GOVERNMENT OF SAMOA - MINISTRY OF HEALTH

Disaster Risk Management: A Strategy for the Health Sector

2017

CONTENTS

ACRONYMS AND ABBREVIATIONS

CCA	Climate Change Adaptation
CSSP	Civil Society Support Programme
DAC	Disaster Advisory Committee
DM	Disaster Management
DMO	Disaster Management Office
DRM	Disaster Risk Management
DRM MOM	Disaster Risk Management Monitoring of Mainstreaming (tool)
DRM NAP	Disaster Risk Management National Action Plan
DRR	Disaster Risk Reduction
MoH	Ministry of Health
NDC	National Disaster Council
NDMP	National Disaster Management Plan (2016-2021)
NHS	National Health Services
PRFDRR	Pacific Regional Framework for Disaster Risk Reduction
SDGs	Sustainable Development Goals
SDS	Strategy for the Development of Samoa
SFDRR	Sendai Framework for Disaster Risk Reduction

1 BACKGROUND

The geographic location and physical environment of Samoa makes the country prone to a number of natural and human-induced hazards, including earthquake, tsunami, drought, flooding, cyclone and epidemics. The combined effects from disaster in Samoa hasled to significant damages and serious disruptions to the functioning of society, including loss of human lives and disruption to the socioeconomic development of the country. The frequency and magnitude of emergencies and disasters have increased as the impact of climate change continues to unfold. Events in such as the 2009 tsunami and the 2012 Tropical Cyclone Evan demonstrate that immenseand widespread human, material, economic and environmental losses associated with disaster can exceed the ability of affected Samoan communities to cope, using their own resources.Samoa is already grappling with the impact on health from the triple burden of communicable diseases, noncommunicable diseases and climate change, and therefore disaster risk management is of special importance for the health of the people of Samoa.

Under the revised National Disaster Management Plan (NDMP) (2016-2021)[1], a holistic approach to Disaster Risk Management (DRM) is being promoted - aimed at increasing Samoa's resilience to natural and human-induced hazards and reducing potential impacts from disaster. The NDMP provides the national umbrella for DRM and a framework for priority areas for action, operationalized in the DRM National Action Plan (NAP) (2016-2020), with potential to modify action areas to fit the specific needs and priorities of the health sector in Samoa. Themulti-sectoral approach to DRM promotes the concept of "shared responsibility" and "wider ownership",and provides a framework for disaster resilience planning that places sectors in the "driver's seat" to mainstream DRM. The "all hazards' approach supports prevention, preparedness, response and recovery for events of different causes and scale.

Mainstreaming DRM aims to integrate a sector-wide approach in collaboration with agencies, civil society and development partners. The DMO maintains that disaster resilience cannot be achieved by one sector or institution in isolation. Increasingly DRM needs to be supported by an integrated, cross-cutting policy approach that is mainstreamed into national planning (government, private and community level), policy-making, budgeting and implementation processes.

The DRM Health Sector Strategy is aligned to the Sendai Framework for Disaster Risk Reduction (SFDRR) and related global and regional agreements including the Sustainable Development Goals (SDGs), the Paris Agreement on Climate Change and the Pacific Regional Framework for Disaster Risk Reduction (PRFDRR), and the National Strategy for the Development of Samoa (SDS). An integrated and mutually reinforcing approach to implementing the aforementioned frameworks and agreements will build resilient health systems, which are a cornerstone of sustainable development. To strengthen efforts towards building resilience at the local level, the SFDRR has articulated four key priorities that are reflected in the approach to implementing this strategy:

- Understand disaster risk.
- Strengthen disaster risk governance to manage disaster risk.
- Invest in disaster risk reduction for resilience.
- Enhance disaster preparedness for effective response and to build back better in recovery, rehabilitation, and reconstruction.

[1] Revised NDMP not yet approved by Cabinet

This document articulates the aims, objectives and purpose of the strategy, along with guiding principles and recommended actions to build DRM capacities across the Health Sector and address gaps. The Strategy provides the Ministry of Health (MoH), the National Health Service (NHS), and stakeholders across the health sector with a summary of initial actions and recommendations to build the resilience of health systems at both the national and local levels, with allocated roles and responsibilities identified. Attached to this document are several annexes to supplement further understanding of DRM strategy, including details of existing mechanisms pertaining to strategy implementation. The Strategy should also be read in reference to key policy and planning documents, including the revised NDMP (2016-2012) and related DRM NAP. In addition, the DMO has developed a Guide to Mainstreaming DRM that includes practical guidance to assist integration of DRM into national development planning.

Development of the Strategy included a desktop review of documentation and consultations with key Health Sector stakeholders within and outside the Ministry, that took place during interactive workshops (held across the 31 August to 1 September, 2016) and consultations with Disaster Management Office (DMO) representatives.

The Ministry of Health held a workshop, Health Sector Consultation on Disaster Risk Management (DRM) Strategy and Linkages to the International Health Regulations (IHR), on 15-16 June, 2017 to contextualise the Strategy. The workshop was attended by over 50 representatives (CHECK) from across the Health Sector together with representative from the DMO.

The Strategy provides a framework for action that can build on, as opposed to replace, existing DRM policies and practices for the HealthSector. The Strategy also advocates for a comprehensive approach to risk management that factors risk considerations into planning, implementation, monitoring and evaluation.

2 AIMS, OBJECTIVES AND PURPOSE OF THE STRATEGY

The DRM Strategy for the Health Sector aims to promote DRM across the sector and encompasses prevention, the outright avoidance of adverse impacts of hazards and related disasters; mitigation to lessen or limit the adverse impacts of hazards and related disasters; preparedness, along with knowledge and capacities to effectively anticipate, respond to, and recover from, the impacts of likely, imminent or current hazard events or conditions; and response, including the provision of emergency services and public health assistance during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected. The Strategy includes a risk analysis approach, designed to assist communities exposed to natural and human-induced hazards in order that they may resist or absorb its effects.

The Strategy seeks to build capacity for DRM and address identified gaps across the MoH, NHS, associated response agencies and the community at large.It aims to strengthen the role of the MoH as a partner in DRM and suggests priority actions and entry points for disaster resilience interventions to address identified DRM gaps at the sector level.

The objective of the *Strategy for Disaster Risk Management in Health* is to enhance knowledge, abilities and capacities at all levels for disaster prevention, preparedness, response and recovery within the Health Sector in Samoa. The purpose of the Strategy is to:

(i) Strengthen disaster prevention, preparedness, response and recovery within the Health Sector.
(ii) Articulate and integrate the MoH's contribution to the national disaster resilience framework in Samoa, linked to the SFDRR, the NDMP (2016-2019), and the DRMNAP (2016-2021).
(iii) Mainstream DRM across the Health Sector Plan and promote cross-sectoral collaboration;
(iv) Provide the MoH with an initial framework to strengthen skills and increase capacities to effectively provide DRM-related and resilience-based knowledge and services to its community and stakeholders;
(v) Contribute to better coordination between key stakeholders engaged inDRM at the national level (through the DAC and the National DisasterPlatform) and local levels (through existing structures);
(vi) Assist formulation of policies, legislation and procedures to supportDRM.

3 GUIDING PRINCIPLES OF THE STRATEGY

The guiding principles of this strategy are:

- **Equity** in access to services, with special focus on highly vulnerable population groups including women, elderly, children, youth, people with disabilities, people with chonic illnesses, people who are poor, and other vulnerable people.
- **Country ownership**, with government coordinating and ensuring that all interventions by partners are in line with relevant national guidelines.
- **Participation**, to optimise the involvement of communities and civil society.
- **Strengthening partnerships** within the Health Sector and its member agencies.
- Fostering sustainable **intersectoral collaboration** at local and national levels.

4 CENTRALITY OF COMMUNITY INVOLVEMENT

Community involvement is essential to capitalize on local knowledge; establish trust and collaboration with authorities; and translate early warning into early action as communities can identify health risks before they become epidemics. Community based approaches should incorporate a whole of society approach and facilitate collaboration between all stakeholders in building resilient and healthy Samoan communities. Community level programmes, can empower communities to identify local risks, including risks to public health, and finding of local solutions.

5 ATTENTION TO CROSS CUTTING ISSUES

- The burden of disasters falls disproportionately on vulnerable population groups including women, elderly, children, youth, people with disabilities, people with chonic illnesses, people who are poor, and other vulnerable people.

In the context of DRM, public health programmes build capacities and resilience of individuals and communities to risk, to reduce the impact, cope with, and to recover from the effects of adversity.

- The Health Sector should ensure integration of agreed priority cross-cutting issues in sectoral needs assessment, analysis, planning, monitoring and response (e.g. environment, gender equity, disability inclusion and climate change adaptation) and contribute to the development of appropriate strategies to address these issues. Recognizing that often in disasters it is vulnerable population groups including women, elderly, children, youth, people with disabilities, people with chonic illnesses, people who are poor, and other vulnerable people that are most severely affected, all programme guidance will ensure that gender is incorporated as part of the analysis of the disaster impact, the assessment and subsequent programming.

The plans for each sector will elaborate on specific cross-cutting actions in their respective areas. For gender equity, this can be done through gender-sensitive policymaking, monitoring and evaluation as well as integrating gender in vulnerability, risk and capacity assessments. Additionally, it requires furthering women's participation and leadership in disaster management, and promoting the systematic collection and use of sex and age disaggregated data and gender analysis.

6 STRENGTHENING DRM CAPACITIES IN THE HEALTH SECTOR

The Ministry of Health (MoH) and Health Sector agencies have significant strengths to build on, including their technical capacity and reach to communities as well as enduring strong partnerships with various sector agencies. The health impacts of climate change and disasters are addressed in the Health Sector Plan 2008 – 2018 for Samoa. This Plan focuses on a sector-wide and whole-of-country approach; promotes understanding that health is a human rights matter and is everyone's responsibility. The Plan is also premised on genuine partnerships with sector partners and stakeholders.

Under the Long-Term Outcome 7 "*Improved Risk Management and Responses to Disasters, Emergencies and Climate Change*", the Plan strengthens the capacity of the health sector to improve risk management and response to disasters, emergencies and the impact of climate change. The Mid-term Review of the Health Sector Plan in 2013 indicated the need to further include these issues and recommends establishment of indicators to benchmark progress.

The development of the Climate Change and Health Unit under the Health Sector Coordination, Resourcing and Monitoring Division (HSCRMD) provides evidence that the Sector is very much aware and adamant to promote DRMmeasures across the sector and the community at large.

Although the MoH is already engaged in some activities that are highly relevant for DRM, a systematic approach to specifically address and systemise DRM issues in the health sector is lacking. This Strategy seeks to assist the sSector to build on its existing strengths and capacities, whilst addressing current gaps related to DRM and climate change adaptation.

A key strength of the MoH and Health Sector is its existing personnel, many of whom are knowledgeable, dedicated and keen to implement necessary changes. Capitalising on this through further strengthening individual/systemic/institutional capacity is crucial in achieving the objectives of the strategy and in its overall implementation. In the present climate, where the Government of Samoa (and donors) are requesting more tangible evidence of disaster risk mainstreaming and resilience-building at the local level, it is now time to invest adequate resources towards developing the capacities of Health Sector personnel to address issues of DRM and climate change adaptation.

7 GAPS TO ADDRESS DRM IN THE HEALTH SECTOR

Through the workshop and consultative process that was undertaken to inform the development of this strategy, a number of issues and gaps were identified by health staff based on their experiences of the 2009 tsunami and the 2012 Tropical Cyclone Evan. Many of the gaps identified focused on ensuring better preparedness and development of national and community health emergency and disaster risk management systems. Emphasis was placed on strengthening systems for primary prevention, vulnerability reduction and strengthening of community. In addition, importance was accorded to training and staff capacity building activitiesto enhance knowledge of potential hazards and contributing factors that may affect health including health determinants and climate change adaptation interventions.

The broader DRM issues and gaps are summarized below.

- The overall knowledge of the MoH and Health Sector staff about DRM and the operational skills needed to implement disaster prevention, preparedness (and mitigation) activities is limited. The absence of a standardised process to link risks to decision-making processes will invariably increase community vulnerability.
- There is the need to strengthen partnerships, institutional capacities and coordination mechanisms among health and related sectors for national and community health emergency and DRM.
- Development of national and community health emergency and DRM systems with emphasis on primary prevention, vulnerability reduction and strengthening community. This necessitates reinforcement of a community centred primary health care approach along with long-term planning for building resilience of health care facilities and systems.
- DRM mainstreaming processes need to be demand led and based on local ownership in partnership with, rather than driven by donors. The process needs to be initiated from within the Samoan government. The importance of strong political commitment to implement DRM was underscored.
- There remains a gap in capacity-building support for prevention, mitigation and long-term recovery, yet there is potential for these aspects of DRM, including climate change adaptation to be factored in, or indeed for the prime focus of, capacity-building initiatives.
- The MoH 2008 Contingency Plan and the existing health legislation needs updating to incorporate provisions on prevention, preparedness and readiness, as well as response to the health impact of all potential hazards in the country.
- Vital social services such as water, electricity and fuel need proper planning in ensuring delivery of health care services during emergencies.
- The mental, psychological, emotional, and spiritual response to Cyclone Evan was quite profound, most notably among young children and youth populations, but it was felt through communities as a whole. Psychosocial health had been noted as a large service gap by the health sector.
- To reduce risk from all types of hazards, the need to incorporate a risk-informed approach, including health crisis management into national disaster risk reduction strategies and to build commensurate capacities of health workers was emphasized.
- Regular testing of response plans has not been achieved. Consultations with health sector staff attested to the importance of conducting simulations and testing plans in the case of the 2009 tsunami. Planning and conduct of annual simulations for all health agencies should be addressed across the health sector, in conjunction with the DMO. The Health Sector

Workshop on finalising the DRM Strategy emphasised the need to carry out simulation exercises with a focus on health crises.

8 RECOMMENDED ACTIONS FOR BUILDING DRM IN HEALTH

The interventions proposed below are to mainstream DRM planning, strengthen preparedness and build community resilience from a health sector perspective. Interventions should demonstrate coherence with existing sector plans and national DRM policies and programs (see Annex 7). The Strategy may not require the development of new documents and structures, but an updating and strengthening of what exists. The following are the identified and proposed actions:

1. Develop a comprehensive **Disaster Management and Response Plan for the Health Sector,**including a Coordination and Communications Action Plan, with consideration to ensure **adequate capacities** in the Health Sector and establish budget provisions;
2. Develop, review and update the DRM Plans and standard operating protocols (including clarification of roles and responsibilies, and budgets) for each Health Sector Agency;
3. Conduct **emergency simulations and drills** in the Health Sector, in collaboration with the DMO as well as simulation exercises focusing on public health crises;
4. Assess and **map the level of safety standards** and risk resilience for hospitals and other health facilities;
5. Develop **a national emergency response manual** for the Health Sector with standard operating protocols and including health sector damage assessment form;
6. Conduct a **post disaster needs assessment** for the Health Sector with provision for assessing and mapping baseline safety standards for hospitals and other health facilities;
7. Review **job descriptions of key personnel** in the Health Sector to include key aspects of DRM;
8. Re-develop **alternative facilities** for temporary hospital and morgue facilities;
9. Strengthen **preparedness** and **build community resilience** from a Health Sector perspective:
10. Collaborate with key Ministries and other development partners, and maintain dialogue with **Pacific humanitarian regional clusters**, including regional cluster lead agencies - Health and Nutrition (WHO/UNICEF); Water, Sanitation and Hygiene (UNICEF) - and include the role of humanitarian partners in the Coordination and Communications Action Plan.
11. Update the Climate Adaptation Strategy (CASH) and have Samoan and English versions.
12. Establish the Outcome Group for Outcome 7 of the Health Sector Plan (Improved risk management and response to disasters, emergencues and climate change) and include DRM in its Terms of Reference
13. Review and update the Outcome 7 indicators of the Health Sector Plan and Monitoring and Evaluation (M&E) within the MoH and ensure that they are aligned with SDG indicators and national (SDS) indicators.

9 HEALTH SECTOR FUNCTIONS

The following functions was determined by the key issues that were identified during the situation analysis, the consultations and the national stakeholder's workshop held by DMO The initial list was further developed by Health Sector agencies during its DRM & IHR Workshop and subsequent consultations.

HEALTH SECTOR	
Sector Objective:	To provide comprehensive emergency management, enabling the health sector to mitigate, prepare for, respond to, and recover from emergencies and disasters.
Sector Lead:	MoH
Supporting members:	MNRE-Environment, Doctors Association, Nurses Association, Private health service providers, Women CBOs, SUNGO

Functions of the Sector

Prevention

- Build the capacity of the Health Sector workforce in Disaster Risk Management
- Strengthen disease surveillance and early warning system.
- Prevent and control communicable diseases, including strengthening immunisation and the systems for notification of notifiable diseases, syndromic surveillance and sentinel sites, quarantine and isolation facilities.
- Strengthen implementation of policies on infection control and Personal Protective Equipment.
- Strengthen prevention and treatment of non-communicable diseases.
- Conduct community consultations and workshops to update community knowledge on the health aspects of DRM.
- Conduct vulnerability assessment and risk analysis of health related potential disasters, including gender analysis, identifying crucial needs for vulnerable groups during disaster occurrences, and the collection of data disaggregated by age and gender
- Promote hazard resilient construction of new health facilities.
- Conduct environmental health surveys to determine the likelihood of risks to the health of the public.
- Implement disaster preparedness plans for health facilities.
- Promote hazard mitigating technologies and practices.
- Protect livelihoods from hazard risks.
- Strengthen the multi-sectoral approach to health and partnerships, and promote an integrated, comprehensive, multisectoral and multidisciplinary approach to reduce the impact of natural, technological or manmade hazards on public health and healthcare.
- Strengthen the institutional capacity of the health sector in preparedness and risk reduction.
- Strengthen national strategies and plans to address all forms of social disadvantage and vulnerability that have a negative impact on health.
- Consult with the Ministry of Women, Community and Social Development (MWCSD) in strengthening women's participation and leadership at every level including the womens committee public health responsibilities

Preparedness

- Strengthen ways of using mobile technology, social media and other forms of media e.g television and radio to rapidly disseminate public health advice.
- Conduct regular epidemiological surveillance.
- Distribute village demographic data to health agencies working with villages.
- Implement the voluntary non-remunerated blood program.
- Identify health facilities that are located in hazard-prone areas, analyse their internal and external vulnerability during emergencies, and increase the hazard resilience of such facilities.
- Prepare and implement disaster preparedness plans and protocols so that hospitals and other health facilities are able to deal with disaster response and recovery, including response plans and protocols for different events; priorities and protocols for mass casualty situations; and evacuation plans and alternative locations for all health facilities.
- Identify relief health centres / satellite hospitals to provide back up to TupuaTamaseseMeaole Hospital(TTMH), Apia, and MalietoaTanumafili II (MTII), Tusasivi.
- Identify backup and alternative morgue facilities.
- Prepare plans for tracking, and evacuations of mass casualties as a result of a major disaster.
- Develop health care personnel proficient in disaster response, including:strengthening professional development to improve competency, knowledge, understandingand preparedness about disaster managementfor nurses, emergency medical technicians, allied health personnel and doctors; and increasing the knowledge of health personnel about mental health and rehabilitative dimensions of disasters along with the health care of internally displaced people and women and children.
- Establish mandatory minimum of training for all Health Sector personnel in DRM including training in first aid and personal and family preparedness

- Develop short handbooks for health sector personnel to keep readily available and use during an event,.
- Establish a Health Sector taskforce or specialist group to plan and prepare for providing psychosocial and spriritual support, counselling, psychological first aid, and mentoringfor disaster-affected communities and all government and private sector personnel involved in disasters.
- Strengthen the development of district health facilities so that health facilities throughout the country are prepared for the disaster response and recovery phases.
- Put in place practical strategies to address the long-standing issue of human resource, recruitment and retention.
- Expand the integrated intersectoral community health programme.
- Establish and strengthen public health laboratory functions.
- Establish a national vector/water control programme to address outbreaks.
- Train first responders and port officers about the International Healh Regulations (IHR) and include in the orientation of all new Health Sector personnel.
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- Conduct disaster drill exercises and simulations in coordination with DMO.
- Provide public health advice on the management of clinical waste materials, including blood products and body tissue and handling and caring for body parts and the deceased
- Raise public and community awarenessof health issues related to the four phases of DRM
- Strengthen education,including in the school curriculum, about health issues related to the four phases of DRM..
- Strengthen the understanding of the links between health and climate change and DRM policies and strategies.
- Strengthen Emergency Medical Points to ensure better coordination in disaster situations.
- Ensure communication and coordination links between hospitals and the National Health System (NHS) and the scene of disaster.
- Establish a system of readiness and list of personnel to be mobilized when warning is received or impact of disaster reported.
- Ensure fast delivery and availability of adequate resources such as public health materials, drugs, sexual and reproductive healthsanitary kits, medical equipment and supplies of other logistic materials.
- Pre-position emergency public health, medical and non-medical supplies.
- Establish epidemic thresholds at local, regional and national levels.
- Monitor and evaluate of sector's programmes.
- Conduct nutrition surveillance and management of moderate and severe malnutrition.
- Estimate cost of interventions above normal to mitigate related risks (costs for immunization, vector control, disease control, health promotion and costs for the health management of gender based violence and violence against women.
- Develop and implement a pre-registration system whereby humanitarian partners can register volunteer health professionals in advance of a disaster in order to speed their contribution to the response and recovery phases.
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Response

Hospital evacuation/relocation/isolation

Ambulance and first response services

Registration of overseas health personnel and systems

- Promote and protect the health and well-being of affected communities, paying particular attention to the specific needs of vulnerable groups.
- In mass casualty situations, establish and maintainclinical management of the scene; undertake acurate triage andselective clinical management;maximise use of patient transportation resources;distribute patients appropriately to health facilities; and follow public health infection control and decontaimination protocols.
- Provide clinicalcare and treatment in health facilities in accordance with established priorities and protocols.
- Re-establish disrupted essential care services for women and children, including the provision of essential drugs, diagnostics and supplies; promote safe delivery; and provide sexual reproductive health services.
- Maintain essential supplies, safety and security of treatment and evacuation sites.
- Conduct disease surveillance and strengthen health service delivery.
- Disseminate key health education and promotional messages and behaviour-change communication to affected populations on diseases vector control, immunization including food and water quality monitoring.
- Conduct nutrition surveillance and management of moderate and severe malnutrition.
- Ensure dissemination and understanding of Ministry of Health and National Health Service Emergency Continuity Response Plans, NKFS Disaster Management Plan, Private Sector Disaster Management Plans – Samoa Red Cross, Samoa Family Health Assoc., etc.
- Provide initial psychosocial and spriritual support, counselling, psychological first aid, andmentoring for those effected, including government and private sector responders.
- Cordinate with DMO in undertaking a post-disaster assessment to guide Health Sector priorities and services during the recovert phase.
- Advise on the public health and amenity aspects of emergency shelter accommodation and communal facilities in consultation with welfare services functional area representative.
- Advice on the handling of the deceased including body storage and temporary mortuary facilities in close consultation with the Police and the Coroner.
- Advise on the control of human disease vectors.
- Advise on safe food handling, preparation, storage and distribution of food for human consumption. Coordinate emergency food surveillance programmes.
- Advise on the safe disposal of human wastes and establishment of emergency toilets and showers when required.

- Advise on the provision of safe and adequate drinking water.
- Coordinate surveillance of drinking water quality.
- Advise on the collection, transport and disposal of refuse and hazardous wastes in consultation with the engineering and Environment functional areas.

Recovery

- Initiate a gap analysis of local and national capacities in health, and ensure integration of capacity strengthening in early recovery and transition plans, with a focus on risk reduction.
- Assess damages to health infrastructure including water and sanitation facilities, hospital equipment and medical and non-medical supplies.
- Enforce water and nutrition standards.
- Mobilize resources for rehabilitation of damaged infrastructure and replacement of damaged equipment, and supplies;
- Assess community capacity and resources, including spiritual support, for recovery.
- Assess psychosocial impact of disaster among affected communities and government/private sector workforce.
- Provide psychosocial and spiritual support, and counselling services/mentoringto communities in need as well as the government/private sector workforce (tautualeoleoa).
- Provide supplementary and therapeutic feeding for children at risk of malnutrition.
- Advise on the public health and amenity aspects of damaged building prior to reoccupation.

- Develop a reconstruction policy to ensure standards for safety (to build back better), right sizing (building to relevant standards), and right siting (relocation, land use, and master planning).
- Institute a public works programme for health facility reconstruction and volunteers (cash or food for work).

Sector Results (from the National Disaster Management Plan)		
Sector Commitment	**Key Indicators/Benchmark**	**Target**
Leadership established for Health and Nutrition sector	Hospitals and other health institutions are adequately trained and resourced to prepare and respond to emergencies.	
	Mechanisms of resilience and adaptations in areas traditionally disaster prone areas are strengthened.	
	Sector contingency plans are updated and tested.	
Leadership in ensuring smooth functioning of the sector	Collaboration with key ministries and other development partners in the health sector.	
Ensuring continuity in health sector even during disaster response	Active participation of all sector members, with facilitation of sector leads within their areas of expertise in ensuring that health is prioritised even during disaster response.	
Rollout Sector activities at provincial and local levels	MoH and National Health Service Emergency Continuity Response Plan is rolled out at provincial and local levels by the MoHand agencies concerned with health	

10. ROLES AND RESPONSIBILITIES RELATING TO DRM

The MoH, NHS, and Health Sector agencies are strongly encouraged to undertake and perform the following roles and responsibilities in relation to DRM:

- Undertake Capability Assessments to identify skills, tools, training and resources required within the MoH, NHS, and Health Sectorin the area of Disaster (and Climate) Resilience
- Identify measures leading to the strengthening of capacity in resilience.
- Develop a risk-based multi-criteria assessment tool to assist in the prioritisation of DRM measures within and between sectors
- Ensure the development of DRM policies, plans, regulations, strategies and guidelines in the Health Sector and submit these to the DMO for inclusion in NDMP reviews.
- Ensure that all Health Sector development policies incorporate and implement DRM measures.

- Strengthen capacity (institutional, systemic, and individual) and ensure adequate skills development, succession planning and knowledge sharing to ensure continuity and skill level maintained for emergency and resilience planning.
- Support Sector Coordinators/Leads to actively participate in DRM activities.
- Take part in DRM activities as requested by DMO (including national or localised simulations).
- Mainstream DRM, CCA and other cross-cutting issues into sector planning.
- Integrate DRM considerations in budgetary allocations.
- Foster networks and co-operation between agencies to integrate DRM by sharing information, technology and professional expertise.
- Plan and monitor sector activities on DRM with common national M&E tools.

11. MONITORING AND EVALUATION OF THE STRATEGY

To monitor and measure progress over the strategic period, a *Disaster Risk Management (DRM) Monitoring of Mainstreaming (MOM) Tool* has been developed by the DMO,in collaboration with government sectors. The DRM MOM Tool is based on criteria to assess how DRM has been mainstreamed or integrated at the sector-wide level and can assist sectorsto identify progress made, challenges encountered and corrective actions required to strengthen DRM within agreed timeframes. The tool draws upon information contained in sector plans, including results indicators relating to DRM initiatives. The tool can identify gaps for improvement and highlight best practices in the mainstreaming of DRM. It also establishes a baseline for measuring progress with respect to strategic outcomes, as well as specific outputs and activities that pertain to DRM. In addition, the DRM MOM tool considers the status of response plans and cross-cutting issues such as gender equity, disability inclusion and climate change adaptation.

The DRM MOM tool is to be complemented with other monitoring and evaluations frameworks currently adopted by the MoH and NHS as well as other Heath Sector agencies.

12. CONCLUSIONS

As disasters can have long term repercussions which undermine development prospects and trigger health crises, it is important to underscore coherence between the Sendai Framework, the SDGs, the Paris Agreement on Climate Change and the PRFDRR. Every effort should be made to ensure development is resilient to disasters and that people's health and wellbeing are protected and remain at the centre of development efforts. To this end, a coordinated implementation, knowledge sharing, and integrated monitoring and reporting on shared goals and indicators across the internationally agreed frameworks and agendas will make for a more resilient Samoa.

Conclusions:

- Strong political commitment and leadership, supported by intersectoral cooperation and active community engagement, are essential to successfully implement this strategy, and to reduce the risks of health emergencies and the impact of disasters on health.

- To prevent and prepare for future health crises, a better understanding of health threats is needed, including investments in research, capacity building, and preparedness.

- There are several lessons and good practices in adopting a risk reduction approach to pandemics and building resilient health systems. Implementation of this strategy could benefit from a systematic approach to sharing lessons and case studies.

ANNEX 1: GLOSSARY AND DEFINITIONS

The following definitions are taken from the National Disaster Management Plan (NDMP). The same definitions are used in the Disaster and Emergency Management Act.

Agency means any government organisation, non-government organisation, or lifeline utility with a role in disaster management in Samoa.

Disaster means a situation –

(a) that arises from any happening, whether natural or otherwise, including –
  (i) any naturally occurring event affecting the whole or any part of Samoa;
  (ii) any fire caused by any means;
  (iii) any aspect of the safety of a ship or aircraft in Samoa's territory;
  (iv) any outbreak or spread of disease affecting humans, plants or animals;
  (v) the supply of water or the quality of water resources in Samoa;
  (vi) the breakdown of telecommunications in Samoa or between Samoa and other countries; and
  (vii) any other emergency event resulting from systems failure, infrastructure failure or human error; and
(b) which involves threat or danger to human life or health, or to the environment; and
(c) which might require response agencies to respond under this Act.

Disaster Advisory Committee means the Disaster Advisory Committee established under section 6 of the *Disaster & Emergency Management Act 2007.*

Disaster management means all activities undertaken in accordance with the *Disaster & Emergency Management Act 2007* in disaster preparedness and response, and for recovery from disasters.

Disaster risk management means all activities undertaken in accordance with the *Disaster & Emergency Management Act 2007* in relation to disaster risk reduction and for preparedness for disasters and response to and recovery from disaster.

Emergency means a situation in any part of Samoa;

(a) which is more serious than a disaster;
(b) which could result or has resulted in causing widespread human, property or environmental losses throughout Samoa or in any part of Samoa; and
(c) which does require a substantial mobilisation and utilisation of Samoa's resources or exceed the ability of Samoa to cope using its own resources.

Environment includes the physical features of the surroundings of human beings, including the land, water, atmosphere, climate, sound, odours, tastes, the biological features of animals and plants and the social features of aesthetics.

Hazard means something that may cause, or contribute substantially to the cause of, a disaster or emergency.

Mitigation means the application of techniques and tools to reduce the probability and/or consequences of a disaster event. Mitigation is also referred to as **Disaster Risk Reduction**.

National Disaster Council means the National Disaster Council established under section 5 (1) of the *Disaster & Emergency Management Act 2007*.

Preparedness means any coordinated efforts and processes taken to ensure communities and response agencies know what to do in the event of a disaster, and include without limitation the development of plans and standard operating procedures, issue of warnings, simulations, training and public education.

Recovery means the medium and long term activities undertaken for physical, social, economic and environmental regeneration after a period of emergency.

Resilience the ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions as defined by the United Nations Office for Disaster Risk Reduction.

Response means actions taken in anticipation of, and immediately after a disaster or emergency to ensure that its effects are minimised and that people affected are given immediate relief and support.

Response agency plan means the plans referred to in Section 12 of the *Disaster & Emergency Management Act 2007*.

Risk means the likelihood and consequences of a hazard.

Vulnerabilitymeans the conditions determined by physical, social, economic and environmental factors or processes, which increase the susceptibility of a community to the impact of hazards.

ANNEX 2: HIGHEST RISK HAZARDS FOR SAMOA

Hazard	Level of Risk
Cyclone[2]	Extreme
Volcanic Eruption	Extreme
Tsunami	Extreme
Urban Fire (Apia)	Extreme
Public health crisis	Extreme
Environmental crisis – invasive species	Extreme
Flood[3]	High
Earthquake	High
Landslide	High
Forest Fires	High
Aircraft emergency (airport)	High
Hazchem incident – marine	High
Lifeline Utility Failure – water	Moderate
Agricultural crisis – animal or plant disease	Moderate
Civil emergency – external	Moderate
Lifeline Utility Failure - telecommunications	Low
Lifeline Utility Failure – electricity	Low
Single asset infrastructure failure – building collapse	Low
Single asset infrastructure failure – dam	Low
Drought	Low
Aircraft emergency (other location)	Low
Maritime vessel emergency	Low
Hazchem incident – land	Low
Terrorism	Low
Civil emergency – internal	Low

[2] Includes storm surge causing coastal inundation and high winds
[3] Inland flooding due to heavy rain

ANNEX 3: PHASES IN DISASTER RISK MANAGEMENT

The NDMP provides a holistic approach to DRM; outlining objectives and activities in the prevention, preparedness, response and recovery phase. This framework serves guidance for the sectoral DRM and contingency planning – also considering the four phases of DRM in Samoa.

Prevention: Prevention measures seek to eliminate or reduce the impact of hazards and/or to reduce the susceptibility and increase the resilience of the community subject to the impact of those hazards. Prevention covers a range of activities and strategies by individuals, communities, businesses and governments. Prevention is a continuous phase that must be carried out at all times.

Preparedness: Pre-disaster activities that are undertaken within the context of DRM and are based on sound risk analysis. This includes the development/enhancement of an overall preparedness strategy, policy, institutional structure, warning and forecasting capabilities, and plans that define measures geared to helping at-risk communities safeguard their lives and assets by being alert to hazards and taking appropriate action in the face of an imminent threat or an actual disaster.

Response: Involves the provision of emergency services and public assistance during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs (food, water and sanitation, shelter and protection) of the people affected by disasters.

Recovery: Recovery activities address reconstruction, rehabilitation and re-establishment demands across physical, social, emotional, psychological, environmental and economic elements. It is aimed at the restoration and improvement, where appropriate, of facilities, livelihoods and living conditions of disaster-affected communities, to a more resilient standard with the aim to reduce the need for significant expenditure on recovery in the future. Recovery begins soon after the emergency phase has ended, and should be based on pre-existing strategies and policies that facilitate clear institutional responsibilities for recovery action and enable public participation.

The DRM phases across all sectors are further illustrated in an emergency context in the table below.

Table: Objectives and activities for disaster prevention, preparedness, response and recovery(from the National Disaster Management Plan, including non-Health objectives)

	Prevention	Preparedness	Response	Recovery
Objective	To reduce the risks of disasters, by recognizing that hazards in Samoa are imminent and finding sustainable ways of living with them.	To enhance national capacity for systematic response to disaster, by mitigating the risks and consequences of disasters.	To prevent unnecessary loss of lives, reduce health impacts and economic loss resulting directly from the disaster.	To restore and improve, where appropriate, facilities, livelihoods and living conditions of disaster-affected communities to pre-disaster levels.
Activities	Risk Assessment Hazard and risk mapping to identify high risk areas; Vulnerability and capacity assessments; Early Warning Establish early warning systems at national and local level; Public Awareness Awareness raising on hazards and risks, and likely consequences in times of disaster; Encouraging disaster risk avoidance behaviour in communities; Legislative and policy framework Building codes, land use planning, environmental protection laws and regulations etc.; Capacity Development and Finance Financial and human resources to support disaster prevention activities at national and local level.	Vulnerability assessment Conduct vulnerability and capacity assessment and monitoring hazard threats at community level Early Warning Establish EW mechanisms for all hazards Develop EW mechanisms with clear information and communication flows Develop and disseminate guidelines on EW response at local level Capacity Building/Trainings Public education and training of officials, the population at risk in DRM Train and mobilize existing pool of CDCRM trainers to for delivery at local level, and strengthening local level capacity for rapid response Contingency planning Contingency planning at national and local level – corresponding to all potential hazards – including preparedness plans for evacuation, relocation to safety, and prepositioning of resources Policies Establish policies and standards,	Rapid Needs Assessment Rapid multi-sectoral needs assessment of disaster affected communities; Protection of life Evacuation, search and rescue of the at-risk populations, ensuring that family ties are protected and family members traced and reunified if separated during displacement Security and physical integrity including monitoring and reporting gender based violence Health care Treatment and care of those injured; Emergency assistance Timely provision of shelter, water and sanitation, food, health and non-food items and safe spaces for vulnerable groups Protection of infrastructure Protection of critical infrastructure and services from damage.	Damage and loss assessment Damage and community needs assessments; Rehabilitation Restoration of the public health, health care and social services networks to promote resilience; Rehabilitation and reconstruction of destroyed and damaged housing; Restoration of infrastructure systems and services- utilities - energy, water, sanitation, communications, transportation systems, food production and delivery, government facilities, Livelihoods recovery Restoration of livelihoods which may include support to production projects, income alternatives and employment for vulnerable families: - seed, fertilizers, tools, minor equipment and small animals Replacement of lost or destroyed Documentation in relation to personal identity, property and land ownership and entitlements (e.g. social protection) Psychosocial support Counselling of disaster affected;

		organizational arrangements and operational plans to be applied following disasters <u>Resource mobilization</u> Develop an integrated resource mobilization strategy to secure funding in the preparedness phase Mobilize financial and human resources to support disaster preparedness and response activities at national and local level – resource mobilization and earmarked emergency funds.		<u>Resettlement</u> Find durable solutions to displacement which may include return to places of origin, local integration or resettlement.

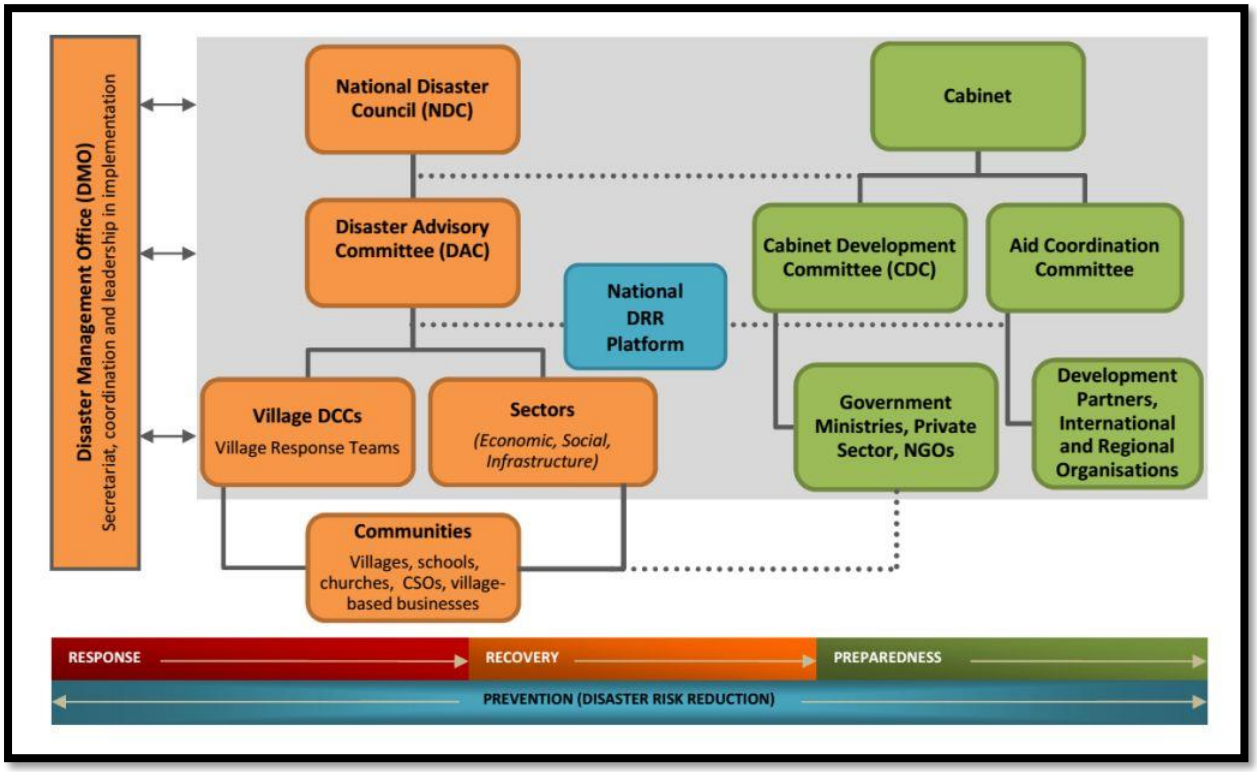
ANNEX 4: GENERIC TERMS OF REFERENCE FOR SECTOR LEAD

1. Ensure inclusion of key partners for the sector, respecting their respective mandates and programme priorities;
2. Ensure appropriate coordination with all sector partners;
3. Secure commitments from sector partners in responding to needs and filling gaps, ensuring an appropriate distribution of responsibilities within the sectoral group, with clearly defined focal points for specific issues where necessary;
4. Promote emergency response actions while at the same time considering the need for early recovery planning as well as prevention and risk reduction concerns;
5. Ensure effective links with other sectoral groups;
6. Represent the interests of the sectoral group in discussions with the DAC and other stakeholders on prioritization, resource mobilization and advocacy;
7. Ensure integration of agreed priority cross-cutting issues in sectoral needs assessment, analysis, planning, monitoring and response (e.g. age, environment, gender, HIV/AIDS and human rights); Contribute to the development of appropriate strategies to address these issues; ensure gender-sensitive programming and promote gender equality; ensure that the needs, contributions and capacities of women and girls as well as men and boys are addressed;
8. Ensure adequate contingency planning and preparedness for new emergencies;
9. Ensure predictable action within the sectoral group for the following:
    a. Identification of gaps;
    b. Developing/updating agreed response strategies and action plans for the sector and ensuring these are adequately reflected in overall country strategies;
    c. Drawing lessons learned from past activities and revising strategies accordingly;
10. Ensure that responses are in line with existing policy guidance, technical standards, and relevant Government human rights legal obligations;
11. Ensure adequate monitoring mechanisms are in place to review impact of the sectoral working group and progress against implementation plans;
12. Ensure adequate reporting and effective information sharing;
13. Advocate for donors to fund humanitarian actors to carry out priority activities in the sector concerned, while at the same time encouraging sectoral group participants to mobilize resources for their activities through their usual channels;
14. Promote/support training of staff and capacity building of partners;
15. Sector Leads are responsible for acting as the provider of last resort (subject to access, security and availability of funding) to meet agreed priority needs and will be supported by the DAC in their resource mobilization efforts in this regard.

ANNEX 5: NATIONAL COORDINATION FRAMEWORK FOR DRM

The core structure is based on the Sectors (through the DAC and DMO) forming the focal point for coordination and implementation of all four DRM phases: prevention, preparedness, response and recovery (see Annex 3: DRM Phases). The Sectors coordinate the planning development and implementation of the specific issues pertaining to prevention (DRR), preparedness, response and recovery.

Figure 1: National DRM Structure



1.1. Roles in the National DRM Structure

National Disaster Council (NDC)

The role of the National Disaster Council (NDC)during disaster response is to provide strategic direction and decision-making as required. The Prime Minister, as Chairperson of the NDC, is in overall control of the disaster situation.

The Disaster Advisory Committee (DAC)

The DAC is responsible for developing policies and plans, including the NDMP, the DRM NAP, monitoring and for approval of the National Disaster Council and Cabinet. In addition, DAC member agencies are responsible for execution of their roles and responsibilities under the national DRM framework including provision of resources to support the implementation of the NDMP.

Disaster Management Office (DMO)

The DMO is responsible for ensuring the ongoing coordination, development and implementation of DRM programs and activities. The DMO is responsible for administrative, secretarial and other arrangements for the efficient functioning of the NDC and DAC. The Assistant CEO responsible for

the DMO is the Secretary of the DAC and NDC, and is responsible for overseeing all administration and activities of the DAC and the NDC.

Communities

The Village Council and village organisations; or the ***Village Disaster and Climate Committees (DCC)***[4], are responsible for co-ordinating disaster mitigation and preparedness programmes and activities at the community level, and for co-ordinating the various village response teams for specific threats. It is the role of the Ministry of Women, Community & Social Development to support, monitor and liaise with Village Councils and organisations through the *"Sui o le Nuu"* and *"Sui Tamaitai o le Nuu"* as they implement DRM activities, and to keep the DAC informed of the level of village preparedness.

Sectors

Under the revised NDMP (2016-2021)[5], a holistic approach to DRM is now being promoted - aimed at reducing the impacts of and increasing Samoa's resilience to natural and human-induced hazards. The new approach promotes the concept of "shared responsibility" and "wider ownership"; is aligned to the SFDRR; makes provisions for a multi-sectoral approach to DRM; provides sectors with a framework for DRM planning, and firmly places sectors in the "driver's seat" to mainstream DRM.

Each of the 14 sectors[6] has a clearly designated sector lead and responsibilities that have been agreed on. Annex 4 shows the generic terms of reference for the sector leads. All sectors are guided by sector objectives and a set of responsibilities in the four DRM phases. The sectors also serve as channels of communication and information.

National DRM Platform

Provides the vehicle for a coordinated approach for the implementation of the NDMP, it also promotes considerations for disaster and climate resilience in any development initiative. The Platform establishes a structure of shared responsibility and decision-making on DRM issues, one that allows for sustained and effective coordination and consensus building between ministries and other stakeholders, and between sectors.

[4] Villages DCCs are established in villages that have participated in the Community Disaster & Climate Risk Management (CDCRM) Programme.

[5] Revised NDMP not yet approved by Cabinet

[6] Under the NDMP, the 14 sectors include: Agriculture and Fisheries; Communication and Information Technology; Community Development; Education; Energy; Environment; Finance; Health; Law and Justice; Public Administration; Tourism; Trade, Commerce and Manufacturing; Water and Sanitation; Works, Transport and Infrastructure.

ANNEX 6: THE PACIFIC HUMANITARIAN TEAM – REGIONAL CLUSTER ARRANGEMENTS FOR INTERNATIONAL ASSISTANCE

In 2006, the United Nations General Assembly adopted resolution 60/124 Strengthening of the coordination of emergency humanitarian assistance of the United Nations. Member states called upon humanitarian actors to improve the humanitarian response to natural and man-made disasters and complex emergencies by strengthening the humanitarian response capacities at all levels, by strengthening the coordination of humanitarian assistance at the field level, including with national authorities of the affected State, as appropriate, and by enhancing transparency, performance and accountability. As a way forward, the Cluster Approach was established to jointly meet these needs in partnership with all humanitarian actors.

The cluster approach ensures predictability and accountability in international responses to humanitarian emergencies, by clarifying the division of labour among organisations, and better defining their roles and responsibilities within the different sectors of the response. It is about making the international humanitarian community more structured, accountable and professional, so that it can be an effective partner for host governments, local authorities and local civil society

In line with the above, the Inter-Agency Standing Committee, comprising of the primary UN humanitarian agencies and key partners, agreed that the cluster approach should be the framework for response in all major new emergencies and that it should eventually be applied in all countries with Humanitarian Coordinators.

Global cluster lead agencies were identified for key areas of response. Global leads have agreed to be accountable to the Emergency Relief Coordinator for ensuring system-wide preparedness and technical capacity to respond to humanitarian emergencies, and for ensuring greater predictability and more effective inter-agency responses in their particular sectors or areas of activity.

In an effort to tackle the challenges of disaster response in a vast ocean region with scattered populations on remote islands and to make humanitarian assistance more predictable, humanitarian partners established the Pacific Humanitarian Team (PHT) in 2008. The PHT is the agreed collaborative mechanism of all major humanitarian actors (UN, NGOs, Red Cross organizations, regional organizations and donors) that provides assistance throughout the region. Due to the frequency of disasters, and the small and varied in-country presence of disaster response partners, Pacific clusters have been established for preparedness and response on an open-ended basis, in contrast to other parts of the world where clusters are usually activated for the duration of a particular emergency and then stood down.

The PHT structure is being used to strengthen regional and national preparedness and response by supporting: (i) Government and national inter-agency preparedness planning and coordination, and, (ii) Regional, open-ended humanitarian clusters. The SRO Pacific supports the PHT as a regional humanitarian network and cluster collaboration under the leadership of regional lead agencies. The PHT to establish the Cluster Approach in the Pacific with the following operational arrangements:

PHT Clusters active in the Pacific Cluster	Lead Agency
Health and Nutrition	WHO / UNICEF
Water, Sanitation & Hygiene	UNICEF
Food Security	FAO
Education in Emergencies	UNICEF/Save the Children
Protection	OHCHR / UNHCR
Emergency Shelter	IFRC
Logistics	WFP
Early Recovery Network	UNDP

These PHT Cluster lead responsibility in the Pacific include:

- Support to national/local authorities, civil society and other relevant actors in disaster preparedness and response
- Needs assessment and analysis
- Participatory and community-based approaches
- Attention to priority cross-cutting issues (e.g. Gender equity, disability inclusion, age, diversity, environment, HIV/AIDS and protection)
- Training and capacity building

International responders, through the agreed collaboration engendered by the PHT, have assisted Pacific island states in over a dozen emergencies since early 2008. In the same period the PHT members have facilitated seven inter-agency contingency planning exercises with national partners and PHT members in Pacific island countries.

The UN Office for the Coordination of Humanitarian Affairs (OCHA) in Fiji helps facilitate inter-cluster coordination and ensures appropriate coordination with all humanitarian partners, including national and international NGOs, the Red Cross/Red Crescent Movement, IOM and other international organizations, as well as with national authorities and local structures.

ANNEX 7: HEALTH SECTOR RECOMMENDED ACTIONS – POLICY AND PLANNING LINKAGES

DRM recommended actions	Link with DMO NAP	Link to Health Sector Plan
1. Development of a comprehensive **health sector plan and response agency plan,** with consideration to ensure **adequate capacities** in the MoH	3.1.1 Sector-wide Plans with evidence that DRM/CCA is mainstreamed across sector, incorporating protection of critical infrastructure	4.1.2 Strengthened communication and collaboration
2. Conduct **emergency simulations and drills** in the health sector, in collaboration with the DMO	3.1.2 Agency Disaster Response Plans (sectors and agencies) in place, tested and include DRM focal point	3.1.1 Strengthened strategic linkages with other sectors and sector partners
3. Assess and **map the level of safety standards** for hospitals and other health facilities	1.7.6 National risk standards - endorsed by DAC	2.1.4 Implementation of professional and service standards 2.1.3 Improved health care physical infrastructure and equipment.
4. Develop a **health sector damage assessment form**	3.3.6 Baseline data available for all sectors to assist estimates for DALA in event of major emergency response	2.1.3 Improved health care physical infrastructure and equipment.
5. Develop **a national emergency response manual** for the health sector informed by the health sector disaster plan	1.7.10 Emergency Response Manual that includes all SOPs and information required for a disaster setting and that is tested at the Agency level	2.1.4 Implementation of professional and service standards.
6. Conduct a **post disaster needs assessment** for the health sector with provision for assessing and mapping baseline safety standards for hospitals and other health facilities	3.3.6 Baseline data available for all sectors to assist estimates for DALA in event of major emergency response	2.1.4 Implementation of professional and service standards
7. Review of **job descriptions of key personnel** to include key aspects of DRM	1.7.7 PSC Policy to strengthen leadership and accountability for DRM	3.1.3 Increased availability of appropriately qualified and skilled health workforce
8. Re-develop **alternative facilities** for temporary hospital and morgue facilities	3.1.1 Sector-wide Plans with evidence that DRM/CCA is mainstreamed across sector, incorporating protection of critical infrastructure	2.1.3 Improved health care physical infrastructure and equipment
9. Strengthening **preparedness** and **building community resilience** from a health sector perspective	1.6.2 Informed citizens with access to information on disaster risk reduction	1.1.3 Community actions strengthened
10. Maintain dialogue with **Pacific humanitarian regional clusters**, including regional cluster lead agencies - Health	3.1 Climate Change and Disaster Risk Management mainstreamed across	4.1.3 Effective response to international and regional programs

and Nutrition (WHO/UNICEF); Water, Sanitation and Hygiene (UNICEF)	public, private and community sector	

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