

Disasters

Preparedness and Mitigation in the Americas

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The Cluster Leadership Approach: Coordinating the External Response to Disasters

The humanitarian world is changing rapidly. Disaster managers throughout Latin America and the Caribbean must be aware of new international mechanisms such as the cluster approach and what it will mean when the next disaster strikes.

Coordinating external assistance following large-scale disasters is the responsibility of the government of an affected country. In an ideal world, the national disaster management authority (the Civil Protection system, the national emergency commission or some other institution) or a Ministry (Foreign Affairs or Health, for example) would be well prepared to take charge of major disasters that result in a massive influx of assistance from outside. But in the real world, are they in charge?

In the last five years, Latin American and Caribbean countries have been spared the truly catastrophic disaster that moves the

entire world to respond generously. But the overwhelming response to the tsunami in south Asia and the earthquake in Pakistan demonstrates how rapidly the humanitarian world is changing around us. Unfortunately, many national disaster coordinators in this Region may have scarcely noticed these changes, as they are so busy preparing for and responding to seasonal but traditionally moderate disasters.

Asia's recent emergencies unleashed hundreds of jealously-independent external actors (UN, Red Cross societies, NGOs, bilateral agencies and foreign militaries). Consequently, coordination became extremely difficult and challenges, such as assessing needs, formulating priorities and minimizing gaps and duplications were poorly met. If the response to the Hurricane Mitch was regarded as somewhat chaotic, it was a model of coordination compared to the tsunami response.

The growing sense of solidarity with disaster victims—well orchestrated by both the media and humanitarian agencies—inevitably leads to not only generous contributions,

(continued on page 7)



Photo: Jaime Quesada

Is this hospital safe?



Photo: Dr. Enrique Gallardo

Planning for a safe hospital begins with the site selection, taking into account vulnerability in terms of accessibility, the terrain and hazards.

Construction of the new maternal and child hospital in Portovelo, Ecuador was quickly halted when the facility was affected by seasonal mudslides and flooding in February and March of this year.

This hospital was to serve a population of approximately 20,000 in five small towns in the southern Ecuadorian province of El Oro. Its high-risk location, in a valley ringed by mountains (although just one km from the municipal capital), is clearly evident from this photo. After recognizing that this is an at-risk hospital, local authorities immediately suspended construction.



**Pan American
Health
Organization**

Regional Office of the
World Health Organization

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Health Disaster Response Team for the Americas

Preparations are well underway to ensure that the PAHO/WHO Health Disaster Response Team is ready for deployment to any PAHO Member State affected by an emergency or disaster. Last February, 35 regional health experts—from PAHO/WHO technical programs and nationals with experience



in assessing health sector damage and needs—met in San Jose, Costa Rica to review the team's manual of procedures, update and streamline internal administrative procedures to increase flexibility in emergency situations and to encourage cooperation among team members. This was the second regional meeting; last year a similar workshop took place in the Dominican Republic. The main role of this response team is to provide quick, accurate health information that is based on coordination with local authorities and to develop technical expertise within the disaster-stricken country. Reliable health information (a value added of PAHO/WHO) and an accurate description of needs relayed by the health team on the ground will be invaluable as a decision-making tool for the PAHO/WHO Headquarters Emergency Operations Center and for preparing funding appeals.

Recent global disasters brought to light the fact that the PAHO/WHO regional health team may not work exclusively in this Region. In fact, several team members were mobilized to Indonesia, India and later to Pakistan to support WHO efforts following these major catastrophes.

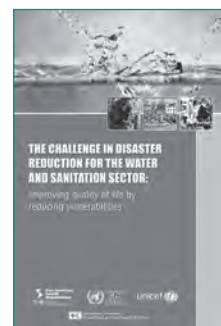


Team members already have a wide variety of public health expertise. These preparatory meetings are focusing on honing other emergency-related skills such as knowledge of disaster plans; coordination of humanitarian supplies; damage assessments; resource mobilization and recovery and rehabilitation plans. Recommendations from the meeting are being incorporated into the team manual and a roster of experts is being developed. For more information contact Dr. Dana VanAlphen at vanalphe@paho.org.

Photos: PAHO/WHO, V. Ariscain

The Challenge in Disaster Reduction for the Water and Sanitation Sector: Improving Quality of Life by Reducing Vulnerability

This new joint publication (PAHO, UNICEF, the ISDR and the IFRC) was introduced at the 4th World Water Forum in Mexico in March to draw attention to the importance of ensuring that water and sanitation systems remain fully operational in the aftermath of natural disasters. This is critical if countries are to avoid setbacks to the hard-won achievements of the recent past in terms of access to these services. Additionally, it will allow countries to meet, by the year 2015, the target of reducing by half the proportion of people without sustainable access to drinking water and basic sanitation. Risk management is an important tool for the fulfillment of global challenges to provide water and sanitation services to all at all times. A limited number of print copies of the publication is available from the CRID (see page 8). Download the full-text publication from PAHO's web site at www.paho.org/disasters (click on Publications Catalog).



Read PAHO's Annual Report on Disaster Reduction



PAHO's 2005 Annual Report on disaster preparedness, mitigation and response is now on the web at www.disaster-info.net/AnnualReport05. Among the many activities that took place in Latin America and the Caribbean, the report looks at efforts to plan in earnest for pandemic influenza and, following the World Conference on Disaster Reduction, to rally around the "Safe Hospitals" initiative. The report also discusses support to disaster response efforts in other regions of the world.

Water Sector Recognizes Risk Management as Key

Between 1994-2003 in Latin America and the Caribbean, natural disasters:

- Damaged 2,100 urban water systems
- Affected 4,500 rural aqueducts
- Destroyed 28,000 wells and 173,000 latrines
- Generated losses of US\$650 million in the water and sanitation sector

This past March, at the 4th World Water Forum in Mexico, risk management was one of the themes around which priorities and strategies were defined to meet the Millennium Development Goals (MDGs). Within the framework of this meeting, PAHO/WHO, the ISDR, UNICEF and the Red Cross brought together a variety of actors in the water and sanitation sector—public and private, rural and urban—to define how each institution can contribute to the Hyogo Framework for Action, the global blueprint for building disaster-resilience.

The incorporation of risk management strategies into new water and sanitation infrastructure projects is key to reducing the vulnerability of these systems to natural disasters. This, in turn, will increase coverage of these critical services and contribute to achieving the MDGs. Water and sanitation agencies must take a more active role

in national and local risk management discussions and in particular, define what constitutes an acceptable minimum level of service, thereby finetuning an appropriate disaster preparedness, mitigation and prevention strategy.

For more on the World Water Forum, visit www.worldwaterforum4.org.mx.

A Target of the Millennium Development Goals:

To cut in half, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

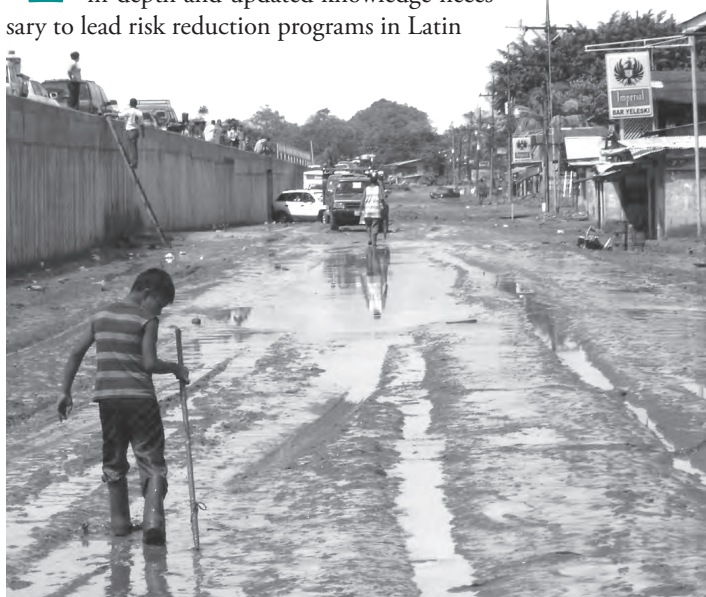
LIDERES Course: a Platform for Inter-agency Cooperation

The LIDERES course—a high-level management course on health, disasters and development—is designed to provide the in-depth and updated knowledge necessary to lead risk reduction programs in Latin

America and the Caribbean. The latest course, the eighth since 2000, took place in Lima, Peru and was co-organized with Peru's Ministry of Health, the Cayetano Heredia University, UNICEF, the IFRC and the Foundation for Integrated Risk Management.

More than 30 participants from the Americas attended this year's LIDERES course, representing government agencies, NGOs, international organizations, bilateral donor agencies, academic centers, among others. Their participation demonstrated a regional commitment to disaster risk reduction. The course stressed the need to identify and assess hazards, be aware of vulnerability and implement public risk management policies to deal with it, using an integrated approach that takes into account either new or changed political and socioeconomic conditions.

As a contribution to achieving the Millennium Development Goals, the organizing agencies reaffirmed their commitment to strengthen coordination in disaster preparedness and response, support the exchange of ideas and information on risk management, and improve skills in vulnerability reduction and disaster mitigation. Watch for more in an upcoming Newsletter about the next English-language course that will take place later this year in the Caribbean. More information about past courses at www.disaster-info.net/LIDERES.



Member Countries



Colombia: Turning Emergencies into Opportunities



Severely damaged neighborhoods in Bucaramanga after intense rains caused floods and landslides in 2005.

Unusual rainfall in February 2005 affected the Colombian department of Santander causing serious floods and landslides that resulted in death and destruction, in addition to blocked roads that delayed the arrival of aid. The presence of a PAHO/WHO field office in Santander, already working on issues of health and population displacement, made it possible to collaborate with local authorities to minimize the negative impact on health. One of the significant achievements in the wake of this emergency was the timely management of information and the creation of a community-based epidemiological information system. These helped to improve decision making and allowed authorities to take preventive health measures designed to avoid epidemics and outbreaks—neither of which occurred in shelters. A web-based daily report system kept government and United Nations agencies updated and preserved an institutional memory of the operations.

A forum was held last November to consolidate the lessons learned from this event. Participants included coordinators of emergency services in regional hospitals, health response personnel, ministry staff and local and departmental authorities. No longer are emergencies viewed exclusively through a traditional disaster prism (rescue, evacuation, transfer of patients and treatment of the injured), but rather they take a more integrated approach that considers public health and epidemiological elements as part of any emergency.

So far in 2006, the department of Santander has been spared major flooding. However, raising awareness and training in emergency operations centers and information management have enabled local authorities to apply an emergency management perspective to public health issues. This was the case when formulating a contingency plan to halt the influx of measles into Santander from a neighboring country. For more information write to Dr. Jorge Victoria at jovictor@paho.org or visit <http://www.col.ops-oms.org/desastres>.

Photos: PAHO/WHO, J. Victoria

Portable Labs Help Improve Water Quality in Guatemala



Within the framework of Guatemala's national Water and Sanitation Emergency Plan, the Ministry of Public Health and Social Assistance delivered portable laboratory equipment to nine of the departments affected by Tropical Storm Stan last October. The equipment will be used for water quality surveillance and control. The affected communities will receive training on how to use the equipment to guarantee safe drinking water. Although this laboratory equipment was purchased to deal with the consequences of Tropical Storm Stan, it will also help these communities in other water quality initiatives that have been underway for several years.

Nevis Holds Training on Emergency Care

The Nevis Disaster Management Office (NDMO) and several other national agencies held a five-day workshop on Emergency Care and Treatment (ECAT) in Disasters. The workshop targeted police and fire officials, NGOs and EMS personnel who play a critical role as first responders during mass casualty events or disaster situations, before advanced medical help can arrive. Too often, police or fire fighters who arrive early on the scene engage in crowd control, investigation and information collection. By taking this course, they can also take advantage of their early arrival and provide first aid and emergency care. Self-sufficiency in emergency situations is imperative for small countries like Nevis, as most often external assistance takes too long to arrive.

Photo: PAHO/WHO, A. Wack

Photos: Tony Gibbs



Following Back-to-Back Hurricanes in Grenada Home for the Elderly Made More Disaster-Resistant

In 2004, Hurricane Ivan badly damaged the Richmond Home for the Elderly—the only one of its kind remaining in Grenada. In addition to geriatric patients, the Richmond Home houses handicapped and psychiatric patients that require constant medical care. Following Hurricane Ivan, one patient died and those in the female ward had to be relocated with the male patients, resulting in overcrowding. Although temporary repairs were made to the Richmond Home, a tropical depression that struck Grenada several months later blew off the plastic sheeting that had served as the temporary roof. Once again, temporary repairs were made, but these proved no match to Hurricane Emily, which hit Grenada in July 2005. Since then, an estimated 25 patients have died, primarily due to infections related to poor hygiene, lack of water and exposure to rain. Seventy-five patients remain in the Richmond Home.

Following Hurricane Emily, an engineering survey was conducted to identify the most urgent permanent repairs required, including appropriate mitigation measures to make the structure more resilient to future hurricanes. The governments of the U.S., Canada and Grenada contributed to this project and a check consultant was hired to supervise the repairs and ensure that mitigation measures were included. Repairs are underway to the roof of the main building and the buildings that house the matron and nurses' quarters, the laundry facilities, electrical systems and other non-structural areas. The repairs should be completed by the start of the 2006 hurricane season.



Andean Countries Strengthen Strategies for Health Disaster Management

Countries in the Andean Region—Colombia, Bolivia, Ecuador, Peru and Venezuela—are using pilot strategies to enhance disaster preparedness and mitigation and exchange knowledge and expertise, thus improving local level disaster response and coordination. A DIPECHO-funded project will collect risk management tools, models and methodologies that are currently available in the health and water and sanitation sector and that can be replicated by other communities in the Andean Region. At the same time, work will begin in two communities in Ecuador and Bolivia to develop new tools that will improve local response capacity and reduce the impact of disasters. To accomplish this, efforts will focus on integrating the work of the health and the water and sanitation sectors; implementing the “safe hospitals” initiative in the local health network and improving disaster response in local water and sanitation services. This capacity-building exercise will serve as an example for other Andean communities and the products created under this project will be available for dissemination wherever they may be used to strengthen health disaster management. For more information, contact Patricia Gomez at pgomez@paho.org.

Regional Preparedness Continues for Pandemic Influenza

Some 60 disaster experts from the health and agriculture sectors, Civil Protection agencies and Foreign Affairs Ministries in Central America and the Dominican Republic met to strengthen and accelerate country level preparedness for avian and pandemic influenza.

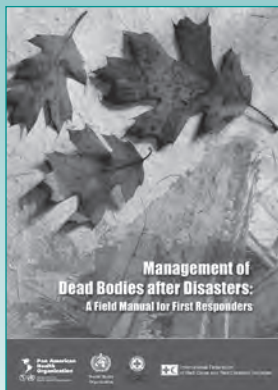
Several important products resulted from this meeting, which was held in Panama in February. Participants tested and gave their stamp of approval to a series of simulation exercises prepared by PAHO/WHO to test national plans. The WHO Checklist for Influenza Pandemic Preparedness Planning was adapted to regional needs and, following a self-assessment of pandemic preparedness in each country, action plans were developed to cover gaps.

Similar workshops will be held later this year in the Caribbean and South America. As part of an integrated effort to improve the Region's response capacity to an influenza pandemic or other health crisis, future meetings will focus on issues such as health services, risk communication, veterinary public health and emergency management. For more information contact Dr. Ciro Ugarte at ugarteci@paho.org.





Management of Dead Bodies after Disasters: A Field Manual for First Responders



Management of the dead is one of the most difficult aspects of disaster response and yet, care of the deceased is often overlooked in disaster planning. Compounding the situation is the absence of guidance for first responders, a fact that was recently highlighted following several large-scale disasters. This new *Field Manual for First Responders*, published by PAHO/WHO with the technical collaboration of the International Committee of the Red Cross and the International Federation of Red Cross and Red Crescent Societies, presents simple recommendations for non-specialists to manage the recovery, basic identification, storage and disposal of dead bodies following disasters. It also makes sugges-

tions about providing support to family members and communicating with the public and the media. This manual will be useful during the immediate response to a disaster and where forensic response is unavailable. Furthermore, it will be useful for those preparing mass fatality disaster plans. The recommendations are relevant for local, regional and national authorities as well as for non-governmental organizations.

The principles outlined in this document are being implemented and promoted by a variety of organizations. Download a copy of this new manual at www.paho.org/disasters. A very limited number of print copies is available from the Editor of this Newsletter (see page 8).

Communicable Disease Control in Emergencies – A Field Manual

Communicable diseases are a major cause of morbidity and mortality in emergencies. Populations affected by conflict or natural disaster are at a higher risk of these diseases due to displacement, crowded temporary settlements, collapsed health services, and water and food shortages. The World Health Organization has published the field manual *Communicable Diseases in Emergencies* to offer practical guidance to public health professionals on the prevention and control of commu-

nicable diseases. It provides a systematic approach to the planning, implementation and monitoring of disease control activities. This manual is a useful tool to ensure that evidence-based interventions are implemented to control disease and protect the health of the emergency affected populations.

The price of the publication is US\$36, and US\$25.20 in developing countries.

Order from bookorders@who.int or at www.who.int/bookorders.



Peru Publishes Guide to Safe Hospitals



Recently, the topic of safe hospitals has become commonplace at national and international meetings, as health authorities and other experts stress the importance of safeguarding these key facilities from the devastating effects of disasters. The Ministry of Health of Peru, with support from PAHO and the Civil Defense, has published the first national guide in the Americas on the subject. *Guidelines for Protecting Health Facilities from Natural Disasters* (Spanish only) presents criteria, elements and recommendations to be followed during the planning, construction and

actual use of health facilities so that they remain operational following disasters. It is based on Peru's experiences in mitigation, rehabilitation and reconstruction before and after the El Niño phenomenon of 1991 and the earthquake of 2001. It is imperative for countries to adapt international design and construction standards to their own needs in order to protect lives and the investment in this infrastructure. This publication is a step in the right direction. The guidelines can be downloaded from <http://bvs.minsa.gob.pe/archivos/MINSA/desastres/> (click on 109_guiasdesas.pdf).

The Cluster Leadership Approach

(from page 1)

but also to an uncoordinated rush of actors: an excess of field hospitals that arrive too late; psychosocial assistance groups with little experience; agencies tending to congregate around the most accessible sites and focusing on the most visible needs; and of course, the usual flood of unsolicited and inappropriate supplies. The litany of examples of mismanagement has been documented as far back as the milestone article by Alfred Sommer and Henry Mosley published in the *Lancet*, “The East Bengal Cyclone of November 1970: Epidemiological Approach to Disaster Assessment.” Some things still have not changed.



PAHO/WHO coordinates the thematic group on health issues related to the more than two million Colombians who are displaced.

What has changed, however, is the perceived risk that the very process designed to strengthen the humanitarian community (“the world’s largest unregulated industry,” according to the Red Cross *World Disasters Report 2004*) could have the unintended consequence of marginalizing national institutions and by extension, the national disaster coordinators.

In the last two decades, the UN General Assembly has paid considerable attention to international mechanisms for ensuring a better coordinated response to emergency situations. Countries in and outside the Americas should be aware of the Inter-Agency Standing Committee (IASC), established in June 1992 in response to UN General Assembly Resolution 46/182 on strengthening hu-

manitarian assistance. The IASC is a forum for coordination, policy development and decision making involving the key UN and non-UN humanitarian partners. One of the IASC’s important initiatives is the “Cluster Leadership Approach,” which is now being implemented.

The IASC has identified nine areas of humanitarian activity (logistics, emergency telecommunications, emergency shelter, health, nutrition, water/hygiene/sanitation, early recovery, protection and camp management) in need of strengthening. For each area, responsibility has been assigned to an IASC principal or full member.¹

Accountability is what’s new

The cluster approach itself is not new. It is akin to the sectoral approach that PAHO/WHO and others have implemented for some time. In Colombia, for example, “thematic groups” are responsible for the coordination of issues related to the displacement of more than 2 million Colombians. PAHO/WHO coordinates the health thematic group. What is new, however, is the leadership concept and, more importantly, the formal operational accountability that the lead agencies must assume. Lead agencies are “*accountable for ensuring, to the extent possible, the establishment of adequate coordination mechanisms... as well as adequate strategic planning and operational response.*” Not only is the lead agency accountable for coordination of the cluster, it is also expected to be the provider of last resort when critical needs are not being met.

What is a provider of last resort?

As cluster leads, agencies work with relevant humanitarian actors that have expertise and capacity in a specific area. In a country facing an emergency situation or a disaster, the clusters provide support to the Humanitarian Coordinator. They do not necessarily carry out all of the activities themselves, but are responsible for ensuring that they are implemented. In this sense, if all else fails, the lead agency must step in to do the job itself. The concept of provider of last resort is

the bottom line in accountability. However, the financial implications of this responsibility for cluster lead agencies require further examination and clarification.

Who are the cluster lead agencies?

Globally, the World Health Organization is the cluster lead for health, while UNICEF has been assigned the lead in nutrition and water/hygiene/sanitation. This is a departure from PAHO’s traditional practice of grouping these two areas together under the banner of health. However, the designation of cluster lead agency is an operational humanitarian responsibility that does not take away from WHO/PAHO’s normative and scientific leadership on all health matters, health being defined in the broadest sense.

Future impact on the Americas

What will the external response to the next major disaster look like to countries in Latin America and the Caribbean? Cluster approach or not, the marked tendency toward increased “internationalization” of disasters is unlikely to reverse itself. On the positive side, the international humanitarian community—donors, the UN and NGOs alike—feel directly accountable to the disaster-stricken population. However, imposing the cluster approach on a country without considering its level of sophistication and experience in disaster management may be perceived as arrogant. Worse yet, it may negatively impact local capacity building efforts, as pointed out in evaluation reports on the tsunami. It will be up to the countries of Latin America and the Caribbean to assess current changes in the global humanitarian sector and prepare themselves to assume a leadership role in response operations.

In the next issue of this Newsletter we will examine the factors that will influence the degree to which the cluster approach contributes to a more effective response and, in the process, ultimately strengthens national disaster management agencies.

¹ The IASC full members are the heads of the following agencies: UNDP, UNHCR, FAO, WHO, WFP, UNFPA and UNICEF.



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.

Regional Disaster Information Center

Tel: (506) 296.3952 | Fax: (506) 231.5973

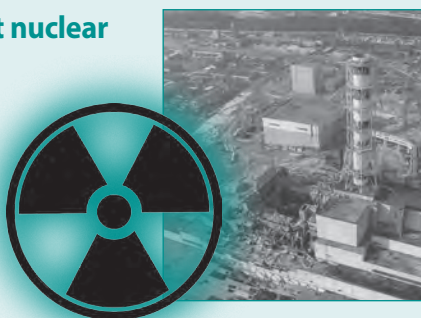
Pavas, San Jose, Costa Rica,

Apartado Postal 1455-1011 Y Griega, Costa Rica

crid@crid.or.cr

Chernobyl: 20 years after the worst nuclear accident in history

Visit www.crid.or.cr/crid/esp/Evento_Chernobyl.html for links to sources of information about what happened, who was directly and indirectly affected and how this environmental tragedy can serve as a model to prevent future catastrophes.



Hurricane information online

With the start of the 2006 hurricane season just around the corner, CRID has developed a CD with information which can also be consulted online. We invite you to visit www.crid.or.cr/crid/CD_Hurricanes/index.html for a comprehensive, bilingual search tool with numerous sources of health and disaster information on:

- Prevention, Mitigation and Preparedness
- Response and Recovery
- Reconstruction



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The Editor

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Pan American Health Organization

525 Twenty-third Street, N.W.

Washington, D.C. 20037, U.S.A.

Tel: 202-974-3527 • Fax: 202-775-4578

E-mail: disaster-newsletter@paho.org

www.paho.org/disasters/

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Pan American Health Organization
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