After a disaster, do...

✓ Consult with affected country’s Health Disaster Co-ordinator for information about health needs. Don’t start collecting relief items until you have this information.
✓ Whenever possible, donate cash or credit directly to the national health authorities, to international agencies, or channel it through well-established NGOs. Most of the relief items can be purchased locally or in neighbouring countries. Cash also can be used to restore the pre-disaster level of health care and to replace national resources that have been diverted from essential programs and used for the emergency.
✓ Assist countries during the preparedness, rehabilitation, and reconstruction phases. An affected country will deplete many of its financial and material resources when responding to the immediate effects of a disaster. While certain types of assistance have high visibility and humanitarian appeal (for instance, search and rescue teams), donors should invest in long-term projects aimed at reconstruction and reducing vulnerability to future disasters (e.g., training, improved water supply systems).
✓ Co-ordinate the efforts of independent assessment teams or fact-finding missions with those of the affected country and other agencies. Ensure that an agency is identified in advance that will take responsibility for delivering items to the affected population. Unconsigned relief items should not be sent to a disaster-affected country.

Discourage sending...

- Used clothing, shoes, etc. In most cases, the local community donates more than enough of these items to meet the demand. It is more economical, convenient and sanitary to purchase items locally than to ship used items. Refer offers of this type of assistance to local charities or voluntary agencies.
- Household foods. The same applies for food items. A disaster is not likely to cause a national food shortage in Latin America and the Caribbean, although the international media may highlight local distribution problems. If food is requested, it must be non-perishable, clearly labelled, and appropriate to the local culture.
- Household medicines or prescriptions. These items are medically and legally inappropriate. Pharmaceutical products take up needed space and divert the attention of medical personnel from other more pressing tasks to sort, classify, and label them.
- Blood and blood derivatives. There is much less need for blood that the public commonly believes. In recent disasters in Latin America, local blood donors in the affected country have covered the victims’ needs. This type of donation is
unsuitable because it requires quality and safety controls, such as refrigeration or screening for detection of HIV antibodies.

− **Medical or paramedical personnel or teams.** Local health services are able to handle emergency medical care to disaster victims. In fact, most countries in Latin America and the Caribbean have a relatively high physician-to-population ratio. If international aid is needed, neighbouring countries are in the best position to assist during the immediate after-math of an event. Exceptions to this are highly skilled specialists who have been specifically requested by the Ministry of Health. Foreign medical or paramedical personnel who are unfamiliar with local language and conditions should be encouraged to remain at home.

− **Field hospitals, modular medical units.** Considering that this type of equipment is justified only when it meets medium-term needs, it should not be accepted unless it is donated. Equipment specifications such as weight, volume, freight and installation costs should be transmitted to Ministry of Health authorities so that they can decide on its usefulness.