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EMERGENCY PREPAREDNESS AND DISASTER RELIEF COORDINATION PROGRAM (PED), WITH EMPHASIS ON PAHO'S EXPERIENCE IN HUMANITARIAN ASSISTANCE

As its name implies, the Emergency Preparedness and Disaster Relief Coordination Program has two important mandates: disaster preparedness and coordination of disaster relief. Over the years, PAHO/WHO has expanded its focus from natural disasters (earthquakes, hurricanes, volcanic eruptions) to a multi-hazard approach that included technological disasters and complex emergencies such as those resulting from civil conflict. PAHO/WHO also extended its reach beyond the health sector to include other key sectors and actors—originally agencies such as the civil defense or public works, and more recently, parliamentarians and Ministries of Foreign Affairs. The scope of activities also has shifted from traditional preparedness to disaster mitigation for health sector infrastructure.

Disaster response has also evolved from the coordination of international aid to a direct operational role in complex disasters. The most notable example is the Organization's activities in Haiti, where PAHO has played the lead role in the delivery of health related humanitarian assistance since December 1991. PAHO/WHO has provided direct support for maintaining key public health programs and has established several programs critical to keeping the health situation in Haiti from deteriorating even further as a result of economic sanctions. These include an essential drugs and medical supplies center; a program to distribute fuel to organizations involved in humanitarian assistance, and a program of humanitarian flights to continue the flow of essential products during the embargo.

The Subcommittee on Planning and Programming is asked to discuss the extent to which PAHO should promote mitigation measures in health services and address the issue of technological disasters; and the appropriateness of a more in-depth study of the health economics of disasters in cooperation with ECLAC.

The Subcommittee on Planning and Programming is also invited to discuss how operational PAHO/WHO should become in complex disasters; the need to adjust the Organization's rules and procedures to the special operational requirements of humanitarian assistance; and to advise on how to evaluate the experience in Haiti.

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1. Introduction

Overwhelmed by a string of sudden-onset disasters that claimed the lives of almost 100,000 persons in the first half of the 1970s, the Directing Council of the Pan American Health Organization approved Resolution X in 1976, instructing the Director to "set up within the Pan American Sanitary Bureau... a disaster unit" with a clear mandate to play the lead role in disaster preparedness in the health sector.

Since its inception in 1977, the Emergency Preparedness and Disaster Relief Coordination Program has evolved considerably in order to adjust to changing needs at the regional level and to new approaches and trends at the global level. This evolution can be summarized as follows:

1.1 *From Natural Disasters to a Multi-Hazard Approach*

Any type of acute emergency situation, be it the result of a natural event such as an earthquake, flood or hurricane, or the result of a technological accident or social unrest (complex disasters), has potentially serious health implications. Progressively, experts recognized that a multi-hazard approach was essential at the national and international level. PAHO/WHO's Member States endorsed this approach in Resolution XXIII in 1985 which requested the Director 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 man made disasters." A balanced approach must be maintained between natural, technological, and manmade hazards in order to avoid an over-emphasis on the more fashionable complex disasters, which globally appear to overshadow the need for action in natural disasters.

1.2 *Toward a Multisectoral Reach*

The WHO Constitution defines health as "the complete state of physical and mental well-being, and not merely the absence of disease or infirmity", and it has become increasingly more apparent that health cannot be achieved without the active involvement of other sectors, public or private. Emergency preparedness and response in the health sector has become closely linked with other sectors, e.g., the armed forces, the economic sector, public works.

Often, the health sector has been credited with a significant commitment to and progress in disaster preparedness and prevention. However, programs in the health sector alone can be fragile, if not futile, in the absence of a well-coordinated multisectoral policy. PAHO/WHO has extended technical cooperation and advice to other sectors not only to improve the health component of the national disaster response, but also to strengthen the Ministry of Health as head of the health sector. Over the last five years, regional projects have been directed, for instance, to parliamentarians, with a view toward assisting the revision of legislation, or to Ministries of Foreign Affairs to prepare their consular and diplomatic personnel, develop response guidelines, and include disaster management in the curriculum of diplomatic academics.

More important, perhaps, has been the multidisciplinary and multisectoral approach in the delivery of technical cooperation to the health sector. From the earliest stages, PAHO/WHO has promoted the active participation of the Civil Defense, the fire and police department, public works, private industry, the Red Cross and other NGOs in health sector preparedness activities and, in particular, in the approximately 220 meetings sponsored by the Organization each year.

1.3 *Promotion of Cooperation between Neighboring Countries*

Disasters have always stimulated a remarkable solidarity among countries. In this Region, neighboring countries that are exposed to the same risks and share similar cultures traditionally have been the most effective in providing appropriate and prompt health assistance. Particularly in recent years, PAHO/WHO's unique contribution has been to stimulate subregional health initiatives, as priorities shift away from national activities toward the political promotion of and technical support to inter-country agreements that address common risks, such as earthquakes, volcanos, 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, or the agreement between Colombian and Ecuadorian engineering societies for mutual assistance following disasters and joint training activities), more attention and resources should be diverted from routine technical cooperation at the country level toward the support of intercountry subregional initiatives. Disaster reduction can be a very effective vehicle for promoting border agreements and, in general, integration at the subregional level. One of the problems faced, however, is the administrative and logistic difficulty of cross-border communications between counterparts. PAHO/WHO is presently negotiating with the United States National Aeronautics and Space Administration (NASA) to establish a disaster management network on the Internet.

1.4 *From Preparedness/Response to Prevention and Mitigation*

The 1976 resolution establishing PAHO/WHO's disaster unit clearly marked a shift away from an ad hoc response after disasters to an active preparation of the health sector prior to disasters. Preparedness implies accepting the probability that a disaster will impact negatively on public health, and initially, PAHO/WHO focused on improving the readiness of the sector to respond promptly and efficiently when disaster strikes. However, if the progress achieved in the field of disaster preparedness was beginning to lull the Region into complacency, this was shattered by the dramatic events that followed in the wake of the 1985 earthquake in Mexico. At just one site—the Hospital Juárez in Mexico City—561 patients, family members and health care workers lost their lives. Ironically, the health professionals who perished were among the nation's best prepared to respond to mass casualties. The dramatic collapse of this one hospital 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 mitigation in health facilities.

Disaster mitigation means taking action before a disaster strikes to minimize the loss of life and property. To address these concerns, PAHO/WHO has begun working with Member States to develop, refine, and test procedures and guidelines in the health sector for determining the structural safety of their facilities, including water and sewerage installations. Employing successful techniques used to strengthen disaster preparedness, areas are being identified where gaps still exist in the production of hospital mitigation technical training materials. PAHO/WHO is monitoring and supporting the inclusion of techniques to mitigate damages to infrastructure caused by disasters in the curriculum of schools of engineering in universities in Latin America and the Caribbean (University of the West Indies). Many institutions already have included seismic analysis in the design and retrofitting of facilities.

At the international level, no universally accepted building codes or principles govern infrastructure built by bilateral agencies or funded by multilateral banking institutions. To alleviate this problem, PED will organize a regional conference in 1995 on disaster mitigation for hospitals and health infrastructure. The objective of this conference will be to promote the inclusion of risk analysis in feasibility studies for investment in health infrastructure.

Disaster mitigation has been strengthened and reinforced by the advent of the United Nations International Decade for Natural Disaster Reduction (IDNDR). The IDNDR has provided the framework for integrating many non-health sectors into PAHO/WHO's disaster preparedness and mitigation activities. The IDNDR Secretariat, part of the UN Department of Humanitarian Affairs (UN/DHA), established a regional office for Latin America and the Caribbean in San José, Costa Rica, assigning a full-time officer to this post. PAHO/WHO assumed responsibility for the operational supervision of this office, providing technical and material support. Many regional health sector activities have benefited from close collaboration with this office.

2. Issues in Disaster Prevention and Preparedness

2.1 *Integration of Disaster Preparedness Within the Office of the PWR*

Health sector disaster preparedness is now a well-documented and accepted concept. There is a considerable amount of educational material and guidelines at the regional level and significant expertise at the national level. The time has come for the office of the PWR, rather than a specialized regional program, to assume responsibility for technical cooperation in this field. During the last five years, every Representation designated a staff member as the disaster "focal point." Initially they followed up between the visits of the regional advisor. These focal points should now become first line providers of technical cooperation, working with the ministries of health to identify priorities for action. This will permit PED staff to concentrate on new technical areas or initiatives and intercountry collaboration, and provide technical cooperation only when required, or if it is more appropriate or more cost effective than other sources available locally.

2.2 *Preparedness for Technological Disasters*

In close cooperation with the Division of Health and Environment (HPE), the Center for Human Ecology and Health (ECO), the International Program on Chemical Safety (IPCS), and UNEP/APELL, PED used modest core resources to raise health sector awareness of vulnerability to chemical and radiological accidents. Now that the Member States realize their need for preparedness in this field and are requesting increasing support, the Organization will be called on to increase its cooperation. Dedicated resources will be required to deal with what is believed will become the principal hazard in the 21st century.

2.3 *The Economics of Disaster Reduction*

Traditionally, PAHO/WHO has been stronger in the social rather than the economic aspects of disaster reduction. However cost/benefit factors are critical in the health field. The recent formal involvement of the Economic Commission for Latin America and the Caribbean (ECLAC) in the field of predisaster economics is encouraging. In a 1994 resolution, the ECLAC Secretariat is asked to "undertake systematic research to determine the total economic effects of disasters in the countries of the Region..." PAHO/WHO has held interagency coordination meetings to discuss joint initiatives. In particular, ECLAC's offer to provide administrative support and space to a PAHO/WHO disaster expert at its headquarters in Chile could strengthen PAHO's expertise in the economics of disaster reduction in the health sector and increase its general technical cooperation to the Southern Cone countries. Funding for a post would need to be identified.

3. *Disaster Relief and Humanitarian Assistance. Recent Experience*

In the 1980s, the primary focus of the PAHO/WHO program was clearly on developing a national and subregional capacity. Disaster response was traditionally an intense but short-lived function of the Program. In the 1990's, the Organization became much more operationally active in "complex" disasters resulting from conflicts or political situations.

3.1 *Nicaragua*

PAHO/WHO became involved in humanitarian assistance in complex disasters in February 1990 with the elections in Nicaragua. The Organization of American States (OAS) requested PAHO/WHO to form part of a group charged with observing the electoral process. Thirty PAHO/WHO staff members joined the 300-strong OAS mission and monitored voting in eight regions of the country. This role contributed to stabilizing the climate of peace, which, in turn, benefitted health. Later, in accordance with the agreement in Nicaragua on the voluntary demobilization, repatriation, and resettlement of resistance fighters and their families, specific areas of responsibility were assigned. Between 1990 and 1991, the United Nations Office in Central America directed the transfer of arms; the OAS oversaw the delivery of food,

clothing, and transport; and PAHO/WHO assumed responsibility for 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 Médecines sans Frontières, PAHO/WHO contracted 144 health professionals and technicians who provided medical consultations, immunizations, laboratory and pharmaceutical services, and dental exams, as well as maintaining radio communications.

3.2 *El Salvador*

Similarly, 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.

The examples of Nicaragua and El Salvador illustrate humanitarian operations that were well-delineated both in terms of time and geographical location. These Latin American projects were carried out by the PWR offices without adversely affecting ongoing technical cooperation in these countries.

3.3 *Haiti*

The most notable example of PAHO/WHO involvement in humanitarian assistance activities began following the military coup in Haiti in September 1991. PAHO/WHO first 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, the UN and the OAS formulated the Comprehensive Plan for Humanitarian Assistance and called on the international community to intensify efforts to meet priority needs of the Haitian population. PAHO/WHO's role in this assistance spanned from providing technical advice to actual implementation of activities. It encompassed the coordination of all health humanitarian assistance and direct technical 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; and, in brief, the maintenance of any life-saving health activity. More detailed documentation on PAHO/WHO's humanitarian activities in Haiti is available.

A major role of PAHO/WHO has been 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 of humanitarian assistance 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 down 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 PROMESS, an essential drugs and supply center, or for their encompassing nature such as the Fuel Management Project (PAC) or the humanitarian flights project (PAT).

3.3.1 *PROMESS (Programme d'approvisionnement en médicaments essentiels)*

The political crisis and the subsequent embargo have 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 acted as a price stabilizer 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 in the country, 520 have received subsidies for a total of \$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.

3.3.2 *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 that would ensure that fuel supplies for all humanitarian assistance programs during the embargo would be maintained. This program became PAC-Humanitaire.

PAHO/WHO assumed responsibility, on behalf of the UN and OAS, for the procurement, storage and distribution of fuel to humanitarian agencies. 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 ten-month period (through 12 October 1994), allowing the continuation of health services, water systems, food distribution and other critical life saving activities.

In the critical, initial phase, costs were covered by donations from the Government of the United States of America, 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.

3.3.3 *Humanitarian Flights*

Following the suspension of commercial flights to Haiti in June 1994, and at the request of the Government of the United States of America and in consultation with 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 humanitarian 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, or liability insurance from the UN, agencies of the United States (OFDA, FAA) and the *de facto* Government in Haiti. This illustrates the complexity of providing humanitarian assistance under UN sanctions.

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

3.3.4 *Implementation of SUMA*

Managing incoming relief supplies and pledges from the donor community needs specialized attention in all humanitarian assistance operations. PAHO/WHO placed the services of a regional team of experts from its *SUMA* Project (Relief Supply Management in the Aftermath of Disasters) at the disposal of UNDP, UN/DHA and the Haitian authorities. A module to manage pledges was added to the software to meet the specific requirements of DHA. This experience in Haiti has strengthened collaboration within the UN and has confirmed the suitability of the *SUMA* Project for both natural and complex disasters.

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

- three years of exclusive dedication by the international community and the Organization 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 best, the overall relationship of PAHO/WHO with NGOs;
- working under embargo conditions, PAHO/WHO noticed with concern not only the embargo's direct economic impact on the poorest segment of the population, but also on the ability of humanitarian agencies to deliver goods and services specifically exempted by the sanctions;
- as the main humanitarian player in Port-au-Prince, and the only UN agency combining a strong operational capacity and a record of technical excellence, PAHO/WHO became the logical, if not the only choice for activities normally falling outside traditional health programs such as distributing fuel and running a charter service.

PAHO/WHO's achievements were due to the quality of leadership of the two PWRs during this period and their staff (21 international and 79 Haitians) who worked under difficult and dangerous conditions. This underlines the fact that effective humanitarian assistance is only possible through the active involvement of everyone at the field level.

A considerable number of lessons must be learned from this experience. It is recommended that a formal evaluation report be prepared and published with the assistance of independent outside experts to ensure institutional memory, preserve the administrative, technical, and policy lessons learned, and suggest ways and means to improve future humanitarian activities.

4. Regional and Global Humanitarian Trends and Issues

As indicated earlier, PAHO/WHO's experience in the Region should be reviewed in light of the recent major changes taking place globally in humanitarian assistance. These changes affect the Region and PAHO/WHO. Conversely, PAHO/WHO's credibility and expertise could and should exercise some influence on global trends and issues.

4.1 *Over-emphasis on Response in Complex Disasters versus Preparedness and Prevention*

Globally, emphasis is clearly shifting toward humanitarian response to complex disasters. This is diverting attention away from the development of a local capacity through preparedness and vulnerability reduction. It should be noted, however, that 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 existence of this type of ongoing technical cooperation program is, on our opinion, a critical factor for an effective and appropriate response.

4.2 *Over-emphasis on External Response*

Global UN response plans make little provision for meaningful local participation. There is a risk, if not a tendency, to apply the model of intervention of Somalia or Rwanda, where external (UN or bilateral) teams are the response to all emergency situations.

It is interesting to contrast the approach adopted by PAHO/WHO in its SUMA Project—where more than 600 nationals have been trained in this Region to inventory, sort and classify incoming relief supplies—to initiatives launched by the UN, such as UNDAC (United Nations Disaster Assessment Coordination) teams, where, up to now, only a small number of experts from donor countries have been trained and are "standing by" to coordinate and assess needs in affected countries of the developing world or to INSARAG (International Search and Rescue Advisory Group) whose main role is to assign responsibility for external search and rescue interventions among competing international teams. UN/DHA has been suggesting a more balanced approach, and PAHO/WHO should continue to forcefully advocate the need for strengthening the local management capacity and question the excessive reliance on a global stand-by mechanism.

4.3 *PAHO/WHO and Health Sector Coordination*

WHO, and PAHO in the region, have the overall responsibility to coordinate the entire scope of health assistance—humanitarian and otherwise. This mandate within the UN system is not always clearly recognized by the UN humanitarian coordinators. The alarming tendency exists to parcel out responsibility for health on an arbitrary basis among UN agencies, PAHO/WHO being confined to just a segment of its health mandate. This responsibility is particularly critical at the time of launching a UN appeal.

It is essential that the UN humanitarian coordinators (UN/DHA) recognize the responsibility of PAHO/WHO to formulate priorities and a comprehensive strategy for all UN health activities including nutrition, sanitation. However, responsibility for implementation and fundraising should clearly be shared among the various partners.

An issue to be considered by the Subcommittee is the extent to which PAHO/WHO should be "operational", that is, assume humanitarian responsibilities in addition to its basic mandate of coordination and technical cooperation.

4.3.1 *Criteria*

PAHO and WHO have a definite role in complex disasters. This function implies "hands on" operations in the field. As noted by EURO with respect to the former Yugoslavia, these functions need to be better defined, adopting criteria to differentiate PAHO/WHO from other humanitarian agencies. The following criteria, endorsed by the Regional Committee of Europe, are submitted for consideration by the Subcommittee on Planning and Programming:

The decision to assume operational humanitarian responsibilities, in addition to its basic role of technical cooperation and coordination, may be based on the following criteria:

- there is an urgent and priority health need;
- no other agency is willing and competent to meet this need or WHO has a particular expertise of "comparative advantage" over other agencies;
- WHO's operational involvement will not divert resources or distract attention from its basic role (technical cooperation and coordination);
- WHO's involvement is important for its long-term development activities

4.3.2 Management and Decentralization

Although a trend toward the centralized management of the response to complex emergencies seems to be gathering momentum at the global level, the effectiveness of response depends, 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 PWRs' offices and the need for flexible decentralized management of humanitarian activities should be recognized and endorsed.

4.3.3 Delegation of Authority

Over the decades, the WHO manual of rules and procedures has become the administrative instrument used to implement its technical cooperation, while at the same time ensuring the integrity of the system. Under normal conditions, it provides an environment for "error-free" decision making. However, humanitarian activities have created a new challenge for quick, innovative decision making under conditions of uncertainty. Decisions in emergency operations carry a certain risk of "error" and higher cost.

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."

The present PAHO/WHO manual has not been updated to reflect the increasing operational role of the Organization in emergency situations. PAHO/WHO should initiate a review of existing administrative and financial procedures governing emergency preparedness operations in the Region, with a view to improving timeliness of response, standing procedures and increased flexibility and delegation of authority to the field.

4.3.4 Health and Economic Sanctions

It rapidly became obvious to PAHO/WHO that the adoption of strict economic sanctions in Haiti would have a serious impact particularly on the health sector. Indeed, this realization amply justifies the Organization's accepting responsibility on behalf of the UN and OAS for the Fuel Management Program and the humanitarian flights.

The impact of the sanctions on the PAHO/WHO program has been twofold:

- they 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;
- the impact was noted by the increasing 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.

4.3.5 *International Cooperation*

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 UN/DHA, through the IDNDR Secretariat, with whom PAHO has developed a mutually beneficial symbiosis; UNDP, through the Disaster Management Training Program; the Organization of American States, and ECLAC, in the economic cost of disasters in the health sector. It is also worthwhile to note the proposal made to DHA to establish a formal disaster management partnership in the Region.

In humanitarian assistance, the main partners are WHO/HQ, the Red Cross and NGOs. The overall coordinating role of UN/DHA is unequivocally supported by the Organization, which looks to DHA for global policy guidance and multisectoral coordination.

An important feature and strength of the Program is its excellent collaboration with bilateral agencies in Member and Participating States (CIDA/Canada; ODA/U.K.; and USAID/OFDA) and outside the Region: particularly the Humanitarian Office of the European Union and agencies of the EU's Member Governments.

5. **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 ten years, without the corresponding adjustments being made to its financial and human resources. From a Program with an operating budget of approximately \$25,000 in 1977, the Program has, for the last five years, had an annual budget of \$2.1 million. However, the 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, OFDA/USAID, and specific contributions from other donors has indeed raised the level of interest and commitment at the country level. On the other hand, it has forced PAHO and the Emergency Preparedness Program management to constantly review priorities, sharing attention and resources with new areas in need of promotion and support. The staff, particularly in the field, has adjusted to the increasing demands placed on them.

At the country level, the regular programming exercise (APB/PTC) should ensure that disaster prevention and preparedness is planned and funded at a level compatible with the vulnerability of the country, independent of the regional extrabudgetary contribution. Similarly, the evaluation of country programs carried out by this Subcommittee should include the variable of natural and technological risk reduction.

Humanitarian response is a highly sensitive issue. Parallel with a steady shift toward decentralization of operational decisions at the country representations, the Program's direct access and reporting to the Organization's senior management have been critical factors in its success.

The comprehensive and balanced approach of the Emergency Preparedness and Disaster Relief Coordination Program, integrating mitigation and preparedness with response, and encompassing all types of disasters, from natural events to technological accidents, is the result of a response to needs identified by the countries of Latin America and the Caribbean. However, the broad scope of activities makes it more important than ever that progressively, disaster prevention and preparedness be integrated into other technical departments and PWR Offices.