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C. PLAN OF ACTION FOR DISASTER RISK REDUCTION 2016-2021: PROGRESS REPORT

Background

1. The purpose of this document is to report to the Governing Bodies of the Pan American Health Organization (PAHO) on progress made in implementation of the Plan of Action for Disaster Risk Reduction 2016-2021 (Document CD55/17, Rev.1 and Resolution CD55. R10) [2016] (1, 2). In accordance with the resolution, the first progress report was submitted at the conclusion of the 2016-2017 biennium (Document CD56/INF/22) (3). This is the second progress report, corresponding to the 2018-2019 biennium.

Assessment of the progress made

2. This report is based on responses to a questionnaire distributed annually to monitor implementation of the plan. The questionnaire for 2019 was answered by 34 countries and six territories.¹ It is important to be aware that the information provided in this report is dynamic and varies according to progress made and events that have occurred in the countries.

¹ As of 8 September 2020, the following countries and territories had answered the questionnaire on 2019 implementation of the *Plan of Action for Disaster Risk Reduction 2016-2021*: Anguilla, Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bermuda, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Cayman Islands, Turks and Caicos Islands, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Saint Martin, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Saint Lucia, Suriname, Trinidad and Tobago, the United States of America, and Uruguay.

Strategic Line of Action 1: Recognizing disaster risk in the health sector

3. In order to identify disaster risks in the health sector, countries should map hazards, vulnerabilities, and capacities to better understand the risks of emergencies and disasters that are priorities for health in the country and to guide future prevention and mitigation efforts. Since 2016 the Region has made great strides in disaster risk assessment. Since early 2020, countries have conducted risk assessments in the context of the COVID-19 pandemic, and it is believed that the indicator for this strategic line of action will be attained by the end of 2021.

Objective 1.1 To evaluate disaster risk in the health sector	
Indicator, baseline, and target	Status
<p>1.1.1 Number of countries that have evaluated disaster risk in the health sector</p> <p>Baseline: 0 (2016) Target: 35 (2021)</p>	<p>Up until now, 10 countries and territories have evaluated the risk of emergencies and disasters in the health sector as a key element for risk management strategic planning.</p> <p>Risk assessment is underway in 18 countries and territories.</p> <p>In order to support the efforts of countries to evaluate the response capacity of the health sector, a Preparedness Index for Health Emergencies and Disasters was developed and has been applied in 5 countries (4).</p>

Strategic Line of Action 2: Governance of disaster risk management in the health sector

4. The 34 Member States that answered the plan of action monitoring questionnaire indicated that they have some type of mechanism for disaster risk management in the health sector, whether it be an official coordination office with full-time staff and budget, an office without full-time staff and/or resources, an office with other responsibilities in this area, or an ad hoc committee or focal point working on this topic.

5. The number of human resources that are feasible and necessary for emergency and disaster management in the health sector may vary significantly according to the geographical size of the country, its population, and other contextual factors. Although not all countries have a coordinating office, 29 countries reported having at least one full-time staff person (professional, technical, or administrative) working for the disaster and emergency risk management program. Thirty-two countries and territories have a national committee for the coordination, implementation, and monitoring of disaster risk management in the health sector. Thus, the indicators for this line of action are expected to be met or exceeded by the end of 2021.

Objective 2.1 To strengthen the organizational structure of disaster risk management offices in the ministries of health	
Indicator, baseline, and target	Status
2.1.1 Number of countries with full-time staff assigned to disaster risk reduction Baseline: 15 (2016) Target: 30 (2021)	Up until now, 29 countries and territories have full-time staff assigned to disaster risk reduction in the health sector, and 10 countries and territories have part-time staff.
Objective 2.2 To promote country leadership in disaster risk management for health, fostering sectoral and intersectoral work	
Indicator, baseline, and target	Status
2.2.1 Number of countries that have a sectoral mechanism for coordination, implementation, and monitoring of disaster risk management for health Baseline: 9 (2016) Target: 15 (2021)	Up until now, 32 countries and territories have a national committee for the coordination, implementation, and monitoring of disaster risk management in the health sector. Formation of a national committee for disaster risk management in the health sector is in progress in 5 countries. In 34 countries, national disaster risk management policy covers aspects related to risk reduction, preparedness, and response; and in 27 countries aspects of disaster recovery been included.

Strategic Line of Action 3: Safe, smart hospitals

6. Progress made by the countries through the end of 2019 shows that the indicators for this line of action should be met by the end of 2021. The COVID-19 pandemic and the disasters that have occurred in the Americas during 2020 confirm the need to continue improving the security of integrated health services networks by applying disaster prevention and mitigation criteria and adapting to climate change (5, 6).

Objective 3.1 To improve the security of integrated health services networks through the application of safe hospital criteria in the planning, design, construction, and operation of these services	
Indicator, baseline, and target	Status
<p>3.1.1 Number of countries that include safe hospital criteria in the planning, design, construction, and operation of health</p> <p>Baseline: 28 (2016) Target: 35 (2021)</p>	<p>In 2018 a second version of the Hospital Safety Index (HSI) was published, and 25 countries are applying its criteria to evaluate structural and non-structural components of disaster management in hospitals (7).</p> <p>Up until now, 12 countries and territories have applied all the safe hospital criteria in the planning, design, construction, and operation of the health services, and 15 more countries and territories are making progress in this regard.</p> <p>In order to improve the inclusion of persons with disabilities in disaster risk management in the health sector, particularly disaster preparedness and response in hospitals, the Disability Inclusion in Hospital Disaster Risk Management methodology (INGRID-H) was developed; it is being applied at 23 hospitals in 4 countries (Chile, Ecuador, Mexico, and Peru) (8).</p>
Objective 3.2 To improve the security of integrated health services networks through the development and application of criteria to address climate change through both adaptation and mitigation in the planning, design, construction, and operation of these services	
Indicator, baseline, and target	Status
<p>3.2.1 Number of countries that include criteria for disaster mitigation and for adaptation to climate change in the planning, design, construction, and operation of health services</p> <p>Baseline: 2 (2016) Target: 15 (2021)</p>	<p>14 countries and territories have incorporated disaster mitigation and climate change adaptation criteria in their plans and programs to reduce risks from health emergencies and disasters, and 7 Caribbean countries are part of the Smart Hospitals project.</p> <p>Climate change adaptations were incorporated into the “National Climate Change Adaptation Policy” of Costa Rica (2018-2030). Furthermore, the Canadian Coalition for Green Health Care prepared a toolkit to support hospitals as they prepare to face the impacts of climate change.</p>

Strategic Line of Action 4: Health sector capacity for emergency and disaster preparedness, response, and recovery

7. The number of Member States reporting that they have national multi-hazard emergency response plans has significantly increased since 2016. In order to ensure the general quality and effectiveness of these plans, the Pan American Sanitary Bureau continues to recommend that countries update or prepare multi-hazard risk assessments before developing a national emergency response plan. This will allow them to develop comprehensive plans specific to their context that address the priority risks in each country. The indicator for this line of action is expected to be met by the end of 2021.

Objective 4.1 To strengthen health sector capacity for emergency and disaster response and early recovery	
Indicator, baseline, and target	Status
<p>4.1.1 Number of countries that have tested plans and procedures for emergency and disaster response and early recovery</p> <p>Baseline: 6 (2016) Target: 35 (2021)</p>	<p>At the time of this report, 29 countries reported that they have a national health emergency response plan and 26 of these plans are still current.</p> <p>12 countries have a national plan that includes the four cross-cutting approaches: disability, ethnic group, gender, and human rights.</p> <p>The Health Sector Multi-Hazard Response Framework (MRF) was prepared with the participation of several Member States to guide the development and updating of health sector functions in response to emergencies and disasters (9). Guatemala, the Dominican Republic, and Paraguay applied this tool to update their response plans.</p> <p>The <i>Guidance Note on Health Disaster Risk Management with Indigenous Peoples</i> and the <i>Methodology for Simulation Exercises Using Parallel Perspectives</i> were issued to help health and disaster risk management professionals improve their work (10, 11).</p> <p>27 countries and territories have Emergency Operations Centers (EOC) in their ministries of health to coordinate emergency and disaster response in the health sector.</p>

Measures needed to improve the situation

8. The current COVID-19 pandemic shows that risk is systemic and crises tend to cascade. Disasters such as COVID-19 rapidly lead to new, more complex and lethal disasters (12). Although PAHO has worked with Member States to update their interpretation of the indicators and improve data quality, we must apply and disseminate the documents and tools available to update health disaster risk assessments and response and recovery plans in a cross-disciplinary and multisectoral way, in order to enhance efficiency, reduce duplications of efforts, and foster coordinated joint actions.

9. Disaster risk assessment initiatives must also be used with indigenous populations, persons with disabilities, and older adults, among others. Finally, countries should continue to strengthen the Safe Hospitals initiative by prioritizing interventions in the most vulnerable health facilities.

Action by the Directing Council

10. In view of the extraordinary and unprecedented circumstances posed by the COVID-19 pandemic, and in accordance with Resolution CE166.R7, this document will only be published for information purposes and will not be discussed by the Directing Council.

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