



DISASTERS



Preparedness and Mitigation in the Americas

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Photo: David Spitz/PAHO/WHO

Ministers and national health authorities of 25 countries and territories of the Americas met at the Pan American Health Organization headquarters in Washington, D.C. to define priority actions in migration and health.

Disability Inclusion in Hospital Disaster Risk Management (INGRID-H): An evaluation/action methodology to improve the inclusion of persons with disabilities

In order to support the efforts of country health sectors to comply with Article 11 of the United Nations Convention on the Rights of Persons with Disabilities (“Situations of risk and humanitarian emergencies”), PAHO/WHO’s Health Emergencies and Non-communicable Diseases departments, in collaboration with several country experts, developed the INGRID-H methodology

(INGRID-H is the Spanish acronym for Disability Inclusion in Hospital Disaster Risk Management).

In 2013, a United Nations global survey on disability and emergencies/disasters revealed several critical aspects, including:

- Persons with disabilities said they are rarely consulted about needs, that is, their specific needs are not considered.
- The lack of universal access limits and pre-

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Editorial

Regional ministerial meeting identifies priority actions in migration and health

On 29 November 2018, ministers and national health authorities from 25 countries and territories of the Region of the Americas, as well as the Secretariat of the Pan American Health Organization (PAHO), identified priority actions to improve the response of health systems to the mass migration moving through the Region.

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INGRID H

DISABILITY INCLUSION IN HOSPITAL DISASTER RISK MANAGEMENT

An evaluation/action methodology to improve the inclusion of persons with disabilities



vents persons with disabilities from properly sending and receiving information. Disabilities also complicate the evacuation process, which explains the higher rates of mortality and morbidity in this group compared to the general population.

- Preparedness, response, and recovery plans often fail to include the needs of persons with disabilities.

INGRID-H is an “evaluation—action” methodology that addresses the aforementioned critical points in order to improve the level of inclusion of persons with disabilities in health disaster risk management, particularly in hospital preparedness and response to emergencies and disasters.

INGRID-H facilitates implementation of a step-by-step process divided into three phases.

The first is **evaluation**, in which a baseline is established on the current level of inclusion of persons with disabilities in hospital preparedness for the response

to emergencies and disasters. After the INGRID-H evaluation is conducted, a report is drawn up showing the results. A basic action plan is also generated with some suggested strategies for continuous improvement.

The second phase is **implementation**, which is subdivided into three steps:

- a) Visibility and participation activities: aimed at short-term improvement (within 30 days) of the visibility and representation of persons with disabilities in the hospital.
- b) Autonomy activities: to improve conditions in the medium and long term to allow persons with disabilities to perform autonomously in the hospital, particularly in terms of universal accessibility.
- c) Strengthening response capacity activities: to improve response preparedness, particularly the updating of procedures in the hospital response plan for emergencies and disasters, so that they

include the specific needs of persons with disabilities.

The third phase is **verification**, in which actions are established to assess the disability variable in the hospital emergency and disaster response plan, through inclusive simulation exercises.

The INGRID-H methodology is aimed at health workers involved in emergency and disaster risk management, as well as public and private hospital staff at the local, subnational, and national level.

INGRID-H was designed based on qualitative and quantitative methods, as well as a broad review of literature on the rights, vulnerabilities, and specific needs of persons with disabilities during emergencies or disasters, and the implementation of at least four workshops with experts on disaster risk management and disability.

For the design of the evaluation variables and the qualitative basis of measurement, pilot studies were conducted in the Dra. Eloiza Diaz de la Florida Hospital and Peñaflores Hospital, both in Chile; Riobamba Regional Hospital and Ibarra Hospital in Ecuador; and the Highly Specialized Medical Units (Specialty Hospital, Oncology Hospital, Cardiology Hospital, and Pediatric Hospital) of the National XXI Century Medical Center of the Mexican Social Security Institute, in Mexico.

As a result of the experience in Mexico,


the INGRID-H methodology was included within a strategy of evaluations conducted jointly in hospitals, such as the Hospital Emergency and Disaster Management Model, defined as “resilient hospitals”.

This strategy integrates assessment of the Hospital Safety Index (HSI), a multi-hazard approach using a preparedness checklist for chemical, biological, and radiological agents, and nuclear-explosive agents, in addition to the capacity to expand critical services, and a green checklist that seeks to mitigate the effects of climate change.

INGRID-H was officially launched in December 2018 during an event at PAHO Headquarters in Washington, D.C., with people participating from at least 280 locations in 11 countries. During his remarks, Dr. Ciro Ugarte, Director of the Health Emergencies Department, stressed the efforts underway in the countries of the Americas to include persons with disabilities and to incorporate these initiatives into the resilient hospitals model.

The development of this methodology and its tools, as well as the implementation of solutions during the pilot stage, has been made possible by the financial support of the Department of Health and Human Services of the United States (HHS).

The implementation of INGRID-H will not only help uphold the rights of persons with disabilities, it will also contribute to the efforts of countries to have safer, more inclusive, and more resilient health sectors.

INGRID-H is available in English and Spanish. 



Photos: Vanessa Cardón/PAHO/WHO

Prevention and Response to Health Emergencies: First regional meeting of national health disaster coordinators and national focal points for the International Health Regulations (IHR)

Almost one quarter (21%) of all disasters in the world between 2013 and mid-2018 occurred in the Region of the Americas, resulting in 141 million victims and more than 10,000 deaths.

At the same time, emerging and reemerging epidemic diseases continue to pose a constant threat to world health security, and the list of high-impact and/or high-consequence infectious diseases is growing. Since 2012, 484 verified events have been recorded in the Americas, of which 176 were outbreaks of epidemic-prone diseases.

The impact of these emergencies on often fragile health systems is considerable: damages to health facilities, interruption of health programs, and overburdened services.

The health sector in the Region plays a key role in prevention, mitigation, preparedness, and response to emergencies and disasters, making it essential to have basic public health capacities for emergency preparedness and risk management.

The resilience of national emergency and disaster response systems depends on solid health systems. This means that PAHO/WHO and its partners support

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countries not only through rapid response to manage crises and prevent the international spread of outbreaks, but also through efforts to strengthen national capacities and health systems before a crisis occurs.

Countries have received significant support through continuous interaction, capacity-development, and commitment on the part of regional health disaster coordinators and national IHR focal points in the ministries of health.

PAHO has held numerous separate events with the national health disaster coordinators and the national IHR focal points in recent decades, but for the first time, from 5 to 7 November 2018, The PAHO/WHO Health Emergencies Department convened both groups of professionals to the Regional Meeting on Health Emergency Prevention and Response in Brasilia (Brazil).

This is consistent with the 2016 reform of the WHO Health Emergencies Program. On this occasion, 100 representatives from the areas of epidemiology and disaster risk management in the health ministries of 30 countries participated, along with PAHO staff.

The meeting was an opportunity to develop capacities, hold

consultations, establish regional and subregional priorities, facilitate the sharing of experiences among countries, and report on PAHO technical cooperation to help strengthen national and regional capacities in the areas of health emergencies and disaster prevention, mitigation, preparedness, and response.

Among the issues discussed was the proposed PAHO Strategic Plan for Health Emergencies 2020-2025, evaluation of the Plan of Action on Humanitarian Health Assistance, plans and strategies to manage high-risk biological hazards, a review of operating procedures for the monitoring and reporting of national emergencies, and a review of progress in the implementation of the Plan of Action for Disaster Risk Reduction 2016-2021. Educational sessions were also offered to strengthen national and regional capacity on specific health emergency topics.

The PAHO/WHO Health Emergencies Department works with countries to strengthen the capacity of the health sector in the areas of prevention, risk reduction, preparedness, surveillance, response, and early recovery from emergencies and disasters related to any type of risk. 🌐



Photo: Vanessa Castillo/PAHO/WHO



Photo: David Spitzer/PAHO/WHO

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Editorial

Regional ministerial meeting identifies priority actions in migration and health

How to improve health systems and services for migrants and the populations that receive them was among the topics discussed at the high-level meeting, held at PAHO Headquarters in Washington, D.C. Discussions focused on short- and medium-term actions for epidemiological surveillance, outbreak preparedness and prevention, and ensuring access to health systems and services, among other subjects.

The meeting was a call to collective action, reaffirming regional solidarity and the commitment of the PAHO Secretariat to develop a Regional Plan of Action in consultation with the Member States. The objective is to give guidance and establish priorities in meeting the health needs of migrants, both nationally and through bilateral agreements in border and transi-

tion areas, as well as through subregional mechanisms and initiatives.

PAHO will also establish a Regional Forum on Health and Migration that will include a platform on which the health authorities of the Region can share epidemiological information, technical guidelines, and communications protocols and strategies for a comprehensive approach to health and migration.

Access to vaccines and medicines was a key part of the discussion. This will be promoted through PAHO's two pooled procurement mechanisms—the Revolving Fund, for vaccines, and the Strategic Fund, for essential medicines and strategic health supplies—to protect and maintain the achievements made in the Region in disease control.

“These migration waves will continue to be a challenge in the medium to long term. This is the time that we must come together in solidarity as a Region to protect the health and well-being of the peoples of the Americas, be they citizens or migrants, recognizing that diseases know no borders and that no one must be left behind,” affirmed PAHO Director, Carissa F. Etienne.

Also participating in the meeting were Eduardo Stein, United Nations Joint Special Representative for Venezuelan refugees and migrants in Latin America; José Samaniego, Regional Coordinator of the United Nations Office of the High Commissioner for Refugees; and Luca Dall'Oglio, Chief of Mission of the International Organization of Migration. 🌐

Measles response continues in the Americas

Within the context of a measles outbreak in Venezuela that started in July 2017, 12 countries of the Americas have reported confirmed cases of measles (Figure 1) as of 18 January 2019. Circulation of measles of the same genotype and lineage as that circulating in Venezuela (D8 MVi/HuluLangat.MYS/26.1 1) has been detected in all 12 countries.

Because of these continuous outbreaks, PAHO/WHO has been working with the countries of the Region to implement comprehensive actions based on the four pillars of response: surveillance (case investigation, laboratory diagnosis and rapid response); case management; vaccination; and communications and social mobilization. These actions have been calibrated to the specific epidemiological situation, as well as to the vulnerabilities and capacity of each country at the subnational level.

To strengthen surveillance, countries are improving their warning systems for the early detection of suspected cases of measles in public and private health facilities.

Furthermore, they are making sure that samples from suspected measles cases are received in the laboratories within five days of collection and that the laboratory results are ready no more than four days later. PAHO/WHO has also supported countries by holding subregional workshops, in English and Spanish, on rapid response to measles outbreaks.

Countries have stepped up their vaccination campaigns to maintain uniform 95% coverage for the first and second dose of the measles, mumps, and rubella (MMR) vaccine for children under 5 in all municipalities. Countries have also been urged to vaccinate their at-risk populations, such as health workers, people working in tourism and transportation (hotels and food supply, airports, taxi drivers, etc.), and interna-

tional travelers. Furthermore, PAHO/WHO has supported the identification of migration flows (arrival of migrant populations) and internal flows (movements of population groups), that include indigenous populations, through International Health Regulations (IHR) channels in each country, to facilitate access to vaccination services in accordance with the national schedule.

Finally, since proper management of hospital cases is essential to prevent in-hospital transmission, PAHO/WHO has recommended some principles for case management of measles in hospitals, including information on procedures for the appropriate transfer of patients to isolation areas (to avoid contact with other patients in waiting rooms and/or hospital settings).

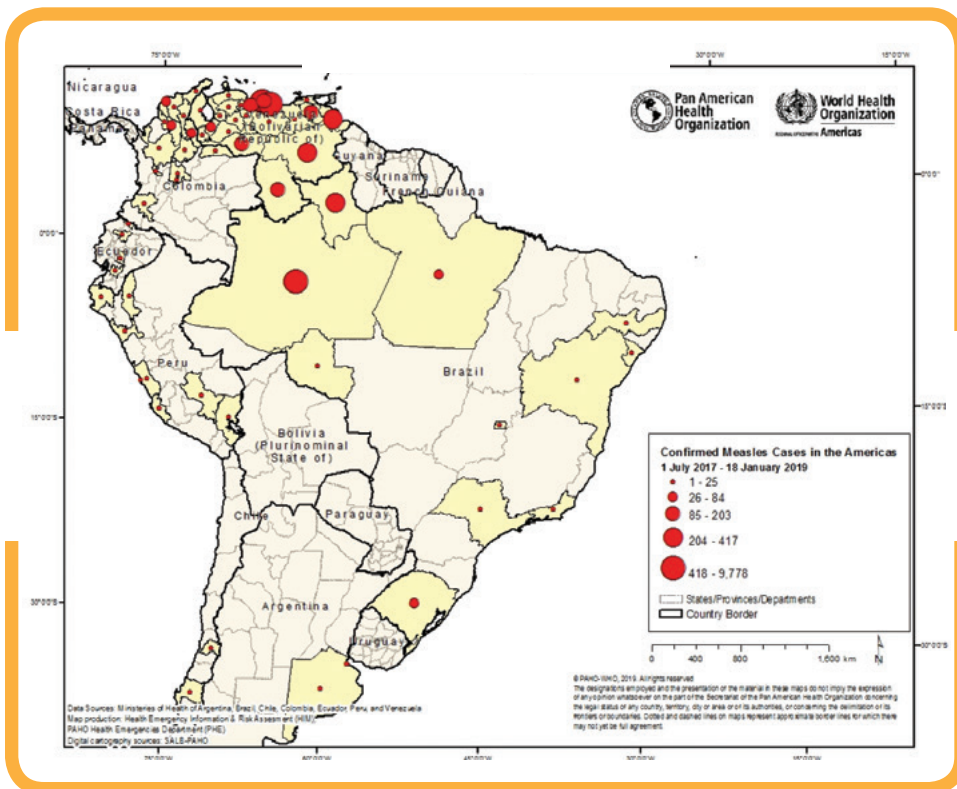


Figure 1: Confirmed cases of measles in the Americas.


1 July 2017–18 January 2019.

New field kits for public health emergencies will be available in 2019



Field Kits for Public Health Emergencies is a new project developed by the Emergency Operations unit of the PAHO Health Emergencies Department (PHE) to provide the countries of the Americas with quick reference guides for emergency response. These kits consist of rapid field guides for managing infectious diseases and responding to natural disasters, as well as WASH documents and chlorine dilution

calculators. They complement already existing technical and field guide manuals. The objective of the kits is to provide practical assistance and a quick reference guide for physicians, response personnel, and public health personnel that have already been trained in operational response, prevention, and management of emergencies. This product is the result of shared efforts by several PHE units and the documents were

reviewed and approved by PAHO experts. The kits have been prepared in both English and Spanish, and will be ready in early 2019 in print (pocket-sized booklets), and on mobile devices through an application that Android users can download. Future additions to these kits will include additional information on diseases, a section on mental health, and translation of the documents into French and Portuguese. 



Central America

Strengthening access to health services in violence-prone areas

The Northern Triangle of Central America, comprised of Guatemala, Honduras, and El Salvador, has one of the highest rates of violence in the world for a non-conflict area, with homicide rates that the World Health Organization classifies as epidemic. Violence has social and economic impacts, and is also a public health

scourge for multiple reasons. These include high indices of morbidity and mortality from violent attacks and their impact on the physical and mental health of victims and their family members. Even health workers can be affected.

With financial support from the Disaster Preparedness Program of the European

Civil Protection and Humanitarian Aid Operations Department (DIPECHO), and within the framework of PAHO/WHO cooperation, an initiative has been launched to strengthen access to health services in violence-prone areas of the Northern Triangle of Central America: Guatemala, Honduras, and El Salvador. The first phase

has already concluded (2016-2017), and a second phase is currently underway (2018-2019). This initiative is designed to boost health care capacity in areas affected by violence by diagnosing the impact of violence on the health services, analyzing the associated demand for medical care, and strengthening national and local capacities to reduce the impact of violence on the health services and improve the delivery of services to the population.


The project has worked with 15 hospitals located in violence-prone areas where there is a high demand for services, in close coordination with the Ministries of Health of the target countries.

There is close coordination with the Norwegian Red Cross and through it with the National Red Cross Societies of Guatemala, Honduras, and El Salvador, to reach these 15 health units. The project strengthens local capacity, interinstitutional coordination, and above all boosts the response capacity and self-protection of the health workers in these settings.

The social violence afflicting these countries jeopardizes the safety of health workers and their institutions. However, workers tend to perceive the threats as normal and become accustomed to them, underestimating their risks. This project has managed to make the problem more visible and raise awareness among health workers in the facilities involved. This has led to a strengthening of security in the hospitals and provided tools for prevention, self-protection, and hospital clinical and psychological management of cases of violence.

Ensuring the delivery of health services in a context of collective and/or community violence is fundamental in order to safeguard the operation of health facilities and provide medical care for the consequences of violence on the health of the population.

In order to understand the baseline conditions, an analysis has been conducted of the determinants of violence, the needs, and the capacity for health services delivery at the hospital and pre-hospital level. This diagnosis stresses elements related to nonstructural components of hospital safety. It also looks at staff perceptions of safety, the environment in which the health care facility is located, and the context in which health workers operate while coming and going to perform their duties in the community.

The Rapid Preparedness Assessment for Health Care Facilities—RPA tool—has been used to evaluate the level of preparedness of health facilities. This tool includes three modules: the dangers the facility faces, current administrative management procedures, and the state of the physical infrastructure. The purpose is to determine a health establishment's level of preparedness so that it can continue to operate during or after security events related to an identified conflict or other types of violence. The three threats prioritized by the tool (attack, intrusion, and massive influx of people) were all identified by staff in the survey, although 50% of the hospitals described intrusion as the greatest threat they face. 

Priority measures implemented

- Risk assessment
- Establishment and implementation of a “no weapons” policy
- Installation of fire protection systems
- Preparation of safety operating procedures
- Equipment for self-care rooms
- Enhancement of video surveillance systems
- Improvement of access controls for family members and visitors
- Placement of walk-through metal detectors and/or small weapons detectors
- Strengthening of radio communication systems
- Signage announcing evacuation routes and “no weapons” policy
- Preparation of protocols and workflows for the management of firearm and stabbing injuries
- Training of physicians and nurses in advanced trauma life support (ATLS) and basic life support
- Development of violence risk maps for health centers and identification of safe routes and hours for accessing health services

Resilient health care facilities in the Caribbean



Much has been written about small island states and the impacts of climate change, including stronger hurricanes, sea level rise, higher temperatures, and extreme rains and flooding. These effects have been felt in the Caribbean, with devastating consequences.

Scientists on the Intergovernmental Panel on Climate Change (IPCC) have recently expressed serious concerns about the ability to keep global temperatures from rising no more than 1.5 degrees Celsius. It will be costly to do so, but a window of opportunity remains open.

In this context, the Resilient Hospitals initiative implemented by PAHO is a step in the right direction because it not only seeks to make health facilities safer, but also greener. The initiative, which receives funding from the United Kingdom Department for International Development (DFID), combines climate adaptation, energy efficiency, and disaster risk reduction in health care facilities.

But the best design criteria for safe hospitals are not always the best for climate adaptation and mitigation. For this rea-

son, PAHO has been developing adapted designs and construction standards for the new hospitals, incorporating reduced energy and water use to reduce the facility's carbon footprint.


The health sector itself is a contributor to climate change, since health care facilities are some of the highest consumers of energy because of how they operate and the many people who use them. In fact, hospitals use about twice as much energy per square meter as office buildings. Furthermore, considering that the cost of energy in the Caribbean is three higher times than in the United States, it is essential to make more efficient use of energy while addressing increased health care costs.

Initiatives like Resilient Hospitals encourage the countries of the Americas to adopt a comprehensive smart/resilient approach in each sector. The smart approach allows for the progressive implementation of green and safety standards at all facilities, both public and private, making them more cost effective. Some countries have already implemented this in

different sectors through “smart communities” and “smart schools,” while others have made it part of a national approach in disaster recovery and management plans and in their development strategies.

In 2018, PAHO concluded the retrofitting of five more resilient health care facilities. Work will soon be completed on a sixth facility, Chateaubelair Hospital in Saint Vincent and the Grenadines. Renovation of Princess Alice Hospital in Grenada and the Smart Health Centre in La Plaine, Dominica has allowed these facilities to increase their Hospital Safety Index and to a green score of A70+.

In Saint Lucia, “smart” improvements have been made to three health centers, which will yield immediate savings in their operating costs. The savings could ultimately be used to improve health services in the country, maintain these facilities, and bring other facilities up to their standards.

PAHO will continue to use this initiative to support the countries of the Region in achieving safer, greener, and more resilient health institutions. 





Ministers of the Caribbean approve a plan to prepare for the impact of climate change on health

The ministers of the Caribbean have agreed on an action plan to ensure that the health of people living in Small Island Developing States (SIDS) is protected and prioritized within the climate change agenda.

The Third Global Conference on Health and Climate paid special attention to small island developing states. It was convened by the Pan American Health Organization (PAHO) and the World Health Organization (WHO), and was organized by the government of Grenada from 16 to 17 October in St. George's, Grenada.

The Conference was attended by Prime Minister Keith Mitchell of Grenada, ministers of health, ministers of environment, PAHO and WHO experts, representatives of other United Nations agencies, and key stakeholders from the Caribbean. It was convened to discuss the main challenges of climate change that endanger health in the islands of the region.

“Every day we see the effects on our surroundings of how we have treated the environment,” said Mitchell. “As leaders we are accountable to future generations. We must protect the earth for them. It is crucial to put this at the top of the agenda.”

“We all understand that climate change will continue to affect our oceans, agriculture, food production, and water resources,” said the Director of PAHO, Dr. Carissa F. Etienne. “But in the end, the main impacts in all these sectors are on health.”

Many SIDS are already experiencing more frequent events related to climate change. These include an increase in climate-sensitive diseases, such as vector-borne, food-borne, and water-borne illnesses; more frequent and severe extreme weather events; and sea level rise.

The agreed action plan establishes a variety of recommendations to ensure that the specific needs of SIDS are considered,

including the development of mechanisms to ensure that island states are fully committed to global climate change processes and agreements, technical cooperation methods are strengthened, and there is ensured access to the human, technical and financial resources needed to address the effects of climate change on health.

“Just as we have brought climate change into the heart of the health sector, we should work to bring health to the center of discussions on climate change. We believe that this action plan is an important step in that direction,” concluded Dr. Etienne.

The action plan will be part of the WHO Global Plan of Action on Climate Change and Health in Small Island Developing States, and will also be used as the framework for a more detailed regional plan of action in the Caribbean. [▶](#)

Dominican Republic

Technical personnel strengthen their capacity for decision-making during emergencies

In order to strengthen the ability of technical personnel to make decisions during health emergencies, the Pan American Health Organization, in coordination with the Ministry of Public Health and the National Health Services (SNS), organized a workshop on “Coordination and Decision-making Mechanisms for Health Emergency Response Operations” this past September.

The workshop used the framework of the International Health Regulations. Its purpose was to develop, update, and disseminate the standard operating procedures to ensure a timely, coordinated, and comprehensive health response, in which all components of the health sector are represented within a multi-risk response plan.

“The Dominican Republic has demonstrated very good response capacity and we have seen how both the Health Emergency Operations Center (EOC) and the SNS work. There has been steady progress in the level of coordination and organization. Therefore, the workshop will impart a methodology to show the importance of working together and the steps to follow to achieve true coordination and have information available when it is needed,” said the PAHO/WHO Representative, Dr. Alma Morales.

The keynote speaker was the Deputy Minister of Public Health, Dr. Héctor Quezada, who pointed out the impact of climate change on the occurrence of disasters. He stressed the relevance of this workshop in helping the country prepare to respond appropriately and minimize impacts as much as possible. He also underscored the importance of physical or virtual Health EOCs, which bring together political and technical aspects to achieve timely execution of emergency plans through situation analysis of actions already carried out, and of needs and possible solutions for decision-making at the highest level.

The event brought together the areas of Epidemiology, Medical Emergencies, the Public Health Laboratory, Expanded Program on Immunization, General Directorate of Drugs, Food, and Health Products, and Strategic Communications, among others, as well as technical staff from the National Health Services. They updated concepts in the decision-making process and proposed tasks for preparing and validating the operating procedures to be followed should the Health EOC need to be activated. ▶

Bolivia

Ministry of Health creates a unit for Environmental Health, Emergencies, and Disaster Risk Management



The Ministry of Health of Bolivia has created an Environmental Health, Emergencies, and Disaster Risk Management Unit. This unit is responsible for the National Disaster Risk Management Program (PNCAD), the National Environmental Health Management Program, and the National Coordinating Center for

Health Emergencies.

PNCAD, which operates under the Epidemiology Unit, was primarily responsible for the emergency and disaster response area of the Ministry of Health after 2001, when Law 2140 on Risk Reduction and Disaster and/or Emergency Response was enacted.

In recent years, with support from PAHO, PNCAD has made considerable progress in raising risk-awareness and has developed mechanisms and instruments for coordinated response to emergencies,

including natural disasters as well as outbreaks and epidemics.

The establishment of the Environmental Health, Emergencies, and Disaster Risk Management Unit marks an important milestone in placing risk management on the agenda of the Ministry of Health of Bolivia. It expands the Ministry's competencies to other areas of environmental risk and gives it an important impetus to coordinate prehospital care with the creation of a Coordinating Center for Health Emergencies. ▶

Costa Rica

Ministry of Health officials receive training on migration

The International Organization for Migration and the Pan American Health Organization gave a workshop on migration and health for Ministry of Health officials, both at the central level and in regional directorates.

The main objective of this activity, carried out in two working sessions last August, was to train the officials to respond effectively to different situations related to health

and migration. They received background information on migration as a social determinant of health and healthy migration. Further information was provided about the risks associated with irregular migration with a view to properly identifying and addressing situations of vulnerability. The officials also strengthened their ability to advise, describe, and support institutional efforts related to health and migration.

It is estimated that Costa Rica has a migrant population of over 480,000 people, of whom almost 80% are Nicaraguan and the remaining 20% are from the United States and Europe. Considering the size of its population, Costa Rica has the largest migrant population in Central America, representing 10% of the total population. [▶](#)

Nicaragua

Hospital Disaster Response Preparedness Workshop

At the end of November Nicaragua held a Hospital Disaster Response Preparedness Workshop in close coordination with the Office of Health Services and the Office of Emergency and Disaster Risk Management of the Ministry of Health of Nicaragua, the Pan American Health Organization country office in Nicaragua, and with technical support from the Central American office of the Health Emergencies Department.

More than 40 staff members from 28 hospitals around the country participated in the workshop. Although most of them already had response plans under the structure that the Ministry of Health has maintained through the Hospital Disaster Preparedness Guidelines dating back to 2002, their plans needed revision in order to include certain key elements for the analysis, organization, and strengthening of clear processes and operations to respond



to health emergencies and disasters.

The two-and-a-half-day-long workshop used the Hospital Disaster Response Preparedness tool—an interactive and participatory method in which each lesson feeds into relevant aspects of the plan.

After the workshop, the participants from the 28 hospitals recommended that the Director of Health Services and the Director of Risk Management at the Ministry of Health update the response plan guidelines to better orient all hospitals

as they review, adapt, and update their response plans.

It is important to monitor this work in order to strengthen the response plans of all the health services under the strategy of integrated health services networks, rather than individual hospital plans. It is also important to update the guidelines for emergency response plans with the new tools and materials that will guide and facilitate future updates to the plans. [▶](#)



Venezuela

PAHO delivers 50 tons of medicines for the Venezuelan people

Approximately 500,000 patients in different hospital departments—emergency, intensive care, surgery, and general medicine—will benefit from the delivery of 22 tons of drugs and medical supplies to Venezuela, arranged by the Pan American Health Organization (PAHO).

The delivery of these drugs and supplies was carried out at the end of October under the Safe Hospitals Initiative in which PAHO and the Ministry of People's Power for Health (MPPS) have been collaborating for two years. It includes 18 priority hospitals in 14 states of the country.

The Deputy Minister for Comprehensive Health of the MPPS, María Gabriela Miquilareno; the Deputy Minister for Hospitals of the MPPS, Armando Marín; and the PAHO/WHO Representative in Venezuela, José Moya, participated along with their teams in the handover of 22 tons of drugs and supplies.

“Seventy-eight pharmacy and warehouse workers were trained in the LSS /SUMA (Humanitarian Supply Management System) tool for the management of hospital supplies, which allows for monitoring of the drugs from time of receipt until they are dispensed to each beneficiary. This allows the MPPS and PAHO to plan for demand and adjust the strategy if needed,” explained Dr. Moya.

The more than 3,000 boxes delivered have been distributed in 18 hospitals, 13 Comprehensive Community Health Areas, eight Health Bureaus, and five Epidemiological Situation Rooms in the states of Amazonas, Anzoátegui, Aragua, Apure, Bolívar, Delta Amacuro, Capital District, Carabobo, Lara, Mérida, Monagas, Sucre, Táchira, and Zulia.

And in mid-September PAHO delivered another 16 tons of drugs and supplies for the Venezuelan people. This latest delivery brings the total of drugs and supplies provided by PAHO to Venezuela to 50 tons so far in 2018, in a sustained effort that seeks to improve health care for the population. 🌐

Chile

PAHO donates satellite equipment to the Ministry of Health of Chile to improve connectivity of Rapa Nui during emergencies and disasters

The Pan American Health Organization (PAHO) has given the Ministry of Health of Chile a complete set of telecommunications equipment to be used in Rapa Nui (Easter Island) during emergencies, or when traditional communications are interrupted.

The donation was made at a ceremony attended by the Minister of Health, Dr. Emilio Santelices, the Undersecretary for Public Health, Dr. Paula Daza, the PAHO/WHO Representative in Chile, Dr. Paloma Cuchí, and the head of PAHO's Emergency Operations Center in Washington, Dr. Leonardo Hernández. All of them emphasized the importance of maintaining connectivity for the island territory, especially when traditional means fail.

The donation consists of BGAN Explorer 500 (voice and data) satellite equipment, with 1,000 connection units good for 730 days, in addition to Iridium 9555 satellite cellular equipment, with a charge of 500 minutes good for 12 months.

This donation is the result of collaboration between the Ministry of Health of Chile and PAHO to develop emergency response capacity in Rapa Nui. In this context, an International Health Regulations simulation exercise was conducted in this Chilean island territory last year. 🌐

Hospital evacuation manual emphasizes critical areas

The strengthening of hospital preparedness to respond to any risk or event should consider all scenarios and establish protocols and procedures to facilitate an efficient response.

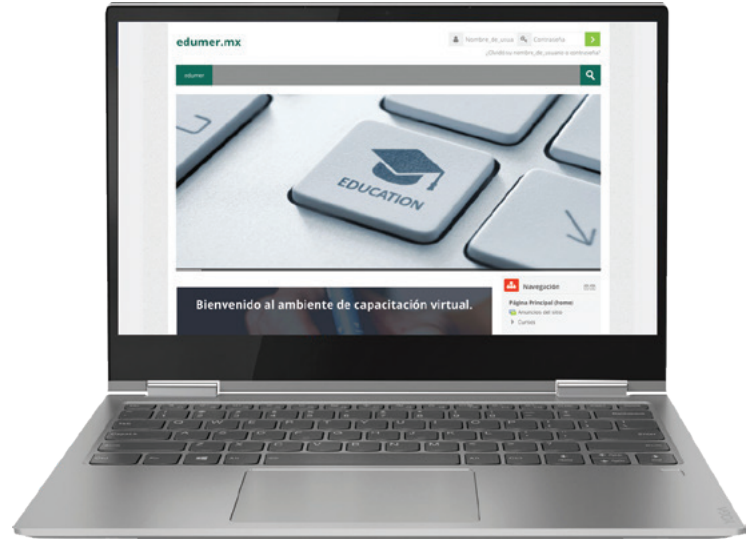
The Mexican Social Security Institute's experience with emergencies and disasters was the basis for a protocol to coordinate evacuation needs in advance, thereby ensuring the continuity of operations and safeguarding the lives of patients and personnel. This requires a proven and well-publicized protocol that includes all the procedures necessary to allow entire areas of the hospital to be evacuated quickly and safely.

Risk is greater during an evacuation when it involves patients who, due to the severity of their medical conditions, have greater needs for staff and biomedical equip-


ment or a given therapeutic procedure. Because of their characteristics and complex level of care, these areas of the hospital are defined as critical areas.

Evacuation of these areas is truly challenging. A lack of preparation and adequate training can set off a crisis in the organization, increasing the risk of injuries and even avoidable deaths.

Evacuación de Hospitales con Énfasis en Áreas Críticas, (Hospital Evacuation with Emphasis on Critical Areas), a book recently published by the Mexican Academy of Surgery, gives guidance for planning hospital



evacuation with emphasis on critical areas—and how to do so in a safe, orderly, and rapid manner that centers on patient safety. It provides tools for systematizing procedures and for managing the most common adverse events.

The book also offers readers the opportunity to deepen and strengthen their knowledge in a virtual training environment, through an on-line course at <https://edumer.mx/e-learning>. 


Gray literature database on disaster medicine and public health

Disaster Lit® Database for Disaster Medicine and Public Health is the National Library of Medicine (NLM) database of links to disaster medicine and public health resources available on the internet at no cost. Resources from over 1,400 non-commercial publishing sources [1] supplement disaster-related resources from PubMed [2] (biomedical journal literature) and MedlinePlus (health information for the public); they include guidelines, reports, proceedings, trainings, factsheets, etc., for a professional audience.

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Daily Updates or Weekly Updates. Finally, if you subscribe [5] to the DISASTR-OUT-REACH-LIB Listserv, once a week an email is sent that provides a summary of material added in the last week. 

References

- [1] <https://disasterinfo.nlm.nih.gov/disaster-lit-selection>
- [2] <https://medlineplus.gov/spanish/>
- [3] <https://disasterinfo.nlm.nih.gov/latest>
- [4] <https://public.govdelivery.com/accounts/USNLMDIMRC/subscriber/new>
- [5] <https://public.govdelivery.com/accounts/USNLMDIMRC/subscriber/new>

Upcoming Events

International symposium on Disaster Resilience and Sustainable Development

7-8 March 2019/ Bangkok, Thailand

<http://www.disaster-sustainability.org>

This symposium will take place at the Asian Institute of Technology in Thailand. Its program includes keynote addresses, discussion panels, technical sessions, poster presentations, and academic exhibits. It will also provide an opportunity to develop a Higher Education Institutional Platform on disaster risk reduction to address cross-cutting issues on disaster resilience and sustainable development.

4th Global Summit of Research Institutes for Disaster Risk Reduction

13-15 March 2019 / Kyoto, Japan

<http://gadri.net/events/2018/11/4th-global-summit-of-research-institutes-for-disaster-risk-reduction-gsridr-2019.html#>

This event is sponsored by the Global Alliance of Disaster Research Institutes (GADRI) and Kyoto University. Its theme is "Increasing the effectiveness and rel-

evance of our institutes" and the objective is to review how GADRI could help promote the 2030 Agenda and the Sendai Framework to increase awareness about disaster risk reduction and resilience, and implement policies to prevent new risks.

Global Platform for Disaster Risk Reduction

15-17 May 2019/Geneva, Switzerland

<https://www.unisdr.org/conference/2019/globalplatform/home>

The Global Platform for Disaster Risk Reduction is a biennial multi-stakeholder forum established by the United Nations General Assembly to review progress, share knowledge, and discuss the latest developments and trends in disaster risk reduction.

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