

Improving Relief Supply Management: A Pan American Initiative

In December 1991, the United Nations General Assembly took a decisive step toward improving international humanitarian assistance by adopting a resolution (46/182) that strengthens the U.N. role in coordinating such assistance. One area that would particularly benefit from better international coordination is management of relief supplies at their point of entry into a disaster-affected country.

Stories abound of inappropriate supplies—from wool blankets sent to tropical areas to dangerous pharmaceuticals—being delivered to countries in the aftermath of disasters. There are several ways to minimize this occurrence. Recipient countries should be more selective in what they request, learning to say, diplomatically, “no thanks.” Donor countries should step up public awareness and education campaigns about what is and is not useful.

Under the aegis of PAHO/WHO, both sides periodically discuss these issues frankly before they become problems. But no amount of pre-disaster coordination will suppress the urge of the public and politicians to respond impulsively—and, as a result, too often inefficiently—to sudden disasters. Therefore, managing the incoming flow of donated relief supplies, in large part unsolicited and of little use, will remain a challenge for disaster managers in the years to come.

Disaster relief authorities face two distinct problems when trying to manage emergency supplies as they enter an affected country. First, they must distin-

guish between supplies that are useful and urgently needed and those that are simply clogging the system. The former require priority attention and distribution; the latter should not compete for attention and space. The second problem involves knowing exactly what has been received. Sketchy descriptions, such as “X tons of medical supplies,” will not enable relief officials to make sound decisions. They need more precise and technical information, such as “antibiotics, analgesics, bandages, vaccines.” To make matters worse, pharmacists and other skilled professionals—in short supply in normal times—are too busy responding to more pressing health needs in times of disaster to be available to make detailed inventories of or manage donated medical supplies. Thus, the management of relief supplies at the point of entry provides a splendid opportunity for post-disaster cooperation among countries, in the spirit of U.N. Resolution 46/182.

THE SUMA PROJECT

With financial support from the Government of the Netherlands, PAHO/WHO will soon introduce a new project known as SUMA, for *supply management*. SUMA will create and staff subregional standby teams in Latin America and the Caribbean of health personnel who will be specially trained to sort, classify, and manage donated relief supplies, using the latest computer technology.

When a disaster strikes one of the countries participating in the SUMA project, the team will travel to the disaster site to render the following services to relief authorities:

Source: Pan American Health Organization, Emergency Preparedness Program; *Disasters: Preparedness and Mitigation in the Americas*, January 1992.

- Make an inventory of the incoming health-related supplies, including medicines, medical and surgical supplies, and other items such as tents, generators, and water supply and sanitation equipment.
- Sort the relief supplies and mark those that can be put to immediate and urgent use with specially designed, self-adhesive color labels to distinguish and separate them from items that have no practical value at the moment (which, surprisingly, often constitute more than 50% of the donation).
- Identify and clearly label items that require special handling, such as refrigeration, or that must be used quickly because of a short shelf life.
- Enter inventory data at the site using portable computers, and prepare detailed reports for national relief authorities, for consignees taking delivery of the shipment, and for donors.
- Provide authorities with daily detailed lists that include information on the origin of each shipment, the consignee, the type of product, the therapeutic categories, etc.

The SUMA team will be in place and operational as soon as possible after a

disaster, but it will not provide long-term support to a stricken country. As they work, team members will also train their counterparts in the affected country so that the operations become a national responsibility within a matter of days.

Support provided to the SUMA teams will include training prior to their missions; a sophisticated, user-friendly data base designed specifically for this project; laptop computers, printers, and xerox machines; self-sustained power sources; on-site communications by hand-held radios; satellite communications; and support staff.

Disaster-prone countries will begin by designating a project focal point and identifying volunteers to serve on the standby team. The national focal point and volunteers will assume the overall direction and supervision of team activities in case of disasters in their country.

The importance of the SUMA project and its teams lies not only in the contribution they will make to managing post-disaster relief supplies. SUMA also represents a joint response of the Latin American and Caribbean countries themselves to the type of problem that no developing country is fully equipped to handle alone, but can face with sub-regional solidarity and a sense of neighborhood.



World Health Day 1992 Focuses on Cardiovascular Health

This year the theme for World Health Day, celebrated annually on 7 April to commemorate the adoption of the World Health Organization's constitution, was "Heartbeat—the Rhythm of Health." In

observance of this event, a ceremony was held at PAHO Headquarters in Washington, D.C., on 8 April, cosponsored by PAHO/WHO and the American Association for World Health, an agency that