

Disasters

Preparedness and Mitigation in the Americas



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Good Information Is the Most Elusive Commodity in Large Disasters

Editorial



Medical treatment and public health interventions are generally based on evidence. Methods and procedures are critically reviewed, often with control groups; side effects or errors are tracked and corrected; finally, original results are published with peer review to ensure scientific quality. The benefit of this process is that errors and long-held misconceptions are discarded, allowing medical and public health strategies to evolve.

In the aftermath of sudden onset disasters, the laws governing information management

seem to be changing. The premium is on immediate action, while evidence and information play a secondary role. The myths of humanitarian response identified 25 years ago by PAHO/WHO remain unchanged. Errors identified in “lessons learned” exercises or in evaluations are repeated from crisis to crisis. To understand the cultural peculiarities in information management in major disasters, one has to look at what information is needed, what sources are available, how to access the information, and, finally, how the use of this information differs from that of routine public health and medical requirements.

Types of disaster information needed

In “non-disaster” periods, the need for hazard and vulnerability data, guidelines, models, case studies, evaluations, new methods, and results are comparable to those of any social or public health field. The range of scientific fields is broad and increasing. However, we are still hampered by a lack of data and information on risk reduction (for example, economic and cost-benefit aspects of mitigation measures).

In the post-disaster period, needs change dramatically. The premium is no longer on elaborate comparative studies and general guidelines, but on highly time- and place-sensitive issues; on operational information about what is needed

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Caribbean Health Sector Scores a Win for the Cricket World Cup



ICC Cricket World Cup
WEST INDIES 2007

Much has been said about the gains and losses of the Caribbean countries that hosted the Cricket World Cup (CWC) in 2007. Attendance at the games was lower than expected, but there was no doubt that the health and security challenges posed by the mass gathering of people were serious ones. This was especially true given the limited experience of most countries in hosting events of this magnitude.

“There is the threat of terrorism, and the threat of disease, so as a region we have to be prepared,” the Director of the Caribbean Epidemiology Centre (CAREC), Dr. Glenda Maynard, cautioned prior to

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**Pan American
Health
Organization**

Regional Office of the
World Health Organization

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Safety Index for Hospitals: A quick and practical way to assess health facilities

How can we tell whether a hospital is safe? What does “safe” really mean? What can we do when we know that it isn’t? For many years there have been more questions than answers about these issues. It has been difficult to agree on the indicators for baseline information and measure the progress that countries are making in this critical area. These



concerns are being addressed by experts from the PAHO/WHO Disaster Mitigation Advisory Group (DiMAG). Their objective is to create an instrument that allows assessment or diagnosis of the existing safety level in hospitals should they be affected by a disaster. It will help to develop a list of priority facilities for intervention and to monitor progress in hospitals in the Region.

In each facility general information is gathered on variables such as: level of complexity, population served, specialties, health staff, available services, location, hazards, and the history of disasters at the site. An assessment is then made of the level of safety of the structural and nonstructural components and functional and organizational aspects of the hospital. For each component

specific features are assessed, and each receives a high, medium, or low safety rating according to established standards. Values are given to these ratings depending on the importance of each feature. These are then used to determine what actions to take and the timeframe of those actions in order to improve the safety of a specific facility.

This approach to verifying hospital safety provides a way to train multidisciplinary teams of assessors, including engineers, architects, health personnel, hospital directors, and others. A health facility can be evaluated in just a few hours and the cost is low. This makes it possible to assess a large number of health facilities in a short period of time. While this index does not replace detailed vulnerability studies, it does provide for rapid accrual of preliminary information that will identify facilities that need immediate intervention, and those that need measures to be taken in the short-term. The facilities that have a satisfactory rating should establish maintenance and monitoring routines and can improve their level of safety by taking action in the medium-term.

This methodology has been used successfully in Mexico and to a lesser degree in Costa Rica, Cuba, Dominica, Peru, and Saint Vincent and the Grenadines. Readers are invited to view the Index and obtain a copy from the PAHO website: www.paho.org/disasters.

Safe Hospitals, A Global Strategy

In the framework of the Global Platform for Disaster Risk Reduction meeting, held in Geneva (see next page), WHO and PAHO organized a workshop on disaster risk reduction in health facilities and the health sector to call attention to the serious effects that emergencies, disasters and other crises have on health and the impact they have on development.

The timing of this meeting was particularly opportune, since WHO and PAHO have joined forces with the ISDR to launch the 2008-2009 world campaign for disaster reduction, dedicated to Safe Hospitals. The campaign will focus on all health facilities—big and small—to ensure that these critical installations remain functional during and after disaster situations.

The meeting included examples from the island nation of Grenada and from Nepal on the impact of disasters in health facilities, and on why mitigation measures should be included during the planning, reconstruction and rehabilitation of health facilities. The Director of Emergency Services from the Philippines cited advances made in his country to organize the health sector and avoid the interruption of these services during a disaster. Finally, the Safety Index for Hospitals, which has been tested in several countries of Latin America and the Caribbean, was presented and offered as an instrument to assess the progress. For more information contact Patricia Bittner, bittnerp@paho.org.

response phase called for the mobilization of PAHO professional and support staff to assist member countries in managing emergency response. Fortunately, the response phase was not activated during CWC '07, but the same strategies will be used during hurricane season.

Emergency Operations Center for the Caribbean

The Emergency Operations Center for the Caribbean (EOC-CAR) was established to provide reliable, timely, and authoritative information during the Cricket World Cup (CWC) 2007. Located at the PAHO/WHO Office in Barbados, it served to give early warning and to forecast potential emergency situations that could require an organization-wide response.

Information was gathered about monitoring potential crisis type events, communicable disease events, weather, and preparedness activities carried out by the participating

countries. Sources included CAREC and its extended epidemiological network during the CWC, local media reports, and National Disaster Coordination Offices in countries hosting games. Daily situation reports were prepared and a weekly report was distributed to health disaster coordinators in national and international agencies.

There were two phases of operation: the alert and the response phases. The alert phase required the EOC to be on standby for the duration of the Cricket World Cup (from 11 March to 28 April 2007). The

First Session of the Global Platform for Disaster Risk Reduction

The first session of the Global Platform for Disaster Risk Reduction was convened by the U.N. Under-Secretary for Humanitarian Affairs in June 2007 in Geneva. The U.N. General Assembly voted to establish the Global Platform in place of the Inter-Agency Task Force on Disaster Reduction (IATF/DR). The stated purpose of the Global Platform is to strengthen the ISDR and support governments in meeting the goals of the Hyogo Framework for Action.



The Platform is expected to be the principal world forum for the wide range of actors active in disaster risk reduction. These include governments, U.N. agencies, international financing organizations, regional bodies, civil society, the private sector, and the scientific and academic communities.

Andean Countries Expand Capacity for Managing Disaster Information

Strengthening the capacity to manage information is a major challenge in risk reduction. This is the objective of a project to create information centers for disaster prevention and response sponsored by CRID, PAHO/WHO, and the ISDR as part of the broader Andean initiative on disaster prevention (PREDECAN) (www.comunidadandina.org/predecan/index.html).

These information centers will be a major boost to the institutions responsible for civil protection (or its equivalent) in Bolivia, Colombia, Ecuador, Peru and Venezuela. They will act as coordinating centers for the initiative and work to build and promote a national information network made up of organizations that work in disaster planning, management, and response; in education; and in conducting research on risks. Above all, these centers will give visibility and access to the enormous quantity of technical information being produced in different sectors in each country, and which too often is overlooked.

It will take significant collaboration among many players to make these centers a success. Overcoming institutional rivalry and the reluctance to share information, giving visibility to all network members, and seeing the results of teamwork—and all of this in the context of each country's idiosyncrasies—are a few of the challenges of an initiative that aspires to the level of cooperation that a "network" represents.

Training, technical assistance, and donation of computers will help the information centers to get off the ground. In May, representatives of the institutions involved attended a regional workshop in Peru where they received training in some of the basic tools required for setting up the information centers.

For more information about the BiVa-PaD network (the Spanish acronym for Virtual Libraries for Disaster Prevention and Response in the Andean Region), visit www.crid.or.cr/crid/PREDECAN/index.htm or write to isabel.lopez@crid.or.cr.

OCHA Launches a New Spanish-language Website for Humanitarian Information

Redhum is a virtual tool that provides easy access through the Internet to updated humanitarian information from the Latin American region, allowing for better disaster preparation and response.

Its objective is the identification of the main humanitarian actors that produce relevant information, such as contacts, maps, reports, and activities in the region. In addition, Redhum sets out to strengthen its network of partners and to facilitate public access to humanitarian information. This allows for wider dissemination of humanitarian guidelines, technical documents, and best practices, as well as linking to materials available through other regional initiatives such as WebCoe, CRID, and Predecan.

Redhum is operated mainly by the interagency regional group for emergencies (RedLac), CEPREDENAC, CRID, NGOs and other actors, and coordinated by OCHA. It is financed by the Spanish Agency of International Cooperation and the Swiss Agency for Development and Cooperation. An information officer will be located in each country to work with the national disaster response system.

The Beta version for Central America will be available in July through www.redhum.org. For additional information contact: haughtond@un.org.



ISDR Presents PreventionWeb



The ISDR Secretariat, in its support of the Hyogo Framework for Action, is developing an information portal for disaster risk reduction (DDR) called PreventionWeb. Its primary purpose is to facilitate the work of professionals involved in disaster risk reduction and facilitate an understanding of the subject by non-specialists.

PreventionWeb aims to provide a common platform for institutions to get connected, exchange experiences, and share information on DDR. The system will be designed to allow distributed data entry, as well as provide options for content syndication.

The site will be updated daily, and contain DDR news, initiatives, event calendars, online discussions, contact directories, policy documents, training events, jobs, terminology, country profiles, and fact sheets, as well as audio and video content. Visit the site at www.preventionweb.net.

Member Countries

El Salvador Stages Its First “Bird Flu” Simulation



Following the examples of Mexico and Argentina, the health authorities in El Salvador carried out the country’s first simulation exercise for an avian influenza pandemic. The aim of the exercise was to assess the response capacity of health workers at the local level and of the Ministry of Health local, departmental, and national rapid response health teams. The scenario was of a patient infected with a highly pathogenic form of influenza in the San Sebastián municipality, San Vicente Department.

The exercise tested the ability to rapidly detect and give notification of the outbreak, the level of care provided by health workers, the response capacity of the local hospital, as well as the use of biosafety measures in accordance with clinical guidelines on treating patients with this type of virus.

The simulation exercise was directed by the National Commission for Prevention of an Avian Flu Pandemic (CONAPREVIAR). It assessed technical strengths and weaknesses of the health sector and of coordination among different institutions and sectors.

This type of preparedness exercise is valuable in that it strengthens a country’s response capacity for any type of emergency, not only a possible pandemic. For more information on the exercise, you can write to: meperez@els.ops-oms.org.



Nevado Del Huila Volcano Erupts in Colombia

On 19 February, after more than 200 years of inactivity, the Nevado del Huila volcano erupted; this was followed by a more intense eruption on 17 April. The volcano is in southwestern Colombia, forming part of the Andean mountain range. Both eruptions caused major mudslides, and debris was scattered along the Paez River.

Thanks to monitoring equipment maintained by the government, on both occasions it was possible to warn the communities living in close proximity to the volcano. They were well aware of the dangers of the icecap melting and mudslides associated with an eruption. The communities had suffered a major disaster 13 years earlier when, following an earthquake, there was a major landslide along the Paez River, resulting in widespread damage. The early warning system, added to the preparation of a perceptive community, allowed rapid evacuation of the area. As a consequence, some 5,000 people living in the area of influence escaped harm. For more information, contact castillaj@col.ops-oms.org.

Caribbean Health Sector Scores a Win for the Cricket World Cup

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the launch of the competition. The region responded by enhancing the health sector and building inter-country collaboration into the emergency response system. These preparations have been widely hailed among the CWC’s enduring legacies.

With the support of PAHO and CAREC, the countries expanded their capacity to respond to public health crises, cope with mass casualty events, and provide critical clinical care. These activities were administered by a CARICOM/CWC 2007 Health Sector Sub-Committee comprising CARICOM Ministers of Health. The Sub-Committee promoted an integrated approach to meeting regional health and security requirements and ensuring that International Cricket Council standards were observed.

A mass gathering surveillance system was established to help detect disease outbreaks or possible acts of biological terrorism. Data were reviewed daily, providing for prompt public health interventions and response. PAHO, the Public Health Agency of Canada, and the European Union provided financial and technical support for these activities. Supplementing the surveillance system were “Roving Public Health Technical Teams,” comprised of public health nurses and senior environmental health officers who had expertise in food safety and port health.

CAREC, in collaboration with PAHO’s Office in Barbados, mounted a rigorous training program for public health personnel, especially in the area of foodborne diseases and the management of solid wastes. This included a training program for food vendors in each of the host countries, which, in the case of Barbados, involved just under 4,000 (nearly all) food vendors, in an exercise that ran for

Floods in Bolivia

Events related to the El Niño phenomenon caused widespread suffering in Bolivia in January through March 2007. Major flooding, freezing weather, and hail affected the departments of Beni, Santa Cruz, La Paz, Chuquisaca, Tarija, Potosí, and Cochabamba. Severe rains and river flooding damaged housing, closed roads, and destroyed crops. The Civil Defense reported (as of June 2007) 50 deaths, 103,595 families affected, and damage to crops on more than 366 thousand hectares. Thousands of people have been displaced to temporary shelters; not all shelters are in conditions to support these numbers.

These events, along with pre-existing conditions of social vulnerability, inadequate sanitation, and limited access to safe water, have increased the potential for outbreaks. Of special concern are severe diarrhea, respiratory infections, dengue, malaria, leptospirosis, yellow fever, skin disease, conjunctivitis, and mental illness.

Bolivia's health sector developed a response plan and received generous international support to expand assistance to the disaster victims. Aid included providing shelter, health services, drinking water, and food. The U.N. System in Bolivia made a flash appeal for humanitarian assistance in response to the events. The appeal includes a broad set of activities for health care, disease prevention, and health promotion. These include monitoring health risks in shelters, supplying medicines, monitoring water quality, hygiene education, control of vectors, and other post-disaster activities.

More than a year ago, the municipality of Trinidad—the capital of the department of Beni—worked on a project to strengthen the local health sector's ability to respond in a disaster. Because certain measures were in place at the time of the floods, local authorities were better able to coordinate the different actors responding to the disaster.

This emergency highlights weaknesses in coordination and certain technical activities. For example, donation and supply management and

almost two years, ending in January 2007.

Disaster preparedness and management entities in all the countries participated in extensive mass casualty management training conducted by PAHO in the nine host countries over a two-year period. Significant investment was made in the health infrastructure. This included upgrading hospitals and other health facilities and the purchase of new ambulances, radiology equipment, and equipment and supplies for emergency departments and clinics. Medical stations were erected at each stadium and other strategic sites, such as airports and hotels. These improvements will continue to enhance service delivery in the countries long beyond the events of the World Cup.

This is a condensed version of an article prepared by Clare Forrester, Communications Consultant for the CWC Health and Safety Sub-Committee. The full text can be obtained from zaccarem@cp.paho.org.

damage assessment are two critical processes that require prior coordination and preparation among institutions. Understanding and standardizing these tools and procedures can increase the efficiency and quality of the response.

The Bolivian government requested the U.N. Economic Commission for Latin America and the Caribbean (ECLAC) to carry out an assessment of the impact of these floods. ECLAC estimated that damage to the health sector amounted to US\$ 6.8 million. Their report states that 99% of these costs were unanticipated and accrued during the emergency phase (emergency response, provision of safe water, epidemiologic surveillance, vector control, medication and supplies, etc.). One percent of the costs were for impacts on the physical infrastructure of health facilities. The report can be consulted on the ECLAC website: www.eclac.org/mexico/.

In June 2007 there are still flooded areas in Beni. The health sector continues to work (with the support of PAHO and a variety of donors) in different activities in the most severely affected areas to improve and strengthen access to health services, water, and sanitation and to improve the quality of life in the most vulnerable communities. For more information, please contact: cgarzon@ecu.ops-oms.org.



Andean Ministers of Health Reaffirm Their Commitment to Disaster Reduction

During their twenty-eighth meeting, held in March in Santa Cruz de la Sierra, Bolivia, the Ministers of Health of the Andean Region reaffirmed their commitment to the Andean health sector disaster plan. They agreed to expand support for health sector emergency and disaster operations committees in each of their ministries. The Ministers recognized the need for a regional mechanism that would ensure that cooperation among their countries in emergency and disaster response would become the norm.

These commitments by the Ministers open the way to reinforcing national health programs for emergencies and disasters. They will also help to secure programs for bilateral cooperation in disaster response. Together with the development of a regional response team, these mechanisms will strengthen the response of the health sector in Andean countries to disasters. Contact cgarzon@ecu.ops-oms.org.





New Spanish-language Training Material on Local Health, Water, and Sanitation Management

New materials produced by PAHO/WHO are part of a project to strengthen local health services during disasters in the Andean region. The disaster preparedness program of the European Commission's Humanitarian Aid Department is supporting production of these materials as part of the fourth phase of the DIPECHO (Disaster Preparedness ECHO) action plan. The materials are available on the Internet at www.paho.org/disasters. Copies are available through CRID (www.crid.or.cr).

Preparedness for Health Aspects of Local Disaster Response

This book provides guidelines on important activities in the sectors of health, water, and sanitation that should be part of any local preparedness plan for disaster and emergency response. It also illustrates basic aspects of local organization during emergencies.

Is Your Hospital Safe? Questions for Health Personnel

This is a practical guide that uses questions and answers to identify the most common type of vulnerability found in health facilities. Graphics illustrate mitigation measures that are easy to apply and that primarily relate to nonstructural and functional aspects of hospital safety. Available in July 2007.

Monitoring Water Quality in Disasters

This book highlights experiences gleaned from disasters, and provides specific requirements for drinking water supply immediately following a disaster. It recommends ways to avoid certain practices that contaminate water supplies—these practices are common among disaster victims and even among personnel responsible for water distribution. Available in July 2007.

Safeguarding Rural Water and Sanitation Systems from the Impact of Disasters

This document addresses the most common types of damage caused by a variety of hazards in rural water and sanitation systems. Suggestions are given for mitigation measures that will lessen the impact on these systems. The book is a valuable training tool for applying these measures in the field.

Interactive CD: Multimedia Simulation for Flood Response

This interactive CD is a novel multimedia training tool that assists in conducting simulation exercises for flood response. Special software guides a group of 25 persons (representing the Emergency Operations Center for health) in how to interact while playing a variety of roles according to the sequence of events presented in the exercise.

Lessons Learned In Local Health Management during Disasters

Materials included in this CD both document and organize tools, models, and methods that have already been tested in managing local disaster risk. The focus is on the management of health, water, and sanitation as developed in Bolivia, Colombia, Ecuador, Peru, and Venezuela. These methods can be replicated (with necessary modifications) in other communities. Available in August 2007.

PAHO's New Video on Safe Hospitals

PAHO has produced a new video, in DVD format, to promote the concept and strategy of Safe Hospitals. It makes it clear that this issue is of universal concern, extending beyond the health sector. The video



explains what a safe hospital is and why we must safeguard these critical facilities. It highlights examples of best practices in the Region, destroying the myth that it would be too expensive or even impossible to build hospitals with safeguards to ensure they continue to function after disasters. The video combines footage and interviews with important decision makers in several countries in the Americas who share positive experiences and lobby for safe hospitals.

The program aims to raise awareness at the decision-making level during planning or execution of hospital construction or improvements. However, it is equally suitable for use in training activities or for a general audience. It is also an important resource for PAHO's advocacy efforts in conjunction with the ISDR 2008-2010 "Safe Hospitals" global campaign. Copies of the DVD are available from CRID.

New Information Resources on Pandemic Influenza

Updated information from PAHO/WHO — www.paho.org/english/ad/dpc/cd/flu-pan.htm

WHO checklist for influenza pandemic preparedness planning — www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_4/en/index.html

U.S. Government avian and pandemic flu information — www.pandemicflu.gov/

Avian and pandemic influenza information from UNICEF — www.unicef.org/avianflu/index.html

Ministry of Health of Argentina — www.msal.gov.ar/hm/site/gripe_aviar/site/default.asp

Good Information Is the Most Elusive Commodity

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where and how it will get there. The clientele is also different. Those using the information are not planners or experts who value scientific accuracy. Instead they are predominantly first responders and emergency decision makers and coordinators unwilling or unable to devote the time necessary to secure reliable information before taking action. Speed and visibility compete with effectiveness.

The sources of information

In medicine and public health, most of the knowledge comes from scientific articles or books that undergo a demanding process of preparation, analysis, and conclusions submitted to the scrutiny of peers. In the disaster field, much of the knowledge still comes from the so-called “gray literature” which is not subject to review requirements for formal publication. Lack of independent editorial and peer scrutiny places the burden of quality control on the reader. This gray literature is likely to remain an important source of knowledge in disaster management.

Often in the acute emergency phase of a major crisis, the real-time information required for decision making is just not available. Yesterday's information or information from another disaster obviously will not meet urgent needs of responders. The health response is also taking place in a multi-sectoral context requiring an inter-agency approach to needs assessment. Data collection mechanisms established by the U. N. or individual countries fail to generate large amounts of information that can translate into meaningful decisions by actors with distinct operational responsibilities and their immediate needs for information.

Often, a lack of funding is given as the reason why data on needs are not collected or available in the first days and weeks of a disaster. But good information was also elusive in the response to the tsunami in Asia and Hurricane Katrina when funding was not an issue. In spite of considerable commitment from the humanitarian community to the principle of evidence-based action, the existing mechanisms to generate this operational information (for example, UNDAC, FACT) were no match

for the complexity and compressed time-frame of the task at hand.

Access to needed information

Facilitating access to information is the raison d'être of librarians. They know how to compile large amounts of existing information and guide users to the small subset relevant to their needs. In the medical arena, the U.S. Library of Medicine (NLM) or PAHO/WHO Center on Health Science Information (BI-REME) compile information using databases such as Medline and LILACS. In risk reduction and preparedness, the “gray” literature is unregistered in those databases, but CRID and

For more than 15 years, the Regional Disaster Information Center (CRID), with headquarters in Costa Rica, has worked to improve the collection of and access to technical-scientific information on disasters, and supporting Latin American and Caribbean countries in the creation of services and national information centers. For more information visit www.crid.or.cr.

similar facilities provide access to this type of documentation. However, these systems were not designed to provide the ephemeral data and information required for operational field decisions in an acute emergency.

While operational data are lacking, considerable information is produced in the aftermath of the disaster that has an intrinsic scientific value for future disasters. Projects to disseminate this information in larger disasters, such as OCHA's Humanitarian Information Center, often have a short life expectancy that does not exceed that of a specific humanitarian relief effort.

The Central American Network for Disaster and Health Information (CANDHI), established jointly by CRID, NLM, and PAHO, is an example of how individual, national centers, which are well positioned institutionally, are particularly well suited to ensure long-term safeguards for and access to the large amount of gray and otherwise perishable information (situation reports, evaluations, needs assessment analysis, after-action debriefing reports, appeals, and progress reports). The trained librarians in these centers should concentrate on

locating and preserving this valuable post-disaster documentation before it is lost.

Today, information is electronic and therefore ubiquitous. Sorting out the relevant documents is increasingly difficult. Many centers, like CRID, the CANDHI network, or Civil Protection information centers, increasingly have on-line access to the same publications, while authors of studies and reports are also routinely posting their documents on the web. Users require well-designed search engines that “understand” their special field and needs, and guide them past the overwhelming mass of irrelevant or unreliable references. That is the domain of excellence of information centers like CRID. Their strength—as well as their limitation—is the fact that their scope of application is limited to their own carefully selected database and not to the web universe.

Searches with Google and other commercial search engines provide access to hundreds of thousands references; most are utterly irrelevant to user needs. The challenge for librarians and users alike is to ensure that most, if not all, of the highly pertinent and reliable information is displayed in the first pages of a search. Again, the skills of competent modern librarians will be required to attach the necessary labels, attributes, and keywords to a web document to optimize its accessibility.

Librarians can contribute by preserving, organizing, and disseminating the irreplaceable and perishable data and documents generated by relief and recovery efforts. Unfortunately the main challenge will continue to be that of ensuring that this evidence and knowledge are actually used and put into practice by disaster managers. A more proactive effort from information experts is required to translate information into knowledge and avoid the repetition of errors and myths. Affected populations would benefit greatly if the pressure for immediate and visible action were balanced by a willingness to use available information and experience.

This issue of the newsletter includes notices on other initiatives to improve access to disaster information, such as Redhum (from OCHA) or PreventionWeb (from ISDR).

What's new at CRID



What's new at CRID

The **Regional Disaster Information Center (CRID)**'s 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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2007 Hurricane Season

This special section of the CRID website will keep people informed about the 2007 hurricane season. The space contains documents of interest on prevention measures, emergency and evacuation plans, health aspects, etc.

Consult www.crid.or.cr/crid/ing/temp_hurricanes_ing.html

New CANDHI (Central American Network for Disaster and Health Information) Website

Created with support from the U.S. National Library of Medicine, the International Strategy for Disaster Reduction, and the Pan American Health Organization, the site has been designed as a platform for collaboration and exchange between information centers on disasters and health from the Central American region, and to promote and introduce the services and products offered by the network. Visit: www.candhi.org.

Information Resources on Climate Changes

Searching for ways to adapt to current needs and topics of interest, CRID—with the support of ISDR and PAHO/WHO—is working in the development of information resources on climate change, a subject that has become a priority for CRID users. A thematic CD will be created, and there will be a special section in the website to facilitate access to this specialized information.

CRID invites readers to send technical documents, bibliographic, audiovisual material, etc., that will be incorporated into this new product. Write to: crid@crid.or.cr

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