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PROGRESS REPORT ON THE IMPLMENTATION OF THE HEALTH SECTOR STRATEGY ON DISASTER RISK MANAGEMENT

Information Document

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BACKGROUND

1. The WHO African Region continues to be challenged by frequent natural and man-made disasters causing injury, death, population displacement and disruption of services and peoples' livelihoods. During the past 10 years, about 80 to 100 significant events affecting approximately 70 to 100 thousand people were reported each year in the Region.[1]

2. Since 2005, several global initiatives on disaster risk management (DRM) have been developed following the Hyogo Framework for Action 2005–2015[2]. These include the Sendai framework[3] which emphasizes the importance of reduction of disaster risks. In 2011, the World Health Assembly adopted Resolution WHA64.10 to embrace DRM approaches that focus on containing and minimizing the impact of emergencies.

3. In 2012, the Regional Committee adopted Resolution AFR/RC62/R1 "Disaster Risk Management: A Strategy for the Health Sector in the African Region". The strategy requires Member States to strengthen disaster risk management by developing appropriate laws and policies and to build adequate capacities within the ministry of health (MOH) and relevant agencies. The aim is to reduce health risks, strengthen health systems, and identify and respond to emergencies including disasters.

4. This report summarizes the progress made, including challenges, and proposes next steps.

PROGRESS MADE

5. WHO developed and disseminated tools and guidelines to support DRM implementation in countries. These include: the Country Capacity Assessment tool; Hospital Safety Index tool; Vulnerability Risk Assessment and Mapping tool; guidelines for developing standard operating procedures for national response; and guidelines for developing recovery and transition framework.

6. Partnership was built with other regional bodies such as the Capacity for Disaster Reduction Initiative[4] to support country capacity assessment. Through this collaboration, assessments were conducted in 11 countries[5] and road maps for capacity building were developed. Additionally, eight universities were selected to develop core competencies and training modules for health workers. Subsequently, two regional DRM induction briefings were conducted. Each of the Member States was represented by at least two participants. Vulnerability risk assessment was conducted in Tanzania and Uganda and hospital safety was assessed in Tanzania using the Hospital Safety Index tool.

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1 Center for Research on the Epidemiology of Disasters – CRED (2015). Annual Disaster Statistical Review 2014, the numbers and trends, Bruxelles, Belgium.

2 United Nations (2005). The Hyogo Framework for Action 2005–2015: Building the Resilience of Nations and Communities to Disasters. World Conference on Disaster Reduction, International Strategy for Disaster Reduction, Kobe, Hyogo, Japan; 2005.

3 United Nations (2015). The Sendai Framework for disaster risk reduction, 2015–2030, accessed on 18th April, 2016 from: http://www.preventionweb.net/files/43291_sendaiframeworkfordrren.pdf.

4 The Capacity for Disaster Reduction Initiative (CADRI) enables the UN and other members of the ISDR system to support Governments to build and implement a coherent framework for developing national capacities for disaster risk reduction, including preparedness for emergency response.

5 Angola, Benin, Cameroon, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Islamic Republic of the Gambia, Equatorial Guinea, Uganda, Sierra Leone and United Republic of Tanzania.

7. A regional survey was conducted in 2015 to assess progress towards the implementation of the DRM strategy and 27 of the 47 countries[6] responded to the survey. The survey showed that 14 countries[7] in the Region have a focal person and staff for DRM including a well-funded coordination unit within the ministry of health.

8. Fourteen countries have a national multi-hazard health emergency/disaster response plan but only 11 of them review their plans, at least once, every two years. Sixteen countries reported that they have a high level, national multisectoral ministerial committee on DRM and only nine countries[8] had conducted a national multi-hazard health emergency/disaster risk assessment in the last four years. Ten countries[9] have legislation or policies addressing multiple hazards.

9. Twelve countries have health policies on DRM at national level, and three countries have policies or programmes on safe hospitals, or had conducted health facilities assessments. Four countries implemented measures to improve safety and preparedness of existing hospitals.

10. Thirteen countries have active programmes for community awareness to reduce emergency risks at individual and household levels.[10] Eight countries have active programmes for training health workers on DRM at local level.[11] Fourteen countries[12] have a functioning emergency operations centre in the ministry of health for the coordination of national health response to emergencies and disasters.

11. The overall implementation of the strategy is lagging far behind schedule, and results across the Region are highly variable. This may be attributed mainly to inadequate financial, logistic and human resources in the prevailing context of increased burden of disease outbreaks and emergencies. In addition, prioritization and intersectoral collaboration by Member States are inadequate.

NEXT STEPS

Member States

12. Member States should adapt and implement the regional strategy for health security and emergencies 2016–2020 (Document AF/RC66/6).

WHO

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6 Angola, Burkina Faso, Cameroon, Central African Republic, Chad, Comoros, Democratic Republic of Congo, Ethiopia, Islamic Republic of the Gambia, Ghana, Guinea-Bissau, Equatorial Guinea, Kenya, Madagascar, Mali, Malawi, Mauritania, Niger, Nigeria, Rwanda, Sao Tome and Principe, Sierra Leone, South Sudan, United Republic of Tanzania, Togo, Uganda and Zimbabwe.

7 Angola, Central African Republic, Democratic Republic of Congo, Ethiopia, Islamic Republic of the Gambia, Kenya, Madagascar, Mauritania, Nigeria, Sierra Leone, United Republic of Tanzania, Togo, Uganda and Zimbabwe.

8 Ethiopia, Kenya, Malawi, Mauritania, Sao Tome and Principe, Sierra Leone, Tanzania, Togo and Uganda.

9 Cameroon, Comoros, Ethiopia, Ghana, Kenya, Madagascar, Mauritania, Niger, United Republic of Tanzania, Togo and Uganda.

10 Burkina Faso, Cameroon, Central African Republic, Ethiopia, Kenya, Madagascar, Mauritania, Niger, Nigeria, Sao Tome and Principe, United Republic of Tanzania, Togo and Zimbabwe.

11 Ethiopia, Kenya, Malawi, Mauritania, Sao Tome and Principe, Tanzania, Togo and Uganda.

12 Cote d'Ivoire, Ethiopia, Ghana, Guinea, Kenya, Liberia, Mali, Nigeria, Senegal, Sierra Leone, South Africa, United Republic of Tanzania, Uganda and Zimbabwe.

13. WHO, in collaboration with partners, should mobilize additional resources to support Member States in preparedness and response to emergencies.

14. WHO should review the monitoring and evaluation framework for DRM to include joint external evaluation.

15. The Regional Committee took note of this progress report and the proposed next steps.