Evolution of the Humanitarian Supply Management System (SUMA) in Emergencies (Components of the SUMA Global Project)

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When attempting to enhance preparedness and/or providing responses to emergencies, different governmental agencies and public institutions use a large number of computer-controlled technologies designed to increase the efficiency of humanitarian assistance. The World Health Organization (WHO) supports the further development of the Humanitarian Supply Management System (SUMA) through the SUMA Global Project, the concept of which was suggested and synthesized by the non-profit, non-governmental organization, FUNDESUMA, under the guidance of the Pan-American Health Organization (PAHO). This presentation provides a brief description of the current status of the SUMA, its principles and activities.

The SUMA is recognized as a basis for management ideology for the provision of support in general, and supply, in particular, during humanitarian operations. When the SUMA begins operational, the humanitarian supplies of goods and services to the victims in the health sector is characterized by high values, conform with a list of enquiry for meeting the defined needs, is supervised at every stage of the control process, and is transparent as for the quality and form of feedback information provided.

In addition, adequate communication between all parties always exists and promotes the most efficient coordination between emergency relief workers, information exchange with mass media, as well as with the donors and victims, i.e., distribution of donations is performed in accordance with the principles of the United Nations humanitarian agencies. The basic components of the SUMA Global Project are considered to be parts of a universal management system for humanitarian support during emergencies.

The preparation of one of the SUMA Global Project Components using the Cyrillic alphabet is described. Thus, this Project can be used in those countries with the given alphabet, to enhance the efficiency of humanitarian supply management during an emergency. The provision of training seminars using a specially developed curriculum is suggested, including: (1) basic components of the SUMA Global Project; (2) introduction to humanitarian support management,; (3) practical studies; (4) ways and procedures for updating the different versions of the SUMA Project; and (5) logistical management of humanitarian supplies.

Focusing on the SUMA Global Project and taking past experiences into account, it is suggested that a discussion of the SUMA structure and functional organization relating to the needs of the countries using separate elements of computer control in emergency be conducted. There also is a suggestion about compatibility of the SUMA Global Project with components of the geoinformation system, which would provide a complete picture about the situation in a given emergency.

It is proposed that permanent training courses in the theory and operations of components of the SUMA system, according to the status of systemic tables, nomenclature of drugs acceptable in a particular country, and specific national mechanisms of supply management in the health sector during emergencies be developed.

Keywords: education; Humanitarian Supply Management System (SUMA); preparedness; response; SUMA Global Project; World Health Organization (WHO)
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Private Wells and Disaster Preparedness

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In 1996, the Teikyo University Ichihara Hopsital became one of the 17 disaster core hospitals in Chiba Prefecture, Japan. In preparation for disaster, it has developed a private water source, electric generators, storage, extra beds, and a heliport, to ensure water supply in case of the breakdown or malfunction of the public water pipe system.

Currently, three wells can cover more than 80% of the water demand (approximately 12,000–15,000 cubic meters per month). This amount of private water is sufficient for the ordinary activities of a 500-bed hospital, and will provide for the requirement created by extra, disaster-related patients. These wells also also cost-efficient. Although the initial investment was about [US]$876,000, the hospital could save [US]$60,000 every month by buying a smaller amount of pipe water.

Although, preparing for a rare disaster might seem unnecessary, it may be beneficial to have access to enough ground water to cope with the needs created by a disaster. This shows that preparing for the uncommon event can be profitable.

Keywords: costs; effectiveness; Japan; pipe water; preparedness; public; wells
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Disaster Preparedness: Train Trauma First Responders in the High-Risk Areas

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Objective: The "epidemic of trauma" is global. Natural disasters, local wars, and large, unmapped landmine fields are concentrated in the equatorial belt, and 90% of trauma fatalities are found in low and middle income countries.[1] Where resources are few, what should be the standards of minimum acceptable trauma care? In a multi-center study, the authors suggest that the rather advanced, United States standard for prehospital trauma life support (PHTLS) serve as the foundation for rural trauma systems worldwide.[2] In a study of system effectiveness in North Iraq and Cambodia, the impact of basic versus advanced trauma life support techniques on trauma mortality, was compared.[3]
Methods: From 1997 to 2001, 1,061 trauma victims received in-field care before evacuation to surgical centers. The injuries were severe, with a mean injury severity score (ISS) of 12.4, and there were 227 (21.4%) major trauma victims (ISS >14). The trauma response system was comprised of