21st century has been fraught with new threats and uncertainties, ranging from the so-called “war on terror,” to climate adaptation, to an impending influenza pandemic caused by the avian or swine viruses. Awareness has been raised amongst national disaster managers in the health sector and they have been trained to face an increasing variety of hazards, some still to materialize at national level.

In a matter of a couple of years, a new crisis developed to compound and overshadow all others: the financial crisis threatening the economy of many countries, including the most developed.

How may this man-made crisis affect public health in Latin America and the Caribbean? What are the implications for the disaster management programs of Member States? How can the Ministries of Health adapt and mitigate the emergency consequences?

The Potential Regional Impact on Public Health

The potential regional public health impact of the global financial and economic crisis is still to be determined. The potential health threats will be compounded by the adverse socioeconomic impacts associated with the crisis, such as increased urbanization, income disparities, and stress on health systems, among others.

In response to the concerns expressed by Member States, on 19 January WHO convened a high level consultation on the impact of the global financial and economic crisis on health. The most relevant disaster-related conclusions are dependent on the realities of the Americas:

- All countries will be affected but some more than others. Countries affected by conflict or natural disasters, those with weak institutions or limited financial reserves are particularly vulnerable. Others, particularly small island States, will face an economic downturn while coping with the imminent impact of climate change.
- In developed or developing countries, the poor —and those made poor through loss of income or housing— will be the hardest hit. More will fall back into poverty.

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Interview

Dr. Salvano Briceño, Director of the Secretariat of the International Strategy for Disaster Reduction (UN/ISDR) answers questions on the progress achieved in the four years of implementation of the Hyogo Framework for Action, the challenges and the most important expectations towards making progress in disaster reduction worldwide.

1. Four years have passed since the launch of the Hyogo Framework for Action, the ISDR system has succeeded in establishing significant alliances, and steps have been taken to energize a number of processes as much in the political as in the technical sphere: Can you give us a brief appraisal of the process with its achievements, the gaps and the main challenges?

In these four years, strides have been made. Nevertheless, the challenge is still greater, and as a result, there is a lot which remains to be done. Risk reduction is above all about reducing vulnerability of two kinds: current, chronic vulnerabilities such as poverty and ignorance and vulnerabilities for the future. That is to say, new risks which the rapid increase in urban density are creating as well as the impact of climate change, such as the increase in the level and temperature of the sea, and the melting of the glaciers.

All these processes need much time to be addressed and overcome and education will need to be a permanent tool for the development of society. In the same way, reduction of risk and vulnerability to disasters and other emergencies. PAHO and WHO through their regional and national offices, in coordination with the Ministries of Health and other important partners, dedicated the celebration to promoting the issue in order to seek alliances and initiate actions and strategies which ensure progress towards the goal of safer hospitals.

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World Health Day 2009—Joining Forces to Have Hospitals Safe from Disasters

World Health Day is celebrated each April 7 to commemorate the foundation of the World Health Organization (WHO) in 1948. The focus for 2009 was on the need to ensure that hospitals and health facilities are safe from disasters and other emergencies. PAHO and WHO through their regional and national offices, in coordination with the Ministries of Health and other important partners, dedicated the celebration to promoting the issue in order to seek alliances and initiate actions and strategies which ensure progress towards the goal of safer hospitals.

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One of the ways in which countries can strengthen their capacities to face disasters is to have national teams with qualifications, training and the necessary tools. In this context, Central America has begun the formation of a team of specialists in health issues which can be mobilized to support the national health structure, in the event of large-scale disaster situations. Despite the effectiveness of this initiative, it is clear that in sudden disasters or in disasters of a lesser scale, the mobilization of an international team is more difficult in the first case or difficult to justify in the second.

As a result, with the support of the Spanish Agency for International Development Cooperation (AECID), the PAHO Disaster Program is developing a project, in Central America, the Dominican Republic and Haiti, with the purpose of strengthening the disaster response capacity of health sector facilities in each one of the countries. In order to do so, it has been considered necessary to have emergency response teams trained to manage the health aspects of a disaster, are equipped with the appropriate tools to carry out their work in the affected areas, have available technical intervention guides and a platform for information management and decision-making through the Emergency Operations Centers in Health (EOC-H).

National emergency response teams in each of the countries will become the pillar of strengthened local and communal capacities for response to the health aspects of disasters, and therefore, as the project is concluded it is hoped that these teams will have an integral and multi-disciplinary perspective, with specialists trained in areas such as damage assessment, epidemiology, mental health, health services, water and sanitation, administration, logistics and communication.

The project has begun updating technical training tools (guide for the preparation of simulations and drills), technical disaster response guides and the implementation of coordination mechanisms (EOC-H).

In the long-term it is hoped that each country will continue to strengthen response capacity of the sector through promotion and sharing of the tools and capacities brought about by the project. This follow up will ensure that support teams are available at departmental and municipal level.

Finally, the project has identified as one of its main strengths the creation of a network of national teams, linked to the regional health emergency response team which ensures the exchange of experiences and in-country support during preparedness and response to emergencies. For more information write to santanda@pan.ops-oms.org.

DiMAG Sets a Work Agenda for the Coming Years

Five years have passed since the creation of the Disaster Mitigation Advisory Group (DiMAG) as a resource which provides advice to the Pan American Health Organization (PAHO) and its members in a variety of themes related to disaster mitigation and risk reduction in the health sector.

The group was set up in 2003 as a way of dealing with three important facts: new hospitals are being built in the region without taking risks and natural hazards into consideration; many existing hospitals show unsatisfactory performance in emergency and disaster situations; and countries and health facilities need to be able to ensure access to independent, technical advice.

From then on, DiMAG’s inputs have been of great value and use in the review of terms of reference for the design and construction standards for health facilities; in the building of capacities and the provision of advice on policies for disaster mitigation, project management, the assessment of health facilities after a disaster; and the review of PAHO/WHO technical publications.

The group works before and after the occurrence of natural and anthropic disasters, including earthquakes, hurricanes, storms, tsunamis, volcanic eruptions, floods, fires, and explosions. The contribution from its members has not been limited solely to the Americas. For example, last year one of its members took part in the WHO assessment mission following the Sichuan earthquake in China, in which technical information was exchanged on experiences in other countries and regions related to the reconstruction of services and health facilities which were destroyed by the earthquake.

DiMAG is made up of experts from different disciplines (engineering, architecture, disaster management, emergency services, economics, and so forth) with a long history of work in developing countries. It was within the DiMAG that ideas such as the creation of the Hospital Safety Index (a tool which assesses the degree of safety of health facilities), the development of the new Wind Hazard Maps for the Caribbean and the “turn key” concept were born, all of which are important aspects of the “Safe Hospitals” initiative.

DiMAG’s suggestions and inputs continually improve working areas and action with regard to the country support which PAHO provides. In its most recent annual meeting held last December in Panama, the DiMAG made recommendations that will form part of PAHO/WHO strategic actions in the coming years, such as: the development of a strategy which guarantees the application of the Hospital Safety Index, the training of evaluators, the creation of methodological, learning tools, the drawing up of terms of reference for independent evaluators, and the design of documents on the “turn key” process.

In addition, it was proposed that future measures for safe hospitals take into account the risks associated with climate change, as well as the creation of a fire safety guide which will include procedures for carrying out evaluation exercises as part of the hospital preparedness program, and the development of a detailed guide targeted at those working at the political level and those in charge of making decisions in order to promote the inclusion and use of existing tools in the design and construction of hospitals and health facilities.

Governments, ministries of health and other organizations working in this sector can request support from DiMAG through the PAHO/WHO country offices in Latin America and the Caribbean, or by writing to dimag@pan.org.
natural hazards should be considered as a value, an attitude and ongoing behavioral pattern on the part of each individual, family, community, nation and international body. In short, we have our work cut out for us and this is the main challenge.

2. The goals proposed for 2015 represent a huge challenge. The world is not on track in order to achieve the results sought by the Hyogo Framework for Action (HFA) of a considerable reduction in losses caused by disasters by 2015. Where do you see the main contribution which the United Nations can make in this process? Where are the ISDR priorities targeted?

The HFA goals are obviously very ambitious. However, substantial reduction in losses as a result of these kinds of disasters (those caused by vulnerability to natural hazards) can be looked at numerically (number of people affected), which we hope to be able to measure to some extent, or it can also be looked at in relation to the progress made by institutional and technical mechanisms to deal with risk.

We need to give priority to this objective in the years ahead. This is how in health, we can measure progress by the number of people who become less ill or also by the number of medical and health services which are available, including prevention. The first is a consequence of the second. With more prevention, there are fewer victims. Interest must be placed in making progress in service provision and institutional development to reduce risk. We will then see how many people’s lives have been saved or have a better life because of these services.

In 2015 we should be capable of measuring the progress of policies and risk reduction programs at all levels and in this way we will see that we are moving forward more and more rapidly; the initial years were taken up with mobilization, raising awareness and promotion and we are now seeing more specific progress in the development of policies, legislation, organizational capacity, increased resources, etc.

3. Continuing with the implementation of the Hyogo Framework for Action, this year the second meeting of the Global Platform for Disaster Reduction will be held in Geneva. What are your expectations of this important meeting and specifically regarding the progress which can be achieved when we see that there is still a big gap between the resources needed for disaster risk reduction —technical, human, institutional and financial—and what is available?

I think that the second session of the Global Platform will facilitate the assessment of progress during the first four years of the HFA. Firstly, we will have the initial global report on disaster risk reduction which will be presented in Bahrain on 11 May, and later in several other regions. This report will show which are the highest risk zones in the world and will enable the orientation of investment in prevention and mitigation in a more effective and concrete way. We hope that this information will allow us to speed up processes for risk reduction worldwide. Governments will have more precise information about the risk of not investing in risk management.

Secondly, we are developing in a complementary way, with the World Bank, an economic study on the cost-benefit relation of disaster risk reduction which will provide further specifics on possible investments in policies and measures to reduce risk and vulnerability.

Thirdly, another study in the framework of the Inter-governmental Panel on Climate Change (IPCC) will concentrate on the management of risks of extreme climatic phenomena, using knowledge and disaster risk reduction tools for adaptation to climate change. We hope that this study will facilitate the orientation of efforts relating to climate change and support and strengthen disaster risk reduction.

With all the above, we hope that as of next year (2010), the mid point of the HFA it will be possible to speed up the implementation of the HFA, including greater investment in resources of all kinds.

4. Nobody denies the impact of climate change now, its many consequences and its clear links with the increase in vulnerability to possible disasters. But at the same time it is also a significant opportunity to place the theme of disaster reduction on the political agendas of many countries. Again, what strategies or practical actions does the ISDR recommend to bring this issue concretely to country level and ensure that countries include adaptation to climate change in their risk reduction plans?

Disaster risk reduction is the first defence against the impact of climate change. Some of the impacts will be new (those mentioned previously, increase in sea level, etc.), but for the most part it will be a question of an increase in the intensity and frequency of phenomena or natural hazards that we are already familiar with (mainly floods, cyclones, drought) and for these we can put into quick action the measures and policies which are already known and which the HFA presents in a summarized form.

This is what our participation in the negotiations on climate change is about, during which we have ensured that disaster risk reduction is recognized as an essential instrument for adaptation to climate change, as approved in the United Nations Conference on Climate Change which took place in Bali in 2007 (COP 13) and re-confirmed in the 2008 conference (COP 14) which was held in Poznan, Poland. The challenge is naturally the final negotiation, which is expected in COP 15 in Copenhagen this year. However, there is no doubt that disaster risk reduction will be included as a necessary measure and instrument to deal with climate change.

5. Lastly, we find ourselves at the halfway point in the International Disaster Reduction Campaign 2008-2009 “Hospitals Safe from Disasters.” What recommendations would you make to the readers of this bulletin so that they contribute and participate in their countries in actions which help to increase resilience and security of health facilities in the event of disasters?

If the readers are mainly from the health sector, it is important that they help to raise awareness of the need to include reduction of risk and vulnerability to hazards or natural phenomena as a priority in health policies and programs. There is a lack of understanding of the possibilities which each person and community has to reduce their vulnerability and it is important, even urgent, that all those people who understand the issue, help to raise awareness and disseminate information. Both PAHO and the ISDR have sufficient educational material to explain the issue. To help to promote these materials is a simple task which many can undertake.
CRID Carries out New Activities in Central America to Improve Information Management Capacity

The Regional Disaster Information Center for Latin America and the Caribbean (CRID) is implementing a project to develop and strengthen capacities in information management on disaster risk reduction that is financed principally by ECHO, the Department of Humanitarian Aid of the European Commission.

Lessons learned with different information centers and organizations in Central and South America have highlighted the need to be more precise and to work much more closely with disaster technicians and experts in order to fine tune and adapt the offer of information services to make it more in line with the demand for information which they constantly need.

A change of paradigm is now required. The compilation of documents per se to fill out databases or web pages of information centers does not have the same relevance today. Another much more specialized focus is sought, with a more appropriate and objective consideration of information users, taking more into account their needs and how this information is converted into knowledge to improve procedures and decisions.

In view of this, the CRID project has three objectives:

• that institutions linked with risk management in each of the countries improve their abilities to create and provide information services for disaster risk reduction. Based on previous findings, CRID will offer support to some of the institutions that coordinate national prevention and disaster response systems (SINAPRED, CONRED, COPECOC and the Salvadoran Civil Protection), and other organizations, such as those that are part of the CANDHI network;

• that the Central American region has several practical guides available with interesting topics on preparedness, illustrated with a compilation of information tools and resources;

• the improvement of the role and work of the CRID at regional level as a specialized center in the compilation and dissemination of information on risk management, as well as the consolidation of its role as a technical assistance institution for countries in information management.

For more information on the project, visit www.crid.or.cr/dipecho/acerca_proyecto.shtml or write to isabel.lopez@crid.or.cr or lidier.esquivel@crid.or.cr.

First Session of the Regional Platform for Disaster Risk Reduction in the Americas

One of the priorities defined in the Hyogo Framework for Action (HFA), “to considerably reduce losses brought about by disasters both in terms of lives as in social, economic and environmental assets,” is that of the use of National and Regional Platforms which act as a forum for the exchange of information and knowledge on effective actions for disaster risk reduction. In this context, the First Session of the Regional Platform for Disaster Risk Reduction in the Americas was held in Panama in March, organized jointly by the International Strategy for Disaster Reduction (ISDR) and the Organization of American States (OAS). Over 300 people, representatives of countries in the Americas, cooperation agencies, civil society organizations, universities, the private sector and the scientific and academic community, analyzed proposals and ideas for implementation of actions and to create collaboration mechanisms. The aim was to close the gap between the Global Platform and the National Platforms in the Americas and to set up a formal mechanism which involves a wide range of relevant actors at the level of the hemisphere.

Through plenary and thematic sessions, progress which has been identified relating to the HFA was discussed, information on gaps, challenges and opportunities was exchanged and experiences and lessons learned were documented in issues such as health, water and sanitation, urban risk, climate change, education and communication, community development and information and knowledge management. The meeting was a first step in the setting up of this regional platform, but efforts need to be consolidated and concentrated during the next few months. It also facilitated the provision of input from the Americas region for the Second Session of the Global Platform to take place in Geneva, Switzerland from 16-19 June. For more information, visit www.eird.org.

New UN/ISDR Site on the Hyogo Framework for Action

In order to support access to information on the Hyogo Framework for Action 2005-2015 (HFA) in the Americas and worldwide, the UN/ISDR has made available the wiki site “HFA-Pedia”. This website is useful for national, regional and global actors from the academic world, science, research, and civil society to become involved and share information, experiences, lessons learned, reports, information resources and any kind of details which are relevant to progress in the implementation of the HFA. Given its wiki format, the HFA-Pedia allows for editing, contributing and sharing as you wish. Access it at www.eird.org/wikien/index.php/Main_Page.

PAHO/WHO, in collaboration with OCHA, Intermon/OXFAM, the International Federation of Red Cross and Red Crescent Societies, the World Food Program, UNICEF, the Regional Disaster Information Center, and with the financial support of the Spanish Agency for International Development Cooperation, have completed dissemination and technical information and training materials which make up part of the “Good practices in international humanitarian donations” initiative. The guide “How to Donate, practical recommendations on Humanitarian Donations” was drawn up, composed of technical contributions from the previously-mentioned agencies, posters and radio spots were produced which contain key, practical messages on the subject. In addition, a web page (www.saberdonar.info) was created as a dissemination and information promotion tool and three training workshops were held in the Dominican Republic, Guatemala and Peru, countries which have experienced natural disasters in recent years. The English version of the guide will be available in May 2009. To consult all materials, visit www.saberdonar.info or write to percevic@pan.oms.org.
It has been several years since PAHO opted for the use of new information technologies in the production of educational materials and technical information resources; however, with this material we have both reinforced and made a significant qualitative leap forward with regard to this option. In what way? This multimedia tool makes more intensive use of more sophisticated, efficient technologies and combines different resources and uses, making it much more versatile and easy to use while enhancing its didactic potential. In its design and development, videos, graphic animation in two or three dimensions, images, sound, text, graphic presentations and technical publications are combined, creating a virtual learning environment or atmosphere in order to learn all there is to know about the safe hospital.

It is arranged in modules which can be used independently to understand specific aspects of the issue, or which can be reviewed together in order to have a complete overview. The technical guide (contents) has been formulated based (above all) on the concepts and the factors included in the Hospital Safety Index, given that experts have agreed that these are the main issues which determine the safety of a hospital or a health facility.

However, its use is flexible; that is to say, it can provide support for courses for evaluators, but it can also be used by everyone who wishes to know about and study the issue of the safe hospital, in greater or lesser depth. In the same way, it can be used to promote and disseminate the concept and the strategy of the Safe Hospital, advocating for greater investment and more political and technical attention focused on this issue.

The tool is designed for navigation through these multimedia resources which illustrate the concept, and the “traveller” can always adapt the journey to his/her needs, choosing the preferred route, repeating or skipping subjects, as s/he chooses. A complete journey can take almost three hours, but the viewing of the general introductory video will take only 15 minutes and facilitates a quick understanding of all the components.

The tool also includes a virtual library where supporting materials can be consulted (and downloaded), such as guides, videos, graphic presentations or photographs which complement the study and the analysis of all the themes.

In summary, this “virtual learning environment” was designed so that it is:
- Instructive and entertaining, since all the multimedia materials guide and facilitate learning and promote particular actions to ensure safe hospitals.
- Motivating, since interaction with the computer and multimedia help to capture attention, arouse interest and ensure concentration on the most important aspects of a safe hospital. In addition, it is the user him or herself who builds the learning process.
- Informative: since all these materials include content which provide considerable information on the issue of the safe hospital. In addition, the library contains all the most important technical documents produced by PAHO on this topic.

All the above follows an innovative methodology which uses modern technology, promotes interaction, facilitates various uses and opens up possibilities to experiment. For example, these materials can be used for personal learning, be adapted as virtual courses via internet, or be used for support in classes which require students’ attendance. In addition, they can be used for individual or group activities.

It is also important to highlight that although production and design are more costly than traditional materials, multimedia can ensure cheaper training costs, promoting decentralization and decreasing the need for travel and classroom courses. It is a tool that will create capacities, promoting sustainability to train experts at country level. For more information, please contact perezhc@pan.ops-oms.org.

During the journey, the following modules can be seen:
- Preparation for the journey
- What is a safe hospital?
- Location and main hazards
  - Let’s study the structural components
  - Let’s analyze the non-structural components
  - Let’s analyze the functional components
- Let’s get to know the Safe Hospital Index
- Disaster hospital planning
Health Cluster—A Strategy to Improve Response Coordination

How can the support to countries and particularly to the health sector in the event of an emergency be optimized? This was the focus of a workshop held with coordinators of the health cluster in Quito, Ecuador, in March. The course was implemented by PAHO, in coordination with the global health cluster and the World Health Organization (WHO).

The main objective of a cluster is to coordinate aid from the health sector in support of a country affected by a disaster so that it is more effective, and to offer tools to manage the avalanche of international and national support—both in terms of personnel and equipment and supplies. It aims to organize humanitarian aid so that it reaches the most vulnerable in an organized way, and with the knowledge of what items come in and which are needed; seeks to identify where the resources are, where they are most useful, how they can be mobilized and at which time they are most appropriate, considering the logistical and administrative factors which are essential for the smooth functioning of operations.

The profile of the person that should be designated as cluster coordinator was analyzed in the workshop, as well as the need for coordinators to be part of a special group which can support emergencies occurring both inside and outside the region. The cluster coordinator must have certain managerial and leadership characteristics which enable him or her to be a facilitator amongst the different agencies, national and international NGOs, with the aim of ensuring that the objective of protecting and guaranteeing that the fundamental public health issues of those affected by disasters are taken into account, as well as knowledge of Humanitarian Reform and information aimed at communications media, as crisis management, the production of technical tools, compliance with procedures, teamwork, crisis management, the production of technical information aimed at communications media, as well as knowledge of Humanitarian Reform and the production of sectoral plans of action and joint projects for fundraising. For further information, contact hemanle@ops.oms.org.

It was highlighted that the health cluster grouping must ensure:

- **Responsibility:** since it assigns an issue or specific area to an agency to work on and to coordinate with national authorities and, in this respect, act as a guarantor to international cooperation agencies, dedicating personnel and technical and administrative resources on a full time and exclusive basis.

- **Reliability:** It is necessary to guarantee that during times of preparedness, response factors are considered, and technical procedures, kits, lists of products required in emergencies, basic information on endemic areas, hazard and disaster maps are at the ready. In addition, personnel must be available with up-to-date training and with the administrative capacity to operate “in emergency mode,” that is to say, with sufficient flexibility to adapt to the conditions that arise as a result of an unexpected event.

- **Accountability:** Projects which are undertaken during an emergency are subject to verification procedures.

But, what is the difference between what has been proposed in the Humanitarian Reform and this cluster focus? PAHO has always managed its operations within the framework of inclusion, responsibility and with strict accountability both within the organization and to donors.

The Regional Response Team and other experts in emergency management work closely with the country offices and cooperate in the organization of the health sector, together with the ministries of health, to respond to disasters. However, the reform is more inclusive and seeks to consider international and/or national NGOs and other health sector agencies that work in emergencies and need interaction with other sectors to approach issues which are cross-cutting, of utmost importance to the health sector and the well-being of affected people. Issues such as gender, disability, chronically-ill patients and, in general, the most vulnerable have a priority focus and benefit from a cross-cutting management approach.

The workshop closed with a simulation in which concrete products were reviewed and abilities of the participants were put to the test in leadership, information analysis, application of technical tools, compliance with procedures, teamwork, crisis management, the production of technical information aimed at communications media, as well as knowledge of Humanitarian Reform and the production of sectoral plans of action and joint projects for fundraising. For further information, contact hemanle@ops.oms.org.

**Caribbean Health Risk Reduction Committee is Established**

The Caribbean Health Disaster Risk Reduction (CHDRR) Committee serves as a forum for strategic discussions, bringing together partners on health and disaster, in a concerted effort to reduce disaster risks to the health sector in the Caribbean. The committee, spearheaded by PAHO, benefits from representatives from regional health organizations, the Caribbean Disaster Emergency Response Agency, bilateral donors and Ministries of Health.

Its objectives are twofold: (1) identify opportunities, challenges and gaps in achieving a satisfactory level of safety in the health sector in the Caribbean and develop strategies to move forward in reducing risk; and (2) to fulfill and perform the function of the Comprehensive Disaster Management Sub-Committee in Health in this Caribbean effort to harmonize programs and increase collaboration towards mainstreaming disaster risk management at national levels in the health sector.

The first meeting took place in Barbados on 8 December 2009; the committee is scheduled to meet every six months. For more information, please contact Nicole Wynter at wynterni@cpc.paho.org.
PAHO/WHO Makes an Appeal to Fight Dengue*

PAHO/WHO’s Director, Dr. Mirta Roses appealed to all countries in the Americas to increase efforts and to ensure preventive measures to respond to the growing number of cases of dengue in the region, given that in 2009 past trends could be repeated whereby serious outbreaks have been reported each three to five years.

Dengue outbreaks in Bolivia, Paraguay, Argentina and Brazil as well as significant numbers of cases in other countries should place the entire Region on alert, said Dr. Roses. “Governments need to strengthen surveillance, the monitoring of sites which incite the breeding of mosquitoes and the clinical management of patients; the first priority is to avoid deaths,” indicated Dr. Roses.

There is no vaccine or treatment for dengue, but appropriate medical attention can save the lives of patients who are suffering from the most serious form of the illness, haemorrhagic dengue.

PAHO/WHO has indicated that in order to re-inforce the fight against dengue, an integrated and multidisciplinary approach is needed, since it requires action on the part of individuals (prevention of the disease and avoidance of self-medication); of locally-based groups and of civil society organizations; of local governments and communications media; of the central government, including the sectors responsible for the collection of waste and environmental sanitation, potable water services and, naturally, the health services with the guarantee of timely treatment.

The appeal from the director comes at the time when Bolivia is experiencing the worst epidemic in recent decades. As of April, there were over 55,000 cases, of which more than 10 were of haemorrhagic dengue, the most lethal form of the illness. The epidemic which is concentrated in the Department of Santa Cruz, has put the national health system to the test to respond to the emergency and has totally absorbed resources.

Dengue is an endemic disease in almost all countries in the region. In 2008 alone, 850,000 cases were recorded, including over 38,000 of haemorrhagic dengue, which caused at least 584 deaths. To date this year, almost 175,000 cases have been recorded, with over 3,000 cases of haemorrhagic dengue fever and 74 deaths.

The disease is endemic in over 100 countries in Africa, the Americas, the Eastern Mediterranean, South East Asia and the Western Pacific. Before 1970, only nine countries had had haemorrhagic dengue epidemics, a figure which by 1995 had multiplied more than four times over. Today, cases of dengue have been reported to PAHO/WHO in 42 countries of the Americas.

As the illness reaches new areas, not only does the number of cases increase, but explosive outbreaks are occurring. For example, in 2007 in Venezuela more than 80,000 cases were reported, amongst which over 6,000 were of haemorrhagic dengue fever. In 2008, Brazil reported 585,769 cases of dengue and 478 deaths, mostly due to a dengue fever outbreak in Rio de Janeiro.

The spread of dengue has been attributed to the geographical distribution of the four dengue viruses and the mosquito vector, the most significant of which is the *aedes aegypti*, a predominantly urban species.

Climatic variability with an increase in temperature, an increase in the intensity and duration of the rainy season and the uncontrolled population growth in urban areas without basic potable water and environmental sanitation services favor the production of mosquitoes. The most effective way to prevent the spread of dengue is to fight the mosquitoes which transmit the illness, destroying potential breeding sites, such as tires, vases and other recipients in which water can accumulate, both within the house and in surrounding areas.

Dengue is common in tropical climates, in particular in cities and peri-urban areas. More information on this issue can be found in the page www.paho.org; see “epidemiological alerts” and Dr. Mirta Roses’ blog.

### Dengue rate and cases reported until 3 April by subregion

<table>
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<tr>
<th>Americas Subregion</th>
<th>Cases of dengue/acute dengue</th>
<th>Incidence rate by 100,000 hab.</th>
<th>Cases of acute dengue</th>
<th>Deaths</th>
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<tr>
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*The figures used in this note are based on statistics from the month of April."
This global effort led experts from different disciplines and the authorities to reflect on and discuss the importance of building hospitals which are safe from disasters. The world over, different activities took place, from forums, panels, exhibitions, public announcements, fairs, publications and initiatives with communications media, which highlighted the importance of the issue and the need to have the political commitment of decision-makers to achieve this objective. In addition, audiovisual, printed and multimedia materials were developed (see www.paho.org and www.who.int) relating to the celebration. In this way, it was possible to position the issue of the reduction of vulnerability in health facilities at the top of the list, as one of the priorities on the world public health agenda.

“There are many experiences which demonstrate that it is particularly cost-effective, including at political level, for hospitals to remain standing and continue functioning as models of security and solidity in the midst of catastrophe and desperation. We should never forget that hospitals and health services are an important investment. Preserving their safety in emergency situations protects this investment and at the same time protects the health and the safety of the population, which is our main concern”, indicated Dr. Margaret Chan, WHO’s Director General, in her commemorative speech during the celebration.

With the slogan “When disaster strikes, safe hospitals save lives,” the countries of the Americas joined the celebration which benefited from the support and political backing of the authorities of the region. In particular, the decision by Colombia to launch a ministerial resolution, which set forth the safe hospital strategy as a public policy issue, stands out. In other words, the Colombian resolution builds on the recommendations made by the Member States in the Pan American Health Conference for disaster risk reduction in health facilities. This means that, to be accredited, new hospitals will have to comply with safety criteria which guarantee that their services will remain fully accessible during and after a disaster. In most of the countries the issue had significant coverage in the communications media, which included the theme in their information agendas for a whole week.

“In Washington, Dr. Mirta Roses, Director of PAHO/WHO reiterated the call for decision-makers in each of the countries of the region to commit themselves to setting up national programs for safe hospitals and to mobilizing as much support as possible to make hospitals and health facilities safe from disasters.

Dedicating World Health Day to raise awareness on the issue is only part of a continuous task. April 7, however, marked the launch of a campaign for “building resilience” in health systems so that hospitals, clinics and medical personnel may resist crises, of whatever kind, and provide the health care needed by their communities during emergencies.

The International Strategy for Disaster Reduction, in collaboration with PAHO/WHO, the International Federation of Red Cross and Red Crescent Societies, UNICEF and Plan International, and with the support of the World Bank, have launched a photography and journalistic article competition in the framework of the World Disaster Reduction Campaign 2008-2009: Hospitals Safe from Disasters. There are three categories for which prizes will be awarded: photography, photo reporting and a written article. Anyone from a country in the Americas who took photographs or wrote articles on the issue of Disaster Risk Reduction and Hospitals Safe from Disasters in 2008 or 2009, can take part in the contest for the prizes.

The deadline to send in applications is 1 August 2009 and the award ceremony will take place on 14 October 2009. This contest aims to promote the importance of disaster risk reduction in health facilities. Details concerning the contest can be found at: www.eird.org/index-eng.htm.

Remember that you that you can get additional information at the following websites: www.safehospitals.info
http://hospitallesseguros.crid.or.cr
www.paho.org/disasters
www.who.int
Planning of Medical and Hospital Response in Radiological Emergencies in Latin America

In situations of radiological emergencies, rapid, targeted response is essential in order to limit people’s exposure, mitigate the consequences, and restore normal conditions. In such situations, response capacity is not only linked to the availability of physical and human resources, but also to appropriate planning which guarantees quickness and efficiency. The management of patients exposed to ionizing radiation requires multidisciplinary support in which different health specializations are involved.

In Latin America there is a wide diversity in the range of radiological sources and practices. Some countries have nuclear power and research reactors, while all have sources available for medical, industrial, agricultural and research purposes. These uses for ionizing radiation are associated with radiographical, analytical, radiological and measuring techniques and the nuclear combustion cycle, as well as in the use of unsealed sources.

These applications of ionizing radiation can produce different types of accidents and consequences, the nature of which will determine the scale and degree of damage to human health with possible psychological, social and economic impact. In addition, today there is the possibility of the ill-intentioned use of radiation sources for terrorist purposes such as a “dirty bomb” (radiological dispersion device – RDD) or a radiological exposure device (RED).

A radiological emergency, from the medical point of view, can cause:
- solely external radiation, either full, partial or local —in this case, there is no contact with radioactive material, that is to say, there is no radiological contamination;
- radioactive contamination of an internal or external nature;
- both external radiation and contamination;
- conventional trauma wounds and external radiological contamination (combined wounds).

In Latin America, there are significant differences with regard to radiological protection programs in view of constraints in infrastructure, little availability of qualified human resources and little funding, which increase the possibility of accidents despite the intention to strengthen regulatory structures and the legal framework, as well as the implementation of notification systems, licensing and control of sources.

As a result, the effectiveness of initiatives in the region to cope with and mitigate the consequences of radiological emergencies is dependent on the best possible use of human and material resources, and appropriate planning of actions to be carried out. The inclusion and coordination of factors making up response at different levels are necessary.

A high percentage of Latin American countries lack optimal infrastructure and trained personnel for medical response in radiological emergencies.

In any nuclear or radioactive facility —industrial, medical or for research— it is compulsory to have appropriate planning to ensure help for those involved in radiological accidents. Regulatory and health authorities should also consider the need to respond to radiological emergencies following terrorist acts with radiation sources. In this eventualiy, victims will be people from the public, and psychosocial and public communication components will be extremely significant. It has been agreed that a medical-hospital assistance plan should be built on three levels of care:

Level 1 - Relates to assistance provided at the site of the accident or in areas of the facility which have been assigned, by other workers or by the radiological protection team. This stage can also involve assistance in the facility’s medical service.

Level 2 - Relates to “designated hospitals” to which, if necessary, patients who need medical-surgical assistance as a result of fractures, diverse trauma, thermic or chemical burns, etc., but combined with external radiation and/or radiological contamination would be transferred.

Level 3 – Relates to “the referral center for highly complex cases” for highly specialized support. Since this is a referral center, it could be situated at a distance from the radioactive or nuclear facility. This center must have excellent conditions for assistance to those affected by radiation that have bone marrow failure or wounds which need specialized treatment by hematologists, plastic and reparatory surgery, micro surgery and vascular surgery, etc.

Level 4 - Level 4 relates to the possibility of carrying out joint efforts of a transnational nature between several radiopathological centers. This includes the referral of patients, the support of international specialists and materials, mutual counseling and the ability to take advantage of regional response networks, such as that of WHO, PAHO and the International Atomic Energy Agency.

The Pan American Health Organization has begun a project to develop a guide for response to radiological and nuclear emergencies, as well as the establishment of a regional network of knowledge on the subject to facilitate advice between countries through experts in the region. In parallel, the Organization is considering whether it would be appropriate to manage a regional stock of useful elements for response, as well as the creation of networks of laboratories and the identification of experts who can be mobilized to support emergency response of this kind in the region.

In conjunction with the guide, a training workshop for health personnel will be designed, which seeks, in addition to further upgrading and enhancing preparedness in the issue, to review and adapt national contingency plans in this area and to test the process of planning and medical assistance to those involved in radiological accidents. The first meeting of experts involved in this project was held in Buenos Aires in April of this year.

The complete article can be read on the online version of this newsletter.

* Written by Dr. Nelson Valverde, consultant in Radiopathology, Rio de Janeiro – Brazil.

Adapted from the Manual for Assistance to victims of radiation accidents, published in the framework of the project ARCAL RLA/9031 - ARCAL XXXVII.
Ten Years of Risk Management in Central America after Mitch

The Regional Inter Agency Task Force on Risk, Emergency and Disasters in Latin America and the Caribbean (REDLAC) has published the document “10 years after Hurricane Mitch: Overview of the trend in disaster risk management in Central America”. In a straightforward and illustrative manner, the book sums up 10 years of efforts in the management of risk and disaster response as another contribution to progress in knowledge of the issue in Central America.

The publication is made up of three chapters: the first highlights the socio-economic characteristics of the Central American population during recent decades, the second includes information on processes which are part of risk management and development, and the third analyzes trends in sectoral indicators of risk management in the areas of education, food security, nutrition, health, water and sanitation and shelter. For more details visit www.crid.or.cr/digitalizacion/pdf/spa/doc17237/doc17237.htm.

Manual for the Health Care of Children in Humanitarian Emergencies

The World Health Organization has published the “Manual for the health care of children in humanitarian emergencies” which was drawn up through a global consultation process on the care of children in emergency situations, co-organized by WHO and UNICEF and initiated at the end of 2003. The manual includes aspects such as wounds, burns, neonatal illnesses, mental health, psychosocial support and preventive actions such as immunization, which are all considered a high priority in emergency situations and which had not been considered in existing publications on the topic. Each chapter summarizes the main forms of analysis and assistance. It is available at www.who.int/child_adolescent_health/documents/9789241596879/en/index.html.

New Terms in Disaster Reduction

The International Strategy for Disaster Reduction (ISDR) has issued ISDR Terminology 2009, which promotes standardization in the use and definition of concepts relating to disaster reduction amongst authorities, professionals and the public in general. The new version is the result of a process of ongoing review and consultation between ISDR and experts in different regional and national fora. It includes words which are essential for contemporary understanding of risk reduction and new concepts which are not widely known, but which are taking on relevance; nevertheless, it excludes others which are commonly used in dictionaries.

The English version provides the basis and initial starting point for the preparation of versions in other languages. For more details, visit www.unisdr.org/eng/library/lib-terminology-eng.htm.

Risk Analysis IV: Simulation and Hazard Mitigations

This publication contains papers presented at RISK 2008, the 6th International Conference on Computer Simulation Risk Analysis and Hazard Mitigation. The contributions range from specific risks to mitigation associated with both natural and anthropogenic hazards. Chapters include: estimation of risk; risk management; vulnerability; geomorphic risk; risk perception, network systems; climate change risks; hazard prevention, management and control; security in public places; transportation safety; and safe ship operations. Visit www.witpressusa.com/acatalog/9781845641047.html for more information.

Medical-Architectural Program for the Design of Safe Hospitals

This Peruvian publication is presented in the framework of the World Disaster Reduction Campaign 2008-2009: "Hospitals Safe from Disasters" with the aim of placing within the reach of health service operators a tool for the design of a medical-architectural program which contributes to the improvement of the quality of care and the reduction of hospital functional vulnerability.

The publication contains 21 chapters, the first two of which approach general concepts of planning and design which any health service worker must know. In the following chapters, each one of the main functional units which can be implemented depending on the guiding master plan, are described. For more information you can write to Celso Bambaren at cbambare@per.ops.un.org.
• Aid flows for health, private or public, that had
  doubled globally between 2000 and 2006 are
  now declining at a time of greater need. How this
  will affect LAC remains under debate. Although
  the participants in the Consultation provided en-
  couraging examples of short-term ways in which
  to protect health and health spending in times of
  crisis, a longer-term perspective is still lacking.
• If government budgets come under pressure
  and household incomes drop further, the de-
  mand on public services will increase, leading
to possible deterioration of the quality of care.
• Countries will be pressed to make their health
  spending more effective while avoiding the trap
  of neglecting primary health care and preven-
tion in favor of the politically more attractive
curative care.
• Addressing the broader social and economic
  determinants of health will require a broader
  multisectoral approach.

Above all, the participants stressed that a key
characteristic of the crisis is the speed with which
it evolves and the uncertainty facing policy mak-
ers. “Rapid assessments, effective communica-
tions, exchange of experience, effective and flex-
ible working arrangements will all be essential to
success” … Fortunately, these approaches are not
unfamiliar to disaster managers!

The Implications for Disaster Managers

Several articles and reports analyzed the po-
tential impact of the crisis on humanitarian assis-
tance. The conclusions offer material for reflection
for the national disaster coordinators.
• The financial crisis has the potential to in-
  crease the number of severe emergencies, either
through diminished resilience of communities,
deterioration of prevention and early warning
systems or merely through social unrest. Small
emergencies of the past will become major cri-
es. This, in addition to this decade’s vulner-
ability from terrorism, pandemic influenza or
climate change.
• The proportion of poor in the affected popula-
  tion will increase the need and urgency for rap-
id and more sustained survival and livelihood
assistance.
• Unspent national budget lines that used to be
  creatively redirected to provide relief will be har-
der to identify in periods of scarcity. Rapid and
generous external funding to which disaster co-
ordinators have grown accustomed may also de-
cline and definitely be less flexible. Although the
Center for Global Development observed that
“after each previous financial crisis in a donor
country since 1970, the country’s aid has de-
clined,” it is unclear whether this decline in devel-
opment assistance will affect in the same extent,
or at all, the post disaster relief assistance. In any
case, repeated occurrence of local emergencies
may fail to attract the required attention from
the international public. “Donor fatigue” may
set in earlier when poverty increases at home.
• Pressure and demands on the disaster program
personnel in the Ministry of Health will rise,
distracting them further from prevention/pre-
paredness activities with a longer-term benefit.
Valuable and cost-effective long-term initiatives
such as “Safe Hospitals” may become a casualty,
compounding the vulnerability of the nation and
delaying its sustainable and safe develop-
ment.

How to Mitigate the Potential
Emergency Consequences?

The recommendations from the participants at
the WHO Consultation are relevant to the disaster
managers’ response to the crisis:
• Leadership: the Ministry of Health and its
  Disaster Program should speak out multisec-
  torially in favor of health in emergencies. Con-
tacts with the Civil Protection or coordinating
mechanism should be strengthened. Working
in isolation is, more than ever, self-defeating.
• Monitoring and analysis: If the crisis is likely
to evolve rapidly, the consequences can be an-
ticipated with good quality information. Rapid
assessment of emergencies will be essential.
• Spending: Authorities should resist the tempta-
tion of curtailing the resources of the Disaster
department. On the contrary, increasing re-
sponsibilities justify additional resources. Re-
sponse can no longer rely on ad hoc funding and
external support. Countries should acceler-
ate their efforts to establish formally a revolv-
ing emergency fund in the health sector. This
should be part of any government social and
financial rescue package.
• Policies: Political support to the Disaster pro-
gress should be reiterated. Direct reporting and
access to decision makers will be essential. A
longer-term approach should be maintained. In
particular, prevention measures and contingency
planning should not be substituted for emer-
gency rescue patchwork under political pressure.
A sustained commitment to increasing the safety
of health facilities is critical as overstretched ser-
dices may have less spare capacity for emergency
response. Natural disasters will keep occurring!

• A more efficient way of doing business: This is
applicable to the Ministry of Health as well as
to the international community.
- At country level, efforts for health response
to emergencies are often overlapping among
agencies. In a budget crisis, there should
be no place for duplication or competition
between the Ministry of Health, the Red
Cross and NGOs as needs will far exceed re-
sources. Within the Ministry, the authorities
should increase their effort to streamline the
response and adopt a unique multi-hazard
mechanism to mobilize and coordinate the
response to unusual outbreaks, chemical acci-
dents, social disturbances or natural disasters.
More important perhaps, authorities should
remember that prevention is more cost effec-
tive than cure… A tight budget does NOT
mean that it is the time to reduce this effort
—on the contrary.
- At international level, cost-effectiveness of
emergency assistance should become a con-
cern. Those costly relief measures which are
more effective in terms of public relations
than lives saved should give way to a mea-
sured and pragmatic response in support of
local health services. Increased reliance on
local personnel should be privileged. Min-
imum humanitarian standards such as the
Sphere Project (www.sphereproject.org) may
need adaptation to local and economic cir-
stances with a view to providing most to
the largest number of beneficiaries, affected
or not by the emergency. Recipients should
adopt a more critical approach pointing out the
shortcomings of external assistance.

In summary, no one knows for sure how the
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The Risk of the Financial Crisis for Disaster Management

(from page 1)
The Regional Disaster Information Center’s (CRID) mission is to promote the development of a culture of prevention in Latin American and Caribbean countries through the compilation and dissemination of disaster-related information and the promotion of cooperative efforts to improve risk management in the Region.

CRID Renews its Database of Multimedia Resources
CRID has made available over 250 multimedia resources including videos, photographs, radio material, computer graphics and interactive DVDs and CDs. These can all be consulted online through the database which CRID updates weekly for specialists, technicians and the general public. In the multimedia resources section you can find updated reports on earthquakes, floods, landslides and other events which cause emergencies and disasters. Visit this section at: www.crid.or.cr/crid/ing_multimedia.shtml.

The Website for the DIPECHO Project is Now Online
In the framework of the Sixth Plan of Action of the DIPECHO program in Central America, CRID is carrying out a project for the development and strengthening of information management in disaster risk reduction. CRID has created a web page with all information relating to the project: partners and actors involved, results, documents of interest related to legal norms in the region and contact information of DIPECHO partners. For more information visit: www.crid.or.cr/dipecho/acerca_proyecto.shtml.

New CRID Collection on Hospitals Safe from Disasters
On World Health Day, the CRID launched a new edition of its portal on safe hospitals with a new and more user-friendly design and with more information. You can find the most relevant publications on this issue, as well as an institutional directory, legislation related to safe hospitals, a glossary, as well as promotional and training materials, related web sites and videos.
Visit: http://hospitalesseguros.crid.or.cr.