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EMERGENCY PREPAREDNESS AND DISASTER RELIEF

The Emergency Preparedness and Disaster Relief Coordination Program (PED) of PAHO has a dual mandate: to provide technical cooperation to the health sector of the Member States in disaster preparedness, and to assess health needs and coordinate postdisaster relief.

This document outlines the evolution of this mandate over the last 18 years: to include disaster mitigation activities as well as preparedness, to extend the Program's reach to other sectors which impact health, and to coordinate health relief in complex disasters.

In April 1995, PED reported to the Subcommittee on Planning and Programming. Following discussions at that meeting, the document was revised and updated in its present form to reflect the recommendations of an evaluation mission to Haiti to assess PAHO/WHO's humanitarian assistance in that country and the current status of the UN "White Helmets" initiative.

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EXECUTIVE SUMMARY

Technical cooperation provided by PAHO/WHO covers two important areas: disaster preparedness and coordination of disaster relief. Over the years, PAHO/WHO has expanded its focus from natural disasters to a multihazard approach that includes technological disasters and complex emergencies such as those resulting from civil conflict. PAHO/WHO has also extended its reach beyond the health sector to include other key sectors such as civil defense and public works, and, more recently, parliamentarians and ministries of foreign affairs. The scope of activities has shifted from preparedness to prevention of damage to health sector facilities. This broadened scope is closely associated with the progressive inclusion of technical cooperation on disaster management as the prime responsibility of the Organization's representatives and a cooperative effort by all regional programs.

The Organization was requested to take a more direct operational role in complex disasters. The most notable example was PAHO's leading role in the delivery of humanitarian assistance to Haiti since December 1991 in the effort to keep the health situation from deteriorating even further as a result of economic sanctions. Activities during the embargo included establishing an essential drugs and medical supplies center, distributing fuel to organizations involved in humanitarian assistance, and organizing humanitarian flights to continue the flow of essential products to the population.

A strategic evaluation of PAHO/WHO's humanitarian assistance activities in Haiti carried out jointly by the Office of U.S. Foreign Disaster Assistance (USAID/OFDA), the Canadian International Development Agency (CIDA), and PAHO/WHO reviewed the lessons learned and offered some recommendations. The team also suggested that the Governing Bodies reaffirm the importance of humanitarian assistance in the Organization's mission and PAHO's coordinating role in all health matters. Finally, the evaluation report raised questions concerning the devastating effects of a full, prolonged embargo on the health of the poorest segments of the population. PAHO/WHO should advocate that measures be adopted to minimize the negative impact of international economic sanctions on public health.

In general, PAHO/WHO should maintain its emphasis on the multisectoral provision of technical cooperation in disaster prevention and preparedness to reduce the vulnerability of the countries to all types of disasters, while at the same time strengthening its administrative and technical capacity to respond rapidly to humanitarian health needs that cannot be met by the country or other sources.

1. Introduction

Overwhelmed by a string of sudden-onset disasters that claimed the lives of almost 100,000 persons in the Region of the Americas in the first half of the 1970s, the Directing Council of the Pan American Health Organization at its XXIV Meeting in 1976 approved Resolution CD24.R10, instructing the Director to set up a disaster unit within the Pan American Sanitary Bureau.

Since its inception in 1977, the Emergency Preparedness and Disaster Relief Coordination Program (PED) has evolved considerably in order to adjust to changing needs at the regional level and to new approaches and trends at the global level. For instance, it is now recognized that a multihazard approach to disaster preparedness and response is essential nationally and internationally. PAHO/WHO's Member States endorsed this approach in Resolution CD27.R40 of the XXVII Meeting of the Directing Council in 1980, and mandated the Secretariat to provide "technical cooperation and coordination in preparing the health sector to respond effectively to health problems caused by technological disasters, such as explosions and chemical accidents, as well as by displacements of large population groups caused by natural or manmade disasters."

2. Technical Cooperation Provided by PAHO/WHO before the Onset of Disasters

2.1 *Institutional Strengthening*

A priority of the Organization is to contribute to the development and strengthening of a disaster management program in the ministries of health of Member States, thereby preparing the health sector to respond promptly and effectively to emergencies caused by disasters. The national official in charge of this program is the counterpart of the Organization and will determine the priority areas for technical cooperation. Today, practically all ministries of health in the Region have designated a unit or professional to oversee disaster preparedness activities in the health sector.

Health-related goals cannot be achieved without the active involvement of other sectors, public and private. Similarly, emergency preparedness and response in the health sector has become closely linked with other sectors, e.g., the armed forces, the economic sector, and public works. Health sector programs can be fragile, if not futile, in the absence of a well-coordinated multisectoral policy. PAHO/WHO has extended technical cooperation to other sectors, promoting the active participation of the civil defense, fire and police departments, public works, private industry, the Red Cross, and other NGOs in health sector preparedness activities and, in particular, in the approximately 220 disaster management meetings sponsored by the Organization each year. Over the last five years, regional projects have been directed, for example, to

parliamentarians at national, subregional, and regional levels for the purpose of assisting the revision of critical disaster-related legislation; to ministries of foreign affairs to prepare their consular and diplomatic personnel, develop response guidelines, and include disaster management in the curricula of diplomatic academies; to professional associations (engineers, architects, planners) so that they may play a determinant role in preventing the effects of natural disasters on health facilities and housing.

Initially, PAHO/WHO focused on improving the readiness of the health sector to respond promptly and efficiently when disaster strikes (i.e., preparedness). The dramatic collapse of the Juárez Hospital in 1985 in Mexico brought to light the fact that well-trained hospital personnel and well-tested institutional disaster plans are of little use if the buildings themselves do not withstand the disaster's impact. Thus, PAHO/WHO's focus was expanded to address disaster prevention/mitigation for health facilities. No universally accepted principles govern infrastructure built by national authorities and funded by bilateral agencies or multilateral banking institutions. To alleviate this problem, PED will organize a regional conference in early 1996 on disaster mitigation for hospitals and health facilities. The objective of this conference will be to promote the adoption of earthquake and wind resistance features in new and existing health facilities.

PAHO technical cooperation is promoting the adoption at national level of the multihazard approach under which vulnerability analysis, preparedness, and response to all types of disaster are the responsibility of a single disaster unit rather than of several specialized technical departments.

Disasters have always stimulated remarkable solidarity among different countries. In this Region, neighboring countries have been the most effective in providing appropriate and prompt health assistance. In recent years, PAHO/WHO has launched subregional health initiatives. Within this context, priority has shifted to the promotion of and technical support to intercountry agreements that address common risks such as earthquakes, volcanoes, and hurricanes. Although progress has been made (the creation of the Caribbean Disaster Emergency Response Agency, the active involvement of the Convenio Hipólito Unanue in the Andean Region, and the agreements between Colombia and Ecuador and between Peru and Chile on joint preparedness and response in border areas), more regional attention and resources should be diverted from routine technical cooperation at the country level toward the support of intercountry, subregional initiatives. One of the constraints, however, is the administrative and logistic difficulty of cross-border communications between counterparts. In response, PAHO/WHO is currently negotiating with the U.S. National Aeronautics and Space Administration (NASA) and other donors to establish a disaster management network on the Internet.

2.2 *Development of Human Resources*

In addition to strengthening health sector institutions in the Member States, the development of human resources has also been a cornerstone of PAHO/WHO. This strategy has been accomplished by training in the form of workshops in disaster preparedness, mitigation, and prevention; producing written and audiovisual training materials; and establishing the means of disseminating information to disaster managers throughout the Region.

2.2.1 *Training and Education*

Annually, PAHO supports an average of 200 training activities on disaster management in Latin America and the Caribbean. From its earliest stage, the Program involved the civil defense, fire and police departments, the Red Cross, and other NGOs in health sector preparedness activities. Gradually, these initiatives were taken over by national authorities, to the point that today it is difficult to keep abreast of many of the local and national training activities in the Region. The result has been better-prepared, multisectoral disaster management teams at the national level.

Universities in Latin America and the Caribbean are critical to education in disaster preparedness and mitigation. During the 1980s, a substantial number of faculties of public health, medicine, and nursing included this subject in their curricula. Many of those efforts were coordinated by the WHO Collaborating Center at the School of Public Health of the University of Antioquia in Medellín, Colombia. These efforts must continue and efforts also focus on the inclusion of a disaster mitigation curriculum in schools of engineering and architecture.

2.2.2 *Production of Training Materials*

The development and production of training and educational material has had a major "multiplier" effect. In the last decade, countries have been encouraged to either adapt PAHO/WHO publications, slide series, and video programs to their particular situation, or to prepare original materials which can be shared with countries with similar vulnerabilities. This material has been disseminated widely in Latin America and the Caribbean.

The scientific content of training material has shifted from major areas of emergency health management to more specialized areas such as the development of guidelines for determining and improving the structural safety of health facilities in vulnerable areas, or manuals on how to conduct a disaster preparedness simulation exercise or prepare a community risk map.

2.2.3 *Dissemination of Information*

Despite the fact that a great deal of technically and scientifically important material on disaster prevention, mitigation, and preparedness is produced in Latin America and the Caribbean, much of this material is not being utilized, either because few people know it exists or because it is inaccessible. To address these problems, in 1990 PAHO/WHO created the Disaster Documentation Center in San José, Costa Rica. The Center has collected and indexed approximately 6,000 published and unpublished reports, periodicals, books, and other material related to disasters. The material is disseminated, free of charge, to disaster professionals throughout the Region. It has become increasingly difficult to keep up with the demand for information, in part because the Center has actively promoted its services. Therefore, PAHO/WHO has sought partners to maintain and build upon the momentum generated by a cadre of multisectoral disaster professionals in the Americas.

Communications technologies are important tools for managing the large and varied human resources and information needs of the Region. Since the mid-1980s, PAHO/WHO has made extensive use of local area networks, database systems, and, more recently, electronic mail. The Disaster Mailing List database, used to distribute the quarterly newsletter on disaster preparedness and mitigation issues, has grown from 7,500 to 23,000 in the last six years, and the quality has been maintained thanks to its decentralized maintenance at subregional level. This database is linked to five specialized lists: donors, the International Decade for National Disaster Reduction (IDNDR), hospital mitigation, the Relief Supply Management Project (SUMA), and the Disaster Documentation Center. PAHO/WHO also maintains a roster of disaster experts and a list of meetings and training activities.

In a soon-to-be-launched project, funded by NASA, PAHO will link (via the Internet or other means) health and other multisectoral agencies in Central America with other national and international disaster management partners outside the health sector in an electronic disaster preparedness network and with an interagency Worldwide Web disaster site.

2.3 ***Coordination and Liaison with Other Agencies***

The disaster prevention and response activities of PAHO/WHO are carried out in close cooperation with other agencies of the UN and the Inter-American System. In mitigation and preparedness, the main partners have been the UN Department of Humanitarian Affairs (UN/DHA), through the Secretariat of the International Decade for Natural Disaster Reduction (IDNDR); UNDP, through the Disaster Management Training Program; the Organization of American States; and the Economic Commission for Latin America and the Caribbean (ECLA), in the economic cost of disasters in the health

sector. It is also worthwhile to note the proposal made to UN/DHA to establish a formal disaster management partnership in this Region based on the model of ongoing cooperation between PAHO and the IDNDR. The IDNDR Secretariat established a regional office for Latin America and the Caribbean in San José, Costa Rica, assigning a full-time officer to that post. Local costs are shared between the two parties.

The Emergency Preparedness Program, in close cooperation with PAHO's Division of Health and Environment (HEP) and its the Center for Human Ecology and Health (ECO), the International Program on Chemical Safety (ICPS), and the United Nations Environmental Program (UNEP), used modest core resources to raise health sector awareness of vulnerability to chemical and radiological accidents. Now that the Member States have given priority to their need for preparedness for technological accidents, this component of the program will call for additional resources and interagency coordination to respond to what may become the principal hazard in the 21st century.

In humanitarian assistance, PAHO's main partners are WHO/HQ, the Red Cross, and other NGOs. The overall coordinating role of UN/DHA is unequivocally supported by the Organization, which looks to it for global policy guidance and multisectoral coordination. Efforts are also being made to strengthen PAHO's relationship with the Armed Forces of the United States and other industrialized countries because of their increasing role in humanitarian operations.

Another important strength of the Program is its excellent collaboration with bilateral agencies in Member and Participating States (CIDA/Canada, ODA/United Kingdom, and AID/USA) and outside the Region, particularly the Humanitarian Office of the European Union (EU) and agencies of the EU's Member Governments.

2.4 *Lessons Learned and Proposed Action*

In spite of a marked shift of attention and resources at international level towards the more "fashionable" issue of complex disasters, PAHO/WHO will maintain a balanced approach between natural, technological, and manmade hazards that reflects the needs and priorities of the Region.

PAHO/WHO will continue to extend its technical cooperation to other sectors that can assist the health sector in its mission to reduce the negative impact on health from disasters.

PAHO/WHO will assist the countries to benefit from the "information superhighway" by helping in their access to electronic information and networking (Internet).

Within the Organization, the Office of the PAHO/WHO Representative (PWR), rather than a specialized regional program, should assume primary responsibility for technical cooperation in disaster management. During the last five years, every Representative's Office has designated a staff member as the disaster "focal point." These focal points are now first-line providers of technical cooperation, working with the Ministry of Health to identify priorities for action. This policy has been reinforced by a directive spelling out the responsibilities of the various institutional levels in the provision of technical cooperation in disaster prevention, mitigation, and preparedness.

Appropriate activities should be planned as part of country programming exercises, and should be funded at a level compatible with the vulnerability of the country, independent of the fluctuating regional extrabudgetary contribution.

At the regional level, other PAHO/WHO programs should include technical cooperation activities to reduce vulnerability to natural and technological disasters in their respective areas of responsibility.

3. PAHO/WHO Role in Humanitarian Assistance

In the 1990s, the Organization was called on to provide an operational response to long-lasting "complex" disasters resulting from conflicts or political collapse. PAHO's experience in responding to such emergencies in Nicaragua, El Salvador, and Haiti is highlighted below.

3.1 *Experience*

3.1.1 *Nicaragua*

In 1990-1991 the Organization of American States (OAS) requested PAHO/WHO to form part of a group charged with observing the electoral process in Nicaragua. Thirty PAHO/WHO staff members joined the 300-strong OAS mission, and monitored voting in eight regions of the country. Later, as part of the agreement in Nicaragua on the voluntary demobilization of resistance fighters, PAHO was assigned responsibility for providing medical assistance during the demobilization of more than 20,000 ex-combatants, and the repatriation of more than 18,000 of their family members. Working with NGOs such as "Médecins Sans Frontières" (MSF), PAHO/WHO contracted 144 health professionals and technicians who provided medical consultations, immunizations, laboratory and pharmaceutical services, and dental exams, and maintained radio communications.

3.1.2 *El Salvador*

After the signing of the January 1992 peace accord between the Government of El Salvador and the "Frente Farabundo Martí para la Liberación Nacional" (FMLN), PAHO/WHO took responsibility for maintaining health services in 18 camps that had been established to facilitate the demobilization of fighting forces and the reintegration of combatants and their families into society. PAHO/WHO provided the services of 66 health professionals who conducted more than 60,000 medical and dental exams, and gave specialized treatment in over 6,000 instances.

3.1.3 *Haiti*

The most notable example of PAHO/WHO involvement in humanitarian assistance activities began following the military coup in Haiti in September 1991. At that time, PAHO/WHO played a major role as technical coordinator of the OAS mission to assess needs for humanitarian assistance in December 1991.

Later, to address the crisis-accelerated deterioration in the country, PAHO assumed the leading role in the coordination of all health humanitarian assistance, and provided direct support (financial, logistical) to maintain key public health programs: maternal and child health; control and prevention of communicable diseases; essential drugs; water supply and sanitation—that is, in essence, the maintenance of any life-saving health activity.

PAHO/WHO also played a major role in Haiti in the formulation of policies and strategies and the coordination of external assistance. During the three-year crisis, PAHO/WHO exercised this leadership function through:

- the organization of a "Health Coordination Committee" with the Constitutional health authorities, UN agencies, NGOs and donors;

- the compilation and publication of an annual survey of the health situation (in three languages);

- formulation of a master plan for funding and implementation by multilateral donors such as the European Union's Humanitarian Office (ECHO);

- launching of periodic international appeals to donors.

The international community responded generously, committing US$ 31.6 million—an impressive amount, but barely enough to slow the deterioration of public health resulting from the crisis itself and the ensuing sanctions.

Under the humanitarian program in Haiti, several projects stand out either for their long-term importance, such as the essential drugs and supply provision system (PROMESS) (an essential drugs and supply center), or for their inclusive nature, such as the Humanitarian Fuel Program (PAC) or the Humanitarian Flights Project (PAT).

PROMESS (Programme d'approvisionnement en médicaments essentiels). The political crisis and the subsequent embargo exhausted, or at least considerably reduced, the availability of essential drugs and basic medical material. To alleviate this situation, PAHO/WHO created PROMESS, a central supply service which maintains the essential drugs listed by WHO (approximately 270), plus basic medical supplies. This program has stabilized prices for medical supplies in the Haitian market, and provided medicaments to more than 500 institutions. In addition, PROMESS ensures the free and constant availability of vaccines and syringes, anti-tuberculosis medicines, oral rehydration salts, contraceptives, and vitamin A for all health institutions. PROMESS is also responsible for the free donation of essential drugs, basic medical material, and edible products for selected health institutions within the framework of humanitarian assistance.

Of the 660 health institutions, 520 have received subsidies totaling US$ 2.3 million, and more than 3,500 deliveries, with a total value of $4 million. Currently, the available stock at PROMESS is valued at $2 million. Most significant is the importance of PROMESS as a self-sustained procurement and distribution mechanism of essential drugs and supplies for future health activities in Haiti—an unusual contribution of humanitarian emergency assistance to development.

PAC-Humanitaire (Programme d'approvisionnement en combustible). When the United Nations reimposed a fuel and weapons embargo on Haiti in October 1993, donors and humanitarian assistance organizations feared that the shortage or absence of fuel would bring their humanitarian activities to a standstill. Faced with this prospect, in December 1993 the Organization of American States and the United Nations jointly asked PAHO/WHO to establish a management structure for fuel distribution to all humanitarian assistance programs. This Program became "PAC-Humanitaire."

A Fuel Management Committee was convened to oversee the project, comprised of representatives from the UN, OAS, PAHO/WHO, the Constitutional Government of Haiti, key donors, one oil company, and representatives of NGOs. The purpose of the Committee was to provide overall policy guidance and to determine eligibility for fuel allocations. The Management Committee, not PAHO/WHO, decided how to allocate fuel, following strict humanitarian assistance criteria. Of 625 applicants, 324 agencies were approved by the Committee.

A total of 2,951,295 gallons of diesel and 679,088 gallons of gasoline was imported over a 10-month period (through 12 October 1994), allowing the continuation

of health services, water systems, food distribution, and other critical lifesaving activities.

In the critical initial phase, costs were covered by donations from the U.S. Government, CIDA/Canada, Denmark, and the European Union. Later, the project became self-sufficient, and operational costs were covered by the proceeds from the sale of fuel to authorized users. Although each recipient agency assumed responsibility and accountability for the proper use of the fuel, PAHO/WHO monitored the situation closely to detect any possible abuse. No major incidents have been reported.

Humanitarian Flights. Following the suspension of commercial flights to Haiti in June 1994, and at the request of the U.S. Government and in consultation with the UN and OAS, PAHO/WHO accepted responsibility for organizing chartered flights from Miami to Port-au-Prince on behalf of all interested agencies.

This project—clearly needed from a health point of view—encountered considerable administrative difficulties. A first flight of emergency supplies for a meningitis outbreak was delayed repeatedly (for more than four weeks) by the process of securing all necessary clearances, waivers, and liability insurance from the UN, the U.S. Government, and the *de facto* Government in Haiti.

Through 24 October 1994, nine flights delivered 163,682 pounds of freight, mostly medical supplies, from PAHO/WHO. Although the plan did foresee that UN/DHA would make all arrangements for distinct passenger flights, the pressing need of humanitarian agencies led PAHO/WHO to include 148 humanitarian personnel on some of its later flights.

Implementation of SUMA. In all humanitarian assistance operations, managing incoming relief supplies and pledges from the donor community needs specialized attention. PAHO/WHO placed the services of a regional team of experts from its SUMA Project at the disposal of UNDP, UN/DHA, and the Haitian authorities. Rapidly, SUMA provided services far beyond the inventory and classification of supplies to include management of pledges, unloading of humanitarian flights, temporary storage, customs clearance, and repackaging, as necessary, for distribution. This expertise of PAHO/WHO Member States could be valuable to the UN in both natural and complex disasters outside the Region.

The experience that PAHO/WHO has gained in Haiti is, most likely, unique:

- Three years of exclusive dedication to short-term humanitarian assistance. As a matter of policy, long-term development activities were suspended until democracy was reestablished in Haiti.

- No formal collaboration/contact with the *de facto* government and health authorities—an unusual situation for an agency whose principal interlocutor is normally the Ministry of Health.

- Reliance on local and international NGOs as implementing partners. This very satisfactory experience should change, for the better, the overall relationship of PAHO/WHO with NGOs.

- Economic sanctions adversely affecting the poorest segment of the population and unnecessarily hampering the ability of humanitarian agencies to deliver goods and services specifically exempted by the sanctions.

- As the main humanitarian player in Port-au-Prince, PAHO/WHO became the logical, if not the only choice for critical activities normally falling outside traditional health programs: distributing fuel and running a charter service.

An interagency strategic evaluation of PAHO humanitarian activities was undertaken in February 1995 by USAID/OFDA, CIDA and PAHO/WHO to draw the administrative, technical, and policy lessons learned and suggest ways and means to improve future humanitarian activities. The formal report of the evaluation was submitted to the Director of PAHO by Mr. Branford M. Taitt, Chairman of the Evaluation Team, on 30 March 1995. A copy of the Evaluation Report is available to members of the Executive Committee.

3.2 *Lessons Learned and Proposed Action*

The response of PAHO/WHO and the Region to recent emergencies has been effective only because of its strong tradition of disaster preparedness. PAHO/WHO does not have a disaster response team, it has a disaster preparedness program which occasionally is activated in a response mode. The priority of the Organization should remain the provision of technical cooperation in disaster prevention and preparedness. PAHO/WHO involvement in the operational delivery of humanitarian assistance should be considered only when the Organization has a strong comparative advantage or unique capability.

Global UN response plans make little provision for meaningful local participation. There is a risk, if not a tendency, of applying the model of intervention of Somalia or Rwanda, where external (UN or bilateral) teams are seen as "the solution" to all emergency situations. PAHO/WHO should continue to advocate national self-reliance through preparedness and training rather than the intervention of international standby response teams.

WHO, and PAHO in this Region, has the overall responsibility of coordinating the entire scope of health assistance—humanitarian and otherwise. This mandate within the UN system is not always clearly recognized by the UN humanitarian assistance coordinators. PAHO/WHO responsibility is often confined by the UN coordinator to just a segment of its health mandate. This responsibility is particularly critical at the time of launching a UN appeal. PAHO/WHO should assert its mandate to formulate priorities and a comprehensive strategy for all health activities including nutrition, sanitation, etc. However, responsibility for implementation and fund-raising should clearly be shared among the various partners.

In December 1994, the UN General Assembly adopted a resolution (A/49/L.19) encouraging countries to develop national volunteer corps, the so-called "White Helmets," to assist the UN, among others, in the fight against poverty and the delivery of humanitarian assistance. PAHO/WHO is supporting the active participation of Latin American and Caribbean nationals in humanitarian programs following international disasters. PAHO/WHO may assist Member States in the training of volunteers (for instance in Supplies Management-SUMA, the dissemination of health information, and other forms of technical cooperation).

Although a trend toward the centralized management of response to complex emergencies seems to be gathering momentum at the global level, the effectiveness of the Organization's response will continue to depend, to a large extent, on the local competence and knowledge of the situation. Thus, the role of the PWRs is critical and more emphasis must be placed on the training and readiness of local staff who are best able to assess the fast changing conditions, respond flexibly, and deliver services within the overall political framework determined at the central level. The key role of the PWR offices and the need for flexible, decentralized management of humanitarian activities is recognized by the PAHO/WHO Secretariat.

3.3 *Haiti Interagency Evaluation*

The Haiti Interagency Evaluation Team offered extensive recommendations to improve PAHO institutional capacity and facilitate action in times of political crisis. The full text of the report is available. Selected recommendations proposed that:

(a) *PAHO/WHO design and implement an administrative procedures manual especially adapted for emergency situations. It should focus on decentralized decision-making, effectiveness and speed of the purchasing process, and flexibility in local contracting.*

(b) *PAHO/WHO use, in establishing these procedures, the expertise acquired by national and international staff on duty in Haiti during the crisis.*

PAHO realizes that humanitarian activities have created a new challenge for quick, innovative decision-making under conditions of uncertainty, for which the present rules and procedures are not adapted. In Resolution 46/182, the UN General Assembly noted: "Special emergency rules and procedures should be developed by the UN to enable all organizations to disburse emergency funds quickly and to procure emergency supplies and equipment, as well as to recruit emergency staff." Jointly with the Interregional Task Force established by WHO, PAHO will review existing administrative and financial procedures governing emergency operations with a view to improving timeliness of response, standing procedures, and increased flexibility and delegation of authority to the field.

(c) *PAHO/WHO arrange, in prolonged crisis situations, for the creation at Headquarters of a special management unit with the power to offer timely responses to situations.*

Such an ad hoc group established late in the Haitian crisis proved to be a valuable management solution, likely to be adopted in similar situations.

(d) *PAHO/WHO be authorized to provide assistance to public sector institutions directly involved in the delivery of essential services to vulnerable populations, notwithstanding other considerations.*

(e) *In case of an embargo, Member States agree to provide PAHO/WHO with broad waiver facilities so that it can properly carry out its mission.*

The impact of the sanctions on Haiti has been twofold:

- First, the sanctions have directly impacted the population. The resulting deterioration of health services and the health situation, already the most underdeveloped in the Region, was only slowed by the generous support of the international community, channeled in part through PAHO/WHO.

- Second, the sanctions increased the complexity that humanitarian agencies faced in providing the needed services or supplies. Although exempt from the embargo, medical supplies were, for instance, delayed by a lack of appropriate transport or other formalities. The example of the four-week delay of the first humanitarian flight chartered by PAHO/WHO, a UN specialized agency, illustrates the operational difficulties encountered by all humanitarian organizations.

PAHO/WHO, through its Member States, should draw the attention of UN Security Council Members and other political decision-makers to the serious health impact on the most vulnerable groups of broad international economic sanctions. Some

of these unintended health consequences could and should be prevented by blanket exemption to UN humanitarian agencies from the cumbersome process of item-by-item clearance by UN and national authorities.

The Evaluation Team also recommended that:

(f) *Member States recognize the intervention capacity of PAHO/WHO in emergency situations and make it an essential element of PAHO/WHO's mission.*

(g) *On the basis of the Haitian experience, PAHO/WHO's role of coordinating emergency interventions in the field be reaffirmed by Member States and recognized by other agencies and international organizations.*

(h) *PAHO/WHO draw from the Haitian experience as regards working with the private, non-profit sector (NGOs); establishing durable organizations (PROMESS); and using cost-recovery systems.*

4. General Conclusions

The humanitarian response of PAHO/WHO to complex disasters has become a new facet of the Organization's Emergency Preparedness and Disaster Relief Coordination Program. This program has evolved considerably over the last 10 years. From a Program with an operating budget of approximately US$ 25,000 in 1977, the Program has, for the last five years, had an annual budget of $2.1 million. Requests for technical cooperation and support in the expanded area of disaster management and reduction are fast outpacing the existing resources, 90% of which are extrabudgetary. On the one hand, this attests to the fact that sustained core support from CIDA/Canada, USAID/OFDA, and specific contributions from other donors has enabled PAHO/WHO to raise the level of interest and commitment in the countries. On the other hand, it has forced PAHO/WHO and the Emergency Preparedness Program management to constantly review priorities, sharing attention and resources with new areas in need of promotion and support.

The comprehensive approach integrating mitigation and preparedness with response, and encompassing all types of disasters, from natural events to technological accidents, aims to respond to the needs identified by the countries of Latin America and the Caribbean. The broad scope of the program's activities makes it more important than ever to progressively integrate disaster prevention and preparedness into other technical departments and country offices. To achieve this goal, briefing/training sessions are scheduled in May and June 1995 to prepare all PWRs and disaster focal points in disaster-prone countries for this important responsibility.

Humanitarian response, especially in complex disasters, is a highly sensitive issue requiring flexibility and speed. The quality of the field staff and the Program's direct access and reporting to the Organization's senior management have been critical factors in its success.