Study/Objective: The objectives were to evaluate the progress in achievement of the nine targets, of the 10-year African regional strategy for health disaster risk management.
Background: In November 2012, the 62nd session of the Regional Committee for Africa of the World Health Organization adopted a comprehensive 10-year regional strategy for health Disaster Risk Management (DRM). This was intended to operationalize the World Health Organization's core commitments to health DRM and the Hyogo Framework for Action 2005–2015, in the health sectors of the 47 African member states. This study reported the formative evaluation of the strategy, including evaluation of the progress in achieving nine targets (expected to be achieved incrementally by 2014, 2017, and 2022).
Methods: This study used a mixed methods design. A cross-sectional quantitative survey was conducted along with a review of available reports and information on the implementation of the strategy. A review meeting to discuss and finalize the study findings was also conducted.
Results: In total, 58 % of the countries assessed had established DRM coordination units within their Ministry of Health (MOH). Most had dedicated MOH DRM staff (88 %) and national-level DRM committees (71 %). Only 14 (58 %) of the countries had health DRM subcommittees using a multi-sectoral disaster risk reduction platform. Less than 40 % had conducted surveys such as disaster risk analysis, hospital safety index, and mapping of health resources availability. Key challenges in implementing the strategy were inadequate political will and commitment resulting in poor funding for health DRM, weak health systems, and a dearth of scientific evidence on mainstreaming DRM.
Conclusion: Implementation of the strategy was behind anticipated targets despite some positive outcomes. Health system-based, multi-sectoral, and people-centred approaches are proposed to accelerate implementation of the strategy in the post-Hyogo Framework of Action era.
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Integrating the Sendai Framework into Primary Health Networks: An Australian Experience

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Study/Objective: To explore the feasibility of integrating the Sendai Framework into primary health networks in Australia.
Background: Over the past 20 years, the exposure of the population to weather-related disasters in Australia and across the world has increased faster than vulnerability decreased. This highlights the need to focus disaster risk reduction strategies on the elderly, people with disabilities and those with chronic diseases. To help address this challenge, the Northern Queensland Primary Health Network, Australia, partnered with UNISDR's Global Education and Training Institute (UNISDR-GETI) to explore the feasibility of integrating the Sendai Framework into primary health networks.
Methods: The research was conducted using qualitative and quantitative research methods. Participants included general practitioners, pharmacists and other disaster management stakeholders. The workshop methodology was based on the private sector materials used by UNISDR-GETI (United Nations International Strategy for Disaster Reduction (UNISDR), Global Education and Training Institute (UNISDR-GETI). Qualitative data was collected during the workshops in Cairns, Townsville and Mackay, Queensland, Australia. The quantitative data was collected through a survey of participants after the workshop. A thematic analysis was conducted to analyze the workshop data. Descriptive statistics was used to analyze survey data.
Results: The workshops increased the knowledge of how and why the primary health networks should have an active role in disaster risk reduction activities. Participants indicated that they are now confident they can help integrate primary health into the disaster system by developing and implementing contingency plans. A consistent theme was the need to clearly define the role and function of the primary health network within the Australian disaster system. This should be complemented by access to accredited training.
Conclusion: The workshops identified that the Sendai Framework can be integrated into primary health networks in Australia. This can be sustainably achieved by strengthening partnerships with the academic and government sectors to research roles of primary health professionals, health service providers and the capacity of disaster systems to support local needs.
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The Centrality of Communities and Civil Society in Epidemic and Pandemic Prevention: A Framework for Improved Preparedness and Response

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Study/Objective: Large-scale epidemics and pandemics pose a serious threat, not only to global health security but also to countries, communities and individuals in their efforts to achieve resilience. The threat of emerging infectious diseases, including those of zoonotic origin, and the increasing prevalence of diseases previously controlled by antimicrobials and vaccination efforts, is a cause for concern to the global health community. Communities play an important role in prevention, early detection and early response regarding this threat. Communities can support the containment and control of infectious disease threats, limiting geographic spread, saving lives, and mitigating negative impacts.
Background: Recent outbreaks have demonstrated that without community-driven efforts to prevent, detect and respond to infectious disease threats, government efforts can be delayed and negatively impacted. However, communities cannot

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