

**REPORT OF THE FIRST MEETING
OF
The Caribbean Health Disaster Risk
Reduction Committee**

**Hilton Hotel
St. Michaels, Barbados.
18 December 2008**

List of Acronyms

CARICOM	Caribbean Community
CHC	Coordination and Harmonization Council
CHDRR	Caribbean Health Disaster Risk Reduction
CDERA	Caribbean Disaster Emergency Response Agency
CDM	Comprehensive Disaster Management
CIDA	Caribbean International Development Agency
HDC	Health Disaster Coordinator
OECS	Organization of Eastern Caribbean States
PAHO/WHO	Pan American Health Organization/World Health Organization
TOR	Terms of Reference

I. Introduction

On 18 December 2008, the first meeting of the Caribbean Health Disaster Risk Reduction Committee was convened at the Hilton Hotel, St. Michaels, Barbados.

The objectives of the meeting were:

- To review and agree on the Terms of Reference of the CHDRR Committee
- To raise awareness and agree on project specifics for current health disaster risk reduction projects being spearheaded by PAHO/WHO in the Caribbean
- To agree on the way forward for mainstreaming CDM in the health sector (monitoring, reporting and evaluation mechanisms, information sharing mechanisms (e.g. CDM database), mechanisms for integrating cross-cutting themes (e.g. gender, ICT, public awareness)
- To agree on next steps

II. Selection of Chairperson

The St. Kitts and Nevis Representative, Mr. Andrew Skerritt, was nominated by Mr. Yuri Chakalall, the Canadian International Development Agency (CIDA) Representative, to serve as Chairperson of the CHDRR Committee on matters related to the mandate as CDM Health Sector Lead. The nomination was unanimously supported by the other committee members.

PAHO/WHO will chair the committee when it addresses issues related to management, monitoring and progress analysis aspects of health disaster risk reduction projects being implemented in the Caribbean.

IV. Participants

The list of participants is attached as Appendix I.

V. Welcome Remarks

Ms. Monica Zaccarelli Davoli – Sub-Regional Advisor, Disaster Risk Reduction, PAHO/WHO

Ms. Zaccarelli welcomed participants to the first meeting of the CHDRR Committee. She encouraged pointed input, vibrant discussions and straightforwardness from members, to ensure the committee truly acts as a forum for strategic discussions on health disaster risk reduction in the region.

Ms. Zaccarelli noted that the committee meeting represented the harmonization of two lines of work:

1. that related to the existing sub-regional health disaster coordination platform - the health disaster coordinators (HDCs), which PAHO/WHO has been facilitating for over a decade, and;
2. the mainstreaming of outcome 3 of the Enhanced CDM Strategy and Framework in the health sector

She indicated that the CDM mainstreaming process will profit from all the work done in the region over the last thirty years in health DRR, including the HDC mechanism. As such, consultations from the last HDC meeting informed the preparation of the draft TOR for the CHDRR Committee.

Ms. Zaccarelli noted that the CHDRR committee is not bounded in time to any specific programme, project or framework – being broader than CDM and any individual project.

2.0 Presentation on the Draft Terms of Reference of the CDM Database Sub-Committee.

Ms. Zaccarelli facilitated the review and discussion of the draft TOR of the CHDRR committee.

The following points/queries were raised regarding the CHDRR Committee TOR:

- 2.0.1 The committee is not a PAHO/WHO committee, but a [multi-agency] Caribbean committee.
- 2.0.2 The committee will provide guidance and oversight, and will not be directly involved in implementation. It is however recognized that some committee members, within their organizations, may be involved in implementing relevant actions, and that specific interventions must be driven by the relevant organization(s) that has the where-with-all, in collaboration with other stakeholder agencies
- 2.0.3 The committee’s functions can be summarized as guidance, monitoring and oversight, communication and reporting, resource mobilization, and partnership building. Three key tasks are to identify challenges in implementing DRR in the region; identify and agree on strategies to address these and collate/coordinate all efforts on HDRR in the region.
- 2.0.4 The committee will need to consider and prioritize main issues which underpin the mainstreaming of DRR in the sector, such as data for monitoring and evaluation.
- 2.0.5 The CDM Coordination and Harmonization Council (CHC) will be the channel of communication between the committee and CARICOM Member States. There however needs to be a definite strategy for communication between the committee and non-CARICOM countries in the Caribbean. The CHDRR committee should have the authority to have direct communication with all countries in the region.
- 2.0.6 Towards balancing inclusiveness with existing structural mandates, reporting and community (CARICOM) structures, the committee will aim to get issues/proposal onto the agenda of specialized committees of CARICOM and the OECS.
- 2.0.7 The committee will build on the years of experience of the HDC mechanism and will not “re-inventing of the wheel”.
- 2.0.8 As DRR is a cross-sectoral issue, there is the need to embrace and embark on an inter-sectoral approach, with the necessary monitoring mechanisms in place. CIDA’s contribution to the process of mainstreaming CDM in this respect was noted, in particular, the support to CDERA to develop a baseline of the region’s disaster management status, incorporating historical works.
- 2.0.9 There is need for an illustration chart mapping the relationship between the committee, PAHO/WHO, CDERA, etc., and channels of decision making. Clear working methods and communication lines for the committee, up to level of Ministers of Health also need to be defined.

- 2.0.10 The TOR should be expanded to include a third mandate for the committee as follows: “Identify opportunities, challenges, and gaps in DRR in the Caribbean and take steps to address them”.

Functions

- 2.0.11 Aggregate all functions related to CDM Sector Sub-committee (those outlined in the MOU between PAHO/WHO and CDERA CU) and separate from project steering committee functions. The mandates of the committee related to CDM Sector mainstreaming and project oversight should be considered in two distinct segments of each sitting of the committee.
- 2.0.12 Include language to make linking with HDC mechanism a specific function.
- 2.0.13 Restructure item 3.12 to read “Function as the communication channel, reporting on the progress, issues (including governance) and recommendations from the CHDRR committee to the CDM CHC”.

Composition

- 2.0.14 The composition represents a balance between achieving a manageable effective committee size and incorporating the recommendations of the HDC and CDERA for committee membership.
- 2.0.15 Three groupings of countries have been advanced towards maintaining a fair balance between country representation and other regional organizations.
- 2.0.16 Clarify the rationale for inclusion of CWWA in the regional health institutions cluster, as they are the only institution in the cluster which is not a mandated organization of CARICOM.
- 2.0.17 Change wording for items 5 – 7 to read “Ministry of Representative from.....”.
- 2.0.18 Delete last sentence from footnote 3 on page 4.

Duration

- 2.0.19 Change end date from 2012 to 2013.

2.1 Summary of key decisions/expectations

- 2.1.1 Report of the committee should be included on the agenda of the Annual Caucus of Ministers of Health, the CARICOM and OECS Ministers of Health meetings. St. Kitts and Nevis (lead country for health in CARICOM) will be integral in facilitating this process.
- 2.1.2 The committee will communicate directly (bilateral discussions) with the French and Dutch Territories. PAHO/WHO will act as a bridge in this process.

- 2.1.3 An illustration chart mapping the relationship between the committee, PAHO/WHO, CDERA, etc and channels of decision making will be prepared.
- 2.1.4 All references to projects in the TOR will be adjusted to read “projects and programmes”.
- 2.1.5 The two scheduled meetings of the committee will be held annually to coincide with the annual HDC Meeting and Caribbean Conference of CDM, to enhance cost and time efficiency.
- 2.1.6 PAHO/WHO, as the secretariat for the committee, will raise awareness about the committee’s existence to all countries in the region.

3.0 Presentation on Health Disaster Risk Reduction Projects being implemented by PAHO in the Caribbean

The presentation on the Health Disaster Risk Reduction Projects being implemented by PAHO in the Caribbean was done by Ms. Nicole Wynter, Short Term Consultant - PAHO.

In her presentation, Ms. Wynter highlighted that:

- 3.0.1 It is critical to mainstream DRR in the Caribbean health sector because of the Caribbean hazard landscape; the importance and vulnerability of the health sector and commitment to regional and international mandates.
- 3.0.2 The project seeks to empower the sector to manage risk reduction and will utilize a threefold strategy towards this end: focus on increasing health facilities’ safety; incorporate DRR in the health sector’s agenda; and increase availability of knowledge resources for DRR.
- 3.0.3 In keeping with RBM principles, PAHO sought to ensure ownership through partnership and consensus building by developing the project in a consultative way
- 3.0.4 The project implementation strategy will focus on building strategic alliances with stakeholders and promoting a culture of safety.

3.1 Plenary Discussion

The following points/queries were raised regarding the Presentation:

- 3.1.1 It is necessary to define the other national authorities who will be stakeholders in the project, as actors other than the health sector contribute to disaster management.
- 3.1.2 PAHO is committed to addressing the issue of vulnerable groups (elderly, disabled, children, and women) in disasters and these will captured in the gender analysis for the project.

- 3.1.3 Within the project, health is considered in the broadest sense as a public good and activities have been so targeted
- 3.1.4 Outcome 2 incorporates hospitals and other health facilities
- 3.1.5 The project schedule should be reviewed comprehensively as outputs are linked and feed into each other

3.2 Summary of key decisions/expectations

- 3.2.1 Project documents presented to committee members can be reviewed to supplement what has been presented in the PowerPoint presentation and the project schedule.
- 3.2.2 Project implementation will be reviewed annually.

4.0 Way forward for Mainstreaming, Coordination and Harmonization of CDM Implementation in the Health Sector

This plenary discussion was lead by Ms. Nicole Wynter

- 4.0.1 Discussions considered monitoring, reporting and evaluation mechanisms, information sharing mechanisms (e.g. CDM database), mechanisms for integrating cross-cutting themes (e.g. gender, ICT, public awareness).
- 4.02 It is essential to ascertain what the countries consider as the main priorities for mainstreaming.
- 4.03 There must be an examination of what monitoring and evaluation tools are available, what data is being collected and how frequently
- 4.04 The MER system for the sector must contain performance, impact and productivity indicators

4.1 Summary of key decisions/expectations

- 4.1.1 There is no need to re-invent the wheel as a number of systems, structures and processes are presently available, which can be enhanced and utilized.
- 4.1.2 The consultant hired to develop the monitoring, evaluation and reporting mechanism for the CDM Strategy and Framework need to interlock with sector leads.

- 4.1.3 The existing HDC joint work plan represented a good starting point for MER of CDM implementation in the health sector. There is however the need to build in impact indicators and map the HDC reporting mechanism to CDM Strategy
- 4.1.4 Develop by June 2009, a framework with indicators based on the HDC reporting system.

5.0 Next Steps

5.1 Scheduling of meetings of the CHDRR Committee

Ms. Zaccarelli, Disaster Reduction Advisor – PAHO noted:

- 5.1.1 The second meeting of the CHDRR Committee is scheduled for June 2009.
- 5.1.2 Report from the June meeting will be presented to the CDM CHC end June 2009.

5.2 Recommendations to be shared with the CDM Coordination and Harmonization Council

The Meeting agreed that:

- 5.3.1 The discussed monitoring and evaluation mechanism should be presented at the 2008 CDM CHC.
- 5.3.2 Discussions surrounding cross cutting issues, intra and inter-sectoral linkages and reporting be raised at the CDM CHC. The integral platform presented by the CHC for inter-sectoral collaboration and linkages on issues should also be highlighted.

5.2 Monitoring and evaluation mechanism for CIDA project and CDM mainstreaming in the Health Sector

Please refer to section 4.0 of this report

6.0 Any Other Business

Ms. Andria Grosvenor, the CDERA representative, shared information from a correspondence received from Dr. B. Baker of the US Northern Command, about a Pandemic Influenza Meeting to be held in Jamaica in January 2009.

Ms. Zaccarelli indicated that PAHO/WHO had discussions with the organizers earlier and pointed out that the meeting was a valid and useful activity. However, since PAHO/WHO and a number of other stakeholders have been working with the health sector, it would be more prudent to target other sectors which have lagged behind, and have not been the beneficiary of as many interventions as the health sector.

Ms. Grosvenor reported that she informed Dr. Baker she was unable to comment on the meeting before holding discussions with PAHO/WHO, who are the health sector lead in the region.

She also noted that she had a concern with the lack of an institutional approach in the planning of the meeting.

7.0 Adjournment

There being no other business, the meeting was adjourned.

Appendix I – Participants List

PARTICIPANTS' LIST				
FIRST MEETING OF Caribbean Health Disaster Risk Reduction Committee				
1. Yuri Chakalall	Snr. Development Officer (Environment)	Canadian International Development Agency (CIDA)	Canadian High Commission P.O Box 404 Bishops Court Hill St. Michael, Barbados.	Tel: 246-429-3550 ext. 3453 Fax: 246-429-3876 E-mail: yuri.chakalall@international.gc.ca
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3. Andrew Skerrit	Health Planner\Health Disaster Coordinator	Ministry of Health, Government of St. Kitts and Nevis	P.O. Box 186, Bladen's Commercial Development, Basseterre, St. Kitts	Tel: 869-467-1171 Email: andyskerrit@yahoo.com
4. Earl Best	Health Disaster Coordinator	Ministry of Health, Curacao	P.O. Bob 3447, Curacao, Netherland Antilles	Tel: 5999-560-0745 Fax: 5999-736-3845 Email: earlybird@onenet.an
5. Andria Grosvenor	Technical Manager, Preparedness and Country Support	Caribbean Disaster Emergency Response Agency	Building #1, manor Lodge Complex, Lodge Hill, St. Michael	Tel: 246-425-0386 Fax: 246-425-8854 Email: andria.grosvenor@cdera.org

6.				
7. Monica Zaccarelli Davoli	Disaster Reduction Advisor	Pan American Health Organization	Dayrells Road and Navy Gardens, Christ Church, Barbados	Tel : 246-436-6448 ; 246-426-3860 ext 5078 Fax : 246-436-6447 Email : zaccarem@cpc.paho.org
8. Nicole Wynter	Short Term Consultant	Pan American Health Organization	Dayrells Road and Navy Gardens, Christ Church, Barbados	Tel : 246-436-6448 ; 246-426-3860 ext 5083 Fax : 246-436-6447 Email : wynterni@cpc.paho.org

Appendix II – Agenda

TIME	SESSION	RESOURCE AGENCY/PERSON
1:30 - 1:45	<p>Welcome and Opening Remarks</p> <p><u>Overview of meeting objectives:</u></p> <ul style="list-style-type: none"> ○ To review and agree on the Terms of Reference of the CHDRR Committee ○ To raise awareness and agree on project specifics for current health disaster risk reduction projects being spearheaded by PAHO/WHO in the Caribbean ○ To agree on the way forward for mainstreaming CDM in the health sector (monitoring, reporting and evaluation mechanisms, information sharing mechanisms (e.g. CDM database), mechanisms for integrating cross-cutting themes (e.g. gender, ICT, public awareness) ○ To agree on next steps <p>Selection of Chairperson and Alternate CDM Health Sector Lead</p>	<p><i>PAHO/WHO Representative</i></p>
1:45 – 1:50	<p>Adoption of Meeting Agenda</p> <p>Document: CHDRRC/01-08/01</p>	<p><i>PAHO/WHO Representative</i></p>
1:50 – 2:30	<p>Presentation on the Terms of Reference of the CHDRR Committee</p> <p>Discussion: <i>Feedback from committee members for the finalization of the TOR</i></p> <p>Document: CHDRRC/01-08/02</p>	<p><i>PAHO/WHO Representative</i></p>
2:30 - 3:30	<p>Presentation on Health Disaster Risk Reduction Projects being Implemented by PAHO in the Caribbean</p> <p>Presentation will provide an overview of the CIDA funded project: “Health DRR in the Health Sector of CARICOM Member States”. The work plan for the project will be presented and project specifics discussed</p> <p>Discussion: <i>Feedback from committee members to modify/refine the work plan</i></p> <p>Documents: CHDRRC/01-08/03A & CHDRRC/01-08/03B</p>	<p><i>PAHO/WHO Representative</i></p>
3:30 – 3:45	BREAK	
3:45 – 4:15	<p>Way forward for Mainstreaming, Coordination and Harmonization of CDM Implementation in the Health Sector</p> <p>Discussion: <i>Feedback from committee members</i> including possible partnerships and opportunities for collaboration</p>	<p><i>Plenary</i></p>

TIME	SESSION	RESOURCE AGENCY/PERSON
4:15 – 4:45	Next Steps: <ol style="list-style-type: none"> 1. Scheduling of meetings of CHDRR committee 2. Recommendations to be shared with the CDM Coordination and Harmonization Council 3. Monitoring and evaluation mechanism for CIDA project and CDM mainstreaming in the Health Sector 	<i>Plenary</i>
4:45 - 5:00	Any other Business	