people's commitment to the goal of eliminating rabies in the Region.

6. Each country should review and strengthen its epidemiologic surveillance and information systems in order to ensure prompt follow-up of data and facilitate decision-making on control of foci and prevention of human and animal rabies.

7. Technical cooperation from PAHO/WHO is needed in the preparation and distribution of a methodological guide that will help the countries develop and evaluate the education component of the rabies program. The guide will be aimed primarily at the school population and risk groups, according to the epidemiologic situation of the countries.

8. National authorities should be asked to facilitate the timely issuance of health permits for the import and/or export of samples and supplies used in the rabies elimination program.

9. In view of problems experienced by some countries with regard to the scarcity and high cost of rabies vaccines, countries should estimate their supply needs during the planning phase in order to assure vaccine availability and avoid losses. Surpluses should be put at the disposal of PAHO/WHO for the creation of a vaccine bank.

10. The health authorities of countries that still do not have laboratories where the fluorescent antibodies technique is available should take steps to incorporate this diagnostic instrument into epidemiologic surveillance of the disease as soon as possible.

11. A Regional Commission for the Elimination of Rabies in the Americas, consisting of Directors of National Rabies Control Programs, should be established, with INPPAZ acting as the Secretary ex officio.

12. In view of the endemcity of rabies in mongooses in five countries of the Caribbean area and the development of oral rabies vaccines for wild species, PAHO/WHO should offer its cooperation in studies designed to adapt an oral vaccine to control rabies in mongooses.

13. The cooperation of PAHO/WHO was requested to ensure that the ongoing privatization movement in the agricultural and health sectors in the Region does not affect the objectives of the rabies elimination program.

Humanitarian Assistance in Haiti

As its name implies, PAHO's Emergency Preparedness and Disaster Relief Coordination Program has two important mandates: disaster preparedness and coordination of assistance in the wake of disaster. Over the years, the focus has expanded to encompass technological disasters and complex emergencies such as those resulting from civil conflict, in addition to natural disasters such as earthquakes, hurricanes, and volcanic eruptions. Disaster response has also evolved from the coordination of international aid to a direct operational role in complex disasters. The most notable

example of this evolution is the Organization’s activities in Haiti, where PAHO has played a lead role in the delivery of health-related humanitarian assistance since late 1991. In addition to providing direct support for maintaining key public health activities, PAHO/WHO established several programs critical to keeping the health situation in Haiti from deteriorating as a result of the economic sanctions.

OVERVIEW

PAHO/WHO first played a major role in response to the situation in Haiti as the technical coordinator of the December 1991 mission of the Organization of American States (OAS) to assess needs for humanitarian assistance in the wake of the military coup that occurred in September of that year. Subsequently, to address the accelerating deterioration in the country, the United Nations and OAS formulated the Comprehensive Plan for Humanitarian Assistance and called on the international community to intensify efforts to meet priority needs of the Haitian people. PAHO/WHO’s role in this assistance ranged from providing technical advice to implementing activities. It encompassed the coordination of all health humanitarian assistance and direct technical support (financial and logistical) to maintain key life-saving public health programs: maternal and child health, control and prevention of communicable diseases, essential drugs, and water supply and sanitation.

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 following activities:

- organization of a Health Coordination Committee with the Constitutional Government’s health authorities, UN agencies, nongovernmental organizations (NGOs), and donors;
- compilation and publication of an annual survey of the health situation (in English, French, and Spanish);
- formulation of a master plan for funding and implementation of humanitarian assistance by multilateral donors such as the European Union’s Humanitarian Office;
- launching of periodic international appeals to donors.

The international community responded generously, committing US$31.6 million. Nevertheless, this impressive amount was barely enough to slow the deterioration of public health resulting from the crisis itself and the ensuing sanctions.

PROJECTS

Under the humanitarian program in Haiti, several PAHO/WHO projects stand out either for their long-term importance or for their encompassing nature. Four of these projects are described below.

Programme d’approvisionnement en médicaments essentiels (PROMESS)

The political crisis and the subsequent embargo seriously depleted the supplies of essential drugs and basic medical materials. 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. During the crisis, PROMESS was the only provider or source of medical supplies. This program has acted to stabilize the price of medical supplies in the Haitian market. PROMESS ensures the free and constant availability of vaccines, syringes, antituberculosis 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 materials, and some foods to selected health institutions.

Of the 660 health institutions in the country, 520 have received subsidies totaling US$ 2.3 million, as well as more than 3 500 deliveries of supplies with a total value of US$ 4 million. PROMESS is also an important self-sustained procurement and distribution mechanism of essential drugs and supplies for future health activities in Haiti. As such, it represents an uncommon example of humanitarian emergency assistance contributing to ongoing development.

Programme d’approvisionnement en combustible (PAC-Humanitaire)

When the UN 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 activities to a standstill. Faced with this prospect, in December 1993 OAS and the UN jointly asked PAHO/WHO to establish a management structure for fuel distribution that would ensure that fuel supplies for all humanitarian assistance programs would be maintained during the embargo. This project became known as 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, convened to oversee the project, comprised representatives from the UN, OAS, PAHO/WHO, the Constitutional Government of Haiti, key donors, one oil company, and NGOs. The Committee provided overall policy guidance and determined eligibility for fuel allocations. Thus, it was the Fuel Management Committee, not PAHO/WHO, that decided how to allocate fuel, based on strict humanitarian assistance criteria. Of 668 applicants, 393 were approved by the Committee.

PAC-Humanitaire imported a total of 2,942,899 gallons of diesel and 680,610 gallons of gasoline over a 10-month period (20 January through 20 October 1994). This fuel allowed the continued operation of health services, water systems, food distribution programs, and other critical life-saving activities.

In the critical initial phase, costs were covered by donations from the governments of Canada, Denmark, the United States of America, 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 for any abuse. No major incidents were detected.

Humanitarian Flights

Following the suspension of commercial flights to Haiti in June 1994, PAHO/WHO, at the request of the Government of the United States of America and in consultation with the UN and OAS, 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, and liability insurance from the UN, agencies of the United States, and the de facto government of Haiti. This situation illustrated the complexity of providing humanitarian assistance under UN sanctions.
Ten flights were arranged between August and November 1994. They delivered 220,369 pounds of cargo—mostly medical supplies from PAHO/WHO. Although the plan foresaw that the UN Department of Humanitarian Affairs would make arrangements for air transport of personnel, the pressing needs of various humanitarian agencies prompted PAHO/WHO to include 148 humanitarian personnel on some of the later flights.

Implementation of SUMA

After international sanctions against Haiti were lifted in October 1994, supplies and equipment donated by the international community, but on hold because of the embargo, began arriving at the Port-au-Prince airport. To help manage the incoming relief supplies and pledges from the donor community, 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 the United Nations Development Program, the UN Department of Humanitarian Affairs (DHA), and the Haitian authorities. The SUMA system uses specially designed computer software as a tool for sorting and inventorying large amounts of relief supplies in a short period of time. A module to manage pledges was added to the software to meet the specific requirements of DHA. The experience in Haiti has strengthened collaboration within the UN and has confirmed the suitability of the SUMA Project for both natural and complex disasters.

CONCLUSION

The experience gained by PAHO/WHO in Haiti was unique in several respects:

- For three years, the international community and the Organization were exclusively dedicated to short-term humanitarian assistance in Haiti. As a matter of policy, long-term development activities were suspended until democracy was re-established.

- There was no formal collaboration or contact with the de facto government or its health authorities—an unusual situation for an agency whose principal interlocutor is normally the Ministry of Health.

- Local and international NGOs were relied upon as implementing partners, with very satisfactory results.

- Working under embargo conditions afforded the opportunity to observe not only the embargo's direct economic impact on the poorest segment of the population but also its impact on the ability of humanitarian agencies to deliver goods and services specifically exempted by the sanctions.

- As the main humanitarian presence in Port-au-Prince, and one that combined 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 the domain of traditional health programs, such as distributing fuel and running an air charter service.

The achievements of the Organization's projects in Haiti were made possible by the quality of leadership of the two PAHO/WHO Country Representatives during this period and their staff (21 international members and 79 Haitians), who worked under difficult and dangerous conditions. This situation underlined the fact that effective humanitarian assistance is only possible through active involvement at the field level.

A number of lessons were learned from this experience and a number of ques-
tions were raised about the future role of PAHO/WHO in complex disasters. These lessons are currently being evaluated, and policy guidelines are being reviewed in light of the special operational requirements of humanitarian assistance.

+++ Inter-American Conference on Society, Violence, and Health

In promotion of the Regional Plan of Action on Violence and Health, prepared by PAHO in 1994, the First Inter-American Conference on Society, Violence, and Health was held at PAHO Headquarters in Washington, D.C., on 16 and 17 November 1994. The Conference was co-sponsored by PAHO, IDB, OAS, UNDP, UNESCO, UNICEF, and USAID, with the collaboration of Inter-American Dialogue, a nonpartisan policy analysis center in Washington. The Conference brought together national and local officials, legislators, religious and business leaders, scholars, Nobel Peace Prize laureates, and representatives of a broad spectrum of social sector institutions to examine the complex issue of violence and propose actions to address it.

The objectives of the Conference were to create a consensus among the national and international cooperation agencies on methods and procedures to effectively support democratic values and respect for human rights; to promote a regional movement of nongovernmental and other organizations working to create nonviolent communities; and to urge the governments of this hemisphere to commit themselves to mobilizing sufficient financial resources, individually and through international organizations, to reverse the trend toward violence. To these ends, a declaration was prepared that called upon the governments and other institutions in the Americas to mobilize resources to prevent violence.

Over 20 distinguished speakers from a variety of institutions participated in the Conference's five panel discussions, as did members of an audience that included invited representatives from numerous nongovernmental organizations. The panel discussions explored the individual and social ramifications of violence, as well as its determinants and deterrents.

The first panel dealt with violence as a public health issue. In an example of the nexus between violence and other health problems, one of the speakers—the mayor of Cali, Colombia—signaled the association found between alcohol consumption and homicide in an epidemiologic study of violence in his city; the finding had led to enactment of limited "dry laws." The next panel, on the subject "Toward a Democracy without Violence," discussed the role of the State—both as a generator of services that can prevent violence and as a perpetrator of violence against its own population, either through officially sanctioned violence or through tolerance of the actions of violent groups.