

**REPORT OF THE SECOND MEETING
OF
The Caribbean Health Disaster Risk
Reduction Committee**

**PAHO
Christ Church, Barbados.
15 July 2009
1:30 PM**

List of Acronyms

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

I. Introduction

On 15 July 2009, the second meeting of the Caribbean Health Disaster Risk Reduction Committee was convened at the Pan American Health Organization, Christ Church, Barbados.

The objectives of the meeting were:

- To address conceptual and functional issues related to monitoring, evaluation and reporting system for disaster risk management in the sector
- To update and review mainstreaming activities
- To discuss next steps for mainstreaming CDM in the health sector (monitoring, reporting and evaluation mechanisms, information sharing mechanisms (e.g. CDM database), mechanisms for integrating cross-cutting themes (e.g. gender, ICT, public awareness)

II. Participants

The list of participants is attached as Appendix I.

III. Welcome Remarks

Mr. Elvis Newton – St. Kitts and Nevis Representative and Chairman CHDRR

Mr. Newton welcomed participants to the second meeting of the CHDRR Committee. He proceeded with an overview of the agenda, highlighting that the CHDRR Committee meeting is a working meeting.

2.0 Review of the Report of the First Meeting of the CHDRR Committee, 18 December 2008

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

2.1 The report of the first meeting was reviewed and accepted conditional on noted adjustments. It was confirmed and seconded by the DFID and CEHI representatives respectively.

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

2.2.1 The two scheduled meetings of the CHDRR Committee will still be held annually to coincide with the annual HDC Meeting and the Caribbean CDM Conference. However, the schedule of the 2009 HDC meeting was affected by H1N1 pandemic response efforts. It has been tentatively re-scheduled for November 2009, when a regional LAC meeting is expected to be implemented. The meeting noted that the Commonwealth Heads of Government meeting is also planned for November in Trinidad and the need for scheduling considerations.

2.2.2 As the CHDRR Committee has no decision making authority over the countries, the schematic showing the relationship between the committee, PAHO/WHO, CDERA, etc and channels of decision making has been titled: Communication Channels for the CHDRR Committee. It was

however noted that the CHDRR committee has decision making authority in relation to project functions.

- 2.2.3 The background section of the CHDRR Committee TOR should include a definition for the health sector and a note that the CHDRR committee does not have decision making authority/function with countries.
- 2.2.4 Towards enhancing communication and getting political support, St. Kitts and Nevis as lead country for health in CARICOM will assist with facilitating the process to include the report of the CHDRR committee on the agenda of the Annual Caucus of Health Ministers, the CARICOM and OECS Ministers of Health Meetings.
- 2.2.5 Private sector contribution to the CHDRR committee can be fed up through the HDC mechanism, via national coordination mechanism. It is important that this kind of involvement be encouraged at the national level.
- 2.2.6 Other national authorities who will be stakeholders in the PAHO/CIDA DRR Mainstreaming project include Ministries of Health, National Disaster Organizations, Universities and organizations dealing with vulnerable groups such as the elderly and disabled.
- 2.2.7 The differentiation between the CHDRR committee and other CDM CHC sector committees was acknowledged as the additional mandates to that of serving as CDM CHC health sector committee and PAHO's established presence and long standing relationship with stakeholders. It was also noted that resources related to the project monitoring functions are used to convene CHDRR committee meetings.

2.2 Summary of key decisions/expectations

- 2.2.1 The key functions of the committee should be reflected in the schematic of the Communication Channels for the CHDRR Committee. CIDA and PAHO representatives will jointly adjust the schematic to reflect the TOR. It will then be circulated to committee members for their input
- 2.2.2 At the request of the chairman CHDRR Committee, the secretariat will send a letter to CARICOM and OECS re inclusion of the CHDRR committee meeting report on the agenda of specialized health and disaster committee meetings. St. Kitts and Nevis Representative will then follow-up with his Prime Minister.
- 2.2.3 A discussion re sustainability of the CHDRR committee should be included on the next meeting agenda (*to be clarified at next CHDRR Committee meeting*).
- 2.2.4 Documentation of meetings to be circulated at least two weeks before each meeting

3.0 Update on mainstreaming activities in the health sector – Progress report of the PAHO/CIDA project: “Mainstreaming DRR in the Health Sector of CARICOM Member States”

Ms. Zaccarelli presented the update on DRR mainstreaming activities in the health sector.

General

- 3.1.1 Reference documents for this agenda item: PAHO/CIDA DRR Project Report #1 and Project Schedule.
- 3.1.2 The PAHO/CIDA project: “Mainstreaming DRR in the Health Sector of CARICOM Member States” serves as a critical means for mainstreaming DRR in the sector and contributing to achievement of the health sector related outputs of the CDM Strategy and Framework.
- 3.1.3 Implementation of some project activities has been 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 CIDA representative indicated that this was not a concern but noted it was importance for it to be reflected in the minutes of the meeting.
- 3.1.4 Regarding project scope, it was clarified that while all CARICOM Member States benefit from project activities, CIDA and PAHO have agreed to utilize three pilot countries to implement activities under all three outcomes. The countries identified are Belize, Suriname and Trinidad and Tobago. At the time of the meeting, PAHO had received confirmation from Suriname and Trinidad.

Outcome 1

- 3.1.5 Activities reported in section 4 of this report fall within this project outcome
- 3.1.6 Activities towards strengthening the capacity of countries and professionals to deal with mental health issues in disasters have been advanced and are on schedule. Of the three pilot countries, Belize has completed training and development of the second draft of its disaster preparedness and response mental health plan; Suriname is scheduled for August and Trinidad and Tobago is to be scheduled. The process to revise and produce teaching tools and reference materials for mental health in disasters has also been advanced in collaboration with regional and Canadian universities and pilot countries.

Outcome 2

- 3.1.7 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. A team of safe hospital evaluators is available in the Caribbean to identify and address the structural, functional and organizational safety of health facilities. CIDA project funds supported the training of professionals from seven of the seventeen countries which have trained evaluators.
 - ii. Hospital safety index (HSI) assessments are scheduled for Trinidad and Tobago, Jamaica, Bahamas and Belize for the remainder of 2009. CIDA funds will be used to support assessments in all project countries, except Barbados and the ECC, which already benefited from PAHO/WHO support under a different partnership.
 - iii. Promotion of the incorporation of the concept of check consultants and independent evaluators into the TOR for the construction of new health facilities has been approached

in different ways: directly with the countries and indirectly with the Caribbean Division of the Institution of Structural Engineers (IStructE). For example at the last IStructE conference, project resources were used to support attendance of presenters and participants from Ministries of Health.

- iv. Activities have also been implemented towards supporting countries to mobilize funds for full implementation of safety improvement plans (SIPs), with the World Bank and CDB being approached. The CDB does not believe it has a competitive advantage in the health sector, while there has been no definitive response from the World Bank. The EU has also been approached re the hospital being constructed in St. Lucia – they were offered a briefing on the safe hospital programme for their team, and the HSI, which they took for their check consultant.

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

- a. As CRIF has a different type of set-up from the regular insurance market, it was felt that they have little flexibility to provide preferential premiums for existing hospitals assessed as being safe or new hospitals being built safe. However as they are looking at projects for micro-sectors, there is the possibility that they could be approached for the health sector. Additionally, as their focus is catastrophic insurance, they may be more inclined to direct funds to unsafe rather than safe hospitals. PAHO/WHO therefore needs further explore.
- b. The Basic Needs Trust Fund of CDB can be explored towards making community health care facilities safer and more resilient. Dominica is in a good position to explore this facility, having already applied the HSI to its community health facilities. Grenada and St. Lucia are scheduled to do likewise.
- c. Philanthropy is also a possible source to support implementation of SIPs. Barbados, for example, has developed a campaign targeting rich resident and tourist for funding of social causes.
- d. The strategy of corporate social responsibility can be used to target and approach big national corporate entities for support. The benefits surrounding image and branding could be used as a selling point.

Outcome 3

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

- 3.1.8 A gender analysis (GA) of the project and engagement with the countries to incorporate a gender-sensitive DRR approach in plans and programs was undertaken.
- 3.1.9 Regarding training, PAHO/WHO continued with its program to support ECAT, MCM, ICS and LSS/SUMA. Under this project the effort will be on generating in country capacity to carry out these trainings, and thus a focus on supporting training of trainers.
- 3.1.10 Development of a short online course/module for Caribbean policy makers on health disaster management is behind schedule.

Highlights of exchange of information related to development of the course:

- i. A possible approach includes establishing a joint proposal between UWI and an overseas university familiar with development and delivery of online courses. Possible collaborators include:
 - a. University of Wisconsin (UoW), which has developed a programme with presentations containing animation and voice over, called CAMTASIA. UoW are familiar with disaster content and teaching adults self learning. They have also been interested in partnering with UWI. UoW took the OFDA course core content and have been using it in their online platform instead of in a classroom setting.
 - b. University of Lester, a community college in Curacao, a community college in BVI, or an Engineering and Architecture University in Martinique which uses the internet based modality to deliver a programme on how to build safe
- ii. Availability of a course to provide a firm grounding in DRR is a challenge for all sectors. CDERA, through EDF funding is exploring an online certification course.
- iii. Although a basic DRR course would be of general benefit to all sectors, critical content needed for health professionals, demands a specific programme. There can therefore be cooperation across sectors on the basic core fundamental concepts. CDERA can function as facilitators for the development of the course in partnership with the Health and Education Sub-committee of the CHC.
- iv. Sustainability is a key consideration. Towards this end, collaboration with UWI Center for Disaster Risk Reduction would be ideal and institutionalizing the training within agencies/organizations critical.

3.2 Summary of key decisions/expectations

- 3.2.1 The CHDRR committee noted and understood the delay for implementation of some project activities.
- 3.2.2 While all CARICOM Member States will benefit from project activities, Belize, Suriname and Trinidad and Tobago will serve as pilot countries for implementation of activities under all three outcomes.
- 3.2.3 CDERA was identified as the focal point to work with the health and education sub-committees to develop the online training program with the fundamentals of DRR. The partnership will develop the tender for course design. Several institutions with skills and competencies to develop the course were identified. PAHO will pursue development of the specific programme for health professionals.
- 3.2.4 Arising from the recommendations of the GA, PAHO and CIDA will jointly select two activities on which to focus gender mainstreaming efforts. The CHDRR Committee will be informed accordingly.
- 3.2.5 CIDA expects the annual project reports to be presented in a more results oriented way; inclusion of all unintended results is welcomed.

4.0 Presentation on the MER system for DRM in the health sector, including performance measurement indicators, baseline assessment component, and benchmarks

The presentation on the MER system for DRM in the health sector was done by Ms. Monica Zaccarelli Davoli. This agenda item was presented during the segment on update of mainstreaming activities.

Highlights of the presentation:

- 4.1.1 Efforts are presently underway to establish a MER system for DRR mainstreaming in the health sector, including a benchmark development and baseline assessment component. It focuses at the micro level covering aspects of DRM at country level.
- 4.1.2 The system has two main components: a data collection/assessment tool and a publicly-accessible internet database that will stimulate information distribution and knowledge sharing. Both are being developed under the PAHO/CIDA project;
- 4.1.3 Development of the database has not started and will follow finalization of the data collection tool, which is a critical path item for its development.
- 4.1.4 The draft data collection tool has already being develop following literature review, consultations with national counterparts (working group discussions from the 2008 Health Disaster Coordinators (HDC) meeting and a small working group comprising PAHO, HDCs and other key stakeholders) and internal consultations within the disaster programme of PAHO.
- 4.1.5 Next steps to finalize the tool include further consultations, instrument review, and testing in pilot countries. Baseline assessment will then be conducted in all countries.
- 4.1.6 It is important to ensure that this system is harmonized as much as possible with the CDM ME&R framework to avoid overwhelming countries and causing 'assessment fatigue'.
- 4.1.7 The group of persons who worked on the development of the draft tool were mainly from the smaller Eastern Caribbean countries. Therefore one main shortcoming in the draft tool is its limitation, in terms of scaling, for application in the larger Caribbean countries. Questions for example implied a one hospital scenario in a country.
- 4.1.8 In light of the aforementioned challenges and shortcomings, the data assessment/collection tool was presented to the CHDRR Committee for feedback and suggestions.

4.2 The following points/queries were raised regarding the Presentation:

- 4.2.1 The tool needs to be capable of providing both accurate and precise data, that is, it should be able to measure the same things across the board.
- 4.2.2 The tool is not absolute and will likely be adjusted/updated as it is applied and new things are learnt.
- 4.2.3 Consultants working on the CDM ME&R system are looking at all four CDM outputs including the sector components (output 3), and harmonizing ongoing data collection is a key strategy. Two sectors will be fully developed for roll out and health is not anticipated to be one. Opportunities can therefore be explored to harmonize this health sector tool with the CDM ME&R system as two instruments are definitely not foreseen for the health sector. A basket of indicators developed for the CDM ME&R system, will be shared at the next CDM CHC. It is critical that the health sector determine their indicators and feed up and not the other way around.

4.3 Summary of key decisions/expectations

- 4.3.1 Trinidad and Tobago and St. Kitts and Nevis will review and test the tool, and the Curacao Representative will forward comments re inclusion of Emergency Management Services;
- 4.3.2 A consultant will be engaged to finalize and make the tool more robust, incorporating the feedback from the countries in item. Possible consultants to invite for bidding include:
 - a. Baastel, Canada
 - b. Kairi Consultants Ltd., Trinidad
 - c. Dr. Winsome Segree, UWI, Mona
- 4.3.3 There needs to be congruence between the CDERA CDM ME&R system and this tool towards a harmonized system for the health sector. Sectoral indicators should be informed by the sectors and efforts put into place to avoid dual collection of data;
- 4.3.4 The project schedule will be adjusted accordingly to incorporate the above recommendations.

5.0 Next Steps

5.1 Expansion of CHDRR committee

- 5.1.1 All CDM CHC sub-committees grappling with the issue of having the best and most representative mix of sector stakeholders.
- 5.1.2 The health sector is in a unique position in this process, with PAHO having an established presence and programme of work. Accordingly, most of the work plan for the health sector will revolve around the work rolled out or being spearheaded by PAHO.

- 5.1.3 The committee recognizes the contributions and roles of different players in the health sector and the need to bring that to the table. CEHI, as a full sector partner, will feed into the sector mainstreaming programme of work.
- 5.1.4 In relation to the inclusion of CWWA in the regional health cluster, it was indicated that they work closely with CDERA in coastal disaster issues. However, the committee agreed that CEHI as the regional organization with mandate for water, wastewater and coastal zone issues and who has a close working relationship with CWWA, will serve as the representative for these matters on the committee. CWWA can be co-opted as necessary as per the CHDRR Committee TOR (*This item was discussed during matters arising from the report of second meeting of the CHDRR Committee*).
- 5.1.5 Programme of work for the committee is an amalgamation of the CIDA/PAHO project work plan and the HDC work plan, which have already being combined and presented to the committee. This matrix will be updated with the work plan from CEHI.

5.2 Summary of key decisions/expectations

- 5.2.1 For procedural, logistical and systematic reasons, the committee meeting will be separated into three segments according to the mandates as follows: project monitoring and analysis; CDM mainstreaming; and CARICOM wider health issues.
- 5.2.2 CEHI will share situation analysis and work plan re environmental health considerations for DRM/CDM mainstreaming in the health sector. This work plan will feed into the sector programme of work.

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

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

- 5.3.1 Progress and difficulties so far in mainstreaming efforts, namely the attention required to respond to the H1N1 pandemic;
- 5.3.2 Importance of ensuring harmonization of ME&R systems. Sectoral indicators should be informed by the sectors and efforts put into place to avoid dual collection of data;
- 5.3.3 The committee's agreement on communication channels. A flow chart with CHDRR Committee, its functions and communications channels is available;
- 5.3.4 Request from the chairperson for the work of the CHDRR Committee to be presented to CARICOM and OECS Ministers of Health;
- 5.3.5 Importance of sharing resources to prevent duplication of efforts - CDERA will serve as the focal point to work with education and health specifically on the development of a training program with the fundamentals of DRR;

- 5.3.6 Recognition of the contributions and roles of different players in the health sector and the need to bring that to the table. CEHI as a full partner on the CHDRR committee will share situation analysis and work plan re environmental health considerations for DRM/CDM mainstreaming in the health sector at the next CHDRR Committee meeting.

6.0 Any Other Business

The third meeting of the CHDRR Committee is scheduled for December 2009, to coincide with the staging of the 4th CDM Conference.

7.0 Adjournment

There being no other business, the meeting was adjourned at 6:05PM.

Appendix I – Participants List

PARTICIPANTS' LIST				
SECOND MEETING OF Caribbean Health Disaster Risk Reduction Committee				
1. Yuri Chakalall	Snr. Development Officer (Environment)	Canadian International Development Agency (CIDA)	Canadian High Commission P.O Box 404 Bishops Court Hill St. Michael, Barbados.	Tel: 246-429-3550 ext. 3453 Fax: 246-429-3876 E-mail: yuri.chakalall@international.gc.ca yurichakalall@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. Elvis Newton	Permanent Secretary	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: elvis.newton@gmail.com
4. Earl Best	Health Disaster Coordinator	Ministry of Health, Curacao	P.O. Bob 3447, Curacao, Netherlands Antilles	Tel: 5999-560-0745 Fax: 5999-736-3845 Email: earlybird@onenet.an
5. Andria Grosvenor	Technical Manager, Preparedness and Country Support	Caribbean Emergency Disaster Response Agency	Building #1, manor Lodge Complex, Lodge Hill, St. Michael	Tel: 246-425-0386 Fax: 246-425-8854

PARTICIPANTS' LIST**SECOND MEETING OF Caribbean Health Disaster Risk Reduction Committee**

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7. Roger Bellers	Disaster Risk Reduction Advisor	Department for International Development		Chelsea House, St. Michael, Barbados Tel : 246-430-7963 ; 246-243-8509 Email: r-bellers@dfid.gov.uk
8. Joanne Persad	Reseracher, Emergency Services and Disaster Preparedness Coordinating Unit	Ministry of Health		French Village, Eric Williams Medical Sciences Complex, Mount Hope, Trinidad and Tobago Tel: 868-645-6844 Fax: 868-645-9175 Email: joanne.persad@health.gov.tt
9. 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
10. Nicole Wynter	Short Term Consultant	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
1:30 – 1:35	Welcome Remarks	<i>St. Kitts and Nevis Representative</i>
1:35 - 2:05	Review of Minutes of the First Meeting of the CHDRR Committee and Matters Arising	<i>PAHO/WHO Representative</i>
2:05 – 3:05	Update on mainstreaming activities in the health sector Discussion: <i>Feedback from committee members</i> including possible partnerships and opportunities for collaboration	<i>PAHO/WHO Representative</i>
3:05 – 3:20	BREAK	
3:20 – 3:50	Presentation on the MER system for DRM in the health sector, including performance measurement indicators, baseline assessment component, and benchmarks Discussion: <i>Feedback from committee members to harmonize MER system for DRM in the health sector</i>	<i>PAHO/WHO Representative</i>
3:50 – 4:15	Next Steps: 1. Expansion of CHDRR committee 2. Recommendations to be shared with the CDM Coordination and Harmonization Council	<i>St. Kitts and Nevis Representative</i>
4:15 - 4:30	Any other Business	<i>St. Kitts and Nevis Representative</i>