

CARIBBEAN HEALTH DISASTER RISK REDUCTION COMMITTEE

TERMS OF REFERENCE

1. BACKGROUND

Today more than ever, issues related to disasters and emergencies are part of the international development agenda. It is now widely recognized that humanitarian assistance and disaster response are not sufficient. There is a need to prevent disasters and focus on reducing their impacts on populations. It is also important to recognize that populations are not just victims of disasters but important actors in reducing disaster risks.

The Caribbean has developed a high level of awareness about natural hazards. The annual hurricane season puts on everyone's agenda, the need to be prepared, the importance to implement damage mitigation measures and the overall benefit of practicing disaster risk reduction.

Natural disasters have a twofold impact on health systems: directly, through damage to the infrastructure and health facilities and the consequent interruption of services at a time when they are most needed, and indirectly, by potentially causing an unexpected number of casualties, injuries and illnesses in affected communities'.

It is for this reason that the Area on Emergency Preparedness and Disaster Relief of PAHO aims to help countries to reduce the health sector's risk to all types of hazards. The Organization recognizes the importance of fostering stronger partnerships among the Caribbean Countries that share similar strengths and face comparable challenges. These include their exposure to both natural and man-made hazards, and also the vast potential impact in linking knowledge and expertise across the countries in South-South collaborations.

It is in this light the Caribbean¹ Health Disaster Risk Reduction (CHDRR) Committee was established. This approach is in keeping with the tremendous effort afoot in the Caribbean to harmonize and mainstream Comprehensive Disaster Management (CDM).

The CHDRR committee acts as a forum for strategic discussion, bringing together partners on health and disaster, in a concerted effort to reduce disaster risks to the health sectors² in the Caribbean. Specifically it will:

1. Identify opportunities, challenges and gaps in achieving a satisfactory level of disaster resiliency in the Caribbean health sector, and develop strategies towards that end.

¹ Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, Bonaire, British Virgin Islands, Cayman Islands, Curacao, Dominica, French Guyana, Grenada, Guadeloupe, Guyana, Jamaica, Martinique, Montserrat, Saba, Saint Lucia, St. Eustatius, St. Kitts and Nevis, St. Maarten, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago and Turks and Caicos

² The health sector encompasses all the entities that produce actions, services, goods, opportunities, and knowledge that in one way or another contribute to the maintenance and improvement of the individual and collective health. This also includes the economic and productive activities of other sectors which impact on health, the political decisions, and their legal-administrative forms of expression, as well as environmental and educational interventions that influence the health determinants.

2. Perform functions as the Comprehensive Disaster Management Health Sector Sub-Committee.
3. Fulfill the monitoring and progress analysis requirements of health disaster risk reduction projects/programmes being implemented in the Caribbean.

The committee, which does not have decision making authority with countries, will implement these functions through a symbiotic relationship with the existing coordination and monitoring mechanism for health disaster management in the region – the Health Disaster Coordinators.

In relation to the first function, the committee will stimulate exchange among the various and growing number of actors in the health sector. It will also identify opportunities in other sectors that can positively impact on health. This function has to with intelligence, networking and advocacy for a safe and disaster resilient health sector.

The second function fulfils requirements for a sector sub-committee for mainstreaming CDM in the health sector. In 2001, the Caribbean Community (CARICOM) through broad based stakeholder consultations adopted a Strategy and Results Framework for Comprehensive Disaster Management. This was subsequently reviewed and reshaped in 2006 to emphasize disaster loss reduction through risk management and to facilitate regional engagement in development cooperation. The resulting Enhanced CDM Strategy and Programme Framework 2007 – 2012 is designed to facilitate the mainstreaming of disaster risk management at national levels and in key sectors of national economies. Towards enhancing the CDM implementation process, a governance mechanism was established, the CDM Coordination and Harmonization Council (CHC), which includes in its membership, leads for the agricultural, education, health and tourism sectors. These Sector Leads have committed to leading the sector mainstreaming process. They will be supported by a Sector Sub-committee to facilitate wider inclusion of relevant stakeholders in the CDM planning and implementation process at the sectoral level. PAHO has been invited to lead the CDM mainstreaming efforts in the health sector.

Finally, in relation to the third function, the committee will follow up initiatives on risk reduction in health and function as a consultation mechanism for the effective implementation of projects. It will serve as the project committee for the five year project to mainstream disaster risk reduction in the health sector of CARICOM countries. This project being implemented by PAHO with funding from CIDA, seeks to address the absence of risk reduction management practises, which has impeded the achievement of an optimal state of preparedness and mitigation within the regional health sector. It has three outcomes towards this end: (i) knowledge resources are available and used in the health sector for disaster preparedness and mitigation; (ii) the level of safety of health facilities in relation to natural hazards is improved; (iii) disaster risk reduction is incorporated in the agenda of the health sector. The project will establish a baseline of disaster risk reduction, build the tools necessary to assess progress in the countries and contribute to mainstreaming CDM implementation in the health sector.

2. FUNCTIONS OF THE CARIBBEAN HEALTH DISASTER RISK REDUCTION COMMITTEE

- 2.1. Identify challenges and gaps regarding the implementation of health disaster risk reduction projects/programmes in the health sector;
- 2.2. Identify opportunities for inter and intra sectoral linkages to avoid duplication of work and ensure efforts are complementary;
- 2.3. Agree on and utilize a mechanism for monitoring, evaluating and reporting on implementation of health disaster risk reduction projects/programmes in the health sector;

- 2.4. Review health disaster risk reduction project/programmes results and adjust activities and indicators as necessary;
- 2.5. Discuss and address any other issue(s) pertinent to the good governance and sustainability of health disaster risk reduction projects/programmes in the health sector;
- 2.6. Nurture and welcome opportunities for synergies between development partner representatives, participating states, private sector, civil society and other relevant stakeholders responsible for implementing health disaster risk reduction projects/programmes in the health sector;
- 2.7. Provide overall leadership and guidance for the mainstreaming, coordination and harmonization of CDM implementation in the health sector at the national and regional levels;
- 2.8. Advocate and foster the achievement of priority results designed to mainstream comprehensive disaster management in the health sector;
- 2.9. Function as the communication channel between the health sector and the CDM Coordination and Harmonization Council, reporting on the progress, issues (including governance) and recommendations from the CHDRR committee.

3. COMPOSITION

The CHDRR Committee shall comprise representatives from key specialized health sector agencies and Ministries of Health in the Caribbean. The permanent members shall be PAHO, CDEMA CU and at least two donor organizations, with additional members selected from each of the following clusters³:

Overseas Territories & Departments	OECS Countries	Other Countries	Regional Health Institutions
British Virgin Islands Turks & Caicos Islands Cayman Islands Bermuda Montserrat Anguilla Aruba Bonaire Curacao Saba St. Maarten French Guiana Guadeloupe Martinique	Dominica Grenada Barbados Saint Lucia Antigua & Barbuda St. Kitts & Nevis St. Vincent & Grenadines	Belize Guyana Suriname Jamaica Bahamas Trinidad & Tobago	CEHI CAREC CFNI CHRC

³ Clusters reflect adjusted outcome of consultation at the 2008 Health Disaster Coordinators' meeting. Members' selection was based on these consultations and CDERA's recommendation for the CDM health sector sub-committee. CDERA recommended representatives from CEHI, CAREC, CFNI, CWWA, CDERA CU and St. Kitts and Nevis, the lead country for health in CARICOM

Specifically, the CHDRR Committee shall comprise the following members⁴ for the two years period 2008 - 2010:

1. Pan American Health Organization
2. Caribbean Disaster Emergency Management Agency Coordinating Unit
3. Canadian International Development Agency (Donor)
4. Department for International Development (Donor)
5. Caribbean Environmental health Institute
6. Ministry of Health Representative from St Kitts & Nevis
7. Ministry of Health Representative from Curacao
8. Ministry of Health Representative from Trinidad and Tobago

The committee also reserves the right to co-opt other members for technical knowledge or specific expertise.

4. MEETINGS

The CHDRR Committee will meet twice per year, with additional meetings being organized as required. Each sitting of the meeting will be convened in three segments to address each of the committee's mandates.

A majority (over 50%) of the representatives of the Caribbean Health DRR Committee, including two country representatives will constitute a quorum and must be present for the meetings to be convened. Additionally, the Canadian International Development Agency representative must be present for deliberations related to the project monitoring/progress analysis mandate.

5. CHAIRPERSON

The chairperson will be responsible for:

- 6.1 The conduct of the meeting
- 6.2 Ensuring that an accurate record of the discussions and decisions of each meeting is prepared and forwarded to all members
- 6.3 Ensuring adequate follow-up on the undertakings of the members of the CHDRR Committee.

The Chairperson shall be selected from the membership and shall serve a period of two years.

6. SECRETARIAT

PAHO shall serve as secretariat of the CHDRR Committee.

⁴ The CHDRR will have at least one Permanent Secretary or Chief Medical Officer Representative

7. COMMUNICATION

The preparation of the records of all meetings of the CHDRR Committee will be the responsibility of the Secretary and must be forwarded to the Committee membership not later than four weeks after the conclusion of the meetings.

8. DURATION

The Caribbean Health DRR Committee shall undertake its functions in regards to health disaster risk reduction projects and CDM implementation for the period 2008 – 2013. At the end of the period, a review of the committee will be undertaken and a decision made with respect to continuation.

During its time of operation, at least fifty percent of persons on the committee shall be changed every two years. This will be achieved via a change in clusters representative. Members of the clusters will select the representative to sit on the committee

9. MEETING LOCATION

Meetings of the CHDRR Committee will be convened at times and places convenient to all members.

Communication Channels for the CHDRR Committee

