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## **ANNEX 3**

### **Latin American Meeting on Health Risk Reduction**

**Nicaragua, April 21<sup>st</sup>-23<sup>rd</sup>, 2004**

#### **Main recommendations proposed by country representatives and other experts of Latin America in preparation for the Kobe conference**

##### **1. Background**

Both natural hazards and disasters are part of the history of Latin America and the Caribbean. Earthquakes, floods, volcanic eruptions, and other phenomena have taken the life of thousands of people and caused the loss of many millions of dollars.

In recent years, many countries of the Region have carried out systematic activities to reduce risks in health facilities. Numerous urban drinking water and sanitation systems have conducted vulnerability studies and some have carried out works to reduce the risks that were identified. Several guidelines have been prepared and many lessons have been learned. However, much more must be done to protect health in disasters.

It has been demonstrated that countries with limited resources have been able to implement mitigation measures. That successful experience must be further analyzed and disseminated.

After 15 years of systematic work in disaster reduction, it was felt necessary to highlight the achievements in reducing health vulnerability in Latin America and the Caribbean and to review the strategy to reach the goal of having safer health services and water systems.

With that background, the Pan-American Health Organization organized a Latin American Meeting on Health Risk Reduction.

##### **2. Objectives**

Identify:

- a) the level reached by the countries in health vulnerability reduction;
- b) the main gaps and bottlenecks; and
- c) the main recommendations that the countries should adopt to have health services and water systems in operation during disasters.



### **3. Topics of discussion**

- Review of existing vulnerability reduction measures in health and drinking water systems in Latin America and identification of missing aspects.
- Brief description of successful national experiences in vulnerability evaluation and implementation of mitigation measures.
- Recommendation of essential mitigation measures that should be adopted by health and drinking water authorities and managers.

### **4. Participants**

- More than 100 policymakers, country representatives and experts with broad experience in disaster mitigation in health facilities from 18 Latin American countries and international institutions.

As a result of that conference organized within the framework of the Kobe Conference, the participants identified the following main health goals for its adoption in the Second World Conference on Disaster Reduction.



## **Proposal of Health Goals for the Second World Conference on Disaster Reduction**

### **Goal N.º 1: Ensure disaster risk reduction as a national policy with a strong organizational basis**

By 2010, health and drinking water sectors will have developed specific national policies and regulations to ensure that all new health infrastructures continue functioning in case of disasters.

By 2010, steering and regulating institutions in water and sanitation sector will have developed a legal framework to include risk reduction and risk transfer.

By 2010, the countries will have control mechanisms to ensure the inclusion of risk reduction measures into every stage of the cycle of projects dealing with sanitary infrastructure (health facilities, drinking water and sanitation systems and others).

By 2010, health and drinking water institutions will have an entity responsible for risk management and disaster preparedness.

By 2015, vulnerability reduction and disaster preparedness will be included in the processes of certification and licensing of health services.

By 2015, health and water and sanitation sectors will participate in national and regional risk management platforms.

### **Goal N.º 2: Identify and monitor risks**

By 2010, risk analysis will be included in environmental impact studies for health facilities, drinking water and sanitation projects.

By 2015, all priority health facilities will carry out vulnerability studies and will design and implement risk reduction measures.

By 2015, all essential areas in new hospitals will be built taking into account risk management measures to ensure their continued functioning in disasters.

### **Goal N.º 3: Information use and education to build up a culture of prevention**

By 2010, all countries will have risk management and disaster preparedness programs in the health and water and sanitation sectors.

By 2010, cost analysis and resource assignment for risk management will be included in all pre-investment projects for health facilities and drinking water systems.



By 2010, universities will include risk management and disaster preparedness and response in the curricula of professions related to health and the environment, and research will be promoted in these fields.

By 2015, the countries will have resource centers to access technical-scientific information on risk management and disaster preparedness related to health and drinking water.

#### **Goal N.º 4: Reduce underlying risk factors**

By 2010, 100% of essential health facilities (hospitals and drinking water systems) will execute risk reduction activities.

By 2010, at least 50% of all health facilities located in vulnerable zones will reduce their functional vulnerability.

By 2015, at least 75% of all hospitals in disaster-prone areas will include reduction of physical vulnerability in their regular maintenance.

By 2015, there will be an increase of at least 50% in the number of emergency services in hospitals that continue working after a disaster.

#### **Goal N.º 5: Strengthen disaster preparedness and contingency planning**

By 2010, 100% of the countries will have national response plans for health and drinking water.

By 2015, all countries will have trained personnel and essential resources to face up the impact of disasters in health and drinking water systems.

By 2015, 100% of health services networks will have socialized contingency plans.

By 2015, 50% of drinking water and sanitation agencies will have up-to-date contingency plans.

#### **Goal N.º 6: Ensure sustainable international support for disaster reduction efforts at the national and local levels**

By 2015, WHO and its regional and country offices will assign specific budget for technical cooperation in disaster prevention, mitigation, and preparedness related to health and water and sanitation systems.

By 2010, all international financing agencies will demand the inclusion of a disaster risk analysis as a requirement to finance health infrastructure and drinking water projects.