



# DISASTERS

## Preparedness and Mitigation in the Americas

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Editorial

### Climate Change Needs to be Addressed as Another Hazard

Rising sea levels, together with coastal erosion and salt water intrusion, increase in the intensity of tropical storms and hurricanes, as well as disruptions in rainfall and freshwater supply represent a significant threat to countries in the region. The Caribbean is considered as a priority for immediate intervention by the International Climate Fund (ICF).

Anticipated negative health impacts from climate change include worse sanitation conditions from limited water supplies during droughts or contamination during floods and conditions that favour the spread of water and vector-borne diseases like malaria, dengue and diarrheal diseases, as well as heat stress for vulnerable groups (such as the elderly).

In addition, when health facilities are destroyed or damaged by climate-related disasters their ability to provide emergency care to victims and ongoing healthcare for their communities is very limited, precisely when they are most needed.

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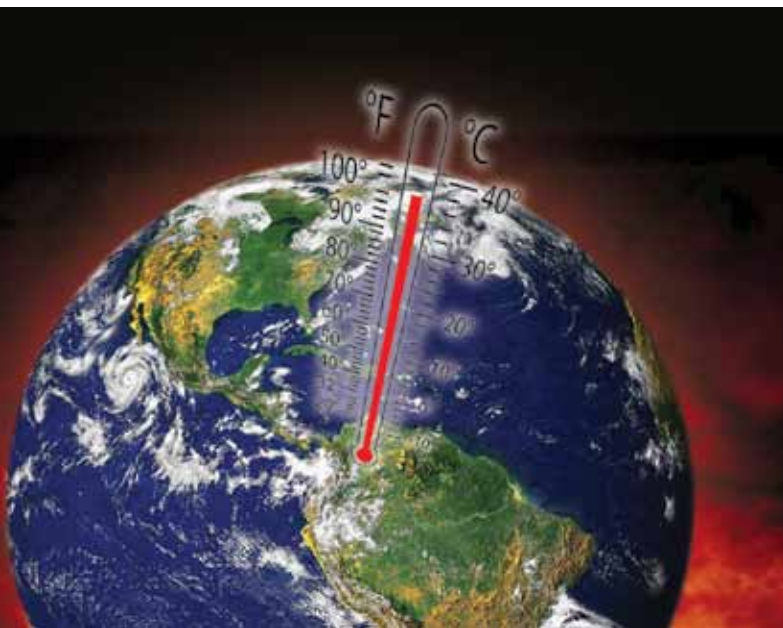
### The Interview with Dr. Luis Fernando Correa

After more than 13 years in charge of emergency and disaster preparedness at Colombia's Ministry of Health and Social Protection of Colombia, Dr. Luis Fernando Correa is in a position to know that Colombia has made great strides in preparing for and responding to emergencies. However, Colombia has many challenges ahead, especially since the country is still vulnerable to disasters and complex emergencies.

- Almost three years have passed since Colombia adopted the Safe Hospitals initiative via Resolution 976/2009. What progress has the country made since and what are the challenges it faces in the future?

- This Resolution clearly expresses the Colombian government's resolve—and particularly that of the Ministry of Health and Social Protection (MSPS)—to base its policy on this global initiative, but perhaps the most important thing the Resolution does is to establish the country's responsibilities and challenges going forward. First, it clears the way to mobilize resources not only for research, but also to make headway on shoring up the country's hospital network.

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## Climate Change Needs to be Addressed as Another Hazard

(from page 1)

In Latin America and the Caribbean more than 67% of hospitals are located in areas of high risk of disasters. Of the Caribbean hospitals surveyed to date (38 hospitals in total) 86% have a category B hospital safety score indicating potential risk for patients, hospital staff, and ability the function during and after a disaster. Both functional and non-structural issues (risk of roof damage and water and gas supplies, among others) tend to be the predominant causes of increased vulnerability. At the same time, healthcare facilities from the Caribbean are one of the largest consumers of energy—with a large environmental footprint—even when energy prices in the region are among the highest in the world and the resources used to pay for

### *The Smart Hospital Initiative incorporates climate change scenarios into the design of safer health facilities*

energy consumption could be used in improving health services.

There are multiple gains in integrating disaster risk reduction with low carbon energy use, adaptation and environmental protection of the health sector. Investing in this kind of efforts has financial and social benefits, in addition to those related to health. In light of these issues, the Area on Emergency Preparedness and Disaster Relief from PAHO/WHO is working towards achieving health care facilities that are both environmentally greener and safer against disasters and the impact of climate change.

The Smart Hospital Initiative in the Caribbean builds on the Hospital Safety Index, the flagship of PAHO/WHO's disaster risk reduction program, which has become a global tool for assessing the likelihood that a hospital can remain functional during di-

saster situations. The best design criteria of safe hospitals are not always the most beneficial for climate adaptation and mitigation and it becomes necessary to develop a higher standard of design and construction of new hospitals incorporating a lower energy and water use to help withstand expected climate variability and change.

The Smart Hospital Initiative, made possible with the support of the United Kingdom's Department for International Development (DFID), aims to bridge this gap between environmental performance or climate proofing and hazard resilience and disaster risk reduction in health facilities.

The incorporation of climate change scenarios into the design of safer health facilities has become an imperative, and all of us need to consider both the potential risk of hazards as climate change and the benefits of promoting 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.

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## Women and Girls, the Visible Force of Disaster Resilience

The International Day for Disaster Reduction, held on 13 October, recognized the contribution of women and girls to disaster risk reduction. The commemoration of this day became an opportunity to promote the active participation of women and girls in all decision-making processes before, during and after disasters.

Under the banner “Women and Girls, the (in) visible Force of Resilience” an appeal was made about the need to recognize the contributions of women to protect and rebuild their communities before and after disasters and emergencies.

The Pan American Health Organization (PAHO/WHO) joined this celebration and,

through the Ministries of Health Disaster Programs, the National System for Disasters Prevention and Response, the UN System, NGOs and national and local institutions, participated in the various activities organized in order to highlight the contributions of millions of women and girls that make their communities more resilient and better prepared to deal with disasters.

For the commemoration of the International Day for Disaster Reduction some activities, like forums, photo exhibits, competitions, walks, simulations and workshops, were held and the message was spread through media, radio and television and in virtual spaces. Through these actions, and thanks

to the joint efforts of all people, it was possible to make visible the experience, knowledge and skills of women and girls in relation to disaster risk reduction.



## Experts Debate on Emergencies and Disasters Medicine During the WADDEM Congress

The 4th Pan American Conference of the World Association for Disaster and Emergency Medicine (WADDEM) was held from 15-17 October in Leesburg (Virginia, United States).

At the meeting, co-sponsored by the Pan-American Health Organization (PAHO/WHO), international experts discussed different aspects related to the disciplines linked to emergencies and disasters medicine: forensics and psychological aspects, safe health facilities, the role of the military and medical staff, professional competencies, accountability and research priorities, among others.

A group of experts from PAHO/WHO participated in the Congress, contributing to different sessions, such as a panel on international medical teams, a session on disasters terminology and a workgroup about the use of social media in emergencies and disasters. The latter is a new topic related to the response to emergencies and disasters, so this session had the objective of identifying recommendations for the use of these tools by health institutions both in prevention and preparedness, as well as in the response to emergencies and disasters.

More information: [http://www.wadem.org/4thpan\\_american.html](http://www.wadem.org/4thpan_american.html).



## Information Management in Emergencies and Disasters, a Standout Topic During CRICS 9

Information management in emergencies and disasters was a standout topic during the Ninth Regional Congress of Health Sciences Information (CRICS 9) that was held at the Pan American Health Organization's headquarters, in Washington, D.C., from 22-24 October 2012.

The panel “Information management in emergencies and disasters: from one way communication to social media,” with presentations from the Economic Commission for Latin America and the Caribbean (ECLAC), the American Red Cross (ARC) and the Internews NGO, had a great reception among the participants, who were very interested in the use of social media in the response to emergencies and disasters.

During the panel on “Experiences and tools for information management in emergencies and disasters,” the increasingly more important role of information managers in this field was touched upon, as well as some of the tools that are available.

Before the Congress, the 6th Regional Coordination Meeting of the Virtual Library of Health (BVS) was held. Experts in emergencies and disasters explained ways in which the BVS can contribute to improving access to information and knowledge in this field.

The Latin American Network of Disaster Risk Management Information Centers (RELACIGER by its Spanish acronym), supported by the US National Library of Medicine (NLM) and the Pan American Health Organization (PAHO/WHO), participated in CRICS 9 with 14 presenters from Costa Rica, Nicaragua, El Salvador, Guatemala, Honduras and Peru.

More information: <http://www.crics9.org/en/>.

## 35 Years of Emergency Preparedness in the Region

Dr. José Luis Zeballos

Following the major earthquakes that devastated Peru and Guatemala in the early 1970s, the ministers of health of the Region of the Americas, assembled during the Directing Council of the Pan American Health Organization in 1976, agreed that decisive action was needed to improve disaster preparedness in the Region. Consequently, the ministers called on PAHO/WHO<sup>1</sup> to create a disaster preparedness and response unit to assist countries in responding to disasters and to establish a voluntary fund for health aid to countries facing major emergencies. The Emergency Preparedness and Disaster Relief Area (PED) was thus created in March 1977.

In the ensuing 35 years, the countries of the Region have come to appreciate the importance of adapting to new and growing health needs and changing scenarios, including pandemic events such as H1N1, devastating earthquakes—like the one that shook Haiti in 2010—and climate change.

Thanks to ongoing donor support, PED has worked with the ministries of health as a steadfast partner throughout this process. Cooperation agencies in countries such as Canada and the United States, and in countries of the European Union, including the United Kingdom and Spain, have recognized the importance of these actions and continue to provide ongoing financial support.

During these years, the countries of the Region have been working in coordination with PED to develop new areas of activity, such as risk reduction in hospitals through the Safe Hospitals Initiative. The 2005 World Conference on Disaster Reduction, held in Kobe, Japan, assessed this effort and made health facility vulnerability reduction a priority on the agenda for the period 2005-2015. Many countries in all regions of the world tailored the Hospital Safety Index

to their particular contexts and are also applying it to steadily boost the disaster response capacity of their hospitals.

Another important development has been the shoring up of technical capacity in disciplines that play a major role in disaster management. New operational knowledge has enriched the fields of epidemiological surveillance and disease control, mental health, environmental health, disaster victim and temporary refugee management, and the administration of international humanitarian relief supplies. With respect to this last issue, the Logistics Support System/ Humanitarian Supply Management System (LSS/SUMA) program is currently used internationally as a valuable tool for monitoring international humanitarian assistance in emergencies and disasters.

The countries' success in this regard is indisputable and due in large measure to the fact that most of the Region's ministries of health already have offices or technical units responsible for emergency and disaster preparedness. Although the degree of organization, equipment, and financial resources available to these units varies, the simple fact that they exist is essential for achieving more sustainable and self-sufficient development over time. The personnel who work in these disaster units are highly trained specialists with a multi-disciplinary vision of emergency management and are in constant contact with the program.

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*At present, activities such as early rehabilitation, mitigation, and risk reduction are all part of the response to disasters, as indicated in the initial mandate of the Governing Bodies, thus completing the full cycle of actions involved in the pre and post phases of disaster management.*

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Despite considerable progress in the field of disaster preparedness, significant challenges persist. These include efforts to continue strengthening the operating capacity of the ministries of health to prepare for and respond to major disasters, to secure a greater level of commitment and investment to reduce risks at all health facilities, to strengthen mechanisms for regulating the construction and operation of safe hospitals, and to ensure that disaster-preparedness measures are instituted at all educational facilities at every level.

The program's success to date would not have been possible without the support of the Region's health authorities or of the various directors of PAHO/WHO, and the enormous commitment and dedication of the program's personnel at Headquarters and in the PAHO/WHO country offices. We, who have closely followed the work of PED and played some role in its development, offer our congratulations on its 35 years of successful operations and wish it every success in its future development for our countries.

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(1) Through Resolution CD24.R10.





## The Health Sector in the Americas with Three Years Remaining in the Hyogo Framework for Action



In 2005, 168 countries agreed to implement the Hyogo Framework for Action (HFA) 2005-2015: Building the Resilience of Nations and Communities to Disasters. One of the priorities set by the HFA is to *“[i]ntegrate disaster risk reduction planning into the health sector; promote the goal of hospitals safe from disasters by ensuring that all new hospitals are built with a level of resilience that strengthens their capacity to remain functional in disaster situations and implement mitigation measures to reinforce existing health facilities, particularly those providing primary health care.”*

Oftentimes, the most significant challenge associated with disaster risk reduction is the ability to put theory into practice, and the health sector is no exception in this regard. The countries' progress in terms of meeting the targets set by the HFA has been uneven and, in most cases, associated with their own risk conditions.

Thanks to the development of the Safe Hospital Checklist and Mathematical Model (Safety Index Calculator), associated with the Hospital Safety Index, literally thousands of hospital evaluations have been carried out with a view to implementing mitigation activities, particularly in hospitals of greater complexity, located in areas at high risk of disasters, where urgent interventions are required to ensure their safety. Several countries report that they are setting up regular inventory systems for new hospitals to ensure

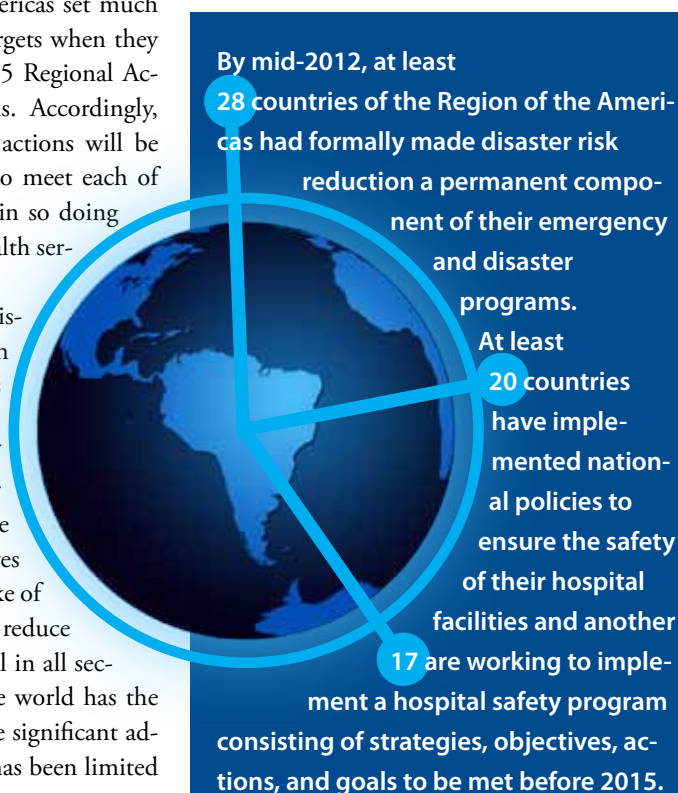
that building codes and proper construction techniques are strictly adhered to and that adherence to these standards is a factor in hospital accreditation.

The health sector is moving forward in order to achieve the objectives presented in the Hyogo Framework for Action, and it is very likely that the goal, of all new hospitals being safe and that hospitals located in disaster-prone areas will have improved their level of safety, will be reached. However, the health authorities of the Americas set much more ambitious goals and targets when they approved PAHO's 2010-2015 Regional Action Plan for Safe Hospitals. Accordingly, a redoubling of efforts and actions will be needed if the countries are to meet each of the plan's six objectives and in so doing strengthen the capacity of health services networks.

It continues to be surprising that extreme events such as the recent earthquakes in Haiti, Chile, and Japan are the greatest drivers of risk reduction and disaster preparedness initiatives. The new—or renewed—initiatives that were launched in the wake of those events have sought to reduce the risk of disasters in general in all sectors. Since no country in the world has the resources necessary to achieve significant advances in all fields, progress has been limited

and not enough to make a real difference. The most recent United Nations Global Assessment Report on Disaster Risk Reduction underscores that social and economic cost-benefit analysis is key to successfully managing disaster risk. Along this same line, the report emphasizes the need to prioritize the most vulnerable critical installations instead of investing in multiple risk-prone goods or services because *“saving human lives may be a more powerful incentive for disaster risk than pure cost-effectiveness.”*

Today it is clearer than ever that it will be necessary to continue risk reduction efforts subsequent to 2015. However, it is essential to begin with the components of society that are most important in disasters and whose loss represents the difference between well-being and suffering, between health and permanent disability, or between life and death. Consequently, the political and economic benefits of preventing injury and loss of life will also help reduce poverty and promote human development.





## Knowledge Center on Public Health and Disasters is Now Online

**It provides a more efficient, faster and easier access to the essential subjects of public health and disasters**

In the last few years the availability of sources and information resources has increased. Websites, databases and information generated at the national and international level have multiplied. The field of health and disasters has been part of this evolution and has experienced an exponential growth, as far as the production of information is concerned.

In this context, it becomes necessary to

have the most relevant and updated information with a much more efficient accessibility. In order to achieve this, the Pan American Health Organization, Regional Office of the World Health Organization (PAHO/WHO), through the Area on Emergency Preparedness and Disaster Relief, presents the *Knowledge Center on Public Health and Disasters* ([www.healthanddisasters.info](http://www.healthanddisasters.info)).

Providing an open access for all those interested—in English and Spanish—this online center presents an overview of the most important topics on public health and disasters:

general concepts, organization of the health sector and policies, disaster risk reduction, disaster preparedness, health response in emergencies and disasters, rehabilitation and reconstruction and alliances and international assistance.

With a simple and friendly navigation system, each section provides the reader with an explanation of all the fundamental aspects of every topic with access—through links—to sources and complementary information resources, as well as the websites of different initiatives and agencies.

## Health Response to the Earthquake in Haiti

**Lessons to be learned for the next massive sudden-onset disaster**

The Pan American Health Organization (PAHO/WHO), present in the response to the earthquake of 12 January 2010 in Haiti and aware about the difficulties met, made an analytical exercise to review the response operation and to extract conclusions that will allow the reduction of mistakes in the future. This meticulous work of investigation has resulted in the publication *Health response to the earthquake in Haiti*, based on interviews with different Haitian actors and members of the humanitarian community, as well as

on the review of diverse reports, evaluations, studies and scientific literature.

The aim of this publication is to present the lessons to be learned of Haiti to improve the response of the health sector to disasters of great magnitude.

*Health response to the earthquake in Haiti* is directed to those actors involved in the response to disasters of great magnitude, both in the sector health as in other areas of the response, allowing them to extract important lessons for their work from the

analysis presented in the publication.

The document is available for download, in English and French, from the website of PAHO's Area on Emergency Preparedness and Disaster Relief: [www.paho.org/disasters/earthquakehaiti2010](http://www.paho.org/disasters/earthquakehaiti2010).

The publication also has a series of summaries in Spanish, in English and in French that can also be downloaded from this website.



This new publication takes a look at older people in disaster situations, with a particular focus on the Caribbean, and provides an overview of considerations to ensure that the needs of this group of people have the required response during disasters.

While it is true that the vulnerability of older persons is gaining attention, much more needs to be done to meet their particular needs. It is important to keep in mind

## Guidelines for Mainstreaming the Needs of Older Persons in Disasters

that a large segment of the over-age-60 population has one or more disabilities, whether physical, mental or sensory, and that this increases to more than 50% in the over-age-80 group.

The vulnerability of a person or group of persons will affect their ability to cope and survive in a disaster. Older persons, as a group, are frequently identified as among the most vulnerable segments of the popula-

tion, but at the same time it is necessary to recognize that they can make unique contributions in preparing for and responding to disasters.

The publication is available at: [http://new.paho.org/disasters/index.php?option=com\\_content&task=view&id=1657&Itemid=1&lang=en](http://new.paho.org/disasters/index.php?option=com_content&task=view&id=1657&Itemid=1&lang=en).

## The Interview with Dr. Luis Fernando Correa

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Secondly, Colombia's current administration includes the National Safe Hospitals program within its National Development Plan 2010-2014, which promotes integration on the part of the different sectors and stakeholders responsible for its implementation, thereby strengthening the response capacity of the responsible agencies in the event of disasters. The administration's decision to include the National Safe Hospitals program within the National Development Plan, requires the MSPS to closely monitor the situation—not only to understand where the hospitals are and to assess their situation of risk, but also to establish the timeframes and work plans that make it possible to meet, by 2015, the goal proposed at the Hyogo World Conference on Disaster Reduction.

**- For many countries of the region, the earthquake-resistant standard for Colombian hospitals is a good indicator of this progress. Could you explain to the readers of the "Disasters" newsletter what this standard provides and any new ideas it includes?**

- Beginning in 2010, a new norm for earthquake resistance, "NSR10," was adopted, which updated a number of very important aspects, among them decisions to shore up Colombia's existing earthquake-resistant infrastructure and to invest in new infrastructure in this regard. This is a challenge not only for the health sector, but also for Colombia's engineering sector, which has conducted an international review to gain insight on the experiences of other countries with a view to equipping Colombia with the requisite technical expertise to help move the initiative forward and turn it into a model of reference for the region.

For example, we recently learned what Peru is doing in terms of its regulatory framework governing operational and structural vulnerability. Once analyzed, we can determine what part of this information is relevant to Colombia and take steps to implement it. We

have learned what Mexico is doing to apply the Hospital Safety Index (ISH) and, of course, we have certainly learned much from the recent experience of Japan.

**- We know that financing is often one of the most difficult challenges, especially nowadays. So how is that you have managed to get the financing necessary to achieve what you have and what advice can you offer on this topic?**

- The work moving forward in Colombia is financed with resources from the MSPS' own budget, international cooperation and, specifically, through support provided by the Pan American Health Organization. This financing has helped in efforts such as the Hospital Safety Index. In fact, the HSI generates the necessary information for risk prevention efforts, which is why regional administrations, like Huila, Nariño, Cauca, and Valle del Cauca, have already adopted the Safe Hospitals initiative.

Moreover, we are offering the private sector incentives to invest in infrastructure reinforcement—for example, the San Vicente de Paul hospital, in Medellín, where all existing hospital infrastructure has already been reinforced. Bogotá is also working to shore up existing infrastructure.

**- In recent months, intense rainfall in Colombia has resulted in emergencies of diverse magnitude. In this regard, how would you rate the response of the country's hospital system and how could its response be improved in the future?**

- The impact of the La Niña phenomenon during 2010 and 2011 affected a significant percentage of the country's sanitary infrastructure. Consequently, the central government allocated approximately US\$15 million to rehabilitate this infrastructure. As part of infrastructure-related decision-making, it was decided to relocate some hospital fa-

cilities to areas less prone to flooding, which constitutes the most common problem in Colombia.

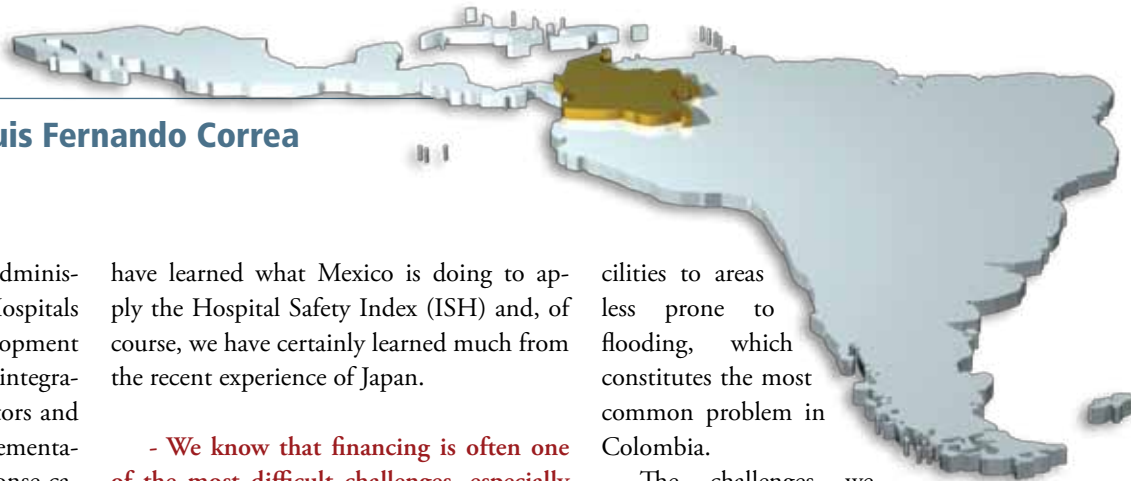
The challenges we face today are many. Colombia has a significant number of low-, medium-, and even high-complexity hospital facilities in need of infrastructure-related strengthening. Approximately half the national territory—which includes 80% of Colombia's population—is at risk for earthquakes. This is the biggest challenge facing the public and private hospital networks of the health sector.

**- What do you see as the role of international cooperation regarding this issue? What international support have you received in this regard? Do you think we can continue to advance together on this front?**

Much progress has been made in terms of adapting, adopting, and implementing all the training tools provided by the Pan American Health Organization—and these tools are not solely for training human resources of the health sector, but also engineers and architects at the national, regional, and local levels. Progress has also been made on strengthening the policy with a view to implementing it nationwide. In this way, the transfer of knowledge is ongoing, and is the most important asset in terms of achieving the goals set for the decade, aimed at shoring up the Safe Hospitals policy in the region.

**- On a more personal note, which achievement are you most proud of and what part of your work has been most difficult or even frustrating in this process?**

My greatest satisfaction is to work every day transferring tools and knowledge to stakeholders at the local level in order to respond to emergencies. The most difficult part is the fact that Colombia is a vulnerable country and, consequently, must be preparing constantly.





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.

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In order to offer new risk management material and information resources, CRID presents a new website on Information Resources for Emergency Preparedness and Response (<http://preparativosyrespuesta.cridlac.org>). This tool is one of the latest efforts of cooperation between the Regional Center for Disaster Information for Latin America and the Caribbean (CRID), the United Nations Office for Disaster Risk Reduction (UNISDR) and the Pan American Health Organization (PAHO/WHO).

The site compiles over 300 documents, such as:

- Manuals, handbooks, guidelines and guidance on formats for quick reference.
- Reports, studies, articles and lessons learned.
- Brochures, posters and promotional material.
- Forms for the collection and process of information in emergency situations that can be easily downloaded and are ready to be edited.

The website (available in Spanish) also provides access to social networks and the opportunity to create personalized collections of documents within the portal through the "Mis favoritos" section.

Contact Rocío Sáenz ([saenz.rocio@gmail.com](mailto:saenz.rocio@gmail.com)) or Irene Céspedes ([irene.cespedes@cridlac.org](mailto:irene.cespedes@cridlac.org)) for additional information.



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