

PD-ABD-089
LN 73046



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

525 TWENTY-THIRD STREET, N.W., WASHINGTON, D.C. 20037-2895, U.S.A.

CABLE ADDRESS: OFSANPAN
FAX (202) 223-5971
TELEPHONE (202) 861-3200

IN REPLY REFER TO:

**FIVE-YEAR EMERGENCY PREPAREDNESS AND
DISASTER RELIEF COORDINATION PROJECT**

Grant No. PDC-0000-G-IN-7083-00

**PAN AMERICAN HEALTH ORGANIZATION
EMERGENCY PREPAREDNESS PROGRAM**

PROGRESS REPORT TO OFDA

1 January - 30 June 1991

The present interim report covers the activities of the Emergency Preparedness Program of the Pan American Health Organization, during the above mentioned period, under Grant No. PDC-0000-G-IN-7083-00.

1. OVERALL PROGRAM MANAGEMENT

1.1 *Staff*

The Program Management Specialist, P.3, presented his resignation effective August 1991. Although the post will be readvertised, some readjustments to professional staffing duties will be required in the next semester.

The post of messenger has been funded for 1991 from PAHO's budget.

1.2 *Consultants and contracts*

A contract has been issued for bridging the Emergency Preparedness Program to PAHO's local area network. This activity has been funded primarily through the PAHO budget.

Eng. Odyer Sperandio was recruited on a Personal Services Contract to assist universities in Brazil, Colombia, Mexico and Venezuela to include disaster reduction in the curricula of faculties of engineering. The report was sent to

JANUARY - JUNE 1991

OFDA for information. The success of this initiative has generated the need for extensive followup, which previously was not foreseen.

1.3 *Report execution*

The annual meeting of the Program's professional staff took place in Washington D.C. from 25 February to 1 March 1991. Representatives from key donor agencies participated in selected sessions. This meeting provided an essential opportunity for staff from the three subregional offices to exchange experiences, thus alleviating one side-effect of a decentralized Program. Strategies in priority areas such as promoting the participation of women in emergency preparedness and relief, technological disasters, IDNDR activities, etc. were discussed.

The following countries received supervisory visits: Costa Rica, Peru, Antigua, Barbados and Colombia.

1.4 *Coordination*

IDNDR Secretariat and UNDR0: very close cooperation was maintained with both entities including participation in the first meeting of the IDNDR Scientific and Technical Committee (STC) in Bonn, Germany in March 1991.

UNDP/UNDR0 Disaster Management Training Program (DMTP): PAHO and the OAS were designated as collaborating organizations in the DMTP at the regional level. Considerable time was dedicated to preparing the first 3-week regional course (Bogota, Colombia, May 1991), in spite of certain technical reservations concerning the format and methodology proposed in the initial project document.

NGOs: Attention focused particularly on improving field cooperation with the League of Red Cross Societies, the International Committee of the Red Cross, the Pan American Development Foundation and Medecins sans Frontieres. In addition, major NGOs in the U.S. and Canada were kept informed on a regular basis of PED activities, publications, major developments with the IDNDR and the cholera epidemic in the Americas.

JANUARY - JUNE 1991

1.5 *Communications/computer support*

The TCS network (INMARSAT earth station) was greatly expanded by training new volunteers. The TCS-9200 was sent to Costa Rica and Panama after the April earthquake to assist governments in communicating health needs. The equipment was left in Central America where PAHO subregional staff were trained to use it. This equipment will be stationed in the Caribbean during hurricane season.

A laptop computer was donated to a Caribbean country.

2. SUPPORT TO REGIONAL/NATIONAL PROGRAMS

2.1 *Strengthening of Institutions: General*

- (i) **Staff:** No change in staff took place during this period.
- (ii) **Mexico:**

The health sector disaster preparedness office actively coordinated intersectoral and training activities. A major event, which attracted the participation of high-level national authorities, was organized in observance of World Health Day (April 7).

In addition to preparedness activities for natural disasters, Mexico actively promoted health preparedness for technological disasters. Strengthening intercountry cooperation is another important priority of Mexico's program.

Mexico has produced an increasing volume of technical/promotional materials: information packages and posters for World Health Day; the proceedings of workshops, manuals and videos. A slide series on technological disasters is ongoing. Their newsletter continues to be produced monthly and is distributed to all health units and disaster coordinators at the state level.

JANUARY - JUNE 1991

Despite the motivated young professionals who are in charge of the country program, there is a need to strengthen the staff and the budget for country programs, which is insufficient to cover the increasing national demands for preparedness activities.

(iii) **WHO Collaborating Centers:**

- a) University of Antioquia, Medellin, Colombia: two visits (by Dr. C. de Ville and Dr. J. L. Zeballos) were made to the Center to develop a work plan. A fax machine was installed and a modest grant (US\$10,000) given to support the Center's activities in coordinating academic training in Latin America.
- b) CETESB, São Paulo, Brazil: approval for nomination of the Center, specializing in chemical accidents, is still pending with the Brazilian authorities.

(iv) **Regional meetings:** None during this period.

- (v) **Other training activities:** Ten training activities took place during the reporting period. Special mention should be made of the initiative taken by Mexico's health sector disaster program in organizing courses and seminars on their own. PAHO supported only four of the ten training activities, at an approximate cost of \$12,000. The participation of women in training activities is gradually increasing; of more than 670 participants, 30% were women. The target of 500 persons/day of training per year was exceeded for this period.

2.2 *Strengthening of Institutions: Caribbean*

- (i) **Staff:** As a result of the termination of PCDPPP, there was a significant change of support staff. Contracts in Antigua were terminated and a secretarial post was established in Barbados. Dr. J. L. Poncelet was transferred to Barbados in April 1991.

JANUARY - JUNE 1991

- (ii) **Project execution:** CARICOM Member States formally approved the establishment of the Caribbean Disaster Response Agency and chose Barbados for its headquarters. Until CDRA becomes operational, inter-island cooperation will be coordinated and maintained through the OECS Secretariat.

Many islands placed an increased emphasis on vulnerability analysis for health structures. A guideline/policy was drafted in Trinidad and Tobago for low-cost retrofitting of health facilities.

Intercountry mutual assistance agreements are proceeding at a normal, although slow, pace (in Martinique, Saint Lucia, Guadeloupe and Dominica).

Guyana reactivated its disaster preparedness activities, thanks largely to the arrival of a new consultant in the PAHO Guyana Office.

The Program assisted Haiti to set up an emergency disaster response plan for civil disturbances, necessitated by the presidential elections.

Jamaica focused on parish disaster plans. During this period, the Health Disaster Coordinator (HDC) was replaced by a recently graduated public health professional. The head of the disaster and emergency unit also changed in the Dominican Republic.

Antigua named four full-time disaster preparedness officers (national disaster coordinator, shelter, first aid and public awareness). The health disaster coordinator remained the same.

Duty travel visits included: St. Lucia, Jamaica, Guyana, Barbados, Grenada, Cuba, Dominica and Bogota (medical supply management project).

- (iii) **Subregional meetings:** The annual meeting of Health Disaster Coordinators the need to prepare pre-packaged public health information available for rapid dissemination before and after disasters. They also

JANUARY - JUNE 1991

endorsed guidelines on the role of women in disaster management, and a methodology for developing community disaster plans. Other technical subjects, such as the media, guidelines for community disaster plans, and intercountry cooperation, were also discussed.

For the first time, the CARICOM Medical Research Conference dedicated a session entirely to disaster preparedness. PED provided technical support to this conference of 250 scientists.

- (iv) **Other training activities:** Thirty meetings were organized in the Caribbean for a total 2368 person/days. Approximately 35% of the participants in these training activities are women.

By country: Antigua and Barbuda 4; Bahamas 2; Barbados 4; Bermuda 1; Dominica 2; Dominican Republic 2; Guyana 4; Haiti 2; Jamaica 4; St. Lucia 1; St. Vincent & the Grenadines 1; Trinidad and Tobago 3. (Total: 30)

By subject: general preparedness 16; hospital preparedness 12; environmental health 0; technological disaster 1; refugees and displaced 0; disaster assessment 1.

Periodic disaster preparedness meetings were organized in Barbados with UNDP and donor agencies. These agencies now have a specific field of activity for disaster response.

The first meeting on mutual health assistance was held between Guadeloupe and Dominica.

2.3 *Strengthening of Institutions: Central America*

- (i) **Staff:** Dr. Michel Thieren, an Associate Expert (APO) funded by the Belgian Government, joined the Program in February 1991.

Dr. Letizia Toscani (APO, Italy) was extended for three months and is scheduled to leave in July 1991.

JANUARY - JUNE 1991

- (ii) **Project execution:** Field visits were made to all countries in the subregion: San Salvador 2, Guatemala 2, Panama 2, Nicaragua 1, Honduras 1. The subregional advisor also attended meetings in other regions: Geneva, Switzerland; Brazil; Argentina; Paraguay; San Juan, Puerto Rico; and Japan.

All disaster units in the Ministries of Health continued with their activities during this period.

Collaboration with OFDA/AID, Italian Cooperation, CIDA regional offices, civil defense/emergency committees or commissions, continued to be remarkable. PED, Costa Rica is providing desktop publishing support to the Italian Cooperation project in El Salvador, and to the Comisión Nacional de Emergencia in Costa Rica.

- (iii) **Subregional meetings:** No subregional meetings took place during this period.
- (iv) **Other training activities:** Twenty-three activities (including intercountry events) were programmed during this period, as follows:

By country: Guatemala 1; Honduras 6; El Salvador 4; Nicaragua 2; Panama 6; Costa Rica 4 (total 23).

By subject: hospital preparedness 2; general management (follow up) 3; training at regional/local level 8; university level: general 3 and nursing 1; water-environmental health 2; technological 1; women and preparedness 1; school preparedness 1; NGO's preparedness 1 (total 23).

By type of participants: hospital personnel 2; national, regional technical decision 13; NGO's 1; women's organizations 1; university teachers 4; school teachers 1; water-environmental health 1 (total 23).

The target of 30 workshops/year will be exceeded at the end of the first 12 months.

JANUARY - JUNE 1991

2.4 *Strengthening of Institutions: South America*

- (i) **Staff:** The establishment of a subregional office for the Southern Cone (Paraguay) has been postponed for budgetary reasons. For the same reasons, the Washington-based P.2 Program Officer was not transferred to the Andean Region. The continuation of this P.2 post beyond 1991 will be subject to mobilization of additional core funding (non-project specific). The APO (Dr. Edgardo Acosta, Costa Rica) was reassigned from Ecuador to Lima in April 1991.
- (ii) **Project execution:** A summary of the activities in each country is attached in the annexes. The outstanding events are:
- the increased involvement of universities and academic institutions, particularly in the field of engineering;
 - emphasis on manmade disasters;
 - planning of the South American meeting on the Role of Women in Disaster Preparedness.
- (iii) **Subregional meetings:**
- coordinating meeting for the Southern Cone;
 - first South American Congress on Disaster Medicine (modest support);
 - coordinators meeting for the Andean countries. The Ministry of Health of Colombia assumes the leadership and monitoring of the subregional activities.
- (iv) **Other training activities:**

By country: Argentina 3; Bolivia 2; Brazil 2; Chile 0; Colombia 6; Ecuador 7; Paraguay 2; Peru 5; Uruguay 0; Venezuela ;

JANUARY - JUNE 1991

By subject: general preparedness 15; hospital preparedness 6; environmental health 7; technological disaster 1; refugees and displaced 0; disaster assessment 2. Approximately 35% of the meeting participants were women.

3. EDUCATIONAL AND TRAINING MATERIALS

3.1 *Staff*

An additional librarian was recruited locally in San Jose, Costa Rica to assist Mr. Ricardo Perez, the U.N. Volunteer in the Regional Documentation Center. A temporary secretary, hired with funding from the UNDP Disaster Management Training Program contract, was recruited at headquarters to help prepare extensive documentation for the first regional workshop.

3.2 *Publications*

Two issues of the Newsletter *Disaster Preparedness in the Americas* were published. Readership presently stands at approximately 13,000. Distribution of the Caribbean version of the booklet *International Health Relief Assistance: A Guide for the Caribbean Community Living Abroad* was stepped up prior to hurricane season, particularly through embassies in countries where expatriate Caribbean communities traditionally provide post-disaster aid. A report of the effects of Hurricane Gilbert in Mexico, submitted by a national physician who compiled the account of what occurred in northern Mexico and described how problems were solved, was issued. This spontaneous, unsolicited research initiative is encouraging. The Program supervised the rewriting of the scientific publication *The Management of Nutritional Emergencies in Large Populations*. Making good use of its expanded desktop-publishing capability, the subregional office in Costa Rica published a four-volume manual on preparedness for water and sewage agencies in disaster situations, edited by Eng. Guillermo Roviralta.

JANUARY - JUNE 1991

3.3 *Audiovisual material*

Three Spanish-language slide sets were produced. *Earthquakes and Hospitals: Effects and Emergency Measures* and *Earthquakes and Hospitals: Risk Reduction* encourages designing and building hospitals that will remain functional after disasters. A slide set on *Management of Cadavers* responds to requests from health authorities for information on this unpleasant but necessary area of disaster management. Several new programs in English and Spanish are in progress. During this reporting period, the Program produced a substantial amount of audiovisual material (slides and vuegraphs) for use by the instructors at the DMTP workshop in Bogota. This material was distributed among the participants to support upcoming national workshops and other local disaster management training initiatives.

3.4 *Public information and information dissemination*

Public information activities were primarily related to the celebration of World Health Day (April 7). Globally, the Program wrote articles for WHO's press kit and prepared material for *World Health* magazine. A regional WHD kit was prepared with material appropriate for the Americas, including an activity guide to facilitate celebrations nationally. This material was widely distributed through the Program's network of disaster coordinators, universities and health-sector institutions. The Program also prepared special World Health Day posters (their design allows the reference to WHD to be deleted at a later date.) Five posters were prepared in four languages. PED also collaborated with WHO in the preparation of a special global WHD disaster video. This may be adapted to this Region in the future.

The Regional Disaster Documentation Center in Costa Rica, created to decentralize access to technical information for the disaster community in the Americas, entered a promotional period. During a February visit, strategies were devised for publicizing the Center and what it has to offer. In the last six months, the Center collected and indexed more than 1,000 documents (using the U.N.-standard MICRO-ISIS software). Shortly it will publish its first Bibliographic Bulletin. The Center made the following disaster material available free of charge: 15,800 photocopies of documents and articles for users and courses; 1,052

JANUARY - JUNE 1991

copies of PAHO publications; and 47 slide sets. A detailed report of the Documentation Center is included in the annexes.

4. COOPERATION WITH OTHER REGIONS

The material prepared for World Health Day 1991 was adapted for use locally by the African Regional Office. The cost was absorbed by PAHO.

5. SPECIAL ISSUES

5.1 *Disaster Relief: Earthquakes*

The moderate earthquakes that affected Costa Rica, Panama and Peru tested the preparedness of both countries. While the response in Costa Rica and Panama was effective, the relief efforts in Peru were hampered by the remote location of the affected area and by administrative problems. In both instances, the health sector was rated best among the national public institutions.

5.2 *Cholera*

National disaster relief coordinators in the Andean region contributed significantly to the management of the crisis caused by the cholera outbreak. In PAHO, the role of the Emergency Preparedness Program was limited to coordinating international emergency relief (U.S., Canada, U.K., Netherlands, Germany, EEC, etc.), providing support to the Peruvian Government in its mobilization of resources, liaising with local foreign missions, and disseminating information to UNDRO and disaster relief managers worldwide.

In the future, the our proposed role in cholera activities will include:

- a) developing direct networking among neighboring countries (cholera managers, health disaster coordinators, civil defense, etc.). In addition to

JANUARY - JUNE 1991

the need for computers and fax machines, this network will require financial and administrative support or other incentive from the Program to overcome the numerous bureaucratic obstacles to immediate, informal, communication between ministries and countries at the operational level.

- b) courses for the director or staff of the Office for International Cooperation of the Ministries of Health on how to disseminate information, formulate projects and mobilize resources for emergency relief.

Preliminary contacts will be established with donors in the near future.

5.3 *International Decade for Natural Disaster Reduction (IDNDR)*

The Decade has raised considerable expectations at the country level. However, the global activities have not yet affected priorities and activities at the country level. As a result of lobbying by PAHO at the highest level, the countries of Central and South America are slowly creating national committees. The potential of the private sector (NGOs and the business and scientific communities) is generally overlooked, as committees are overwhelmingly governmental.

PAHO informally participated in the first meeting of the Scientific and Technical Committee (Bonn, Germany in March 1991) and proposed the following priorities:

- to encourage regional or subregional meetings of national committees;
- to hold the global meetings, organized by the Secretariat, preferably in developing countries;
- to hold the second STC meeting (September 1991) in a developing country in Latin America.

More specifically, PAHO sought and received the endorsement of national committees for a Latin American meeting and the IDNDR Secretariat has chosen Guatemala for the 2nd STC meeting in September. Preparations were underway to organize a meeting of Latin American countries on the IDNDR prior to the STC meeting.

**FLOW OF EXPENDITURES
COVERING JANUARY 1991 - JUNE 1991
(US Dollars)**

OFDA funds

1.	OVERALL PROGRAMME MANAGEMENT	102,654.91
	1.1 Staff	92,400.00
	1.2 Consultants/Contracts	2,848.91
	1.3 Project Execution	7,406.00
	1.4 Coordination	-
	1.5 Communications	-
2.	SUPPORT TO REGIONAL/NATIONAL PROGRAMME	78,424.41
	2.1 Strengthening of Institutions:	2,900.00
	(General)	
	2.1.1 Staff	2,900.00
	2.1.2 Project Execution (Mexico)	-
	2.1.3 WHO Collaborating Centers	-
	2.1.4 Regional Meetings	-
	2.1.5 Other Meetings/Training Activities	-
	2.2 Strengthening of Institutions:	34,047.66
	(Caribbean)	
	2.2.1 Staff	9,558.66
	2.2.2 Project Execution	24,489.00
	2.2.3 Subregional Meetings	-
	2.2.4 Other Meetings/Training Activities	-
	2.3 Strengthening of Institutions:	27,476.75
	(Central America)	
	2.3.1 Staff	22,581.75
	2.3.2 Project Execution	4,895.00
	2.3.3 Subregional Meetings	-
	2.3.4 Other Meetings/Training Activities	-
	2.4 Strengthening of Institutions:	14,000.00
	(South America)	
	2.4.1 Staff	14,000.00
	2.4.2 Project Execution	-
	2.4.3 Subregional Meetings	-
	2.4.4 Other Meetings/Training Activities	-
3.	EDUCATIONAL/TRAINING MATERIALS	32,400.00
	3.1 Staff	32,400.00
	3.2 Publications	-
	3.3 Audio-Visual Material	-
	3.4 Public Information	-
4.	COOPERATION WITH OTHER REGIONS	-
	TOTAL DIRECT COSTS	213,479.32
	PROGRAM SUPPORT COST (13%)	27,752.31
	GRAND TOTAL	241,231.63