

# I International Health Relief Assistance





# Official Participants

## **Representatives of Member Governments**

Argentina	Brazil	Canada
Chile	Colombia	Costa Rica
Cuba	Ecuador	El Salvador
Guatemala	Honduras	Mexico
Panama	Peru	U.S.A.
Venezuela		

## **Representatives of Governmental Relief Agencies**

Canada	Commission of the European Communities
France	Great Britain
Italy	Japan
Spain	Sweden
U.S.A.	

## **Representatives of Non-governmental Organizations**

American Red Cross Society	Colombian Red Cross Society
Partners of the Americas	WHO Collaborating Center for
Save the Children, Sweden	Research on the Epidemiology
	of Disasters

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Inside photos: J. Vizcarra, C. de Ville de Goyet, J. L. Zeballos/PAHO

*R*ecommendations Approved  
at the Meeting of International  
Health Relief Assistance in  
Latin America

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*San Jose, Costa Rica, 10-12 March 1986*

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**A REGIONAL POLICY**

endorsed by the  
Ministers of Health of  
the Americas at the  
XXXIX Meeting of the  
Directing Council  
22-26 September 1987

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# Preface

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Natural as well as man-made disasters seem to have become more frequent, deadly and destructive in Latin America and other developing countries.

In 1985 catastrophic earthquakes struck urban areas of Chile and Mexico, killing more than 10,000 people. The eruption of El Nevado del Ruiz in Colombia left a trail of destruction with approximately 23,000 deaths. Countless floods and droughts affected millions of inhabitants in Latin America in a perhaps more lasting manner.

It is the immediate and most dramatic effects of sudden disasters that make the headlines of the morning papers worldwide. TV stations broadcast carefully selected scenes of destruction, casualties, and families temporarily deprived of water, shelter or food, thus eliciting an admirable spontaneous solidarity and generosity from the international community.

In 1985, health assistance from traditional donors as well as from other Latin American countries arrived in Colombia, Mexico and Chile in extraordinary amounts—beneficial when it represented an immediate response to needs recognized by the local authorities, but a burden when unsolicited and based on misperceptions from donor institutions or individuals.

Nevertheless, messages received from both the press and the aid community focus attention on the most visible health effects of natural disasters. This tends to confirm the myth that the helpless populations and authorities are in need of whatever immediate assistance the "outside" world can provide. Accurate assessments generally reveal other needs.

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The situation in the most advanced developing countries, and in particular in Latin America, is somewhat different. In the immediate aftermath of a disaster, the relatively well-organized national health services, voluntary organizations, and more important, affected communities, families and individuals themselves have the capacity to pool their efforts and mobilize their own resources to meet the most compelling needs in the early phase. In spite of serious coordination, logistic or political problems, the immediate relief efforts of the local population are far more effective than those the international community could achieve with superior technology and resources, acting independently.

Local requirements for external assistance in the immediate aftermath of the recent disasters in Latin America were limited to highly skilled expertise or equipment in a few specialized areas. Nevertheless, unsolicited medical supplies, clothing and food, as well as foreign medical volunteers or teams, competed with other more pressing needs for local attention and services.

If Latin American and other countries with comparable levels of sophistication and development can and do respond properly to immediate health needs, it often results in further jeopardizing or mortgaging their future development. The high cost of relief operations may drain, in a matter of days, the resources normally allotted for a one-year period for delivery of primary health care and development programs. This begs the overriding issue that all developing countries in the past five years have seen their standard of living and the level of developmental growth decline dramatically as a result of economic depression and external debts, reducing further their capacity to restore normal services and recover from natural disasters.

The most vulnerable groups—children, pregnant and lactating mothers, low income groups, particularly the underprivileged in urban areas—are the ones whose survival and development is threatened most by the slow recovery.



Dr. Halfdan Mahler  
Director General  
World Health Organization



Dr. Carlyle Guerra de Macedo  
Director  
Pan American Health  
Organization

To increase the awareness of major donor governments and agencies, the Pan American Health Organization (PAHO), the World Health Organization (WHO), the Office of the United Nations Disaster Relief Coordinator (UNDRO), and the United Nations Children's Fund (UNICEF) convened a high-level meeting with the participation of Latin American countries, developed countries traditionally providing generous assistance, and nongovernmental organizations. The objective of this unprecedented meeting was to make international health assistance more effective, in both substance and timing, to the real needs of the affected communities before, during and after the occurrence of natural disasters.

It is hoped that the recommendations unanimously approved by the participants will be of assistance to all governments, nongovernmental agencies and institutions in their efforts to effectively assist countries affected by natural hazards to resume their progress toward Health for All by the Year 2000.



Mr. M'Hamed Essaafi  
Under-Secretary General  
United Nations Disaster Relief  
Coordinator

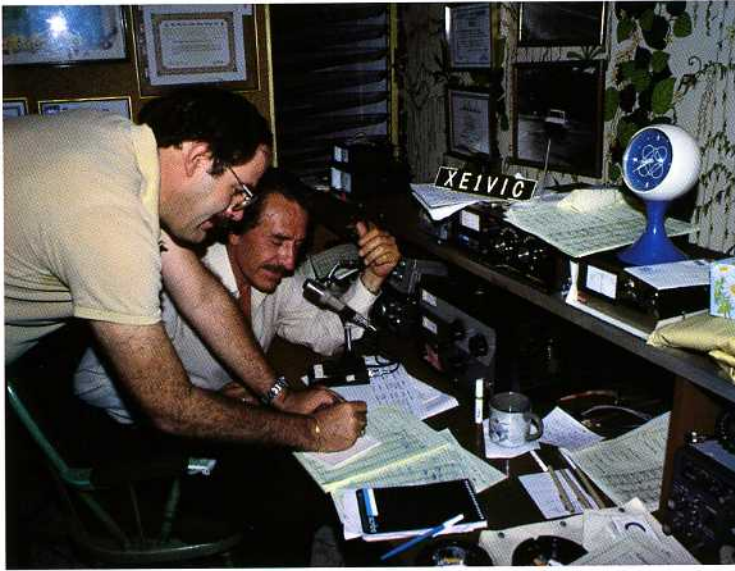


Mr. James P. Grant  
Executive Director  
Under-Secretary General  
United Nations Children's Fund



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## onsultation with Health Authorities and International Agencies



### *The Participants,*

Concerned that international health relief assistance offered or provided by governmental or non-governmental organizations be in compliance with the immediate and long-term priorities established by national health authorities;

Convinced that the negative impact of disasters on long-term health development may be more important than the immediate visible consequences; and

Recognizing the experience acquired by the Pan American Health Organization/World Health Organization (PAHO/WHO) in the field of health management following disasters and relief coordination,

**Foreign health relief assistance should be provided following consultation with the Ministry of Health official having responsibility or authority for coordinating and managing the health relief effort.**

### *Recommend that:*

1. Foreign health relief assistance always be provided following consultation with the Ministry of Health official having responsibility/authority for coordination and management of the health relief effort or an organization which each country designates at the national level (National Health Disaster Coordinator). Prospective donors should refrain from acting upon requests or information received from unauthorized sources. Upon request of the affected country, the Office of the United Nations Disaster Relief Coordinator (UNDRO) and PAHO/WHO will assist in ensuring that proposed assistance meets genuine needs and complies with the health priorities and WHO scientific norms.

2. National health authorities designate a National Health Disaster Coordinator who will liaise with national and voluntary organizations and the international community.

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3. Countries/agencies anxious to provide effective relief assistance and avoid duplication in the health field refrain from sending donations or personnel without prior consultation with the Ministry of Health, or organization designated by each country, UNDRO, or PAHO/WHO Representative, which will act as an information clearinghouse.

4. Immediate specific assistance may be provided on some occasions as necessary, taking advantage of the experience of donor countries in very special problems (e.g., utilization of highly specialized rescue teams).

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# A

ssessment  
of Health Needs



## *The Participants,*

Recognizing that it is the responsibility of the affected country to determine its own health needs for outside assistance;

Aware of domestic pressures which may compel external governmental and nongovernmental organizations to commit their relief resources without delay; and

Taking into consideration that possible donors must have, as quickly as possible, the information regarding immediate or future needs,

**National health authorities should assign high priority to the immediate assessment of needs for external assistance and promptly make known the specific type of assistance which is, or is not, needed.**



***Recommend that:***

1. The national health authorities assign high priority to the immediate assessment of needs for external assistance and promptly make known the specific type of assistance which is, or is not, needed.

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2. Governmental and nongovernmental organizations considering it necessary to send "fact finding" or "assessment" teams instruct those teams to develop and coordinate their efforts with the National Health Disaster Coordinator designated by the Ministry of Health or the designated department and/or the PAHO/WHO Representative on all matters relevant to health.

3. The recipient government, through its department in charge of emergencies, coordinate the assistance offered by accredited nongovernmental organizations.

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# *Donation of Equipment and Supplies*

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## *The Participants,*

Recognizing that Latin American countries will deplete much of their financial and material resources during a disaster;

Concerned that inappropriate donations divert scarce national and international resources; and

Stressing the fact that Latin American countries are both potential recipients and providers of international relief assistance,

*Disaster-stricken countries should establish and communicate to donor countries firm policies with regard to the acceptance of unsolicited or inappropriate supplies.*

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### ***Recommend that:***

1. Disaster-stricken countries establish and communicate to donor countries firm policies with regard to the acceptance of unsolicited or inappropriate supplies.
  2. Recipient governments inform their diplomatic missions of their policy on accepting or requesting assistance. Diplomatic missions should be kept informed of the current situation regarding requests made or assistance needed.
  3. Authorities in donating countries launch continuous campaigns, through the mass media and other means, with their NGOs and the public to assure that their contributions are channeled toward needs recognized by the health authorities of the affected country, and that they refrain from collecting medical supplies, clothing, and other health/welfare items unless a definite need has been confirmed by the appropriate authorities of the affected country.
  4. Donations consist, to the extent possible, of cash or credit provided directly to health authorities or to international agencies, or through other mutually agreed channels.
  5. Donations in cash or kind be used, whenever possible, for replacement of national resources diverted from essential programs and used for the emergency.
  6. Donations initially be aimed at restoring the level of health care to pre-disaster conditions.
  7. Shipments of perishable or short-life supplies (e.g., blood, biologicals) be made only on request from or with the approval of the National Health Disaster Coordinator or other authorized official of the Ministry of Health or designated department in close consultation with PAHO/WHO.
  8. Authorities and the nongovernmental organizations of the country of origin ensure, to the extent possible, the control of quality (e.g., expiration date of drugs) of private donations intended for shipment, taking into account that high cost, retail-purchased drugs or samples are not appropriate.
  9. The WHO model list of essential drugs and supplies be used as a guideline by the requesting and donating countries/agencies, unless there is a specified, confirmed need for other drugs.
  10. Recipient countries improve their distribution systems to ensure the best utilization of the resources.
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# *H* *health* *Personnel*

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*Unsolicited foreign medical teams and volunteers arrive unprepared or too late to be of real assistance to the victims of disasters, constituting an unnecessary burden on the relief efforts.*

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## *The Participants,*

Aware that medical assistance to victims should be provided within a few hours by health personnel familiar with the local situation;

Convinced that health services in Latin America are able to respond to these initial needs with the assistance of civil defense and voluntary organizations;

Observing that in past disasters unsolicited foreign medical teams and volunteers arrive unprepared or too late to be of real assistance to the victims and, therefore, constitute an unnecessary burden on the relief efforts; and

Noting with satisfaction that Latin American countries are increasing their training efforts in order to prepare their health personnel to face emergency situations caused by any type of disaster,

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***Recommend that:***

1. Disaster-stricken countries continue to give high priority to the preparation of their own health resources to respond to the emergency needs of the affected population.
  2. Countries and nongovernmental organizations willing to assist send medical teams or health personnel only in response to specific request by the National Health Disaster Coordinator or other authorized representative from the Ministry of Health or governmental official, taking advantage of the experience of PAHO/WHO.
  3. Other countries educate the public and professional associations that offer assistance on why the affected country's own human resources should provide emergency health care and of the often counterproductive impact of unsolicited foreign health volunteers or medical teams in disaster areas of Latin America.
  4. Priority be placed on cooperation between neighboring communities and countries whenever additional resources are needed for disaster management.
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# *R*ole of International Agencies

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## *The Participants,*

*Taking note of the mandates of UNDRO and PAHO/WHO and the extensive material developed by them; and*

*Appreciative of the increased coordination which is taking place among agencies before and after disasters in Latin America,*

*Full use should be made of the clearing-house function of UNDRO and PAHO/WHO to inform donors of pledged contributions and determine genuine outstanding health needs.*

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***Recommend that:***

1. The disaster-affected country and the international community, to avoid duplication, make full use of the clearinghouse function of UNDRO and PAHO/WHO in order to inform other donors of pledged contributions and determine genuine outstanding health needs.

2. Agencies provide technical cooperation in joint assessment of needs.

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3. PAHO/WHO, in cooperation with other donor agencies and experts in the Region, continue establishing technical guidelines for international health assistance in case of disaster and disseminate them to countries/agencies willing to offer emergency relief.

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# *A*ppeals for International Assistance



*All appeals for health assistance should be endorsed by or issued through the Ministry of Health.*

## *The Participants,*

Believing that one of the main problems in post-disaster health management is the often conflicting quality of the information available from the various sources for rapid decision-making by potential donors;

Recognizing the importance that requests or appeals for international assistance reflect genuine emergency health needs of the entire population affected by the disaster; and

Encouraged to note the considerable improvement in this regard following the disasters in 1985 in Latin America,

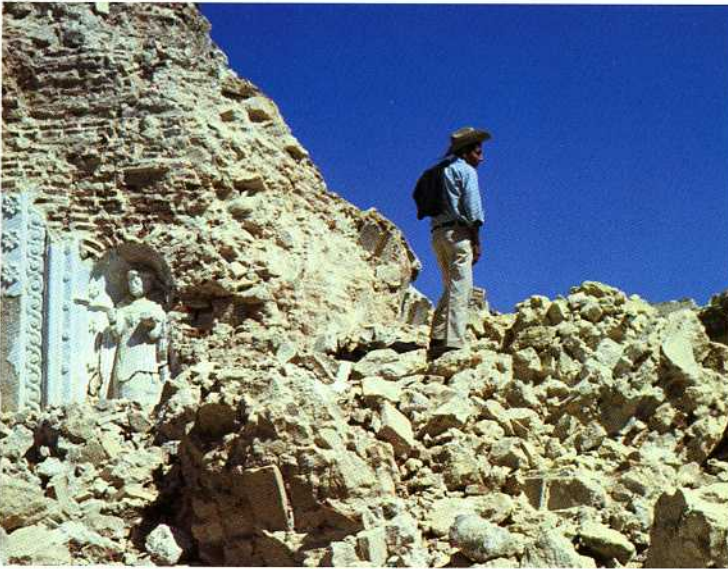
### ***Recommend that:***

1. Affected countries continue efforts to limit their appeals for international assistance in the health field to genuine needs for the emergency, clearly identifying the priorities but making a distinction between needs for rehabilitation and reconstruction.
  2. Information on what has been requested or pledged be shared among all donors.
  3. Affected countries take into account the time required to provide assistance from the international community and, therefore, carefully request assistance that has the greatest probability of arriving in time to be used.
  4. Affected countries specify, to the extent possible, the most urgently needed items (e.g., drug dosage, the manufacturer and the model of equipment) in order to avoid delays or misunderstandings.
  5. All appeals for health assistance be endorsed by or issued through the Ministry of Health.
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# *D*isaster Management

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***All countries must identify their vulnerability to disasters and establish appropriate measures to mitigate the impact on the most vulnerable populations.***

## *The Participants,*

Recognizing the health focus of this meeting;

Aware that disaster management and related political aspects have a significant impact on the provision of short and medium-term health care;

Recognizing that disaster relief in its initial phases often requires other technologies associated with health;

Referring to the United Nations General Assembly's resolutions giving UNDRO the responsibility to support country preparedness plans and prevention programs; and

Aware of the fact that the establishment of a communication system can be no longer postponed,

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***Recommend that:***

1. All countries identify their vulnerability to natural and man made disasters;
  2. All countries establish appropriate measures to mitigate the impact of disasters on the most vulnerable populations;
  3. International agencies and countries encourage the development of common relief management systems;
  4. These management systems include on-site management of the emergency, as well as the support systems of communications, search, rescue, and logistics and their related technologies;
  5. Countries and international agencies develop plans, training methods, and simulation exercises as part of their preparedness activities; and
  6. Countries promote and carry out, in collaboration with the International Telecommunication Union, the establishment of a quick, continuous and permanent communication system among the countries of the Americas.
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# *P* *reparedness*

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## *The Participants,*

*Stressing the need for the countries to be self-reliant in the provision of immediate health care to disaster victims;*

*Considering the need to grant to disaster preparedness the importance it deserves; and*

*Taking into consideration the resolutions adopted by the PAHO Directing Council,*

*Disaster preparedness  
must be granted the  
importance it  
deserves.*

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***Recommend that:***

1. PAHO Member Countries increase their efforts to comply with the resolutions adopted by the PAHO Directing Council.

2. Donor countries and organizations support, to the extent possible, the activities of international agencies, national health services, and other groups in disaster preparedness activities.

3. Countries and international organizations, taking advantage of acquired experiences, support field investigations in order to determine the needs related to the different types of disaster.

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4. Countries develop, to the extent possible, bilateral collaboration projects between neighboring countries in order to provide timely regional assistance.

5. Training of emergency preparedness in case of disaster be encouraged at all educational levels.

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# *Resolutions Approved by the Directing Council of the Pan American Health Organization*

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## *Abstracts of Recommendations Directed To Member Governments*

### **RESOLUTION X-1976**

“to develop plans, and, as necessary, enact legislation, set standards, and take preventive or palliative measures against natural disasters and disseminate these measures throughout the sectors concerned, coordinating their action with that taken by the corresponding services of the Pan American Sanitary Bureau”.

### **RESOLUTION XXXVI-1979**

“to establish a high level multisectoral group to coordinate all relief measures and a continuous program to update emergency plans, train health personnel, and promote research and case studies to improve disaster management”.

“to facilitate the Organization’s technical cooperation in the immediate aftermath of a disaster by agreements signed prior to the emergency”.

### **RESOLUTION XL-1980**

“to facilitate the entry of the multidisciplinary team of PAHO experts in the country after a disaster has occurred and, when deemed convenient, adopt, prior to a disaster, the necessary measures”.

### **RESOLUTION XXIII-1985**

for “Member Governments who have not done so to establish within the Ministry of Health an emergency preparedness and disaster relief coordination program responsible for continuously updating emergency plans, training health personnel, developing national guidelines and coordinating within and outside the sector”.

to “cooperate with the Director in reinforcing the technical resources available to them for cooperation with other countries in preparing for disaster cases”.

### **RESOLUTION X-1987**

“to endorse the recommendations approved at the Meeting on International Health Relief Assistance, held in San José, Costa Rica, 10–12 March 1986, included in Document CD32/13, particularly those recommendations regarding the need for all potential donors to consult with the health authorities of the affected country before sending health relief assistance and the need to place priority on cooperation between neighboring countries whenever additional medical personnel or resources are needed for disaster management”.

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