Report of the “Plan of Action for Disaster Risk Reduction: From Theory to Practice in Health” meeting 22 May, 2017
The Americas between 2007 and 2016\(^1\):
- 20.6% of Disasters
- 255,033 deaths
- 898,816 wounded
- USD 470 billion in economic losses

The Americas in 2016
- Earthquake in Ecuador:
  - 676 deaths
  - Economic losses of more than USD 3 billion
- Hurricane Mathew
  - Haiti: 546 deaths
Disaster risk management in health in the Americas

Institutionalization

- In charge of other matters and has been assigned the subject
- Officially established, no full-time staff or budget
- Officially established, budget and full time staff

Source: information gathering during the Meeting of Health Disaster Coordinators, Bogota 2016

“Plan of Action on Disaster Risk Reduction: From Theory to Practice in Health”
Disaster risk management in health in the Americas¹

Operation of the National Center for Emergency Operations

Source: information gathering during the Meeting of Health Disaster Coordinators, Bogota 2016
Disaster risk management in health in the Americas

National Health Response Plans for Emergencies and Disasters

Source: information gathering during the Meeting of Health Disaster Coordinators, Bogota 2016

“Plan of Action on Disaster Risk Reduction: From Theory to Practice in Health”
Disaster risk management in health in the Americas

Simulations of Emergency Response Plans and Disasters

Source: information gathering during the Meeting of Health Disaster Coordinators, Bogota 2016

“Plan of Action on Disaster Risk Reduction: From Theory to Practice in Health”
Disaster risk management in health in the Americas

Last national multiple risk assessment

Source: information gathering during the Meeting of Health Disaster Coordinators, Bogota 2016

“Plan of Action on Disaster Risk Reduction: From Theory to Practice in Health”
## Strategic lines of action

<table>
<thead>
<tr>
<th>Strategic line of action</th>
<th>Objective</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recognizing disaster risk in the health sector</td>
<td><strong>Analyzing the risk</strong> of disasters in the health sector</td>
<td>Number of countries that have <strong>assessed</strong> disaster risk in the health sector</td>
</tr>
</tbody>
</table>

1. Threat Mapping  
2. Vulnerability Mapping  
3. Capacity Mapping
Session 1
Knowledge of the risk of disasters in the health sector

- Risk assessment must include a **multi-hazard approach**
- Mapping **hazards** and vulnerabilities **allows prioritizing timely and vital interventions**.
- Importance of comprehensive assessment using different sources of information to define risks
- Importance of applying risk matrices in analyzing territorial threats
- Importance on information exchange at **national borders**
- Use of **new technologies** such as Drones, or appropriate use of GIS, to improve information analysis
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<tr>
<td>Strengthen the organizational structure of the Disaster Risk Management offices in the Ministries of Health</td>
<td>Number of countries with full-time staff assigned to disaster risk reduction.</td>
<td></td>
</tr>
<tr>
<td>Governance of disaster risk management in the health sector</td>
<td>1. Full-time staff assigned to DRR 2. Certified Professionals</td>
<td></td>
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<td></td>
<td>Promoting the leadership of countries in disaster risk management in health, promoting sectoral and intersectoral work</td>
<td>Number of countries with sectoral mechanism for the coordination, implementation and monitoring of the disaster risk management in health</td>
</tr>
<tr>
<td></td>
<td>1. National Committee of Emergencies and Disasters 2. Emergency Operations Center</td>
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Session 2
Governance of disaster risk management in the health sector

• Strong governance mechanisms translate into good inter-sectoral coordination and response
• Public budgets from planning and flexibility to response remain challenging
• Opportunity of alliances to guarantee strategic reserves
• Ensure inclusion of the entire population with vulnerabilities
• Development of the local capacity with excellent harmony with the central level
• Importance of well coordinated structures within the health sector
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<td>Improve safety by applying safe hospitals criteria in planning, design, building and operation</td>
<td>Number of countries incorporating safe hospitals criteria</td>
<td></td>
</tr>
<tr>
<td>Improving security through the development and application of criteria to address climate change</td>
<td>Number of countries that incorporate the criteria for mitigating the consequences of disasters and adaptation to climate change</td>
<td></td>
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</table>

1. Apply the Safe Hospitals initiative
2. Apply the Hospital Safety Index (HSI)
1. Apply the initiative of Smart Hospitals
2. Incorporate adaptation programs regarding climate change
Session 3
Safe and Smart Hospitals

• It is important to have the government’s commitment to maintain the costs and sustainability of the SH initiative

• Appropriation of beneficiaries and population

• Valuable experience to take advantage of hotel sector structure to turn facilities into "Safe Hotel". This needs assessments, standardized protocols, trained staff, excellent coordination (win - win hotels and patients / health services)

• Importance of generating evidence (research and systematization of initiative histories) that supports the impact of the SH initiative, its sustainability and strengthening in the countries

• Use of SH assessment values to achieve hospital accreditation
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<td><strong>Strengthen the capacity of health sector to for response preparedness and early recovery in the face of disasters</strong></td>
<td>Number of countries with <strong>proven plans and procedures</strong> for disaster response and recovery</td>
</tr>
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</table>

1. **National Response Plan for Emergencies and Disasters**
   a. Updated
   b. Approved
   c. Tested

1. **National Emergency Response Team in Health (Multidisciplinary)**

2. **Emergency Medical Equipment (EMT)**

3. **Recovery Plan**
Session 4
Capacity of the health sector for emergency preparedness, response and recovery

• Importance of well-coordinated multi-sectoral response
• Outbreak management and epidemiological surveillance harmoniously included in disaster response
• The first response is provided in the population and by the community, so they must "know" how to respond. This entails education to the population.
• Guarantee stocks with updated inventories for the answer: a necessary challenge
• Integrating emergency medical systems into disaster response
Session 4
Capacity of the health sector for emergency preparedness, response and recovery

- Importance of **legislation**, public policies and budgets available for disaster risk reduction
- Risk of limited human resources for response - Important to maintain funds and resources to ensure sustainability
- Ensure **trained staff** at the local level
- There are different "Alerts" for the health sector vs. the national emergency system, both of which should be understandable
- Consider **migration / human mobility** as part of the response
General considerations for the plan’s implementation

- Appropriate Alignment /Coordination to "navigate" between Civil Protection and Health
- Risk management mainstreaming within the ministries and health secretariats
- The hierarchical location of risk management / financing / human resources in the organizational structure is a key aspect
- PDRR alignment with global indicators related to the Sendai framework
- Encourage exchange of experiences and capacities in the region
- Harmonize/agree the terminology that will be used: example EOC vs. Emergency Committee, EMT vs. ERR
- Approach to disaster risk reduction should include integrated health services networks