REPORT OF THE THIRD MEETING

OF

The Caribbean Health Disaster Risk Reduction Committee

Rose Hall Hotel

Montego Bay, Jamaica

07 December 2009

8:30 AM

List of Acronyms

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

I. Introduction

On 07 December 2009, the third meeting of the Caribbean Health Disaster Risk Reduction Committee was convened at the Rose Hall Hotel, Montego Bay, Jamaica.

The objectives of the meeting were:

- To review and discuss HDRR project specific issues;
- Present and discuss the findings of the pilot application of the Health Sector DRM Assessment Tool;
- Discuss environmental health programming considerations for DRM mainstreaming in the health sector and next steps for mainstreaming CDM in the health sector.

II. Participants

The list of participants is attached as Appendix I.

III. Welcome Remarks

Mr. Andrew Skerrit – St. Kitts and Nevis Representative and Chairman CHDRR

Mr. Skerrit welcomed participants to the third meeting of the CHDRR Committee, many of whom were representing their agencies at the meeting for the first time. He reiterated that the CHDRR Committee meeting is a working meeting and requested Ms. Zaccarelli Davoli to give an overview of the agenda and roles and function of the committee, in light of the number of first time representatives at the meeting. In addition to these overviews, Ms. Zaccarelli Davoli also reviewed the meeting documents, the organization of which in a booklet format, received commendation from the chairman and members for its presentation and ease of use.

2.0 Review of the Report of the Second Meeting of the CHDRR Committee, 15 July 2009

Ms. Zaccarelli Davoli facilitated the review and discussion of report of the second meeting of CHDRR committee

2.1 The report of the second meeting was reviewed and accepted by the committee following clarifications on items 2.2.7 and 3.1.7.

2.2 The following were matters arising from the report of the second meeting:

2.2.1 In relation to item 2.2.7, the difference between the CHDRR committee and other CDM CHC sector committees was further clarified by expounding on its additional mandates, to that of serving as CDM CHC health sector committee (as per the TOR), and the impact of PAHO's established presence and long standing relationship with stakeholders.

2.2.2 Clarifications were provided on exactly what was done in relation to sectoral mitigation measures, as per item 3.1.7.

3.0 Project/Programme Monitoring Segment–PAHO/CIDA project: "Mainstreaming DRR in the Health Sector of CARICOM Member States"

Ms. Zaccarelli presented the overview of project results for 2009.

General

3.1.1 Reference documents for this agenda item: Project Report 2009 Matrix, reference#: CHDRR/03-09/06 and 2009 Project Execution Timeline, reference#: CHDRR/03-09/07.

3.1.2 Satisfaction was expressed with the management and progress of the project, especially considering that implementation of some activities during the year was affected by urgency of countries and PAHO/WHO to respond to influenza H1N1 pandemic. All activities were delayed by approximately two full months – those which had started continued but there were delays in starting new scheduled activities. However by the end of the year, most planned activities were on schedule, with some being implemented earlier than planned, as visually depicted in the project execution timeline.

Outcome 1

3.1.3 Most activities in this outcome are on schedule. However some, such as development of the database, will follow finalization of the HS self assessment data collection tool, a critical path item, which is presently on schedule. An update on the development of this Tool is presented in section 3.2 of this report.

3.1.4 Activities towards strengthening the capacity of countries and professionals to deal with mental health issues in disasters continue to progress as per schedule. Of the three pilot countries, Belize is most advanced with their disaster preparedness and response mental health plan in an advanced state of completion; Suriname has completed training and the committee which was formed to work on the plan has produced a report of the workshop and requested further support from PAHO to develop the plan. Dialogue will continue with Trinidad and Tobago towards advancing this activity in that country. The process to revise and produce teaching tools and reference materials for mental health in disasters has also been advanced - manual content is defined and authors have started writing a number of the chapters.

Outcome 2

3.1.5 In relation to sectoral mitigation measures, activities towards improving the safety level of health facilities in relation to natural hazards are proceeding as per project schedule.

i. Two hospital evaluators' training courses have been conducted to date.

ii. Hospital safety index (HSI) assessments were undertaken in four hospitals in **Trinidad and Tobago**, and two in **Suriname**. Implementation of the scheduled assessments in four hospitals in **Jamaica**, one of the countries in the region most affected by the H1N1 pandemic, was rescheduled because of the urgency to direct attention to responding to the pandemic and the unavailability of the national counterpart immediately thereafter.

iii. PAHO/WHO continued dialogue with the Caribbean Division of the Institution of Structural Engineers (IStructE), CROSQ and a number of other stakeholders in relation to the incorporation of the concept of check consultants and independent evaluators into the TOR for the construction of new health facilities Dialogue with CROSQ has been somewhat scattered and mainly on our initiative. **Committee's input to influence the process of revising Cubic was welcomed.**

CEHI and PAHO are members of a committee providing technical support to the Government of St. Lucia, for the hospital being constructed there.

iv. Until now, results have not been commensurate with the level of effort instituted towards supporting countries to mobilize funds for full implementation of safety improvement plans (SIPs). A number of potential financiers have been approached, such as the World Bank, CDB, the EU, CCRIF, and DFID through its health and disaster advisors in relation to support for safe hospitals in the British Overseas Territories. While there has been no definitive response from the World Bank about the submission to the Global Facility for Disaster Reduction and Recovery Track II Funding, new dialogue is underway re mutual collaboration on the proposed Climate Proofing Eastern Caribbean States Project **(**July 2009 – December 2014). We have explored possibilities of partnerships with the EU's infrastructural division in the first instance with plans to expand discussions to the social division.

Highlights of exchange of information related to mobilizing funds for hospital mitigation:

a. There are little encouraging signs with the CDB, as it has prioritized other sectors, having declared that its competitive advantage is not in the health sector. There has also been little ground gained with the CDB's BNTF due to lack of entrance/contact. As both CIDA and DFID are on the board of the BNTF, the CIDA representative agreed to explore the possibility of incorporating considerations for safe hospitals into the fund.

b. Indications are however that the BNTF has a low percent utility/uptake. Country representative related frustrating experiences with lengthy processes, and constantly changing/shifting rules. Additionally, with the limited amount of money in the fund, committee members questioned the benefit of pursing this route.

<u>Outcome 3</u>

In relation to actions to incorporate DRR in the agenda of the health sector:

3.1.6 Regarding training, PAHO/WHO continued with its program to support ECAT, MCM, ICS and LSS/SUMA. Under this project the effort will be on reviewing training materials to ensure their

viability, and generating in country capacity to carry out these trainings, with a focus on supporting training of trainers.

3.1.7 Development of a short online course/module for Caribbean policy makers on health disaster management is behind schedule, due mainly to lack of counterparts/consultants. The delay is however manageable within the overall project scope. With a new director scheduled for the UWI Center for Disaster Risk Reduction, we will explore opportunities for engaging on this activity.

3.1.8 In continuing the focus on **vulnerable groups in disasters** started in 2008**,** the decision was taken that the first set of guidelines within this output would relate to the elderly and disabled populations. While only identification of potential collaborations was initially scheduled for 2009, the decision was taken to proceed with development of the guidelines since the space, context, partners and resources were available to do so. The first draft of the guidelines is expected to be completed by end of 2009, to be followed by an expert consultation and finalization in early 2010.

3.2 Presentation on the finalization of the health sector self assessment tool

The presentation on the health sector self assessment tool was done by Mr. Evan Green, consultant from Le Groupe-conseil baastel (Baastel), systems, contracted to finalise and pilot test the Tool. A copy is attached. as Appendix 3..

Highlights of the presentation:

3.2.1 The Health Sector Self-Assessment Tool for Disaster Risk Reduction (DRR) evaluates key aspects of disaster risk management, notably mitigation and preparedness and assist countries in developing a snapshot of where they are in terms of these DRR aspects.

3.2.2 The self-assessment tool differs from an external assessment in that it is generally limited to information and data – quantitative and qualitative – available to or generated by the health sector. As an internal tool for use by the health sector, it will aid in determining priorities for a national health sector risk reduction or disaster management program (or set of initiatives) and, if used regularly, as a monitoring tool for measuring changes (or lack thereof) over time.

3.2.3 The Tool was pilot tested in St. Kitts and Nevis, Trinidad and Tobago and Suriname, with the health disaster coordinator (HDC) and other stakeholders. Valuable feedback was received for tool enhancement and refinement, as well as for national customization/adaptation.

<u>The following points/queries were raised regarding the Presentation:</u>

3.2.4 The committee recognized the importance of the Tool in supporting the work of the HDC, including facilitating discussions on DRR in the Ministry, such as requesting budgetary allocations. It provides countries with the basis to make a more precise appreciation of their HS

DRR status, including level of preparedness of the HS for disasters. It also brings a more practical, easy, objective and scientific approach to work planning.

3.2.5 Based on experience with the pilot application, the St. Kitts and Nevis Representative asserted his belief that the tool could achieve its objectives, bearing in mind importance of national customization/adaptation. The Belize representative also welcomed the focus on a multi-hazard approach afforded by the tool, since the country has identified strengths to some hazards and weaknesses to others – the Tool helps to balance things out.

3.2.6 Consideration to be given to using this Tool for monitoring CDM implementation in the health sector. It is important to ensure harmonization to avoid overwhelming countries and causing 'assessment fatigue'.

3.3 Presentation on work plan for 2010

Ms. Zaccarelli Davoli presented the project schedule for 2010.

General

3.3.1 The committee accepted and approved planned timeframes and activities as presented in the 2010 Project Schedule, reference#: CHDRR/03-09/08.

The following points/queries were raised regarding the Presentation:

3.3.2 Timeline indicated for application of the HS self assessment tool relates to the three pilot countries. Roll out to other countries will be according to their interest and commitment to the process. PAHO will provide countries with technical expertise for the first application, but thereafter it is anticipated that it will be self applied. It is also anticipated that negotiations will proceed with the consultants who finalized the tool, to provide technical expertise for these applications.

3.3.3 As CHRC has a research agenda, it was recommended that linkages be explored with them to develop a detailed research plan/approach for the CIDA research activities, with the option of engaging them to manage it. The CHRC is considered ideal since it has a regional mandate for research, strong linkages/collaboration with actors in the region such as universities, CEHI, and peer review groups, as well as strong technical expertise and a highly competent Board. Pursing this partnership with the CHRC is considered important for the research efforts and an excellent linkage/synergy for health DRR in the region. CEHI is also willing to collaborate with the CHRC on this component.

3.4 Summary of key decisions/expectations

3.4.1 PAHO will examine inclusion of Montserrat in mental health capacity building and plan development activities in light of the ongoing volcanic activity.

3.4.2 The committee requested that in keeping with the approach reportedly being used by the CDM Agriculture Sector Sub-Committee, where the chair (Minister of Agriculture, Antigua) takes matters to the COHSOD on behalf of the committee, the chair of the CHDRR Committee (St. Kitts & Nevis) send a letter to CARICOM and OECS, copied to PAHO re inclusion of the CHDRR committee meeting report on the agenda of their specialized health and disaster committee meetings.

3.4.3 The board meeting of CEHI, which has a number of Ministers, is considered a valuable forum to move the work of the committee forward. The CEHI Representative committed to presenting issues from the CHDRR Committee meeting at that board meeting.

3.4.4 The CEHI Representative will sensitize the head of the CHRC about the potential partnerships to undertake research activities in HDRR.

3.4.5 The CIDA representative agreed to explore the possibility of incorporating considerations for safe hospitals into the BNTF fund.

3.4.5 PAHO will liaise with CDEMA in relation to efforts to strengthen national health EOCs, in light of their ongoing activities to support upgrading of national EOCs.

4.0 CDM Health Sector Sub-committee Segment

4.1 Environmental health considerations for DRM/CDM mainstreaming in the health sector

The presentation on environmental health considerations for DRM/CDM mainstreaming in the health sector was done by Ms. Patricia Aquing, representative from CEHI. A copy is attached as Appendix 4..

Highlights of the presentation:

4.1.1 There are existing and potential activities at CEHI which presents opportunities for HDRR integration. Some of these include:

- Providing assistance to countries to develop water safety plans. Plans have been completed for Jamaica and Guyana and are expected to start soon in St. Lucia.
- Rain water harvesting as water augmentation source in times of disasters, both at institutional and household levels. Retrofitting support in this respect is ideal. Technical capacity already in CEHI. PAHO could explore institutional support within the health sector, while IFRC could focus on household levels.
- DIPECHO Floods (Enhancing health sector disaster preparedness for floods in the Caribbean): EH officers trained and manual for environmental health contingency planning for floods in the Caribbean available, however degree of development of EH plans and level of integration into national health plans is uncertain.

- Environmental management systems for shelters and hospital, focusing on waste management (biomedical), water safety, workers safety and health and sewage treatment.

4.1.2 The Fifth Biennial Caribbean Environmental Forum and Exhibition (CEF-5) will be held in Montego Bay, Jamaica, 21 – 25 June 2010. The CEF is the premier sustainable development and environment forum and exhibition in the Caribbean. Presentations on health disaster risk reduction are welcomed.

<u>The following points were raised regarding the Presentation:</u>

4.1.2 CHDRR Committee can be used as a framework to promote and get further support within countries and other sectors for opportunities outlined.

4.1.3 Potential lines of action/strategic areas on which to move forward for the sector:

- Incorporating EMS, water safety plans and water augmentation measures within the safe hospital project. However, as a pre-formatted approach exist (HSI), further considerations are necessary on approaches for incorporation.
- Following up with IFRC re EMS in shelters and water augmentation at household level.
- CCDRM fund will give consideration to including water augmentation requirement and EMS for shelters in community risk reduction projects

4.1.7 CDEMA is exploring development of a clearing house for information on disaster management. The CDM database will contribute to this initiative and agencies were reminded of a request to populate the database with ongoing projects, including those outlined by CEHI.

4.2 Feedback from the CDM Coordination and Harmonization Meeting, July 2009

The presentation on feedback from the July 2009 CDM Coordination and Harmonization Meeting was done by Mr. Ricardo Yearwood, representative from CDEMA. A copy is attached as Appendix 5.

Highlights of the presentation:

4.2.1 The draft MER Framework for the Enhanced CDM Strategy incorporates development of indicators that measure sectoral integration and linkages, with three priority sectors including health named. Preliminary indicators for the framework have been developed and shared for comments;

4.2.2 There was the recognition that assessment tools already exist and will support the collection of data for the MER Framework, which will be web based;

4.2.3 Urgent need was expressed for CDM partners to update projects in the CDM Database;

4.2.4 Analysis of the CDM Database revealed that funding support for the CDM Outcomes was in the following order of decreasing priority:

- Outcome 1: institutional strengthening
- Outcome 4: community resilience
- Outcome 3: DR mainstreaming at the sector level
- Outcome 2: knowledge management

<u>The following points/queries were raised regarding the Presentation:</u>

4.2.5 The challenges involved in developing a MER for the wide encompassing areas covered by CDM were acknowledged. In relation to the health sector, it is hoped that the HS self assessment tool for DRR, which supports a bottom up approach from the national level, will significantly contribute to these processes.

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

The Meeting agreed to share the following at the CDM CHC:

4.3.1 Progress so far in mainstreaming efforts;

4.3.2 Importance of the CHC's support in efforts to ensure implementation of safety improvements in hospitals evaluated with the HSI;

4.3.3 Highlights of CEHI's contributions re environmental health considerations for DRM/CDM mainstreaming in the health sector, including opportunities identified for collaboration and engagement with health and other sectors in DRR, as outlined in item 4.1.6 of this report.

4.3.4 The significance of the HS self assessment tool for DRR in the CDM MER Framework

5.0 Strategic Discussion Segment

5.1 Influenza Pandemic

5.1.1 Urgency to respond to the pandemic occupied considerable space in the work agenda of most Ministries of Health in the Caribbean.

5.1.2 Preparedness efforts in countries for the pandemic paid off, facilitating an effective response to the pandemic. All Caribbean countries had preparedness plans for influenza pandemic.

5.1.3 Among the lessons learnt were the importance of balancing economic and political issues with public health regulations; accurate, consistent, transparent and timely risk communication; scaling up efforts for multi-sectoral management of these and other disasters. Greater

integration/interaction between the health sector endeavor and the national disaster response structures is also pertinent.

6.0 Any Other Business

The fourth meeting of the CHDRR Committee is scheduled for first week in June 2010, to coincide with the staging of the 14th Health Disaster Coordinators Meeting.

7.0 Adjournment

There being no other business, the meeting was adjourned at 2:10 PM.

Appendix I – Participants List

PARTICIPANTS' LIST THIRD MEETING OF Caribbean Health Disaster Risk Reduction Committee				
1. Leslie Walling	Consultant Coordinator Canada Caribbean Disaster Risk Management Fund	Canadian International Development Agency (CIDA)	Canadian High Commission P.O Box 404 Bishops Court Hill St. Michael, Barbados.	Tel: 246-429-3550 or (246)-425-0386 Fax: 246-429-3876 E-mail: ccdrmf.cancarib@gmail.com
2. Patricia Aquing	Executive Director	Caribbean Environmental Health Institute	P.O. Box 1111, The Morne, Castries, Saint Lucia	Tel: 758-452-2501; 452-1412 Fax: 758-453-2721 Email: paquing@cehi.org.lc
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 Fax: 869-466-8574 Email: andyskerrit@yahoo.com
4. Jose Morenco	Director Environmental Health/ Health Disaster Coordinator	Ministry of Health, Belize	Ministry of Health Headquarters East Block Building Belmopan, Belize, Central America.	Tel: 00 501 822 2363 Fax: Email: jmarenco@health.gov.bz
5. Ricardo Yearwood	Programme Officer, CDM-HIP Implementation Unit	Caribbean Disaster Emergency Response Agency	Building #1, manor Lodge Complex, Lodge Hill, St. Michael	Tel: 246-425-0386 Fax: 246-425-8854 Email:

PARTICIPANTS' LIST

THIRD MEETING OF Caribbean Health Disaster Risk Reduction Committee

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6. Anthony Parkinson	Administrator of the Anaesthetic and Intensive Care Unit Department	Port of Spain General Hospital	160 Charlotte Street Port of Spain	Tel: 1-868-374-8649 Fax: Email: Parkinson.antony@gmail.com
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	Technical Officer	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
8:30 – 8:35	Welcome and Opening Remarks	*St. Kitts and Nevis Representative*
8:35 - 9:05	Review of Report of the Second Meeting of the CHDRR Committee and Matters Arising	*PAHO/WHO Representative*
9:05 – 10:35	Project/Programme Monitoring Segment *CIDA Funded Project: "Mainstreaming DRR in the Health Sector of CARICOM Member States"* 1. Overview of project results for 2009 2. Presentation on the finalization of the Health Sector DRM Self Assessment Tool 3. Presentation on work plan for 2010	*PAHO/WHO Representative*
10:35 – 10:50	BREAK	
10:50 – 11:50	CDM Health Sub-committee Segment 1. Environmental health considerations for DRM/CDM mainstreaming in the health sector: Situation analysis and work plan 2. Feedback from the CDM Coordination and Harmonization Meeting, July 2009 3. Discussion of recommendations to be shared with the CDM Coordination and Harmonization Council	*CEHI Representative* *CDERA Representative* *St. Kitts and Nevis*

		Representative
11:50 – 12:20	Strategic Discussions Segment 1. Safe hospital initiative 2. Influenza pandemic	*PAHO/WHO Representative*
12:20 - 12:30	Any other Business	*St. Kitts and Nevis Representative*