Emergency Preparedness: Looking Back, Moving forward

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Area on Emergency Preparedness and Disaster Relief
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1- PAHO/WHO

- The oldest inter-governmental public health agency (1902)
- Provides technical cooperation and mobilizes partnerships to improve health and quality of life in the countries of the western hemisphere
- Health Agency of the Inter-American System
- Regional office of WHO since 1948
- Disaster/public health emergency is one of the 5 priorities of the Organization
Disasters, in number and magnitude, are on the rise
Flooding

Location Map, Year 2008
Major floods reported by news services and satellite data observation

Base image from NASA/JPL
Technological disasters reported

EM-DAT: The OFDA/CRED International Disaster Database - www.em-dat.net - Université Catholique de Louvain, Brussels - Belgium
Source: Refugees, Volume 4, Number 141, page 17, 2005
25 years of relief funding
Values in dollars inflation adjusted to 2004 values.
Data from the OECD/DAC DAC Online Table 1 on April 8 2006
UN Flash and Consolidated Appeals 1999-2005
Overall funding and range of support for appeals.
Data from OCHA Financial Tracking System. Consulted on 6 December 2005

Solid bars show overall contributions as a percentage of all UN joint appeals for each year. The lines show the range between the best and worst supported appeals for that year.
Numbers of Humanitarian workers
Source: Stoddard, Harmer and Haver, 2006

Thousands of humanitarian workers
- NGOs
- UN
- ICRC

Global context in summary

- A rising business
- One of the most unregulated industry
3- Latin American and Caribbean Context

• Region with the largest inequalities
  • 24% of world disasters
  • 33% of LAC population lives under the poverty line, in some countries reaches above 55%

• Multi-hazard-prone Region:
  • Earthquakes (Haiti 2010, Chile 2010, Guatemala 2011)
  • Public Health Crisis (Cholera Haiti 2011, Global Pandemic Originated in Mexico 2009)
  • Hurricanes (Turk and Caicos 2011)
  • Radio nuclear accident Fukushima
Looking Back, Moving Forward in disaster management

Toward a secure and disaster-resilient health sector

1. Improving disaster preparedness capacity in the health sector
2. Protecting health services from the risk of disasters
3. Being ready to respond to disaster events in the health sector
Main Achievements in western hemisphere: Preparedness

- Countries now have capacity to respond to small and moderate events
- All MoH have disaster management within their functions
- All large countries (14) have a health disaster program within the MoH (full time staff and budget)
- 33 countries have developed disaster preparedness plans in the health sector
- Status of preparedness in the health sector (Survey)
Preparedness – moving forward

- Virtual knowledge center on public health and disaster management
- Develop key indicators for self measurement.
- Improve **networking** capacity and use of **technologies** within the health sector for disaster management and response
Main Achievements: Risk Reduction

- Hospital Safety Index developed
- Mitigation programs are now part of Ministries of Health
- Ministers of Health approved the Regional Plan of Action on Safe Hospitals (Resolution CD 50/2010)
- Countries are passing legislation requiring inclusion of disaster risk reduction measures in the construction of new health facilities
- New Caribbean basin wind hazard map to inform engineers in the region on wind loading design needs
• Mapping the results from the application of the safety index
  • Promote the establishment of safe hospital national commissions (inter-sectoral, private/public)
  • Increase the use of **independent oversight mechanisms** (check consultants, The Joint Commission) to ensure health facilities remain functional after emergencies
  • Develop guidelines for a SMART hospital to include both mitigation and adaptation to climate change
Main Achievements: Response

- Establishment of the **Regional Health Emergency Response Team** (including subgroups: epidemiology, logistics, WASH, communication) (93 experts)
  - Development of **national response teams** and national Health EOCs (MoH)
- Development of a **humanitarian information system** (LSS/SUMA) for transparency and efficiency. Fifteen countries are officially using the system (managed by Civil Protection type of institutions).
- Leadership and coordination of first Region-wide response (Pandemic)
- Assessment of the economic impact of the pandemic (ECLAC)
“Certification” of foreign medical teams – development of working group to create minimum standards for medical teams (now a WHO initiative)

- Train emerging donor countries on further improving interaction with international assistance
- Systematize the dissemination of humanitarian information to compile, analyze and disseminate structured reports (EOC)
- Increase the participation of national response experts in disasters outside of their countries and the region
• Is more complex than “usual” disaster management:
  • Language
  • Institutional and administrative barrier:
    • Medical and other professional association
  • Frequently the area of residence of native populations
• There is little documentation on the specific technicality of disaster management at the border.
  • Needs to be better documented
  • Network of border commissions/groups
Disaster management is increasingly a field of knowledge on its own.

Disasters at the border have their specific degree of complexity. They deserve to be better documented.

We must plan for more and more complex disasters: it is cost effective.

We are part of a new and more inter-dependent world. We must be better prepared at assisting others but also at being assisted.
Thank You

For more information: www.paho.org/disasters