

Pan American Health Organization
Emergency Preparedness and Disaster Relief
Department

**REPORT OF THE REGIONAL MEETING
OF HEALTH DISASTER
COORDINATORS**

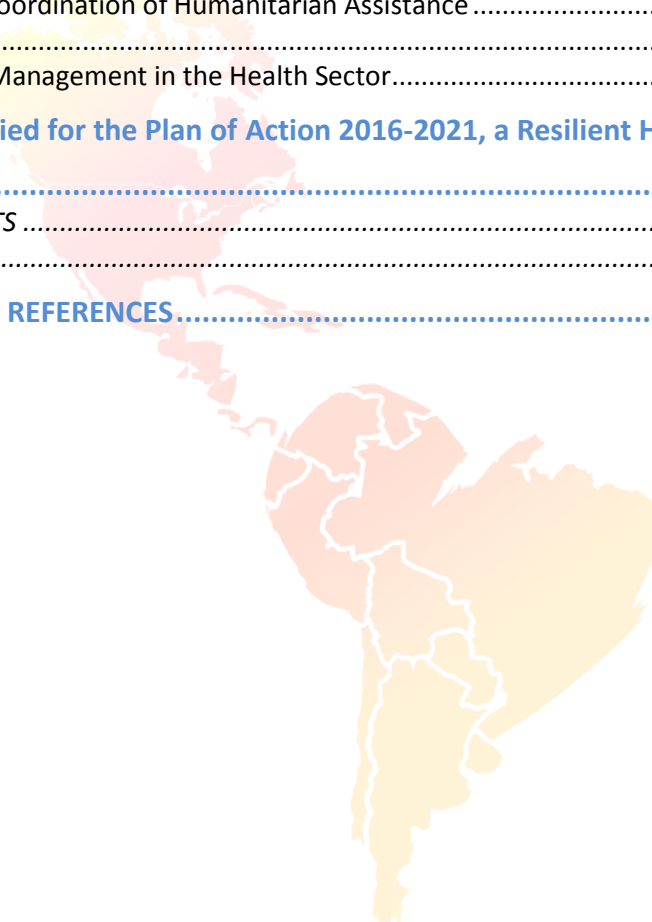
Managua, Nicaragua

15 & 16 October 2015



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1. INTRODUCTION

The Sendai Framework for Disaster Risk Reduction 2015-2030ⁱ, the Sustainable Development Agenda,ⁱⁱ the United Nations Framework Convention on Climate Change,ⁱⁱⁱ the World Humanitarian Summit^{iv} and the Reform of the World Health Organization's Work in Outbreaks and Emergencies^v are all of great importance to the health sector in the Americas, which should adopt strategies and practical mechanisms for their implementation.

Latin America is the most unequal region in the world,^{vi} where significant socioeconomic inequality leads to greater vulnerability, resulting in poor access to basic services, including health services, and where 77% of health infrastructure is located in risk areas.

The response of the countries of Latin America and the Caribbean to emergencies and disasters is constantly improving; however, there are still gaps to be bridged in terms of strengthening, increasing, and promoting the resilience of the health sector.

For several years the Member States of the Pan American Health Organization (PAHO) have been working to strengthen the health sector in the area of comprehensive disaster risk management. Resolutions and reports **CSP25/10** (Health Impact of the Southern Oscillation - El Niño,^{vii} **CD45.R8** (Report on Reducing the Impact of Disasters on Health Facilities, 2004),^{viii} **CD50.R15** (Plan of Action on Safe Hospitals, 2010),^{ix} **CSP28.R19** (Coordination of International Humanitarian Assistance in Health in Case of Disasters, 2012)^x and **CD54/22** (El Niño 2015-2016 in the Region of the Americas)^{xi} reflect the countries' will and commitment to work toward achieving a resilient health sector.

The countries of the Region, through their ministries, authorities, and coordinators, have made key contributions to the formulation of strategies to meet the targets set by the Member States.

For this reason, PAHO's Emergency Preparedness and Disaster Relief Department (PED) held the Regional Meeting of Health Disaster Coordinators in Managua, Nicaragua, on 15-16 October 2015 with the slogan "Resilient Health Sector: Learning from the past, building the future."

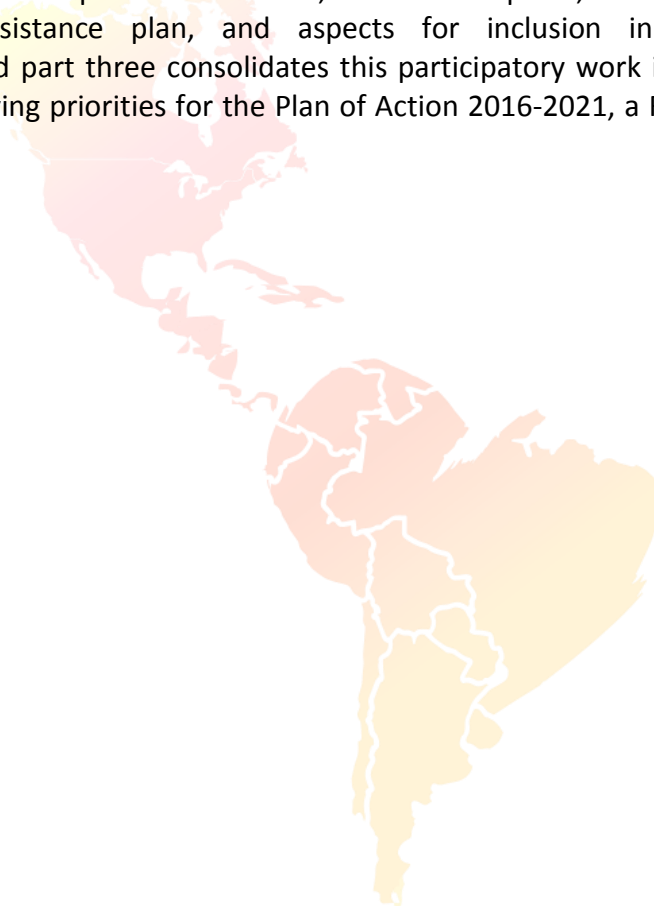
The Regional Meeting of Health Disaster Coordinators is a forum that has contributed important ideas for prioritizing and implementing actions to strengthen the Region in the area of health-related disaster risk management.

At this meeting, 29 disaster coordinators from the Ministries of Health in Latin America and the Caribbean, with the participation of PAHO/WHO Disaster Focal

Points, defined the essential factors required to strengthen current and future work, based on recent progress and an analysis of the lessons learned.

The most significant outcome of the meeting was the participatory formulation of priorities for the Plan of Action 2016-2021, a Resilient Health Sector, in order to chart the course in the Region over the next few years.

This report consists of three parts. The first describes the key points of the current and pending International legal framework, with a detailed analysis of health-related issues, primarily in the Sendai Framework for Disaster Risk Reduction 2015-2030; part two summarizes the progress, challenges, and priorities of the Plan of Action on Safe Hospitals 2010-2015, smart hospitals, the international humanitarian assistance plan, and aspects for inclusion in disaster risk management; and part three consolidates this participatory work in general lines of action, identifying priorities for the Plan of Action 2016-2021, a Resilient Health Sector.



2. Current and pending international legal framework on Disaster Risk Management

The growing impact and complexity of disasters over the last decade is indisputable: more than 700,000 people lost their lives in disasters, more than 1,400,000 were injured*, 23 million were displaced, and economic losses exceeded 1.3 trillion dollars.

Given that several important international instruments were developed in 2015 and 2016 and others are currently in development, several aspects of disaster risk management are relevant to the health sector.

Sendai Framework for Disaster Risk Reduction 2015-2030

Health is a key issue in the Sendai Framework for Disaster Risk Reduction 2015-2030 adopted by the Member States in March 2015 at the World Conference on Disaster Risk Reduction in Sendai, Japan.

The Sendai Framework goes beyond the Hyogo Framework for Action in a number of ways:

- It underscores the importance of women as participants and leaders in the development of Disaster Risk Reduction (DRR) strategies.
- It emphasizes the need to ensure post-disaster access to health care services.
- It has a very clear and strong focus on action at the local level.
- The scope of Disaster Risk Management (DRM) was clearly expanded to include both natural and human-induced hazards, specifically in environmental, technological, and biological terms.
- It has a strong focus on health, given that four of the seven global targets relate to health.
- It emphasizes resilient health systems that include the integration of DRM concepts at all levels of care.
- National health systems should promote training in disaster medicine and improve the training of community groups.

In order to implement the health-related aspects of the Sendai Framework, it is essential to:

- Promote public and private investment in disaster risk prevention in the area of health infrastructure.

- Improve cooperation among health authorities and other stakeholders interested in building the countries' disaster risk management capacities in the health sector, implementing the International Health Regulations, and building resilience in health systems.

Expected overall outcome

A substantial reduction of disaster risks and losses caused by disasters in terms of lives, livelihoods, and health, as well as the physical, social, cultural, and environmental assets of people, companies, communities, and countries.

Expected global objective

Prevent the occurrence of new disaster risks and reduce existing risks by implementing integrated and inclusive economic, structural, legal, social, health, cultural, educational, environmental, technological, political, and institutional measures that prevent and reduce exposure to the threats of and vulnerability to disasters, and increase preparedness for response and recovery, thereby building resilience.

Global Targets

Substantially **REDUCE**:

- 1) Global **mortality** caused by disasters
- 2) The number of **people affected** at the international level
- 3) **Economic losses**
- 4) **Damages caused** by disasters.

Substantially **INCREASE**:

- 5) The number of countries that have disaster risk reduction strategies at the national and local level by 2020
- 6) International cooperation for developing countries
- 7) The availability of and access to early alert systems for multiple hazards.

Guiding principles

The Sendai Framework will be guided by the following thirteen principles:

- 1) **Primary responsibility** of the States to prevent and reduce disaster risk;
- 2) **Responsibility shared** by central and local authorities, and the different sectors and stakeholders;
- 3) **Protection** of people, their property, **health**, and livelihoods, while promoting and protecting all human rights, including the right to development;
- 4) **All-of-society engagement** and inclusive, accessible and non-discriminatory participation;
- 5) **Coordination** within and across all sectors;

- 6) **Empowerment** of local authorities and communities in order to reduce disaster risk;
- 7) **Multi-hazard approach** and **informed decision-making** based on the sharing and dissemination of disaggregated data;
- 8) **Consistency** of policies, plans, practices, and mechanisms in the different sectors and agendas;
- 9) **Understanding** of local characteristics and capacities;
- 10) **Public and private investment**;
- 11) **Building back better** in order to prevent new disasters and reduce disaster risk;
- 12) Strengthening of **international cooperation**;
- 13) **Cooperation among countries.**

Priorities for action

- 1) **Understanding disaster risk.** Policies and practices for disaster risk management should be based on an understanding of disaster risk in all its dimensions. In the health sector, this priority translates to:
 - **Disaster risk and data loss.** Improve the preparation and dissemination of methodologies and tools to record and communicate losses caused by disasters, as well as statistics and data; enhance the modeling, evaluation, mapping, and monitoring of disaster risks; and support the development of multi-hazard early warning systems.
 - **Safe hospitals and health infrastructure.** Develop effective global and regional campaigns as instruments for public awareness-raising and education.
 - **Innovation and technology.** Improve access and support for innovation and technology.
- 2) **Strengthening disaster risk governance to manage disaster risk.** Strengthening disaster risk governance for prevention, mitigation, preparedness, response, recovery, and rehabilitation requires fostering collaboration and partnerships across mechanisms and institutions for the implementation of instruments relevant to disaster risk reduction and sustainable development. In the health sector, the priority is to:
 - **Incorporate disaster risk reduction in the health sector**, as appropriate, in national and local frameworks of laws, regulations, and public policies related to the sector.
 - **Improve safety laws and regulations** related to land use and urban planning, building codes, environmental and resource management, and health and safety standards, and update them to ensure an adequate focus on disaster risk reduction;
 - **Coherence of instruments and tools related to disaster risk management.** Promote the use and consistency of instruments and

tools relevant to disaster risk reduction, such as those related to climate change, sustainable development, health, and food. Promote trans boundary cooperation to facilitate policies and planning for the implementation of ecosystem-based approaches, in order to reduce disaster risk, including epidemic and displacement risks.

3) Investing in disaster risk reduction for resilience

Public and private investment in disaster risk prevention and reduction through structural and non-structural measures.

- **Safe Hospitals and Health Facilities.** Strengthen public and private investments aimed at disaster resilience, particularly through structural, non-structural, and functional disaster risk prevention and reduction measures.
- **Resilient Health System and Health-Related Disaster Risk Reduction.** Enhance the resilience of national health systems by integrating disaster risk management into primary, secondary and tertiary health care; developing the capacity of health workers to understand disaster risk and apply disaster risk reduction approaches in medical work, as well as in the implementation of the World Health Organization's International Health Regulations (2005);
- **Access to basic health services.** Strengthen the design and implementation of inclusive policies and social safety-net mechanisms to enhance livelihoods, provide access to basic health care services, and empower and assist people disproportionately affected by disasters, as in the case of disabled persons and other groups;
- **Chronic and life-threatening diseases.** Because of their particular needs, people with chronic and life-threatening diseases should be included in the design of policies and plans to manage their risks.
- **Ecosystems and healthy environment.** Strengthen the sustainable use and management of ecosystems and implement integrated environmental and natural resource management approaches that incorporate disaster risk reduction;
- **Implementation of the Sendai Framework at the global and regional level.** Enhance cooperation between health authorities and other relevant stakeholders to build country capacity in health-related disaster risk management and implement the International Health Regulations (2005).

4) Enhancing disaster risk preparedness for effective response, and to “Build Back Better” in recovery, rehabilitation and reconstruction

The steady growth of disaster risk, including the increased exposure of people and assets, combined with the lessons learned from past disasters, indicates the need to further strengthen disaster preparedness in order to respond, take

action in anticipation of events, integrate disaster risk in response preparedness, and ensure that capacities are in place for effective response and recovery at all levels.

- **People-Centered Early Warning Systems.** Develop, maintain, and strengthen people-centered multi-hazard, multisectoral early warning systems. Develop these systems through a participatory and inclusive process;
- **Safe Hospitals.** Promote the resilience of new and existing critical infrastructure;
- **Stockpiling.** Establish community centers to promote public awareness and stockpile necessary materials to conduct rescue and relief activities.
- **Training.** Train the existing workforce and volunteer workers in disaster response and strengthen technical and logistical skills to facilitate better response in emergency situations;
- **Health data.** Establish a case registry mechanism and a database of mortality caused by disasters in order to improve the prevention of morbidity and mortality;
- **Mental Health.** Enhance recovery plans to provide psychosocial support and mental health services for all people in need.

The biggest challenge of the Sendai Framework for Disaster Risk Reduction in the health sector is translating theory into action, where the systematic integration of disaster risk reduction is promoted in national health policies and plans, and where health is integrated into national disaster risk reduction plans and strategies.

Disaster-related data on mortality, morbidity, and disability should be included in early warning systems, in basic health indicators, and in national risk mapping.

Disaster risk reduction should be included in health education and in the capacity-building of health workers.

Advocacy efforts to promote cross-sectoral collaboration for all risks including biohazards is important and should be carried out by compiling and disseminating best practices, through cases studies, and by sharing knowledge and experiences.

Reform of the World Health Organization's Work in Outbreaks and Emergencies

The epidemic caused by the Ebola virus in some parts of West Africa has been the most severe and complex of the last four epidemics. Global response, including WHO's, was slow. By December 2014, nearly 500 health workers had died, reducing the already poor doctor-population ratio in Guinea, Liberia and Sierra Leone.^{xii}

WHO and its partners deployed nearly 60 foreign medical teams from 40 organizations. In September 2014, the United Nations Secretary General and WHO organized a special United Nations Ebola Emergency Response Mission, through which many U.N. agencies provided technical and logistical support to the affected countries.

Nonetheless, the Ebola epidemic illustrated the need for an urgent change in three principal areas within WHO:

1. Reformulating and strengthening national and international emergency preparedness and response;
2. How to bring new medical products to market
3. How WHO responds to emergencies.

The Ebola outbreak revealed certain shortcomings and deficiencies in WHO's administrative, technical, and management infrastructure. Reforms were proposed, including the creation of a contingency fund earmarked to support rapid outbreak and emergency response, simplified procedures for contracting personnel in emergency situations, and the implementation of a "one WHO" approach at the Organization's three levels, using standard operating procedures, risk assessment tools, surveillance, and accountability in emergency situations.

The severity of the outbreak underlined the need for the WHO country offices to improve their crisis management capacity and field experience in emergency situations. Despite the difficulties encountered, the Ebola crisis provided an opportunity to build a stronger system to collectively protect global health security.

Along these lines, a results-based roadmap^{xiii} was formulated for implementing the work. This roadmap was structured in terms of outcomes and deliverables to ensure that WHO maintains an appropriate level of organizational preparedness and supports country capacity-building and preparedness. It is also aimed at efficient and effective action to respond to outbreaks and emergencies at the national and subnational level, effectively involving the relevant partners and stakeholders.

Expected result. A world in which effective, appropriate joint action and available financing minimizes the impact of emergencies on health, with a World Health Organization that is fully trained to:

- Define the risks associated with disease outbreaks, complex emergencies, and natural disasters;
- Respond to these risks;
- Implement an effective response so as to reduce suffering and loss of human lives;
- Facilitate the recovery and rehabilitation of the systems that protect health and well-being.

Pillars. The roadmap is based on three overarching pillars:

1. Country preparedness;
2. Organizational preparedness, response, and early recovery;
3. Identification and mitigation of high-threat pathogens.

To address these pillars, the roadmap has six outcomes:

- 1) **A unified WHO platform for outbreaks and emergencies** with humanitarian and health consequences, that maintains Organizational readiness, responds in a predictable, capable, dependable, adaptable, and accountable manner at the country level, and partners with all stakeholders in support of governments in preparedness, response, and early recovery activities;
- 2) **A global health emergency workforce**, to be effectively deployed in support of countries, comprising national responders; international responders from networks and partnerships; responders from UN agencies, funds and programs; and WHO standing and surge capacity.
- 3) **Priority IHR core capacities developed at country-level as an integral part of resilient health systems** to enable the rapid detection and effective response to disease outbreaks and other hazards, as well as providing people-centered health services based on primary health care;
- 4) Improved functioning, transparency, effectiveness, and efficiency of the **IHR (2005)**;
- 5) **A framework for R&D preparedness and for enabling R&D** during outbreaks or emergencies;
- 6) **Adequate international financing** for pandemics and other health emergencies, including the WHO Contingency Fund for Emergencies and a pandemic emergency financing (PEF) facility proposed by the World Bank.

The Director-General of the World Health Organization established an internal team to support the Advisory Group, facilitate and monitor the implementation of the roadmap, and prepare the Organization for the changes that will be required.

Sustainable Development Agenda, United Nations Framework Convention on Climate Change, and World Humanitarian Summit

Sustainable Development Agenda

The Sustainable Development Agenda, the United Nations Framework Convention on Climate Change, and the World Humanitarian Summit are closely related and consistent with each other, as well as with the Sendai Framework for Disaster Risk Reduction, and the agreements and steps being taken toward Habitat III.^{xiv}

All of these instruments seek the well-being of the world's population, reflected by less poverty and a balance between development and care of the planet, but also greater

country capacity to respond to adversity, in this case, to emergencies and disasters with an impact on health.

An important element of the Sendai Framework is to strengthen disaster risk reduction in conjunction with other post-2015 international agendas, including the Sustainable Development Goals and climate agreements. The Sendai Framework is consistent with international agendas and identifies measures to be integrated at all levels. UNISDR refers to certain measures and opportunities^{xv} to promote this consistency and mutual strength aimed at disaster risk reduction:

Sustainable Development Agenda

The Sustainable Development Agenda calls for coherence between development and the strengthening and implementation of policies, plans, practices, and mechanisms. While governments and partners are already working on implementing the Sendai Framework at the national and subnational level, considerations underway in other international agendas present immediate opportunities for implementing the Sendai Framework in the formulation of international mechanisms.

There are 17 Sustainable Development Goals, 10 of which refer to disaster risk management, which in turn refer to health.

Objective 1. End poverty in all its forms everywhere

- **Eradicate extreme poverty.** Eradicating poverty, especially extreme poverty, is a key factor on the road toward resilience.
- **Build resilience.** By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to extreme climate-related events and other crises.
- **Social Protection.** By 2030, achieve broad coverage of health services.

Objective 2. End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

- **Sustainability of production systems and ecosystems.** Ensure sustainable food production systems and implement agricultural practices that increase productivity and production.

Objective 3. Ensure healthy lives and promote well-being for all at all ages

- **Traffic accidents.** By 2020, halve the number of deaths and injuries from road traffic accidents.
- **Health human resources.** Substantially increase health financing and the recruitment, development, training, and retention of the health workforce in developing countries.
- **Disaster risk management in the health sector.** Strengthen the capacity of all countries, in particular developing countries, for early

warning, risk reduction, and management of national and global health risks.

Objective 5. Achieve gender equality and empower all women and girls

- **Discrimination against woman and girls.** End all forms of discrimination against all women and girls.

Objective 6. Ensure availability and sustainable management of water and sanitation for all

- **Universal access to water.** By 2030, achieve universal and equitable access to drinking water.
- **Sanitation and hygiene.** By 2030, achieve equitable access to adequate sanitation and hygiene services.
- **Supply in times of scarcity.** By 2030, substantially increase the efficient use of resources.

Objective 9. Build resilient infrastructure, promote inclusive and sustainable industrialization, and foster innovation

- **Resilient infrastructure.** Develop quality reliable, sustainable, and resilient infrastructure.

Objective 10. Reduce inequality within and among countries

- **Human mobility.** Facilitate orderly, safe, regular, and responsible migration and mobility of people.

Objective 11. Make cities and human settlements inclusive, safe, resilient, and sustainable

- **Safe Housing.** By 2030, ensure access for all to adequate housing and basic services.
- **Human settlements.** By 2030, enhance inclusive and sustainable urbanization.
- **Reduction of mortality and economic losses caused by disasters.** By 2030, significantly reduce the number of deaths and the number of people affected by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations.
- **Inclusive, resilient and environmentally-friendly plans and policies.** By 2020, increase the number of cities and human settlements adopting and implementing integrated policies and plans that promote inclusion, the efficient use of resources, climate change mitigation and adaptation, and resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015-2030, holistic disaster risk management at all levels.

- **Sustainable and resilient buildings.** Support the least developed countries, through financial and technical assistance, in building sustainable and resilient buildings.

Objective 13. Take urgent action to combat climate change and its impacts

- **Strengthen resilience.** Strengthen resilience and adaptability to climate-related risks and natural disasters.
- **Capacity building and early warning.** Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation and impact reduction, and early warning.

Objective 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective, accountable, and inclusive institutions at all levels

- **Violence.** Significantly reduce all forms of violence and related death rates everywhere
- **Terrorism.** Strengthen relevant national institutions, through international cooperation, for building capacity at all levels, particularly in developing countries, to prevent violence and combat terrorism and crime.

United Nations Framework Convention on Climate Change. Paris Agreement

Greenhouse gas emissions continue to increase throughout the world. There is an inverse relationship between responsibility for climate change and vulnerability to its effects.

- Rich countries contribute the most to global warming but are the least affected by its effects.
- Developing countries contribute the least to global warming but are impacted the most by its effects, including persistent droughts and extreme weather phenomena, rising sea levels, coastal erosion and ocean acidification, health hazards, and food security.

It is clear that the agreements entered into in Paris in December 2015 will mark the destiny of the world's population, and that the effects of a process similar to what the world has experienced up until now will be irreparable, particularly for the health sector.

World Humanitarian Summit

The United Nations Secretary General convenes this Summit to address human needs

induced by disasters. Eight regional consultations were held based on the principles of humanitarian assistance, i.e. humanity, impartiality, neutrality, and independence.

The summit's conclusions focused on four priority areas:

1. **People-based approach.** The consultations pointed out the emerging need to put the people at the heart of humanitarian actions, giving priority to local capacities whenever possible. They also urge decision-makers to carry out practical actions in order to generate a more inclusive approach, focusing on the priority groups of women, children, young people, older adults, and disabled persons.
2. **Right to assistance and protection.** Emphasis was placed on the need to keep the population safe and address the growing human cost of conflicts, which create the greatest needs worldwide. The importance of regional legal and national frameworks that defend people's right to assistance and protection was stressed, especially for internally displaced persons. A call was made to combat sexual violence against women and girls.
3. **Transformation through innovation.** In humanitarian action, it is necessary to adapt and innovate in response to new global challenges and threats, such as climate change, displacement, urban and demographic changes, and new hazards such as pandemics. There is a greater emphasis on preparedness, including the implementation of international, national, and regional legal frameworks aimed at disaster risk reduction and a more consistent approach among development and humanitarian stakeholders, in order to build populations and communities that are resilient to future disasters.
4. **Financing.** The regional consultations illustrated the wide gap existing between humanitarian needs and available resources to address such needs.

3. Progress and challenges in the Region

Plan of Action on Safe Hospitals 2010-2015

The Region has made significant progress in terms of the objective set out in the Plan of Action on Safe Hospitals 2010-2015 approved at the 50th Directing Council in October 2010, where the Member States adopted the theme "hospitals safe from disasters" as a national risk reduction policy, and agreed that all new hospitals will be constructed with a level of protection that will better ensure their ability to continue to function in disaster situations.

The progress made in the Region is outlined below, with an indication of remaining gaps.

(Preliminary data up to October 2015)

Objective and Goal 1: 25 countries (71%) have established a safe hospitals program and 31 countries (89%) have a disaster risk management program within the Ministries of Health.

Objective and Goal 2: 31 countries have an information system on the construction of new hospitals or improvement of existing hospitals.

Objective and Goal 3: 15 countries (43%) in the Region have established supervision and control mechanisms that are independent from hospital construction projects and other investments in health facilities, with the intervention of skilled professionals.

Objective and Goal 4: 18 countries (51%) have included measures that guarantee the operation of health facilities in the event of a disaster in all new health investment projects.

Objective and Goal 5: 18 countries (51%) have up-to-date standards for the design, construction, and operation of safe health facilities.

Objective and Goal 6: 35 countries (100%) are applying the hospital safety index (HSI) and are improving the safety of their hospitals.

Plan of Action for the Coordination of Humanitarian Assistance

The 53rd Directing Council of the Pan American Health Organization approved the Plan of Action for the Coordination of International Humanitarian Assistance and supported its consideration in development policies, plans, and programs, as well as in national budgets proposals and discussions.

The following conclusions can be drawn from the Regional Meeting of Health Disaster Coordinators, based on each of the plan's objectives:

Strategic line of action 1: Strategic partnerships, cooperation among countries, and international agreements.

In recent years, the Region has had several experiences related to the coordination of humanitarian assistance between countries; however these experiences have not been uniform in terms of procedures, mechanisms, and pre-established agreements.

In July 2015, a Regional Advisory Group comprised of country experts was formed in Lima, Peru, in order to review, harmonize, update, and disseminate procedures and mechanisms for humanitarian assistance in the area of health in the Region.

There are several binational activities underway, such as the agreements covering work in the border areas between Ecuador and Colombia, and Ecuador and Peru in South America. The Dominican Republic and Haiti have been strengthening their joint work in emergencies and disasters, and several existing agreements in Central America and the Caribbean should be reflected in specific agreements related to disaster response and mutual cooperation.

The Caribbean community, through the Caribbean Disaster Emergency Management Agency (CDEMA), the High-Level Working Group for Comprehensive Disaster Risk Management of the Union of South American Nations (UNASUR), and the Central American Integration System through the Central American Center for Natural Disasters Prevention (CEPREDENAC), are multilateral forums that should strengthen, establish and/or address a common agenda for humanitarian assistance in general, but particularly and as a matter of priority, for the timely response of the health sector.

Strategic line of action 2: Foreign medical teams, and

Strategic line of action 3: Leadership, coordination, and accountability.

The response of international medical teams in emergencies should go hand-in-hand with adequate national capacity in terms of care as well as coordination and leadership.

The countries of the Americas need to establish a common language to govern, coordinate, and mobilize available resources, ensuring a high level of efficiency in humanitarian assistance in terms of quality, timeliness, and transparency.

The countries of the three sub regions all have the same need to strengthen the capacity of their Ministries of Health in order to coordinate, receive, set up, and mobilize international medical teams for emergencies and disasters.

One of the greatest identified challenges is the regional standardization or harmonization of legal parameters that would make it possible, for example, to regulate the work of health professionals in the event of disasters, as well as the provision of drugs and supplies, equipment, etc.

Smart Hospitals

The global situation with regard to climate change and the disaster risk facing Caribbean countries led to the implementation of the Smart Hospitals initiative in 2012, based on the concept of safe health facilities and focused on climate change mitigation and adaptation.

The immediate results are clear, but the long-term socioeconomic and environmental impact of the initiative will have to be evaluated using parameters based on the original purpose of the project.

There are big expectations regarding the potential viability and feasibility of this initiative in terms of its adaptation in other countries of the continent. For this reason, an in-depth analysis of its adaptability and replicability in the Region is essential.

Inclusive Disaster Risk Management in the Health Sector

The most recent disasters have scientifically demonstrated that despite the establishment of countless instruments that seek to include priority care groups, i.e. children, older adults, women and pregnant women, disabled persons, and indigenous populations, the reality is that their exclusion is obvious and ongoing in the various emergency situations and disasters, despite the percentage of the population that they represent and the multiple efforts put forth by civil society to defend their rights.

A global survey conducted by the United Nations^{xvi} in 2013 pointed out that regardless of whether they live in developing countries or not, disabled persons have never been part of disaster risk management, but they may be disproportionately affected. In the Sendai earthquake in Japan in 2011, mortality among disabled persons was 2.06% compared to 1.03% of the general population.^{xvii}

An inclusive approach that considers gender, disability, and ethnicity/multiculturalism should be more assertively and practically established in the health sector.

The countries have specifically identified the need to strengthen their ability to manage their response to priority care groups, and to not forget to include them in preparedness measures.

A gender approach cannot be reflected solely in inclusion and respect for the rights of women and girls, but should also address the entire range of gender issues such as the inclusion of LGBTI groups, among others.

It is clear that the particular needs of these groups must be included, made visible and identified in all damage and needs assessment and evaluation instruments, early warning systems, response kits, and rehabilitation and reconstruction tools and processes.

Latin America is a diverse, multi-ethnic and multicultural region, and knowledge of the indigenous worldview of risk, for example, is therefore imperative when including that population in the health-related disaster risk management process.

4. Priorities identified for the Plan of Action 2016-2021, a Resilient Health Sector

Based on the Sendai Framework for Disaster Risk Management 2015-2030, the Strategic Plan of the Pan American Health Organization and its Strategic Plan for Disaster Risk Reduction and Response, the Reform of WHO's Work in Outbreaks and Emergencies; coherent with the health disaster risk management aspects of the Sustainable Development Goals, the Climate Change Convention, and the World Humanitarian Summit; and through a participatory process carried out during the Regional Meeting of Health Disaster Coordinators, the following priorities/considerations/lines of action have been identified:

Goals

Reduction in **mortality** and morbidity caused by disasters

Reduction of economic losses in the health sector

Reduction of damages in health facilities caused by disasters

Increase in the number of countries that have a health disaster risk reduction approach.

Strengthening of health-related humanitarian assistance in the countries, in terms of regional and global response capacity, as well as local coordination and leadership in the event of disasters

Increase availability and access to information on health-related disaster risks, including early warning systems.

Approach

The approach is based on human rights under the various United Nations conventions signed by the Member States and their respective optional protocols, with a broad approach and special emphasis on:

- **Gender**
- **Disability**
- **Ethnicity**

This approach is also based on relevant considerations during the entire human life course.

Lines of action and identified priorities

1. **Understanding disaster risk in the health sector.** Information analysis is the first step in the health disaster risk management process. An understanding of disaster risk in the health sector is fundamental in terms of the exposure of people and health infrastructure to hazards and settings, the vulnerability of the population and health workers, and

actual response and recovery capacity. For this reason, it is necessary to:

- **Develop an integrated regional information system and/or health disaster monitoring observatory in order to among other things:**
 - Analyze and map vulnerabilities to disasters in the health sector, including health infrastructure, in an inclusive and accessible manner.
 - Conduct an inventory of national capacities in all areas.
 - Record the impact of disasters on health.
 - Document and analyze damages and losses related to investments in health risk management.
 - Generate statistics and disaggregated data for decision-making.
 - **Promote citizen awareness:**
 - With up-to-date scientific information on risks and local, regional, and global hazards.
 - By organizing regional "Resilient Health Sector" campaigns that promote a culture that is resilient to disasters.
 - **Incorporate Information and Communication Technologies (ICT) into Health Disaster Risk Management**
 - Improve ICT access and support in various areas, such as applications to assess damages and needs on-line and georeference affected facilities, among other things.
2. **Strengthen disaster risk management in the health sector.** Management of health disaster risks should be strengthened by promoting local leadership in the sector and fostering interagency and intersectoral work, which requires:
- **Incorporating disaster risk in the health sector, through:**
 - The creation a regional agreement/resolution through the health and/or disaster commissions of SICA, CARICOM, UNASUR, CAN, and other organizations, which would make it possible to establish a common or harmonized regulatory framework in the Region for disaster risk management of the health sector.
 - The review, adaptation, and/or formulation of regulations/policies that help strengthen leadership for disaster and emergency risk management in public health, based on mandates established through national, sub regional, and regional mechanisms.
 - The formulation, adaptation, and implementation of national regulatory frameworks (laws, executive decrees, etc.) that regulate the safe hospital strategy as part of health risk management.
 - The establishment of consistent, aligned, and standardized mechanisms (tools, instruments, sectoral commission), based on

current international regulations and agreements on disaster and emergency risk management in public health.

3. **Invest in health disaster risk reduction for resilience.** Investing in the health sector through structural, nonstructural, and functional measures is essential to increase resilience.

- **Safe and Resilient Health Facilities**

- Promote public and private investment for safe and environmentally-friendly facilities, throughout the planning, construction, and if applicable, enhancement or reconstruction processes.

- **Safe Hospitals**

- Promote the resilience of new and existing vital infrastructure in the public and private sector, including water supply, transportation, telecommunications, educational facilities, hospitals, and other health facilities, so that they continue to be safe, effective, and operational during and after disasters in order to provide essential and life-saving services.

- **Resilient Health System and Health Disaster Risk Reduction in public and private settings**

- Integrate disaster risk management in primary, secondary, and tertiary health care.
- Promote and strengthen training in the area of disaster medicine.

- **Inclusion of priority care groups**

- Include disabled persons, women, indigenous populations or other ethnic groups, and older adults in all phases of disaster risk management.

- **Chronic and potentially fatal diseases**

- Because of their special needs, people with chronic and potentially fatal diseases should be included in the design of policies and plans to manage their risks before, during, and after disasters, including their access to life-saving services;

- **Implementation of the Sendai Framework at the global and regional level**

- Increase cooperation among health authorities and other pertinent stakeholders in order to build country capacity to manage health-related disaster risks, apply the International Health Regulations (2005), and create resilient health systems.

4. **Increase Member States' disaster preparedness capacity so that they can respond effectively, and "build back better" in terms of recovery, rehabilitation, and reconstruction.** There is an identified need to strengthen national capacity in preparedness, response, and early recovery, and to build know-how regarding the actions to be taken during rehabilitation and reconstruction phases.

- **Outbreaks and Emergencies**

- Strengthen the capacity of response teams in complex emergencies and epidemics.
- **Response Teams**
 - Promote development of national teams
 - Consolidate and update the regional response team
 - Keep response team members up-to-date and informed
- **Health-related Emergency Operations Centers (EOC Health)**
 - Strengthen health-related EOCs
 - Ensure that they are linked with the national risk management system or mechanism
 - Promote an integrated information and communication mechanism.
- **Stockpiling**
 - Establish local and regional stockpiling centers to ensure a timely response adapted to country needs.
- **Training**
 - Train health workers by strengthening their technical and logistical skills.
- **Mental Health**
 - Strengthen mental health plans for emergencies and disasters.

5. ANNEXES

LIST OF PARTICIPANTS

No.	NAME	INSTITUTION	COUNTRY
1	Aisha Andrewin	Ministry of Health	Anguilla
2	Katrina Smith	PAHO - Country Program Specialist	Anguilla
3	Alejandra Bonadé	PAHO - Disaster Focal Point	Argentina
4	Marcel Johnson	Ministry of Health	Bahamas
5	Sally Edwards	PAHO- Disaster Focal Point	Barbados
6	Dana van Alphen	PAHO-Emergency Preparedness and Disaster Relief Department/ Caribbean	Barbados
7	Lealou Reballos	PAHO-Emergency Preparedness and Disaster Relief Department/ Caribbean	Barbados
8	Andrea Forde	PAHO-Emergency Preparedness and Disaster Relief Department/ Caribbean	Barbados
9	John Bodden	Ministry of Health	Belize
10	Fabiola Michel	PAHO - Disaster Focal Point	Bolivia
11	Patricia Cabrejo	PAHO - Administrator	Bolivia
12	Eliane Lima e Silva	Ministry of Health	Brazil
13	Fabio Evangelista	PAHO - Disaster Focal Point	Brazil
14	Ronald Georges	Ministry of Health	British Virgin Islands
15	Julio Sarmiento	Ministry of Health	Chile
16	Piedad Sánchez	PAHO-Disaster Focal Point	Colombia
17	Andres Suanca	PAHO-Administrator	Colombia
18	Luis Fernando Correa	Ministry of Health	Colombia
19	Alejandro Santander	PAHO-Emergency Preparedness and Disaster Relief Department/ South America	Colombia
20	Grettel Meneses Obando	Ministry of Health	Costa Rica
21	Guillermo Mesa Ridel	Ministry of Health	Cuba
22	Justo Cárdenas	PAHO-Administrator	Cuba
23	Sandra Charter Rolle	Ministry of Health	Dominica
24	Shirley Augustine	PAHO- Country Program Specialist	Dominica
25	Juan Miguel Rojas Espinoza	Ministry of Health	Ecuador
26	Roddy Camino	PAHO- National Disasters Consultant	Ecuador
27	Robin Paz	PAHO-Administrator	Ecuador
28	Alex Camacho	PAHO- Emergency Preparedness and Disaster Relief Department	Ecuador
29	Ana Gloria Morales de Calles	Ministry of Health	El Salvador
30	Santos Martín Quintanilla	PAHO-Disaster Focal Point	El Salvador
31	Rosa A. Henríquez de Guzmán	PAHO-Administrator	El Salvador
32	Charles Osbert	Ministry of Health	Grenada
33	Tessa Stroude	PAHO- Country Program Specialist	Grenada
34	Virginia Herzig	PAHO-Disaster Focal Point	Guatemala
35	Patricia Juárez	PAHO-Administrator	Guatemala

36	Kay Shako	Ministry of Health	Guyana
37	Ernesto Bafile	PAHO-Disaster Focal Point	Haiti
38	Rustam Ergashev	PAHO-Administrator	Haiti
39	Jenny Hernández	Ministry of Health	Honduras
40	Amelia Santos Vigil	PAHO-Disaster Focal Point	Honduras
41	Yadia Fontecha de Colindres	PAHO-Administrator	Honduras
42	Taraleen Malcolm	PAHO-Disaster Focal Point	Jamaica
43	Everton Kidd	PAHO-Administrator	Jamaica
44	Melody Ennis	Ministry of Health	Jamaica
45	Tamara Mancero	PAHO-Disaster Focal Point	Mexico
46	Rodrigo Monrroy	PAHO-Administrator	Mexico
47	Alejandro Lopez Serrano	Ministry of Health	Mexico
48	Teresa Monrroy Ramírez	Ministry of Health	Mexico
49	Trevor Howe	Ministry of Health	Montserrat
50	Carlos Saenz	Ministry of Health	Nicaragua
51	Socorro Gross	PAHO/WHO Representative in Nicaragua	Nicaragua
52	Brenda Castellon Luna	Ministry of Health	Nicaragua
53	Octavio Chávez	Ministry of Health	Nicaragua
54	Gloria Poveda López	Ministry of Health	Nicaragua
55	Gilberto Moreno Avellán	Ministry of Health	Nicaragua
56	Sonia Ortíz	Ministry of Health	Nicaragua
57	Leonel Jiménez	Ministry of Health	Nicaragua
58	Victor Cruz	Ministry of Health	Nicaragua
59	Guillermo Guevara Mojica	PAHO Nicaragua	Nicaragua
60	Gerardo Galvis	PAHO Nicaragua	Nicaragua
61	Aida Soto Bravo	PAHO Nicaragua	Nicaragua
62	Guillermo González	PAHO Nicaragua	Nicaragua
63	Julio Cajina	PAHO Nicaragua	Nicaragua
64	Maritza Ortiz B.	PAHO-Administrator	Nicaragua
65	Reynaldo Aguilar	PAHO Nicaragua	Nicaragua
66	Elyda Ortiz Norori	PAHO Nicaragua	Nicaragua
67	Roberto Mercado	PAHO Nicaragua	Nicaragua
68	Martha Duarte	PAHO Nicaragua	Nicaragua
69	Itzel Medrano	PAHO Nicaragua	Nicaragua
70	Patricia Alvarez	PAHO Nicaragua	Nicaragua
71	Luis Iván Gutiérrez	Ministry of Health	Nicaragua
72	Eduardo Vado	Ministry of Health	Nicaragua
73	Juan Emilio Moraga	Ministry of Health	Nicaragua
74	Guillermo González	National System for Disaster Prevention, Mitigation and Response, Co-Director	Nicaragua
75	Arlen Martínez Ortiz	National System for Disaster Prevention, Mitigation and Response	Nicaragua
76	Vicente Raimundo	ECHO	Nicaragua
77	Virginie Andre	ECHO	Nicaragua
78	Federico Armien	Ministry of Health	Panama
79	Lorenzo Barraza	PAHO - National Disaster Consultant	Panama

80	Juan Carlos Alonso	PAHO-Emergency Preparedness and Disaster Relief Department/ Central America	Panama
81	Jerónimo Venegas	PAHO-Emergency Preparedness and Disaster Relief Department/ Central America	Panama
82	Letizia Riline P.	Ministry of Health	Paraguay
83	Jorge Galeano	PAHO-Disaster Focal Point	Paraguay
84	Sebastián Jiménez	PAHO-Administrator	Paraguay
85	Percy Montes Rueda	Ministry of Health	Peru
86	Celso Bambaren	PAHO - National Disaster Consultant	Peru
87	Ana Maria Frixone	PAHO-Administrator	Peru
88	Héctor Quezada	Ministry of Health	Dominican Republic
89	Lizbeth Parra	PAHO-Disaster Focal Point	Dominican Republic
90	Giselle Vargas	PAHO-Administrator	Dominican Republic
91	Patrice Lawrence –Williams	PAHO- Country Program Specialist	Saint Kitts
92	Glensford Joseph	Ministry of Health	Saint Lucia
93	Valerie Beach-Horne	PAHO- Country Program Specialist	Saint Lucia
94	Virginia Asin	Ministry of Health	Saint Maarten
95	Guno Van Der Jagt	PAHO-Administrator	Suriname
96	Donna Joyette-Bascombe	Ministry of Health	Trinidad and Tobago
97	Erma Edwards	Ministry of Health	Turks and Caicos
98	Mary Louise Forbes	Ministry of Health	Turks and Caicos
99	Raquel Rosa	Ministry of Health	Uruguay
100	Ricardo Rodríguez	PAHO-Disaster Focal Point	Uruguay
101	Brent Davidson	Ministry of Health	USA
102	Soledad Pérez Evora	PAHO-Disaster Focal Point	Venezuela
103	Daniel Vidal	PAHO-Administrator	Venezuela
104	Farida Kerouani	PAHO- Human Resources Specialist	Washington, D.C.
105	Ciro Ugarte	PAHO-Emergency Preparedness and Disaster Relief Department/ Washington DC.	Washington, D.C.
106	Nicole Wynter	PAHO-Emergency Preparedness and Disaster Relief Department/ Washington DC.	Washington, D.C.
107	Leonardo Hernandez	PAHO-Emergency Preparedness and Disaster Relief Department/ Washington DC.	Washington, D.C.
108	Julie Mauvernay	PAHO-Emergency Preparedness and Disaster Relief Department/ Washington DC.	Washington, D.C.
109	Rosario Muñoz	PAHO-Emergency Preparedness and Disaster Relief Department/ Washington DC.	Washington, D.C.
110	Luis de la Fuente	PAHO-Emergency Preparedness and Disaster Relief Department/ Washington DC.	Washington, D.C.

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