

## 56th DIRECTING COUNCIL

### 70th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

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

##### Background

1. This document reports to the Governing Bodies of the Pan American Health Organization (PAHO) on the progress made in the implementation of the Plan of Action for Disaster Risk Reduction 2016-2021 (Document CD55/17, Rev. 1 and Resolution CD55.R10 [2016]) (1, 2).

##### Analysis of Progress Achieved

2. This report is based on information obtained at the regional and subregional meetings of health disaster coordinators of the ministries of health in 2016 and 2017, and on the results of a questionnaire developed for monitoring of the plan, to which 32 countries and territories<sup>1</sup> responded.

<i>Strategic Line of Action 1: Recognizing disaster risk in the health sector</i>		
Objective	Indicator, baseline, and target	Status
<b>1.1</b> To evaluate disaster risk in the health sector	<b>1.1.1</b> Number of countries that have evaluated disaster risk in the health sector  Baseline: 0 Target: 35	Seven countries have evaluated disaster risk in the health sector (Bolivia, Brazil, Canada, Colombia, Cuba, Peru and United States of America).  In 16 countries and territories, risk assessment is currently in progress (Argentina, Bermuda, Cayman Islands,

<sup>1</sup> As of 6 July 2018, the following countries and territories had responded to the questionnaire on implementation of the Plan of Action for Disaster Risk Reduction 2016-2021: Argentina, Bahamas, Barbados, Belize, Bermuda, Bolivia, Brazil, British Virgin Islands, Canada, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Vincent and the Grenadines, Trinidad and Tobago, Turks and Caicos Islands, United States of America and Venezuela.

Objective	Indicator, baseline, and target	Status
		Chile, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Saint Vincent and the Grenadines, and Venezuela).

<i>Strategic Line of Action 2: Governance of disaster risk management in the health sector</i>		
Objective	Indicator, baseline, and target	Status
<b>2.1</b> To strengthen the organizational structure of disaster risk management offices in the ministries of health	<b>2.1.1</b> Number of countries with full-time staff assigned to disaster risk reduction  Baseline: 15 Target: 30	Antigua and Barbuda and Haiti joined the 15 countries that have full-time staff and an allocated budget for health disaster risk reduction.
<b>2.2</b> To promote country leadership in disaster risk management for health, fostering sectoral and intersectoral work	<b>2.2.1</b> Number of countries that have a sectoral mechanism for coordination, implementation, and monitoring of disaster risk management for health  Baseline: 9 Target: 15	Thirty-one countries have a disaster program: in 19 countries, emergency and disaster risk management is officially established within the structure of the ministry of health; six countries have an established office or unit, although they do not have the necessary resources to operate; another six countries have an office or unit responsible for other matters that has also been tasked with this responsibility.

<i>Strategic Line of Action 3: Safe, smart hospitals</i>		
Objective	Indicator, baseline, and target	Status
<b>3.1</b> To improve the safety of integrated health services networks through the application of safe hospital criteria in	<b>3.1.1</b> Number of countries that include safe hospital criteria in the planning, design, construction, and operation of health services  Baseline: 28 Target: 35	Nineteen countries have a national policy on safe hospitals.  In 29 countries, the hospital safety index (HSI) is being applied to evaluate the safety of the structural, nonstructural, and functional components of hospitals.

Objective	Indicator, baseline, and target	Status
planning, design, construction, and operation of these services		The vast majority of the hospitals in the countries affected in 2017 by hurricanes (Harvey, Irma, and Maria) and by earthquakes (including Dominica, British Virgin Islands, and Mexico) continued operating. In Peru, the coastal El Niño of 2017 affected less than 1% of health facilities, causing damage and interruptions of service.
<b>3.2</b> 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	<b>3.2.1</b> 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  Baseline: 2 Target: 15	Seven Caribbean countries are implementing, in health facilities, activities to mitigate disaster risk and measures to adapt to climate change.  Thirteen countries and two territories have established national teams to evaluate the hospital safety index and the “green” checklist.

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

Objective	Indicator, baseline, and target	Status
<b>4.1</b> To strengthen health sector capacity for emergency and disaster response and early recovery	<b>4.1.1</b> Number of countries that have tested plans and procedures for emergency and disaster response and early recovery  Baseline: 6 Target: 35	Twenty-eight countries have a national plan for response to health emergencies. 17 of these plans have been updated in the last two years.  Twenty-one countries have an emergency operations center (EOC) under the ministry of health for coordination of emergency and disaster response in the health sector.  Eight countries have a multisectoral plan for recovery after emergencies and disasters.

### **Action Necessary to Improve the Situation**

3. It is necessary to develop and disseminate tools that the health sector may use for assessing disaster risks, preparing plans for a multi-hazard response, evaluating the state of preparedness for emergencies and disasters, and developing plans for recovery after disasters. Furthermore, it is necessary to validate and implement disaster risk management initiatives that address indigenous populations and people with disabilities. Finally, ministries of health should continue to strengthen their health emergency programs through staffing and financing.

### **Action by the Directing Council**

4. The Directing Council is invited to take note of this progress report and provide any comments it deems pertinent.

### **References**

1. Pan American Health Organization. Plan of action for disaster risk reduction 2016-2021 [Internet]. 55th Directing Council of PAHO, 66th session of the Regional Committee of WHO for the Americas; 26-30 September 2016; Washington, DC. Washington, DC: PAHO; 2016 (document CD55/17) [cited 2018 Feb 5]. Available from:  
[http://www.paho.org/hq/index.php?option=com\\_docman&task=doc\\_download&gid=35652&Itemid=270&lang=en](http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=35652&Itemid=270&lang=en).
2. Pan American Health Organization. Resolution CD55.R10. Plan of action for disaster risk reduction 2016-2021 [Internet]. 55th Directing Council of PAHO, 66th session of the Regional Committee of WHO for the Americas; 26-30 September 2016; Washington, DC. Washington, DC: PAHO; 2016 (Resolution CD55.R10) [cited 2018 Mar 20]. Available from:  
[http://www.paho.org/hq/index.php?option=com\\_docman&task=doc\\_download&gid=36406&Itemid=270&lang=en](http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=36406&Itemid=270&lang=en).

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