55th DIRECTING COUNCIL

68th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 26-30 September 2016

PLAN OF ACTION FOR DISASTER RISK REDUCTION 2016-2021

Introduction

1.   This document is the result of the lessons learned in the implementation of the Plan of Action on Safe Hospitals in the period 2010-2015 *(1, 2),* and the priorities identified by 29 countries and territories[1] in a consultation process during the regional meeting of health disaster coordinators in Managua (Nicaragua) in October 2015 *(3).* This purpose of this document is to give the Member States of the Pan American Health Organization (PAHO) an operational framework to guide the implementation of actions for disaster risk reduction *(4)* in the health sector.

2.   The development of several international instruments, such as the 2030 Agenda for Sustainable Development *(5)*, the Paris Agreement on climate change *(6)*, the Sendai Framework for Disaster Risk Reduction 2015-2030 *(7)*, and the Agenda for Humanity *(8)*, as well as the reform of the response capacity of the World Health Organization (WHO) in outbreaks and emergencies *(9)* have, together, significant importance and implications for the countries of the Region of the Americas, requiring practical mechanisms for the implementation of these instruments.

Background

3.   In 2004, the 45th Directing Council of PAHO urged the Member States "to adopt 'Hospitals Safe from Disasters' as a national risk reduction policy" *(10)*. This was also affirmed that same year at the Second World Conference on Disaster Reduction, where 168 countries approved the Hyogo Framework of Action of 2005-2015 *(11),* and later,

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[*] The revision relates to a change in the numbering of the references in paragraphs 6,7, and 9.
[1] Anguilla, Bahamas, Belize, Brazil, British Virgin Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guyana, Honduras, Jamaica, Mexico, Monserrat, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Saint Martin, Trinidad and Tobago, Turks and Caicos Islands, United States of America, and Uruguay.

through the implementation of the Plan of Action on Safe Hospitals in compliance with Resolution CD50.R15 *(1)*.

4.   In December 2010 in Cuba, PAHO brought together a group of experts to improve the intervention of medical disaster response teams based on the lessons learned from the earthquake in Haiti in 2010. This working group constituted the basis of the emergency medical team (EMT)[2] initiative, the objective of which is to establish mechanisms and procedures with basic criteria for the reception, deployment, and coordination of international medical teams.

5.   The Third United Nations World Conference on Disaster Risk Reduction, held in Japan in March 2015, acknowledged the importance of health as a key aspect of the Sendai Framework for Disaster Risk Reduction 2015-2030. The challenge is to implement actions to promote the systematic inclusion of this topic in national health policies and plans, and to integrate the health agenda into national disaster risk reduction plans and strategies.

6.   The 2030 Agenda for Sustainable Development, the Paris Agreement on climate change, the Agenda for Humanity, and progress toward the United Nations Conference on Housing and Sustainable Urban Development (Habitat III) *(14)*, as well as the Sendai Framework are closely related and mutually coherent. These instruments focus on the well-being of the world's population, poverty reduction, and a balance between development and care for the planet, but also on increasing the capacity of countries to respond to emergencies and disasters that have an impact on health and to recover from their effects quickly and effectively, which includes maintaining and restoring basic structures and functions.

Situation Analysis

7.   Among the world's region, the Americas are second only to Asia in terms of the impact of disasters. Approximately one quarter (23.5%) of all disasters in the world between 2004 and 2013 were in the Region of the Americas, resulting in some 98 million victims.[3] The most frequent occurrences were water- and weather-related, with damages amounting to approximately US$ 679 billion[4] in this period *(15)*.

8.   WHO is carrying out a rapid reform process so that the international community is better prepared to respond quickly and effectively to public health emergencies and disasters. In the Americas, PAHO's Emergency Preparedness and Disaster Relief

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[2] The Plan of Action to Coordinate Humanitarian Assistance, approved by the 53rd Directing Council of PAHO (2014) *(12),* established a second strategic line of action known as "foreign medical teams" (FMTs). During the world forum held in Panama in December 2015, with the participation of 150 experts, the term "emergency medical team" (EMT) was agreed upon.

[3] Sum total of deaths and affected persons.

[4] All monetary figures in this document are expressed in United States dollars.

Coordination Unit was created in 1976 to support and boost the capacity of countries to face all kinds of emergencies.

9.   In the Region, 77% of health facilities are located in disaster-prone areas *(16)*; 43% of the evaluated facilities require short-term measures to improve current safety levels; and 20% need immediate intervention to protect the lives of patients and workers, and to ensure continued operations during and after a disaster.

10.   However, in recent years and mainly due to the Safe Hospitals initiative *(1, 2, 16),* the Member States have substantially strengthened their commitment to work on mitigating the impact of disasters on the health sector.

11.   The Plan of Action on Safe Hospitals 2010-2015 included six objectives (see Annex A). The first objective was met by 25 countries (71%) that have a national safe hospitals program. The second was achieved by 34 countries (97%) that created a database of evaluated hospitals using the hospital safety index.[5] With regard to the third and fourth objectives, 22 countries (63%) have formally established independent mechanisms for the supervision of hospital construction and 28 countries (80%) have included safe-hospital-related concepts in new health investment projects. In terms of achievement of the fifth objective, 23 countries (66%) have up-to-date standards for the design of health facilities, while the sixth objective was met by 34 countries (97%) that are improving the safety of their health facilities through interventions to reduce the impact of disasters.

12.   The hospital safety index is used widely in the Region and is currently applied in 32 countries and four territories, all of which have their own evaluation teams. As of December 2015, 11,530 people had been trained as safe hospitals evaluators (see Annex A).

13.   The final report on the Plan of Action on Safe Hospitals also reflects that in 89% of the countries (31 of 35 Member States) the Ministry of Health has a formal disaster risk management program. However, institutional capacity, both in terms of preparedness and response, differs from country to country; for example, only 15 have full-time personnel and an allocated budget.

14.   The Regional Response Team, a regional health response mechanism, currently has a registry that includes 592 experts.[6] It can be mobilized depending on a country's needs and situation. Recent experience with disasters has indicated that many more experts should be identified and trained to respond to country requests and to support missions deployed from different locations.

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[5] The hospital safety index is a diagnostic instrument that provides a snapshot of the likelihood that a hospital or health facility will continue to function in an emergency, based on structural, nonstructural, and functional factors, including its surrounding environment and health services network.

[6] Information on the list of members of the Regional Response Team is available on request.

15.   Coordination of international humanitarian assistance is another fundamental factor in disaster risk management. Pursuant to Resolution CD53.R9 (2014) *(12)*, a regional advisory group of international experts was created in July 2015 in Lima (Peru) to update and disseminate health-related procedures and mechanisms for humanitarian assistance in the Region.

16.   The EMT initiative is being implemented in 15 countries of the Region that are strengthening the capacity to develop their own national teams for local and international response, in addition to establishing registration mechanisms and procedures to improve their ability to receive and coordinate teams that arrive from abroad in the event of disasters.

17.   The inclusion of persons with disabilities should be a priority in the disaster risk reduction process. Persons with disabilities are disproportionally affected in comparison to the rest of the population in terms of greater mortality, morbidity, and vulnerability in disaster situations *(13)*. It is important to ensure that gender, equity, ethnic group, and human rights approaches are effectively integrated into policies, plans, and projects for disaster risk management.

18.   Disaster risk management has been strengthened in the health sector in the Region of the Americas, but it is necessary to strengthen practical measures to ensure that the proper interactions between the health sector, disaster response measures, and development initiatives serve as practical measures for disaster risk reduction.

Plan of Action (2016-2021)

Purpose

19.   The purpose of this Plan of Action is to continue strengthening disaster risk reduction in order to prevent death, disease, disability, and the psychosocial impact resulting from emergencies and disasters.

20.   The Plan of Action has these cross-cutting approaches: people-centered actions; multi-hazard approach; a gender, equity, ethnic group, human rights, and disability approach; and shared responsibility among national and subnational institutions and authorities, and the public and private sectors.

Strategic Lines of Action

Strategic Line of Action 1: Recognizing disaster risk in the health sector

21.   Evaluation of risk management will lead to an understanding of the health sector's capacity. It is vital to use technical and scientific information for evidence-based interventions leading to sound evaluation and decision-making regarding the different

hazards, vulnerabilities, and capacities, as well as the losses caused by disasters and their impact on the health sector.

22.   Early warning and multi-hazard forecast systems should be people-centered and the health sector should participate actively in them to identify all kinds of adverse events that threaten the health of the population.

23.   It is necessary to promote initiatives in partnership with the scientific and technological community, academia, and the private sector aimed at investigating, disseminating, and sharing relevant information that contributes to disaster risk reduction in the health sector and to the training of health workers.

Objective	Indicator	Baseline (2016)	Target (2021)
1.1 To evaluate disaster risk in the health sector	**1.1.1** Number of countries that have evaluated disaster risk in the health sector	0	35

Strategic Line of Action 2: Governance of disaster risk management in the health sector

24.   Stronger governance in the health sector requires the adoption of disaster risk management. The national health authority's functions should be adequately coordinated at the institutional level and with the different actors in the sector, clearly defining the different lines of authority, responsibility and coordination.

25.   It is fundamental to promote active participation involving the national health authority and other sectors; in particular, national security or emergency response systems, depending on the context and assigned functions in each country.

26.   Disaster risk management in the health sector involves addressing health, disasters, and development, among other issues, making it necessary to strengthen integrated incident management. This should include an understanding of the decision-making structure and responsibility for all types of emergencies or disasters, without taking authority away from the different levels and actors, while boosting technical capacities in all areas of specialty.

27.   The organizational structure for disaster risk management in the ministries of health requires the human and financial resources necessary to ensure efficient coordination with the technical areas in the health sector and other sectors.

Objective	Indicator	Baseline (2016)	Target (2021)
2.1 To strengthen the organizational structure of disaster risk management offices in the ministries of health	**2.1.1** Number of countries with full-time staff assigned to disaster risk reduction	15	30
2.2 To promote country leadership in disaster risk management for health, fostering sectoral and intersectoral work	**2.2.1.** Number of countries that have a sectoral mechanism for coordination, implementation, and monitoring of disaster risk management for health	9	15

Strategic Line of Action 3: Safe, smart hospitals

28.   The Safe Hospitals initiative should continue to be promoted in order to ensure that health facilities maintain their operating capacity in emergencies and disasters as part of integrated health services networks.

29.   It is necessary to strengthen public and private funding and innovation, adopting measures to address climate change through both adaptation and mitigation involving structural safety, as well as nonstructural, organizational, and functional components.

30.   The adoption of a national safe hospitals program has proven to be an appropriate measure to promote, among other things, the development of up-to-date standards for the design of safe, smart health facilities, the registry of evaluated facilities that have carried out interventions, and the accreditation and implementation of independent supervision and control mechanisms.

Objective	Indicator	Baseline (2016)	Target (2021)
3.1 To improve the security of integrated health services networks through the application of safe hospital criteria in the planning, design, construction, and operation of these services	**3.1.1** Number of countries that include safe hospital criteria in the planning, design, construction, and operation of health services	28	35

Objective	Indicator	Baseline (2016)	Target (2021)
3.2 To improve the security of integrated health services networks through the development and application of criteria to address climate change through both adaptation and mitigation in the planning, design, construction, and operation of these services	**3.2.1** Number of countries that include criteria for disaster mitigation and for adaptation to climate change in the planning, design, construction, and operation of health services	2	15

Strategic Line of Action 4: Health sector capacity for emergency and disaster preparedness, response, and recovery

31.   Planning that is aimed at strengthening response capacity and early recovery from disasters in the health sector should be participatory, inclusive, and effective, and the corresponding procedures and plans should be tested periodically, through exercises, step-by-step analysis, or simulations.

32.   Training should be promoted at all levels of the incident management system as a means for health sector response, coordination, and management. The Emergency Operations Centers should be structured to ensure that, in emergencies or disasters, there is adequate interaction between decision-making and the implementation of operations.

33.   It is of vital importance to establish and strengthen emergency and disaster response teams at the national, subnational, and local levels, and to ensure ongoing practical training of Regional Response Team members, particularly in the application of standards, protocols, and procedures for international health assistance that also cover mental health and rehabilitation needs.

34.   It is necessary to establish emergency medical teams that meet basic quality standards, have the capacity for clinical management in emergency and disaster response, and are integrated in national and international coordination and information management mechanisms.

35.   The national health authority should guarantee a strategic reserve and adequate supply of critical supplies as a crucial aspect of preparedness, response, and early recovery.

Objective	Indicator	Baseline (2016)	Target (2021)
4.1 To strengthen health sector capacity for emergency and disaster response and early recovery	**4.1.1** Number of countries that have tested plans and procedures for emergency and disaster response and early recovery	6	35

Monitoring and Evaluation

36.   This Plan of Action contributes to the achievement of impact goals 1 and 9 of the PAHO Strategic Plan 2014-2019. Monitoring and evaluation of this plan will comply with the Organization's results-based management framework, and with its performance, monitoring, and evaluation processes. Accordingly, annual monitoring will be carried out and a progress report will be prepared at the end of each biennium and presented to the Governing Bodies. In the final year of the plan, a final evaluation will be made, for presentation to the Governing Bodies in 2022.

Financial Implications

37.   The total estimated cost of implementation of this Plan of Action in its lifespan is US$ 800,000 a year for five years (2016-2021); 80% of the estimated cost could be covered with available resources from voluntary contributions and regular resources. The remaining 20% would be financed through the mobilization of additional resources.

Action by the Directing Council

38.   The Directing Council is requested to consider the resolution proposed in Annex B, which approves the *Plan of Action for Disaster Risk Reduction 2016-2021*.

Annexes

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Annex A

<table>
<tr>
<td colspan="3">Plan of Action on Safe Hospitals: Final Report
Resolution CD50.R15 (2010)</td>
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<tr>
<td colspan="3">The Plan of Action on Safe Hospitals 2010-2015, framed within health sector policies for disaster risk reduction, includes six objectives. Information on the goals achieved was obtained thanks to joint efforts by 29 countries and territories, with the support of the PAHO disaster focal points during the regional meeting of health disaster coordinators held in Managua on 15-16 October 2015, and from official e-reports from 24 countries.[*] The results are as follows:</td>
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<tr>
<td>Objective</td>
<td>Goal</td>
<td>Achieved as of 2015</td>
</tr>
<tr>
<td>1</td>
<td>By 2011, 80% of the countries will have established a national safe hospitals program.</td>
<td>25 countries (71%) have a national safe hospitals program (89% attainment of the goal).</td>
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<tr>
<td>2</td>
<td>By 2013, 90% of the countries will have an information system on the construction of new hospitals or the improvement of existing hospitals.</td>
<td>34 countries (97%) have a database of hospitals that have been evaluated using the hospital safety index (goal surpassed by 8%).</td>
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<tr>
<td>3</td>
<td>By 2013, at least 80% of the countries in the Region will have established mechanisms for the supervision of hospital construction work and other investments in health facilities.</td>
<td>22 countries (63%) have formally established independent mechanisms for the supervision of hospital construction (79% progress toward the goal).</td>
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<tr>
<td>4</td>
<td>By 2015, all countries will have included measures that guarantee the operation of health facilities in the event of a disaster in all new health investment projects.</td>
<td>28 countries (80%) with new health investment projects have included safe hospital concepts in them.</td>
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<tr>
<td>5</td>
<td>By 2015, 90% of the countries will have up-to-date standards for the design, construction, and operation of new, safe health facilities.</td>
<td>23 countries (66%) have up-to-date standards for the design of safe health facilities (73% progress toward the goal).</td>
</tr>
<tr>
<td>6</td>
<td>By 2015, at least 90% of the countries will have improved the safety of the existing health facilities in disasters.</td>
<td>34 countries (97%) are improving the safety of their health facilities through interventions to reduce the effects of disasters (target surpassed by 8%).</td>
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<tr>
<td colspan="3">Conclusions
Implementation of the Plan of Action on Safe Hospitals has not only helped to improve many health facilities in structural, nonstructural, and functional terms, but has also been the catalyst for strengthening disaster risk management in the health sector. For example, 31 countries have disaster programs assigned to the ministries of health and 15 countries have established national safe hospital policies.

The hospital safety index is a low-cost and easy-to-use tool that estimates the probability that a health facility will remain operational during and after a destructive event, and offers quantified data on the estimated risk, as well as a clear and objective perspective on critical</td>
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</table>

and priority actions for authorities. It is currently applied in 32 countries and four territories that have their own evaluation teams.

Methodologies and tools were developed, such as the hospital safety index for medium-size and small hospitals, and the online database to record progress in the implementation of the safe hospitals initiative. Local and regional experiences were systematized and published in order to share best practices among the countries.

The "smart, safe, and green" hospitals initiative is now being developed in order to incorporate climate change mitigation and adaptation into the safe hospitals approach.

* Source: Pan American Health Organization, Departament of Emergency Preparedness and Disaster Relief. Report of the Regional Meeting of Health Disaster Coordinators [Internet]. Managua: PAHO; 2015 [consulted 6 April 2016]. Available from:
http://www.paho.org/disasters/index.php?option=com_docman&task=doc_download&gid=2412&Itemid=&lang=en

CD55/17, Rev. 1
Annex B
Original: Spanish

PROPOSED RESOLUTION

PLAN OF ACTION FOR DISASTER RISK
REDUCTION 2016-2021

THE 55th DIRECTING COUNCIL,

(PP1) Having examined the *Plan of Action for Disaster Risk Reduction 2016-2021* (Document CD55/17, Rev. 1), which includes the final report on the Plan of Action on Safe Hospitals 2010-2015;

(PP2) Taking into account the advances made in the implementation of Disaster Preparedness and Response (Resolution CD45.R8) (2004); Safe Hospitals: A Regional Initiative on Disaster-Resilient Health Facilities (Resolution CSP27.R14) (2007); and Plan of Action on Safe Hospitals (Resolution CD50.R15) (2010);

(PP3) Observing that the implementation of the Plan of Action on Safe Hospitals (Document CD50/10) 2010-2015 has demonstrated advances and challenges that have contributed to the adoption of national programs and policies for safe hospitals, to the implementation of activities aimed at ensuring that all new hospitals are built with a higher level of protection, and to the implementation of measures to cope with climate change in terms both of disaster adaptation and mitigation in order to strengthen existing health facilities;

(PP4) Recalling that the 2030 Agenda for Sustainable Development, the Paris Agreement on climate change, the Agenda for Humanity and the Sendai Framework for Disaster Risk Reduction 2015-2030 all affirm that the health of the population is a priority in disaster risk reduction, and that therefore special attention should be paid to the capacity to respond to natural events and events caused by human activity, including those of an environmental, biological, or radiological nature, and emphasize access to medical services after disasters, care for the needs of priority care groups such as persons with disabilities and ethnic groups, a gender approach, and mental health;

(PP5) Taking into account the conclusions of the Regional Meeting of Health Disaster Coordinators held in Managua, Nicaragua, on October 2015, at which 29 countries and territories of the Region identified advances in disaster risk reduction and prioritized interventions with regard to existing gaps;

(PP6) Aware of the importance of having a Plan of Action that enables the Member States of the Organization to implement actions to better protect the health of the population against emergencies and disasters,

RESOLVES:

(OP) 1. To approve and implement the *Plan of Action for Disaster Risk Reduction 2016-2021* (Document CD55/17, Rev. 1)*.*

(OP) 2. To urge the Member States to:

a)   strengthen emergency and disaster response programs in the health sector;

b)   incorporate health sector disaster risk management into national policies, plans, and budgets, and promote the integration of health into national plans and strategies for disaster risk reduction;

c)   promote initiatives in partnership with the scientific and technological community, academia, and others, to investigate, disseminate, and share good practices in disaster risk management in the health sector, and to include these in human resources training;

d)   continue implementing the Safe Hospitals initiative and incorporate criteria for disaster mitigation and adaptation to climate change into health facility policies, planning, design, construction, operation, and accreditation;

e)   strengthen national-level efforts to develop and update the knowledge and procedures of emergency and disaster response teams;

f)   promote the creation of strategic reserves and the proper management of critical supplies for preparedness, response, and early recovery.

(OP) 3. To request the Director to:

a)   collaborate with the Member States in the coordination and implementation of the Plan of Action for Disaster Risk Reduction 2016-2021 at the national, subregional, and regional levels;

b)   support the development of methodologies, technical guidelines, and information systems to facilitate disaster risk assessment;

c)   promote the strengthening of partnerships with specialized agencies in order to mobilize the human and financial resources and the technology necessary to improve disaster risk management;

d)   report to the Governing Bodies on the advances and limitations in the implementation of this Plan of Action at the end of each biennium and prepare a final evaluation in its last year.

Report on the Financial and Administrative Implications
of the Proposed Resolution for PASB

1.	**Agenda item:** 4.13- Plan of Action for Disaster Risk Reduction 2016-2021
2.	**Linkage to PAHO Program and Budget 2016-2017:** a) **Categories:** Category 5: Preparedness, Surveillance, and Response b) **Program areas and outcomes:** • Emergency Risk and Crisis Management – Outcome (OCM) 5.3. Countries have an all-hazards health emergency risk management program for a disaster-resilient health sector, with emphasis on vulnerable populations. • Outbreak and Crisis Response. – OCM 5.5. All countries respond to threats and emergencies with public health consequences.
3.	**Financial implications:** a) **Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities):**

Items	Estimated cost US$
Human resources	850,000
Training	1,600,000
Consulting and services contracts	400,000
Missions to the countries	1,250,000
Publications	60,000
Other	40,000
Total	**4,200,000**

US$ 800,000 each year over five years

b) **Estimated cost for the 2016-2017 biennium (including staff and activities):**

US$ 1,000,000.

c) Of the estimated cost noted in *b),* what can be subsumed under existing programmed activities?

Approximately 80% of the estimated cost could be subsumed under the existing programmed activities in section *b)* through cooperation funds from the United States, the European Union, and the United Kingdom, as well as voluntary contributions from Colombia and the Dominican Republic.

4. Administrative implications:

a) Indicate the levels of the Organization at which the work will be undertaken:

Regional, subregional, and national levels, with emphasis on the national level.

b) Additional staffing requirements (indicate required staff full-time equivalents, noting necessary skills profile):

There is no foreseen need for new personnel.

Implementation of the Plan of Action will be supported and monitored by the regional advisor on emergency preparedness and disaster risk reduction, with the participation of the Organization's professionals and advisors at the regional, subregional, and national levels, as well as health ministry staff, members of the Disaster Mitigation Advisory Group, and PAHO/WHO collaborating centers.

c) Time frames (indicate broad time frames for the implementation and evaluation):

Every two years, each country will evaluate the progress of disaster preparedness and disaster risk reduction. In addition to annual monitoring of implementation of the Plan of Action, specific evaluations are scheduled for the end of the 2016-2017, 2018-2019, and 2020-2021 biennia, to be presented to the Governing Bodies.

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. **Agenda item:** 4.13– Plan of Action for Disaster Risk Reduction 2016-2021

2. **Responsible unit:** Emergency Preparedness and Disaster Relief (PED)

3. **Preparing officer:** Dr. Ciro Ugarte Casafranca

4. **Link between Agenda item and Health Agenda for the Americas 2008-2017:**

   To advance shared interests and responsibilities in order to attain common targets is an essential condition to overcome the inequities with regard to health and to enhance Pan American health security during crises, emergencies, and disasters.

   Disasters caused by natural hazards or by human activity, affecting the environment or public health conditions, are a limiting factor in the achievement of the health sector's goals and the normal functioning of health services.

5. **Link between Agenda item and the PAHO Strategic Plan 2014-2019:**

   Category 5: Alert and Response Capacities
   5.3 Emergency Risk and Crisis Management
   5.5 Outbreak and Crisis Response

6. **List of collaborating centers and national institutions linked to this Agenda item:**

   - Public health ministries
   - Collaborating centers
   - National emergency and disaster systems
   - Ministries of foreign affairs and diplomatic missions
   - International organizations, scientific societies, and international nongovernmental organizations

7. **Best practices in this area and examples from countries within the Region of the Americas:**

   Many countries in the Region have had successful experiences in disaster risk reduction. Mexico, Peru, Chile, Costa Rica, and Colombia, among others, have achieved great progress in disaster risk reduction in the health sector, especially in the implementation of the Safe Hospitals initiative. This successful work serves as a model for other countries of the Americas and other continents.

   The incorporation of the safe hospitals concept (health facilities that continue functioning to their maximum capacity within the same infrastructure during and immediately after emergencies and disasters) into updated national building codes in Colombia, Guatemala, and Peru constitutes a basic step toward protecting the life and health of the population.

   Saint Vincent and the Grenadines and Saint Kitts and Nevis have successfully implemented the smart, safe, and green hospitals initiative, serving as a model for the expansion of this initiative to six other Caribbean countries.

8. **Financial implications of this Agenda item:**

   Approximately US$ 4,200,000

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