Editorial

Disasters Demand a Multi-Hazard Approach

The 9.0 magnitude earthquake off the east coast of Honshu, Japan, on 11 March 2011, was the fourth largest earthquake recorded during the last 100 years. It was the source of a particularly destructive tsunami, followed by the nuclear emergency at the Fukushima Nuclear Power Plant.

The direct impact of the Great East Japan Earthquake resulted in more than 15,000 deaths and almost 6,000 injuries alone; however, hundreds of thousands of people were affected and continue to suffer the consequences of the radioactive contamination. If not for the work of dedicated responders, this event could have been as devastating as the nuclear accident at Chernobyl.

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Interview

On 20 October, 2010, Bautista Rojas Gómez, Minister of Public Health and Welfare of the Dominican Republic, was notified about suspected cases of cholera in the central region of Haiti.

The news arrived just as he was visiting the border region between Haiti and the Dominican Republic, and it was there that he made preliminary decisions, called on regional health directors, and provided information to local authorities on what is considered to be the most serious health threat that the country has faced in its history.

On returning to Santo Domingo, the Minister informed the President about the situation and the President called together leaders from the armed forces, immigration, water, and Ministry of Health. A plan was put in motion to mobilize resources and to maintain ongoing contact with the populations at highest risk. A strategy was developed to respond to and avoid a widespread epidemic that would have high mortality rates and dire consequences for the economy, particularly as it related to tourism.

From the province of Altagracia to Puerto Plata, important tourist hubs, a public information campaign targeted hotels, restaurants, and the thousands of workers in the tourism sector. “It was necessary to create awareness to keep the problem from spreading; everyone had to understand that water and sanitation are critical to preventing the advance of the disease,” Rojas Gómez said.

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**News from PAHO/WHO**

**Action needed to mitigate the effects of climate change on health**

The PAHO/WHO Directing Council, at its 51st Meeting held in Washington, D.C., in September 2011, approved a Strategy and Plan of Action on Climate Change. It calls for countries to strengthen the ability of health systems to monitor and analyze climate change, to promote joint efforts of health and other sectors to reduce climate-related health risks, and to reduce the carbon footprint of the health sector in each country.

The regional strategy requires both mitigation and climate change adaptation measures, and proposes a wide variety of actions, among them:

- Strengthen regional, national, and local capacity to respond to public health needs during emergencies related to climate change;
- Develop national campaigns to raise awareness of health risks resulting from climate change;
- Conduct studies to assess the vulnerability of the population and of population groups to climate change and to identify appropriate adaptation measures;
- Include climate and environmental health indicators in surveillance systems to provide evidence that will support decision-making and actions taken to reduce health risks associated with climate;
- Adopt energy-saving measures in hospitals and other health sector facilities;
- Support research on the impact of climate change on health by focusing on socioeconomic and gender inequalities and on vulnerable groups;
- Strengthen primary health care services, including prevention programs, so that communities will become more resilient to the impact of climate change on health;
- Establish new PAHO/WHO Collaborating Centers to study the effects of climate change and support training at the national and regional level.

The plan also encourages countries to develop national strategies for climate change and for PAHO/WHO to provide technical cooperation and promote partnerships to support these efforts.

**Ministries of health use LSS/SUMA in their daily work**

From the Americas to Africa, the Logistics Support System, better known as LSS/SUMA, is being adopted by ministries of health as a tool for the routine management of medical supplies.

LSS/SUMA has been widely used in emergencies and disasters to set up warehouse networks which assist in the management and supply of medicines, donations, and other items related to disaster response activities.

During the H1N1 pandemic in Mexico (2009) a project was established to train personnel to operate LSS/SUMA and it was implemented throughout the country for the routine management of supplies. In Panama, the Ministry of Health set up a central warehouse, using the SUMA platform to coordinate supply management for all of the Ministry's major pharmacies. This same strategy has been used with different results in Lebanon and Pakistan.

LSS/SUMA, which was created by PAHO/WHO to manage humanitarian supplies, has been implemented in Libya, where armed conflict has caused a major humanitarian crisis. At the request of the World Health Organization, a team trained in Egypt was deployed to Libya to train personnel and set up the system. LSS/SUMA has also been used in Angola, Somalia, Cambodia, and Turkey.

After confirmation of the first cases of cholera in the Dominican Republic, the Ministry of Health launched a project to strengthen logistic capacity and optimize supply management, using LSS/SUMA as a model. As a first step, a warehouse was established to meet the demand for cholera treatment supplies. A network of regional warehouses was then created so that the supplies could be moved quickly to where they were required. It was decided to use LSS/SUMA to improve management of Ministry of Health supplies. The network of warehouses offers accurate information on the distribution of supplies at the national level, deliveries to health centers, and immediate needs. This information assists in decision making and assigning resources to meet demands.

LSS/SUMA has been adopted for the management of health supplies in Guatemala, Mexico, El Salvador, Ecuador, Panama, Peru, and more recently the Dominican Republic.

In all these cases LSS/SUMA facilitates proper use and savings of resources, transparency in the management of supplies, and control and rotation of medicines, avoiding losses due to expiration. For more information contact venegasj@paho.org.

**Central American professionals discuss the Safe Hospitals strategy**

About 70 professionals from Central America's ministries of health, universities, social security, NGOs, European Community (DIPECHO) partners, and the Council of Ministers of Health from Central America and the Dominican Republic (COMISCA) met in Nicaragua to discuss the progress and challenges in the implementation of the Safe Hospitals strategy and compliance with the Resolution approved at the 50th PAHO/WHO Directing Council. This Resolution, the Plan of Action on Safe Hospitals, established specific goals that the countries have committed to comply with by 2015.

Participants discussed issues such as national policies, training programs, hospital design and construction standards, and tools for assessing hospital safety. Experiences were presented from other countries in Latin America who have made advances in the Safe Hospitals strategy. For more information, contact garzonc@pan.ops-oms.org.
Later, an awareness and mobilization strategy was introduced in poor neighborhoods. In November, the first cholera cases were reported in the country, and by December, there were a considerable number of cases in the southern province of San Juan de la Maguana. However, rapid interventions halted the spread of cases.

Nearly a year later, the Dominican Republic has a low rate of cholera transmissions and deaths. Nonetheless, there are still challenges ahead. In this interview, the Minister of Health recounts the first days of preparedness, coordination, and response actions that were undertaken, and the challenges facing the country to eliminate cholera from its territory.

In the nine months of epidemic, what have been the biggest hurdles in the response?

The most serious challenges have to do with conditions in poor neighborhoods, including the quality and quantity of the water supply, education, living conditions, water management, and other conditions that affect basic sanitation where people live. Other factors that that we must address have to do with immigration, language barriers, and the cultural differences that exist between our Haitian neighbors and us; these factors have had an effect on the mortality rates. A large percentage of the deaths have occurred in the Haitian population who do not go to hospitals, and when they do, it is too late. We seek these populations out to provide medical care, to try to improve their condition, but it becomes difficult when we have to send them home with instructions for care and prevention.

In addition, we are facing a disease that was previously unknown to our health workers. At the beginning, case management was an obstacle. Another issue that we had to consider was the physical condition of the people. This is a disease of poverty, made worse because many people are undernourished. You see their physical condition; you see that life has not been kind to them; you see that they are victims of inequity.

In the context of the ongoing migration of Haitians to the Dominican Republic, what have the authorities done to prevent the outbreak from spreading?

We do not pursue illegal immigrants, nor do we care whether a person does or does not have documentation. Health is a human right and we must offer it to every human being on the planet. Our policy is to provide health services; it is our duty to treat Haitian nationals the same way that we would treat an American citizen with economic resources. We don’t provide only what we have a surplus of, but rather what we lack. We don’t have excess supplies of Ringer-lactate solution or oral rehydration salts, but we provide them without hesitation.

Cholera is already in the country and will remain for a long time. What short-, medium-, and long-term measures have been taken by the Ministry of Health to establish a structure to deal with the disease?

We convened a meeting with the National Commission on Cholera and I told them there was nothing to discuss. The recommendations from the experts are clear: all we have to do is apply them. We have response mechanisms for the short- and medium-term. For the long-term it is evident that to eradicate cholera from the Dominican Republic we must improve water and sanitation conditions.

At this meeting, I told the representatives from the Inter-American Development Bank and the World Bank (who asked what they could do to help in the health sector) that they should focus their resources in the water and sanitation sectors. More aqueducts, good water quality, proper management of wastewater, and basic sanitation are needed. However, this costs a lot of money. I am confident that if the money that the country needs to tackle the emergency is invested in water and sanitation, the cholera problem will be solved.

Multisectoral coordination has been a key issue in the response from the start of the epidemic. Will it be maintained?

This coordination will continue and it will be led by the President; we have insisted on that. When we (the Ministry) call for a meeting, institutions send their representatives; when the President calls for a meeting, everybody wants to attend. At these meetings, points are made candidly and decisions are taken, making for effective coordination. The water sector participates in these meetings, and when necessary the Armed Forces also attend. Coordination has worked this way. As I mentioned before, this is not only a health issue, but an economic one as well.

Nine months have gone by since the epidemic started. How does the Ministry manage to face the fatigue and not let its guard down, considering all the organization that is required?

First of all, we have continued with meetings of the National Cholera Commission, which was first created in 1991. The Vice Minister of Collective Health is responsible for maintaining prevention and health promotion activities. You have to understand that if you are here you work from Monday to Sunday. And we have to do that without forgetting other health issues, including commitments made not only to our citizens, but at the international level. We cannot put aside the Millennium Development Goals of reducing maternal and infant mortality, increasing immunization coverage, and working with dengue, rabies, and malnutrition. If we focus only on cholera, it is more than likely that another hot issue will arise.

What failures have you seen in coordinating response to the epidemic?

This is something that really worries me: Since November we have been talking about the Community Oral Rehydration Units (CORUs). At this point, these Units should be everywhere in the country; that is, for every 50 houses there should be one Unit where people can go in case they need oral rehydration, and everyone should know how to use ORS packets. Each house could easily have two or three packets of oral rehydration salts, and have the instructions on how to mix them.

Minister, what have been the most important lessons learned with this crisis?

The most important lesson has been to learn how to coordinate and to listen to the experts. To have big ears that listen, eyes wide open to see, and not to ignore what you have seen; to learn from experience and put that knowledge into practice.

For me, the most important issue has been the inter-institutional coordination and relying on participation from society to solve the problems. This is a basic issue; without it, we would have had a disaster in this country.
New platform for food security in crisis situations

The UN Food and Agriculture Organization (FAO) and World Food Programme (WFP) launched a platform for improving coordination of food security issues in crisis situations. The Food Security Cluster, under the joint leadership of FAO and WFP, has its headquarters in Rome and is supported by WFP, FAO, nongovernmental organizations, the International Red Cross and Red Crescent Movement and other humanitarian organizations.

Food security clusters are already working to coordinate response in over 25 countries affected by major sudden-impact natural disasters, armed conflict, or prolonged crises. The newly established Cluster provides an international platform for supporting these food security initiatives in each country.

National food security clusters and their members will now be able to count on support in five crucial areas: tools and guidance on how to better coordinate response; assistance when there are shortages in human resources in severe emergency situations; capacity-building and training to improve skills and coordination; improved information and knowledge management; and strengthened and better coordinated advocacy on food security response both in countries affected by disasters and at the global level.


World disaster reduction campaign

The UN International Strategy for Disaster Reduction celebrates the International Day for Disaster Reduction every year on 13 October. Beginning this year, and for the next four years, it will dedicate its world campaign activities to different groups of people. This decision was taken during the Global Platform in Geneva, and is part of a broad communication strategy which aims to include more people in risk reduction initiatives.

In 2011 the “Step up for Disaster Risk Reduction” campaign focuses on children and youth; in 2012 the focus will be on women, in 2013 on older adults, and in 2014 on disabled persons.

The purpose of this approach is to increase community participation in reducing risk. By focusing on groups that are more vulnerable to risk, perceptions and thinking can be changed as well as expectations and behavior of the community at large and among specific groups of the population. The “Step Up” campaign aims to make communities and individuals take responsibility for risk reduction.

A description of the 2011 Step Up campaign activities around the world are available at the web site for the International Day for Disaster Reduction: www.unisdr.org/we/campaign/iddr.

Mexico establishes school for civil protection

The Ministry of Interior of Mexico signed an agreement establishing the School of Civil Protection, an institution providing academic training in the field of civil protection and disaster prevention. The school is affiliated with Mexico’s National Center for Disaster Prevention.

In addition to its academic functions, the school will train professional staff in civil protection and disaster prevention. It will provide specialized technical training on topics related to integrated management of disaster risk, and develop training methods and materials in civil protection and disaster prevention.

Food crisis in the Horn of Africa

The Horn of Africa is suffering from the worst drought in decades; an estimated 12.4 million people are facing disease and malnutrition.

Health priorities include the management of severe malnutrition, prevention and control of communicable diseases, early detection and response to outbreaks such as measles and cholera, and providing continuous care especially for pregnant women and infants.

In Somalia, an estimated 3.7 million people are at risk of malnutrition in eight regions of the country. Malnutrition increases both the risk and severity of infectious diseases.

The World Health Organization (WHO) is working with the Ministries of Health and Health Cluster partners to coordinate response in affected countries and those that border drought-stricken regions.
New Tools

Using GIS for safe hospitals in disasters

Two departments of El Salvador and two in Guatemala, under the guidance of the Ministries of Health, have set up a geographic information system (GIS) for hospitals. The system uses GIS to attain information on health service networks, hospital capacity, hospital safety in disaster situations, population centers, major road networks, basic services and infrastructure, among other features.

The tool developed by PAHO/WHO, with the technical support from the Center for the Humid Tropics of Latin America and the Caribbean (CATHALAC), will provide useful information for both planning and rapid response to emergencies and disasters.

To carry out geographic referencing, information is being collected from ministries of health as well as directly from health facilities. Technical and scientific institutes in the countries involved in the project are sharing information on health facilities that are exposed to natural hazards as well as hazards posed by human activity. The Hospital Safety Indices that have been applied in particular facilities will be integrated into the information system.

Currently, the system includes information on the following topics:

- Health facilities that have been identified are represented by points, where each point represents a category of facility (hospital, health post, health center, or other);
- Topography;
- Geo-political divisions (municipalities, districts, departments, etc.);
- Hazards such as landslides, seismicity, and volcanic activity causing mud or debris flows (lahars), and flood zones.

The pilot project is being developed for health facilities in El Salvador (La Libertad and Usulután Departments) and Guatemala (Alta Verapaz and Izabal Departments) and it is hoped that experiences there will be examples for other countries. The system allows for special searches of information about hospitals and other health facilities, and allows for editing and inclusion of photographs and other types of information.

This tool has been developed with open source software (Linux 11.4) which will allow ministries of health to use it without licensing obligations.

The project is part of the European Commission’s seventh DIPECHO (Disaster Preparedness ECHO) Action Plan, with funding from the European Community. It was presented recently to countries in Central America and training will begin for Ministries of Health in Guatemala and El Salvador in November so that they can continue entering data into the system. For more information on the project, contact garzonc@paho.org.

Collecting information on water quality in Haiti

A system that can be used to monitor and transmit information on water quality, known as SISCLOR, was developed in Haiti in response to the cholera epidemic there. Several agencies collaborated in developing this tool, including the Information Management team of the Water, Sanitation and Hygiene Cluster, DINEPA (Haiti’s National Water Supply and Sanitation Authority), UNICEF, and PAHO/WHO.

SISCLOR uses the basic technology of transferring relevant data via text message on cell phones. The process works as follows: water samples are taken at supply points; the residual chlorine level is measured; and using a special, previously established code, information about the department, community, type of sample, residual chlorine value, service provider, etc., is transmitted.

In Haiti, the system has been used to collect information about water quality at public water supply points and from more than 900 households in temporary shelter sites. The information gathered can be transmitted rapidly for making decisions about improving drinking water services, technical operations, and the promotion of hygiene and sanitation.

The Haitian experience with SISCLOR has been shared with authorities in the Dominican Republic who are using it to strengthen surveillance of water quality in that country. A project using SISCLOR is planned for three provinces and nine municipalities of the Dominican Republic.

The simplicity of SISCLOR gives it great potential for producing quality information in real time. With this information, health authorities can reinforce both routine public health surveillance and monitoring during emergency and disaster situations.
Meeting of Health Disaster Coordinators in Mexico City

A PAHO/WHO-sponsored Meeting of Health Disaster Coordinators from the Ministries of Health of the Americas took place from 25-27 October in Mexico City. PAHO/WHO disaster focal points also participated in this meeting—with the exception of those in Central American countries affected by the recent floods. At the gathering, priority areas for Latin America and the Caribbean were identified to continue the health sector’s advancement in disaster preparedness, response and mitigation in emergencies and disaster situations affecting the population, especially those living in areas of greater vulnerability.

In recent decades there have been important advances in disaster preparedness, mitigation and response; however, it is necessary to define new goals and adapt to the ever changing—and increasingly complex—context, since disasters continue to have an impact on the population and human and financial resources are limited. Other challenges for health risk reduction include the increasing number of actors, the requirements of international agencies, and the fact that the media is more demanding, as they give more focus and attention to the issue.

The group agreed that a priority is to establish registry systems for international response teams and coordinate their actions when they respond after a disaster. It is also necessary to have emergency resources and exchange and management systems for humanitarian supplies to respond to health emergencies. Another issue discussed was the impact of the Humanitarian Reform in the countries of Latin America and the Caribbean, particularly the Cluster system, and the role that ministries of health can play. Also in this discussion was the work of the Emergency Operations Center and the mobilization of the regional response team.

In regard to emergency preparedness, participants supported the need to have tools available for measuring advances and the state of preparedness of countries and the region. To that end, recommendations were presented on the Health Sector Self-Assessment Tool for Disaster Risk Reduction developed in the Caribbean, the survey on the state of preparedness and mitigation in the Region, which will be applied shortly, and the development of a health sector preparedness index. Participants also shared experiences on the level of preparedness reached in their countries.

As for risk reduction, the progress of the Safe Hospitals initiative was highlighted and some examples of its implementation in different countries of the region were presented, including Argentina, Barbados and Mexico. In addition, the model for the Incident Command System was presented as a tool for emergency management in different contexts.

The use of social networking in information management and disaster communications was also examined. Included in the conversation were the advantages and obstacles for implementation, and Peru and British Virgin Islands shared their experiences in this regard. Finally, there was a presentation on experiences in resource mobilization, both to finance disaster programs in the countries, such as the Safe Hospitals strategy, and to encourage cooperation among ministries of health.

Strategies for Haiti in 2012

Humanitarian actors met in Port-au-Prince at the end of September to discuss strategic planning for Haiti in 2012. Representatives from the Haitian Government at local and national levels, donors, humanitarian agencies from the United Nations, and nongovernmental agencies reviewed humanitarian need assessments with the aim of establishing a common humanitarian response strategy for 2012.

The group worked to identify the most critical gaps and humanitarian activities directed at protecting the health and saving lives among the most vulnerable groups.

Participants agreed to focus on supporting specific actions in preparing and responding to disasters. The most pressing needs continue to be in the health sector, water and sanitation, coordination, management of temporary shelters, food, early recovery, agriculture, education, and logistics, among other sectors.

After the devastating earthquake in January 2010, which left much of Port-au-Prince and surrounding areas in ruins, the country has had to deal with a cholera epidemic that has affected more than 400,000 persons and cost the lives of 6,200. As a result of these two devastating events, a massive intervention has been ongoing to stop the spread of the disease, involving many sectors and the humanitarian community.

The development and rate of the epidemic varies from place to place. According to experts the epidemic affects rural and urban populations differently, with preliminary data indicating that mortality rates are nearly three times higher in rural areas.
Between 10 and 17 October, Central American countries suffered the impact of constant rains produced by Tropical Depression 12E. Extensive flooding and landslides caused damage to houses, roads and bridges, health facilities, agriculture, and the environment in Guatemala, Honduras, El Salvador, and Nicaragua.

A reported 1,048,533 people have been affected, including an estimated 27,000 people who were housed in 779 shelters. More than 110 people died as a direct result of this emergency.

The civil defense agencies of Central America (CONRED in Guatemala, SINAPRED in Nicaragua, and COPECO in Honduras) and the Ministries of Health began a process of rapid assessment of damages and needs in each of the areas affected by floods and landslides. However, difficulties in reaching isolated areas delayed the collection of information.

The affected countries reported an increased need for emergency medical care, epidemiological surveillance and vector control, and for public information campaigns on disease prevention. There were shortages in medicines and medical supplies, drinking water, latrines, hygiene kits, and shelters. In El Salvador, hospital waste management is seen as a concern. About 150 health facilities were damaged to different degrees in the four countries most affected by this hydro-meteorological phenomenon.

PAHO/WHO responded quickly to the emergency, providing technical assistance and mobilizing resources to meet the most pressing health needs. To complement the activities being carried out by Governments of the affected countries, PAHO/WHO and other United Nations agencies have identified projects for immediate intervention, launching Flash Appeals for support from the Central Emergency Response Fund (CERF). For more information, contact: eoc@paho.org.

### Population affected by flooding in Central America, October 2011

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<th>Country</th>
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<th>Deaths</th>
<th>Displaced</th>
<th>Living in shelters (No. of shelters)</th>
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<td>10,146 (102)</td>
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<td><strong>118</strong></td>
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**Hurricane season**

Thus far in the 2011 hurricane season, Hurricanes Emily and Irene have had the greatest impact in their trajectories through the Caribbean and United States.

Hurricane Irene affected various islands of the Caribbean causing severe flooding in the Bahamas, Turks and Caicos Islands, and along the east coast of the United States. PAHO/WHO deployed members of their Regional Response Team to assist the Bahamas Ministry of Health in damage assessment and in environmental health, water and sanitation, epidemiology, vector control, hospital assessment, and coordination.

An epidemiologist helped to design a campaign to control dengue in the Bahamas and to assist in coordinating various sectors in those efforts and in strengthening the Ministry's epidemiologic surveillance program. A specialist in dengue and another in vector control assisted in these activities. The removal of debris and waste is one of the greatest challenges for the authorities in view of the dengue outbreak in the country.

At least 11 of the 16 health facilities on the islands of Abaco, Acklins, Cat, Long, and New Providence reported damage, ranging from minor flooding to damage to roofs, electrical equipment and generators, contamination of wells, and losses in the supply of water and electricity. The Bahamas' main hospital in Nassau was also affected.

In the United States, wind and rainfall brought by Irene uprooted trees and caused widespread flooding. Seawalls were damaged by violent waves and some 90 thousand people were without electricity.

Hurricane Emily caused major flooding in the Dominican Republic and Haiti.

For more information on response efforts in the Bahamas, contact Dana Van Alphen at VanAlphen@paho.org.
Nicaragua builds a national policy on safe hospitals

In the last year, Nicaragua has worked hard to implement the safe hospital strategy in its health facilities. Projects supported by the European Commission’s Disaster Preparedness Program (DIPECHO) to promote safe hospitals have been instrumental in the progress made thus far. These projects have contributed to training multidisciplinary teams that can apply the Hospital Safety Index (HSI), a tool developed by PAHO/WHO for primary and secondary health facilities.

The scope of the DIPECHO Action Plan VII (“Safe Hospitals and Urban Risk: Safe Cities in Central America”) has benefited the work of Dr. Francisco Reyes Morales, director of the local integrated health systems (known by the Spanish acronym, SILAIS), and Dr. Paul Borgen, head of the Ministry of Health’s Technical Liaison Unit for Disasters. They have led in developing training for use of the HSI to assess health facilities, together with the Nicaraguan University of Engineering. Other sectors and actors have joined in the process, including engineering staff of different municipal authorities.

After training was completed, the assessment process began in primary and secondary level health care facilities as well as less complex facilities in the SILAIS of the Departments of Nueva Segovia, Estelí, Madriz, Managua, and Masaya.

Plans prepared for Ocotal Hospital and the Japala Health Center focused on improving access for disabled persons, pregnant women, and older adults; upgrading signage for evacuation routes; and improving fire safety measures. Assessments and mitigation measures have been applied at the Alemán Nicaragüense Hospital and the Francisco Buitrago Health Center in Managua, at the San Juan del Río Coco Hospital in Madriz, and at the Humberto Alvarado Hospital in Masaya, as well as two other health centers.

The safe hospitals strategy is involving health workers in a new and more comprehensive way of managing disaster risk in the sector. It has attracted interest from organizations like the Association for Cooperation with the South (Spain), which supports implementation of the Hospital Safety Index and the development of mitigation activities. CARE, the international NGO, is supporting similar work in the Department of Masaya, and the Nicaraguan Red Cross is working in Managua on urban risk issues.

The Ministry of Health has established guidelines to strengthen the process and has created a high-level technical team to develop the nation’s policy on safe health facilities. Currently, the country’s National Disaster Prevention Agency is working with other institutions to create a National Policy on Integrated Risk Management. The Ministry of Health’s promotion of the safe hospital strategy will serve to support the 2010 National Risk Management Plan. For more information on these initiatives, contact garzonc@paho.org.

Safe hospitals gain ground in the Dominican Republic

In the past year, the Dominican Republic has made progress in strengthening the safe hospitals strategy. With PAHO/WHO support, the country has undertaken training and has used the Hospital Safety Index to make assessments in 10 major hospitals.

Progress is being made in making the safe hospitals strategy part of the country’s risk management policies. Work is underway to develop a building code for hospitals, to form a national commission on safe hospitals, and to sign agreements with universities that will provide academic certification for those trained to conduct hospital safety assessments.

Assessments made on a hospital in the border province of Pedernales determined that retrofitting would not significantly improve the facility’s safety in the event of a disaster. As a result the Government decided to replace the existing facility with a new hospital, with financial support (2.4 million euros) from the Andalusia Agency for International Cooperation. Additional resources have been assigned to improve nonstructural elements, particularly electrical systems, in other hospitals in this border province. For more information about this topic, contact lparra@dom.ops-oms.org.
Risk reduction must be integrated in public investment

Countries continue to struggle to address risk drivers in processes such as urban planning, construction, and environmental management.

The United Nations 2011 Global Assessment Report on Disaster Risk Reduction: Revealing Risk, Redefining Development indicates that many countries have made significant progress in reducing mortality risk, at least with respect to weather-related hazards. However, many nations are not taking into account the ongoing losses caused by disasters, which makes it difficult to integrate risk reduction into public investment planning. Disaster after disaster, damage to housing, infrastructure, and public assets such as schools and health facilities has soared in many low- and middle-income countries.

This is the second Global Assessment Report (GAR) published by the UNISDR. It explores trends in disaster risk for each region and for countries with different levels of socioeconomic development in order to help understand current and future risks. This edition is based on the reports from more than 130 governments engaged in self-assessment of their progress in implementing the Hyogo Framework for Action (HFA).

According to Andrew Maskrey, who coordinated the production of this report, the results reflect the efforts made by countries over the past 10 to 25 years. Increased losses can be related to the growth in economic assets in all regions of the world.

The report points to two distinct trends relating to disasters: declining mortality rates and increasing economic risk. A comparison of the rate of increased economic risk and growth in per capita GDP shows that economic risk increases at a faster rate than GDP, which means that the risk of losing wealth as a result of disaster is increasing at a faster rate.

A central theme of the report is public investment in risk reduction. Are governments taking into account risk factors when making public investments? They may be, according to Maskrey, “but they have not yet found sufficient political will to invest.”

One common denominator among the country reports reviewed for the report is that most could not quantify how much they are investing in risk reduction, which means either that they are not investing at all or do not know whether or not they are investing. In countries where investments are being made, outlays are very uneven or public investment is absent or insufficient.

Economic losses are not yet reflected in disaster indices. Maskrey points out: “There must be a change in mentality in governments: they must stop looking at investment in risk reduction as an expense. If they calculate the number of schools, health centers, and water and sanitation systems that are damaged every year because of disasters, they would realize that the costs for managing risk are low.”

Beyond that, Maskrey says, it is necessary to continue to support preparedness, early warning, and response. Therefore he believes that work must begin with governments on their public investment plans.

In Latin America there are countries that have experience in this regard. For example, Peru and Costa Rica include the issue of risk reduction in their budgets for public investment. Maskrey points out that these countries have decided not to build schools, health centers, roads, etc., that will have to be repaired or rebuilt after a few years because of a disaster. There are other examples in Mexico and Chile, where structural tools that are traditionally used to combat poverty are also being used to protect these populations in disaster situations.

Maskrey maintains that the problem is not growth: growth is good because it creates wealth and reduces poverty. “I think we have to sell the idea to governments that risk reduction is a good business investment. The problem is that we have not been able to sell the issue in those terms.”
The Sphere Project was launched in 1997 by NGOs and the Red Cross and Red Crescent movement to define and uphold the standards used by the international community when responding to populations affected by disaster. It accomplishes this through a set of guidelines, set out in the *Humanitarian Charter and the Minimum Standards in Disaster Response* (known as the Sphere Handbook).

The 2011 edition of the Handbook presents a collection of shared principles and universal minimum standards that should be applied at any level of humanitarian response. It proposes a common terminology and guidance for ensuring efficacy and accountability.

A new chapter on protection and security as an integral part of humanitarian response for populations affected by disasters or armed conflict is included in the 2011 edition. The Handbook also addresses topics such as climate change, disaster risk reduction, early recovery of services and sustainability measures, transfer of cash, and relations between civilian and military responders.

For information about obtaining a copy of the Handbook, visit: www.sphereproject.org

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**World Disasters Report, 2011**

This year’s *World Disasters Report* focuses on the global crisis of hunger and malnutrition. It analyzes the causes and impacts of food insecurity at the community, national, and international levels during and after emergencies, as well as from a longer term perspective.

The report, published by the International Federation of Red Cross and Red Crescent Societies, acknowledges that the issues of global food security, hunger, and malnutrition are complex. It examines the interrelatedness of food security and globalization processes, ranging from international trade to climate change and from water scarcity to scientific innovation.


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**Radio drama for community preparedness**

The radio drama, “Vida que te queremos tanto” (“Life, we love you so much”) is the third in a series of programs on disaster preparedness produced for countries in Latin America. The first two programs focused on weather-related and geological hazards and the third focuses on community preparedness. It aims to increase awareness about how communities can address disaster risk reduction, to promote community safety and resilience in emergencies, and to increase the welfare and safety of citizens.

Several organizations supported the production of this program, including the International Secretariat for Natural Disaster Reduction (ISNDR), the International Federation of Red Cross and Red Crescent Societies, UNICEF, UNDP, PAHO/WHO, and UN Human Settlements Program (HABITAT), among others.

The radio dramas are designed for community, national, and regional transmission to raise public awareness about disaster issues. They are also valuable for training sessions and for encouraging dialogue in community settings. The program series is available at www.eird.org/radio novela/index.html

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**Psychological first aid in humanitarian settings**

The World Health Organization has collaborated with the War Trauma Foundation and World Vision International to produce guidelines on providing psychological first aid to populations affected by humanitarian crises, such as earthquakes, extreme drought, or armed conflict.

The handbook, *Psychological first aid: guide for field workers*, is written for humanitarian workers who must quickly prepare to provide both social and psychological support in disaster settings. It explains basic principles of providing simple and practical assistance immediately after events that are extremely stressful for the affected population.

The guide was endorsed by 24 major humanitarian agencies and explains how to help people in ways that respect their dignity, culture, and abilities. It also focuses on helping humanitarian workers themselves, who experience high levels of stress in these settings. It emphasizes protection and support for children and adolescents, people with disabilities, and people at risk of discrimination or violence.

The English version of the handbook can be downloaded from: http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf
Disasters Demand a Multi-Hazard Approach

Many international experts have qualified this disaster as “unprecedented,” signifying a level of destruction that was never before recorded and therefore unexpected. But was it? The 2010 earthquake in Haiti, the 2004 Indian Ocean tsunami, and many other mega-disasters have been similarly characterized. Can we categorize the earthquakes impacting Japan, Banda Aceh, or Haiti as unforeseen? Basic knowledge of seismology suffices to acknowledge that these events could be expected. What was unexpected was the combination of hazards of high magnitude in one specific geographic area.

The approach to risk, in most countries, is still too specific to a particular hazard. Managers take into account the possibility of earthquakes, tsunamis and the collapse of the security system, but separately. However, the reason for the Fukushima failure was not due exclusively to one of these natural hazards or the issue of security. Rather, it was the combination of the occurrence of several hazards and of equipment and human failures, that resulted in the nuclear accident and the release of dangerous radioactive particles that could be measured thousands of miles away.

The creation of hazard-specific response plans is a common form of operation in institutions around the globe. Every time a new threat is identified, a new agency or group springs up almost automatically. For example, the UN System Influenza Coordination (UNSIC) was created specifically to respond to pandemic crises; organizers of the cricket and soccer World Cups create specific coordination structures; and presidential summits have their own systems for coordination in emergencies. Although each of these scenarios requires a specific response, the creation of expert groups outside of the main national coordinating institutions requires a lot of energy and is doomed to fail in the long run. As soon as political or media interest disappears, the group or institution created for that purpose disappears too, with the exception of Civil Protection institutions that remain long after the disaster.

A similar problem exists in how the response is organized. Most institutions only have contingency plans for a specific hazard, allowing staff to focus on a plan based on a tangible scenario. Furthermore, each disaster poses specific problems: following an earthquake there are victims to be rescued from the rubble; a flood or hurricane results in victims who need shelter, etc. However, at large, centralized institutions such as ministries, disaster management is not only characterized by the technical aspects of response to an impact, but rather, in the management of the chaos, uncertainties, immediate political decisions, security issues, coordination, information management, etc., that follow the impact. The specific impact related to the hazard is only one element to be considered.

The threat of a global radiological event following the explosions in the Fukushima plant highlights serious concerns regarding the level of preparedness in Latin America and the Caribbean. Preparedness for this type of event remains confined mainly to the entity responsible for nuclear accidents and is not part of the national disaster planning. A similar situation exists for other hazards. The H1N1 pandemic received enormous attention from the health sector but too little from national disaster coordination entities. Thus, response was directed at the disease and not at the crisis generated by the declaration of a global pandemic.

The next big disaster will occur in a multi-hazard prone and highly populated area (it is estimated that 60% of the population will live in large cities by 2030). Now, more than ever, we must approach disaster risk in a more comprehensive way, from a multi-hazard perspective. Similarly, response procedures must function for any kind of disaster, regardless of the scenario and magnitude of the hazards it entails. Practically, this means that institutions must embark on training and identifying specialists in crisis management who, regardless of the hazard or combination of hazards generated, will be able to run the operation under the leadership of the institution.

The methodology proposed by the incident command or incident management system establishes an institutional response regardless of the type of hazard or event. Although there are different definitions of this system, the main principle is that a specific person is designated to lead the operation under the highest authority within the institution. This individual is a specialist in managing crisis and not necessarily an expert in a specific hazard. For institutions to successfully implement the incident command system, they must define levels of severity of a crisis as well as the essential functions that must remain fully operational during the response.

Although the Japan earthquake, compounded by the tsunami and radiological accident, shocked the world, more of these types of scenarios are to be expected around the globe. There will be less “unanticipated” risk when planning is based on maximum possible hazards that may occur in combination in one geographical area. By moving from a single hazard approach to more comprehensive risk analysis and incident management regardless of the hazard, institutions will significantly improve their ability to manage a disaster, reduce the impact, and control the chaos.
CRID launches e-newsletter on public health and risk management

CRID has been working for several years on improving access to information related to public health and risk management and has developed a wide variety of increasingly specialized products. The best example of this is the thematic portal on Public Health and Risk Management, which provides access to more than 800 information resources.

CRID has gone one step further with the creation of a monthly electronic newsletter, in Spanish, which has current information on the sector, as well as on relevant publications.

To subscribe to the newsletter, go to the Subscribe section at www.cridlac.org.

To review the first three issues of the newsletter, visit: http://saludydesastres.crid.or.cr/boletines-digitales.

Follow CRID on Facebook and Twitter

With the aim of providing a space for participation and exchange for all actors specializing in disaster risk reduction (DRR), which is essential for information management, CRID has created official Twitter (http://twitter.com/#!/cridlac) and Facebook (http://www.facebook.com/CRID-lac) pages. Both of these sites are constantly being updated with the latest resources available, as well as with up-to-date information on CRID initiatives, projects, and information products.

Other information resources available from CRID

- A human health perspective on climate change: a report outlining the research needs on the human health effects of climate change. 2010. Environmental Health Perspectives (EHP), National Institute of Environmental Health Sciences (Research Triangle, North Carolina).