



AFRICA HEALTH  
ORGANISATION

# AHO STRATEGY AND PLAN OF ACTION FOR CHILDREN IN EMERGERNCIES AND DISASTERS

2020-2030

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# Abbreviations

**AHO** – Africa Health Organisation

**ARSDRR** - Africa Regional Strategy for Disaster Risk Reduction

**AWGDRR** - African Working Group for Disaster Risk Reduction

**AU** – African Union

**DRR** – Disaster Risk Reduction

**HFA** - Hyogo Framework for Action

**UNDRR** - UN Office for Disaster Risk Reduction

**UNICEF** – United Nation’s Children Fund

**WASH** – Water, Sanitation and Hygiene

**WHO** – World Health Organization

# Introduction

1. AHO strives to achieve equity of health in Africa. All humans have a right to health; the right to health is defined in Article 25 of the United Nations' 1948 Universal Declaration of Human Rights. 'Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services'.<sup>1</sup> This right to health extends to children and to when they find themselves in periods of emergencies and disasters.
2. Children are particularly vulnerable in emergencies and disasters for they face specific obstacles and challenges. They are at a crucial stage of their psychological and social development. Children are important members of society and important agents of change. Their rights and distinctive needs must therefore be acknowledged.
3. This Strategy and Plan of Action conforms to the United Nations Convention on the Rights of the Child, as well as to other international human rights agreements. It supports the work carried out by UNDRR, UNICEF, AWGDRR and AU among others. It also adheres to current frameworks such as the Sendai Framework for Disaster Risk Reduction 2015-2030, as well as supporting and advocating other AHO resolutions, aims and missions.
4. This document will outline some of the principal issues that must be addressed with regards to children's health in the context of emergencies and disasters. It will identify key stakeholders and highlight the actions that need to be taken in order to improve the health of children in periods of emergencies and disasters.

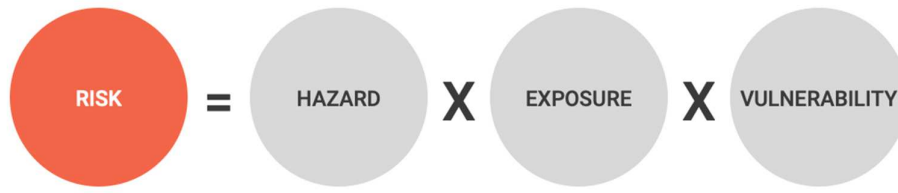
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<sup>1</sup> UN General Assembly, "Universal Declaration of Human Rights" (1948).

## Background

5. A disaster is defined as ‘an event or occurrence of a ruinous or very distressing nature’,<sup>2</sup> and emergency as ‘a state of things unexpectedly arising and demanding immediate action’.<sup>3</sup> The disaster risk is determined by a complex interaction between hazard, vulnerability and exposure. The risk is considered to be ‘the combination of the severity and frequency of a hazard, the numbers of people and assets exposed to the hazard and their vulnerability to the damage’.<sup>4</sup> This is summarised in the following diagram:

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6. Factors such as climate change, environmental degradation, globalized economic development, poverty, poorly planned urban development and weak governance can all contribute to determining the scale of the risk. However, the relationship between these factors and risk is more complex than a simple cause-effect relationship. These factors will increase the risk and the impact of a disaster or emergency, however a disaster or an emergency can also affect environmental degradation, globalized economic development, poverty etc.
7. A disaster risk is commonly categorised by its frequency and severity. Intensive risk refers to ‘the risk associated with high-severity, mid to low-frequency disasters’.<sup>6</sup> Emergencies would commonly be categorised as intensive risk. Extensive risk, on the other hand, is ‘the risk associate with low-severity, high-frequency events’.<sup>7</sup> As a general tendency, social impact from events resulting from intensive risk is worse, whilst extensive risk is more detrimental for the economy. Extensive risk is responsible for 42% or more of total economic losses in low and middle-income countries.<sup>8</sup>

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<sup>2</sup> Oxford University Press, “Disaster,” in *Oxford English Dictionary*, 2020, <http://www.oed.com>.

<sup>3</sup> Oxford University Press, “Emergency,” in *Oxford English Dictionary*, 2020, <http://www.oed.com>.

<sup>4</sup> United Nations International Strategy for Disaster Reduction, “Global Assessment Report on Disaster Risk 2015,” 2015, [https://www.preventionweb.net/english/hyogo/gar/2015/en/home/GAR\\_2015/GAR\\_2015\\_1.html](https://www.preventionweb.net/english/hyogo/gar/2015/en/home/GAR_2015/GAR_2015_1.html).

<sup>5</sup> United Nations Office for Disaster Risk Reduction, *Disaster Risk*, 2015, *PreventionWeb*, 2015.

<sup>6</sup> Ibid.

<sup>7</sup> United Nations International Strategy for Disaster Reduction, “Global Assessment Report on Disaster Risk 2013,” 2013, [https://www.preventionweb.net/english/hyogo/gar/2013/en/home/GAR\\_2013/GAR\\_2013\\_2.html](https://www.preventionweb.net/english/hyogo/gar/2013/en/home/GAR_2013/GAR_2013_2.html).

<sup>8</sup> United Nations International Strategy for Disaster Reduction, “Global Assessment Report on Disaster Risk 2015,” 2015, [https://www.preventionweb.net/english/hyogo/gar/2015/en/home/GAR\\_2015/GAR\\_2015\\_1.html](https://www.preventionweb.net/english/hyogo/gar/2015/en/home/GAR_2015/GAR_2015_1.html).

8. The disaster management cycle (see diagram below) shows that disaster and emergency management comprises of various stages, all of which must be considered, if a disaster or emergency is to be managed successfully.

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<sup>9</sup> AkitaBox, *Disaster Management Cycle Graphic*, 2020, AkitaBox, 2020.

## Situation Analysis

9. The risk of disasters and/or emergencies occurring in the African region is increasing. All countries in the African region responded to disasters and emergencies in 2010, including to hazards such as floods, mud slides, food crisis, conflicts and disease outbreak.<sup>10</sup> Globally, from 66 million per year in the 1990s, in 2016, an estimated 535 million children – nearly a quarter of the world’s children – lived in countries affected by armed conflict, violence, disaster and chronic crises.<sup>11</sup> Factors such as climate change, population growth, environmental degradation, globalized economic development, poverty and rapid urbanization all put the population of Africa increasingly at risk. According to an estimate based on household income in 2008, 33% of Africa’s population was living in poverty.<sup>12</sup> Poverty makes opportunities to manage risk and strengthen resilience very limited.
10. Children are particularly vulnerable and therefore more at risk because they are at crucial stage of their development and are dependent on others. Africa’s child population is predicted to reach 1 billion by 2055, which will make Africa the continent with the largest child population.<sup>13</sup> However, limited financial resources usually mean that children in Africa are severely impacted and affected by emergencies and disasters. In West and Central Africa, UNICEF humanitarian assistance to support education for children in countries affected by emergencies are 72% unfunded.<sup>14</sup> This is detrimental to the well-being and health of children in Africa.
11. Whilst mortality rates have declined among all age groups in Africa,<sup>15</sup> many children in Africa will not have access to basic necessities. National health services must be improved so that they are able to respond to the health needs of children.

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<sup>10</sup> World Health Organization, “The Work of WHO on Emergencies in the Africa Region, 2010 Annual Report,” 2010, [https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKewiHz-upgbvqAhXKQkEAHYEVAAEQFjAAegQIBxAB&url=https%3A%2F%2Fwww.who.int%2Fdocs%2Fdefault-source%2Fdocuments%2Fpublications%2Fwork-of-who-in-emergencies-in-afro-2010.pdf%3Fsfvrsn%3D80a7b163\\_1%26download%3Dtrue&usg=AOvVaw2JdfRZkPPiBq7p\\_Yom47kM](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKewiHz-upgbvqAhXKQkEAHYEVAAEQFjAAegQIBxAB&url=https%3A%2F%2Fwww.who.int%2Fdocs%2Fdefault-source%2Fdocuments%2Fpublications%2Fwork-of-who-in-emergencies-in-afro-2010.pdf%3Fsfvrsn%3D80a7b163_1%26download%3Dtrue&usg=AOvVaw2JdfRZkPPiBq7p_Yom47kM).

<sup>11</sup> United Nations International Children’s Fund, “Towards Improve Emergency Responses, Synthesis of UNICEF Evaluations of Humanitarian Action 2010-2016,” 2017, [https://www.unicef.org/evaldatabase/files/TOWARDS\\_IMPROVED\\_EMERGENCY\\_RESPONSES\\_Evaluation\\_Full\\_WEB.pdf](https://www.unicef.org/evaldatabase/files/TOWARDS_IMPROVED_EMERGENCY_RESPONSES_Evaluation_Full_WEB.pdf).

<sup>12</sup> Africa Health Organisation, “AHO Strategy and Plan of Action for Integrated Child Health,” 2019, <https://aho.org/publications/page/3/>.

<sup>13</sup> United Nations International Children’s Fund, “Children in Africa: Key Statistics on Child Survival and Population,” 2019, <https://data.unicef.org/resources/children-in-africa-child-survival-brochure/>.

<sup>14</sup> United Nations International Children’s Fund, “Lack of Funding Leaves Millions of Children in Conflict and Disaster Zones at Risk,” www.unicef.org, October 22, 2019, <https://www.unicef.org/press-releases/lack-funding-leaves-millions-children-conflict-and-disaster-zones-risk>.

<sup>15</sup> United Nations International Children’s Fund, “Children in Africa: Key Statistics on Child Survival and Population,” 2019, <https://data.unicef.org/resources/children-in-africa-child-survival-brochure/>.

## Proposal

12. Children's health is the focus of this Strategy. It will consider both their physical and their mental health and will examine how their vulnerability affects their health. Both children's resilience towards and capacity to deal with emergencies and disasters must be improved.
13. The proposed strategy recognizes that children are the generation of the future and great agents of change. It will therefore seek to increase the active participation of children in handling emergencies and disasters and in improving equity in health at times of disasters and emergencies.
14. In addition, it is essential to remember that children are not a homogenous group lacking in diversity. Inequality amongst children must be taken into consideration.
15. A united approach is fundamental. The approach must be multisectoral and encourage the participation of many different stakeholders. A combination of top-down directives and policies and bottom-up community-based initiatives and projects is also essential. Community level cooperation is essential because there is no one-size fits all approach and frameworks must be catered for the specific need of the community. A large range of actors must work together and exchange knowledge and information.
16. The Strategy and Plan of Action for Children in Emergencies and Disasters will take into account all four stages of the disaster management cycle (diagram above). Even though hazards may be natural, disasters and emergencies themselves are not. It becomes clear therefore that the impact of a disaster can be alleviated by managing conditions of the hazard and reducing both exposure and vulnerability. Activities related to mitigation and preparedness will help to manage disaster and thus reduce it. Nevertheless, this Strategy and Plan of Action additionally proposes ideas which aim to guarantee a better handling of disasters and emergencies once they have occurred.



# Plan of Action

**Strategic Line of Action 1: To promote and encourage solidarity and cooperation between international, national and local organisations, both governmental and non-governmental, particularly with regards to DRR planning.**

17. A wide range of stakeholders is essential. More cooperation will ensure more planning of and investment in DRR.
18. A united approach will help to reduce the risk of disasters and emergencies, and thus the impact on the lives and the health of children.
19. There are over 30 years of research into disaster risk, but national and international bodies need to make this research available (in an intelligible manner) to those who require it, i.e. those at a local level.
20. More cooperation and sharing of information at an international and regional level will help to reduce the risk of regional/ transnational hazards.

**Objective 1.1.** Call the UNDRR to ensure that regional and national policies are coherent with the Sendai Framework.

**Indicator:** Number of countries that use the Sendai Framework Monitor.  
Baseline: 26.<sup>16</sup> Target (2030): 36.

**Objective 1.2.** Call national governments in Africa to cooperate and to invest in implementing and developing DRR policies, legislation, strategies and platforms.

**Indicator:** Number of countries that have implemented DRR strategies.  
Baseline: 28.<sup>17</sup> Target (2030): 35.

**Objective 1.3.** Call national governments to monitor the evolution of the status of DRR activities in accordance to international frameworks and to report these findings to international organisations.

**Indicator:** The number of countries completing the National HFA Monitor report and submitting it to the UNIDRR Regional Office for Africa.  
Baseline: 21.<sup>18</sup> Target (2030): 35.

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<sup>16</sup> United Nations Office for Disaster Risk Reduction, “Annual Report 2019,” 2019, <https://www.undrr.org/publication/undrr-annual-report-2019>.

<sup>17</sup> United Nations Office for Disaster Risk Reduction, “13th Session of the Africa Working Group on Disaster Risk Reduction,” 2018, [https://www.unisdr.org/files/59454\\_13thawgconceptnoteenglish20july2018.pdf](https://www.unisdr.org/files/59454_13thawgconceptnoteenglish20july2018.pdf).

<sup>18</sup> United Nations Office for Disaster Risk Reduction, “Status Report on Implementation of Africa Regional Strategy and Hyogo Framework for Action,” 2014, <https://www.undrr.org/publication/status-report-implementation-africa-regional-strategy-and-hyogo-framework-action>.

**Objective 1.4.** Improve lines of communication between local communities and national governments to ensure that local organisations have sufficient support and that they are attaining both national and local DRR objectives.

**Indicator:** Number of national governments that are working with local government agencies or community-based organisations to implement and develop DRR initiatives. Baseline: data cannot be found. Target (2030): 30.

**Objective 1.5.** Call international donors to invest more in DRR, even if this comes at the cost of reducing spending on disaster response and humanitarian relief. Donations must be better distributed.

**Indicator:** The amount of DRR funding received from international donations (in \$ millions) Baseline: 21.8.<sup>19</sup> Target (2030): 32.

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<sup>19</sup> Overseas Development Institute, “Financing Disaster Risk Reduction. A 20 Year Story of International Aid,” 2013, <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/8574.pdf>.

**Strategic Line of Action 2: To increase national institutionalisation of DRR and improve budgetary commitment for the integration of DRR measures into the health and education sectors.**

21. It is essential that national institutional frameworks for DRR are implemented because national governmental frameworks are the foundation for the development of plans and projects.
22. With the implementation of more national DRR-focussed legislation and policy, national governments will be able to demonstrate their commitment to DRR.
23. This will also reduce the reliance on disaster management on which there is currently an over-reliance.
24. The introduction of DRR-focussed policy and legislation must be accompanied by an increased ministerial investment in DRR. A larger percentage of national budgets must be allocated to DRR in order to expand DRR resources.

**Objective 2.1.** Call national governments to set up national platforms that will ensure the mainstreaming of DRR initiatives at a national level. Platforms must meet regularly and have representatives from both the private and public sector.

**Indicator:** The number of countries that have national platforms for DRR and an active DRR parliamentary group.  
Baseline: 40.<sup>20</sup> Target (2030): 47.

**Objective 2.2.** Call national governments to introduce and improve legislative frameworks which will aim to manage and reduce the disaster risk.

**Indicator:** Percentage of African countries that have introduced and implemented DRR legislation.  
Baseline: 42%.<sup>21</sup> Target (2030): 55%.

**Objective 2.3.** Call national departments of health to implement strategic plans whose aim is to reduce the impact that disasters and emergencies can have on health.

**Indicator:** Number of countries that have strategic DRR plans in place.

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<sup>20</sup> United Nations Office for Disaster Risk Reduction, "Report of the 4th Africa Regional Platform on Disaster Risk Reduction: Protect Development Gains and Build Resilience of African Nations," 2013, <https://www.undrr.org/publication/report-4th-africa-regional-platform-disaster-risk-reduction-protect-development-gains>.

<sup>21</sup> United Nations Economic Commission for Africa, "Assessment Report on Mainstreaming and Implementing Disaster Risk Reduction and Management in Africa," 2015, [https://www.uneca.org/sites/default/files/uploaded-documents/Natural\\_Resource\\_Management/drr/regional-assessment-drr-report\\_fin.pdf](https://www.uneca.org/sites/default/files/uploaded-documents/Natural_Resource_Management/drr/regional-assessment-drr-report_fin.pdf).

Baseline: 24.<sup>22</sup> Target (2030): 34.

**Objective 2.4.** Increase the number of vulnerability and risk assessments of schools and health facilities being carried out by national governments and ensure that the data collected has been collected correctly.

**Indicator:** Number of countries that have disaster loss databases.

Baseline: 28.<sup>23</sup> Target (2030): 45.

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<sup>22</sup> Ibid.

<sup>23</sup> United Nations Office for Disaster Risk Reduction, “13th Session of the Africa Working Group on Disaster Risk Reduction,” 2018, [https://www.unisdr.org/files/59454\\_13thawgconceptnoteenglish20july2018.pdf](https://www.unisdr.org/files/59454_13thawgconceptnoteenglish20july2018.pdf).

**Strategic Line of Action 3: To increase the presence of DRR education in schools and to ensure that child-centred DRR plays a crucial role in any community engagement initiative.**

25. DRR education will help to make DRR relevant to children and to help them to understand how local hazards affect their own health and that of their community.
26. DRR education must allow them to identify their own vulnerabilities. Children must be aware of the risk they are at as a result of their vulnerability, and understand how to manage the risk.
27. The introduction of DRR education in schools will also call for the participation of local stakeholders in DRR efforts.

**Objective 3.1** Mainstream DRR education in schools, whilst making sure that educational programmes respond to the specific needs and challenges of each individual community.

**Indicator:** Number of national governments in Africa who are engaged with the Worldwide Initiative of Safe Schools, since its relaunch in 2019.

Baseline: 0.<sup>24</sup> Target (2030): 15.

**Objective 3.2.** Reduce the number of children who are not receiving an education and thus do not have the opportunity to access to DRR education and classes.

**Indicator:** The number of children in Africa who are not going to school.

Baseline: 258.4 million.<sup>25</sup> Target (2030): 238.4 million.

**Objective 3.3.** Ensure DRR educational programmes have sufficient financial investment.

**Indicator:** Percentage of direct DRR funds being allocated to the social and services sector

Baseline: 28.6%.<sup>26</sup> Target (2030): 39%.

**Objective 3.4.** Design DRR educational programmes so that children play an active role in them. DRR education must recognise children as agents of change and value their voices.

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<sup>24</sup> United Nations Educational, Scientific and Cultural Organisation, “Global Alliance Meets in Geneva to Move School Safety Agenda Forward,” 2019, <https://en.unesco.org/news/global-alliance-meets-geneva-move-school-safety-agenda-forward>.

<sup>25</sup> United Nations Educational, Scientific and Cultural Organisation, “New Methodology Shows That 258 Million Children, Adolescents and Youth Are Out of School Out-of-School Children, Adolescents and Youth: Global Status and Trends No Progress in Reducing out-of-School Numbers,” 2019, <http://uis.unesco.org/sites/default/files/documents/new-methodology-shows-258-million-children-adolescents-and-youth-are-out-school.pdf>.

<sup>26</sup> United Nations Office for Disaster Risk Reduction, “Disaster Risk Reduction Investment in Africa: Evidence from 16 Risk-Sensitive Budget Reviews,” 2020, <https://reliefweb.int/report/world/disaster-risk-reduction-investment-africa-evidence-16-risk-sensitive-budget-reviews>.

**Indicator:** Percentage of children in Africa that have participated in DRR educational programmes that included hands-on activities.

Baseline: data cannot be found. Target (2030): 30%.

**Objective 3.5.** Make health one of the key topics of child-centred DRR education in schools.

**Indicator:** Number of countries that have implemented WHO health promoting strategies

Baseline: 32.<sup>27</sup> Target (2030): 45.

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<sup>27</sup> Andrew J. Macnab, Donald Stewart, and Faith A. Gagnon, “Health Promoting Schools: Initiatives in Africa,” ed. Professor Andrew J. Macnab, Professor Donald, *Health Education* 114, no. 4 (June 2, 2014): 246–59, <https://doi.org/10.1108/he-11-2013-0057>.

**Strategic Line of Action 4: To combat social and economic inequalities that exist amongst children so that, in the aftermath, all children, regardless of their gender, household income or any other socio-economic factor, receive the immediate post-disaster provisions and aid (food, medication, WASH etc) they require.**

28. If children are born into families with poor housing, a low income and in areas with high-population density, the impact of a disaster or emergency will be worse. As the Secretary-General of the International Federation of Red Cross and Red Crescent Societies, Mr. Elhadj As Sy said, ‘disasters are unfair. They discriminate’.
29. Marginalised groups receive minimal social and financial aid. Consequently, they are more vulnerable and thus are more affected by disasters and emergencies.
30. Programmes and policies must promote equity and guarantee that all children receive the support and help they need.
31. More must be done to overcome social and economic disparities, in the context of emergencies and disasters.

**Objective 4.1.** Guarantee the basics needs and necessities of marginalized populations in the aftermath of an emergency and disaster.

**Indicator:** Africa’s index rating for the WHO service capacity and access index.  
Baseline: 30.<sup>28</sup> Target (2030): 40.

**Objective 4.2.** Bridge data gaps by disaggregating data by gender, age or any other socio-economic factor, type of disaster, indirect/direct impact of disaster, type of data source, etc. Child welfare data in particular needs to be disaggregated.

**Indicator:** Number of countries who have submitted the HFA national report which will outline how they are disaggregating post-disaster data.  
Baseline: 12<sup>29</sup> Target (2030): 24.

**Objective 4.3.** Implement public health development policies that focus on emergency and humanitarian activities and increase funding for these activities.

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<sup>28</sup> World Health Organization, “GHO | By Category | Index of Service Coverage - Data by Country,” World Health Organization, 2019,

<https://apps.who.int/gho/data/view.main.INDEXOFESSENTIALSERVICECOVERAGESv>.

<sup>29</sup> United Nations Office for Disaster Risk Reduction, “HFA National Progress Reports - HFA Progress Reports - Hyogo Framework - PreventionWeb.Net,” www.preventionweb.net, 2017,

[https://www.preventionweb.net/english/hyogo/progress/reports/index.php?o=pol\\_year&o2=DESC&ps=50&hid=0&cid=rid1&x=15&y=10](https://www.preventionweb.net/english/hyogo/progress/reports/index.php?o=pol_year&o2=DESC&ps=50&hid=0&cid=rid1&x=15&y=10).

**Indicator:** Number of countries that have established a National Emergency Fund.  
Baseline: 19.<sup>30</sup> Target (2030): 29.

**Objective 4.4.** Make sure that local governing authorities in vulnerable areas receive all necessary humanitarian aid and support they require from national and international groups, in order to re-establish disrupted essential health services.

**Indicator:** Percentage of countries that have demonstrated some evidence of integrating recovery planning into national and regional development plans.  
Baseline: 72%.<sup>31</sup> Target (2030): 85%.

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<sup>30</sup> Regional Committee for Africa, “Emergency Preparedness and Response in the African Region: Current Situation and Way Forward,” 2011, <https://apps.who.int/iris/handle/10665/1679>.

<sup>31</sup> United Nations Development Programme, “Baseline Study on Disaster Recovery in Africa,” 2019, <https://www.undp.org/content/undp/en/home/librarypage/climate-and-disaster-resilience-/baseline-study-on-disaster-recovery-in-africa.html>.



**Strategic Line of Action 5: To create and develop integrated child health services, as well as increase the capacity of child health services (including child mental health services) to cope with emergencies and disasters.**

32. National and local health services must be better funded and managed in order to cope in times of emergencies and disasters.

33. More resources and support systems must be made available to children to help them manage in the aftermath of a disaster or emergency.

34. Children will find it challenging to cope with deprivation, stress and trauma for important and crucial social and psychological development takes place during childhood. Disasters and emergencies can therefore have a negative impact on the mental health and development of children.

35. Different age groups require different forms of physical, social, mental and emotional support.

**Objective 5.1.** Call national governments to improve the capacity of their health sectors so that they are able protect the physical and mental well-being children, particularly in times of emergencies, and disasters.

**Indicator:** Number of countries that have more than 5 physicians per 10,000 population  
Baseline: 9.<sup>32</sup> Target (2030): 15.

**Objective 5.2.** Strengthening the human resources of national health systems.

**Indicator:** Number of countries that have sufficient human resources for basic training to manage emergency responses.  
Baseline: 36.<sup>33</sup> Target (2030): 45.

**Objective 5.3.** Increase government health expenditure so that health system recovery in the post-disaster period can be quicker.

**Indicator:** Number of national governments whose health expenditure constitutes for more than 5% of national GDP.  
Baseline: 3.<sup>34</sup> Target (2030): 16.

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<sup>32</sup>African Health Stats, “African Health Stats : Density of Health Workers - Physicians,”  
www.africanhealthstats.org, 2019,

<https://www.africanhealthstats.org/cms/?pagename=indicator&indicator=HSP02>.

<sup>33</sup> Regional Committee for Africa, “Emergency Preparedness and Response in the African Region: Current Situation and Way Forward,” 2011, <https://apps.who.int/iris/handle/10665/1679>.

<sup>34</sup>African Health Stats, “African Health Stats : Government Health Expenditure as % GDP,”  
www.africanhealthstats.org, 2018,  
<https://www.africanhealthstats.org/cms/?pagename=indicator&indicator=HF08>.

**Objective 5.4.** Educate children on how to mitigate the psychological effects of pre-emergency/disasters and increase the availability of child psychological services available in the aftermath.

**Indicator:** Number of countries that have implemented a policy or plan for mental health  
Baseline: 38.<sup>35</sup> Target (2030): 45.

**Objective 5.5.** Call national governments to implement and update mental health legislative frameworks in order to develop mental health services and increase the population's access to mental health aid post-disaster or emergency.

**Indicator:** Number of countries that have introduced mental health legislation.  
Baseline: 19.<sup>36</sup> Target (2030): 29.

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<sup>35</sup> World Health Organization, "GHO | By Category | Mental Health Governance - Data by Country," World Health Organization, 2019, <https://apps.who.int/gho/data/node.main.MHPOLFIN?lang=en>.

<sup>36</sup> World Health Organization, "Mental Health Atlas 2017," 2017, <https://apps.who.int/iris/bitstream/handle/10665/272735/9789241514019-eng.pdf?ua=1>.

## **Financial Implications**

36. In order for this strategy to be successful and for the targets to be achieved, it will require the financial support of a large range of stakeholders, both governmental and non-governmental.
37. The financial resources must be used effectively and sustainably. Both pre and post-disaster management projects must be invested in, and there must be an increase in investment in DRR.
38. The projected cost of the project is \$250 million. Money will be sourced by both governmental (i.e. increase government expenditure) and non-governmental organisations. In order to mobilize financial resources, it is important to identify donors and forge partnerships.

## **Monitoring, Assessment and Evaluation**

39. AHO will use information shared by countries to assess the progress on an annual basis. This will enable annual evaluations to be carried out. AHO may be required to prompt African governments to complete progress reports.
40. The information shared by African states will come in the form of progress reports completed by the respective countries. Data analysis will help measure proposed indicators.
41. Collecting information and data requires collaboration from stakeholders.
42. AHO will design a monitoring, assessment and evaluation framework that will allow the information from the submitted progress reports to be collated and interpreted. It will then be possible to determine if African states have made progress and to understand the quality and quantity of this progress.
43. AHO will regularly check that national governments in Africa have sufficient methodology, tools and information-management systems to conduct progress reports well and on time.
44. AHO should additionally monitor the performance of African progress against internationally established benchmarks.
45. Additional rapid assessments are to be made in the immediate aftermath of a disaster or emergency.
46. Final evaluations will be carried out in 2030.

## Conclusion

47. Since the HFA was founded in 2005, there has been a growing awareness of the importance of managing disasters and emergencies and of the progress that has been made with regards to this.
48. Particular progress has been made with regards to DRR. In less than ten years Africa has implemented eight DRR-specific policies and 40 National DRR-specific Platforms.<sup>37</sup> The creation of the ARSDRR also demonstrates Africa's political will to incorporate DRR into regional and national political agendas. However, progress that has been made is not evenly distributed.
49. In addition, Africa is large continent; it has many economic challenges, in addition to a history of exposure to a whole variety of hazards. As a result, more needs to be done to manage disasters and emergencies. More actors at all levels must engage in helping to protect the lives of Africa's children in disasters and emergencies.
50. The Strategy and Plan of Action for Children in Emergencies and Disasters will aid Africa in its mission to safeguard children and their health in the context of disasters and emergencies.
51. This Strategy and Plan of Action does not treat children as one homogenous group.
52. It aims to protect and improve the lives and health of children for they are the generation of the future, however they often belong to the most vulnerable as well.
53. It will do so by encouraging a mixture of pre and post-disaster and emergency management with particularly focus on reducing the disaster risk. For this is often neglected but DRR is gaining momentum in Africa and it is increasingly becoming recognised as an effective way of managing the destruction and devastation of disasters and emergencies.
54. It will also do so by calling for a united approach. To achieve disaster resilience and to cope in the aftermath, strategic partnerships must be established between actors at all levels, across all sectors (both public and private), both governmental and non-governmental. Good mechanisms for coordination and communication must be constructed to ensure that all stakeholders are working effectively together. For national governments this will entail being committed both economically and politically.

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<sup>37</sup> United Nations Office for Disaster Risk Reduction, "Status Report on Implementation of Africa Regional Strategy and Hyogo Framework for Action," 2014, <https://www.undrr.org/publication/status-report-implementation-africa-regional-strategy-and-hyogo-framework-action>.

55. This Strategy and Plan of Action also aims to improve the lives and health of children in emergencies and disasters by ensuring children play an active role in their future and safeguarding themselves against emergencies and disasters.

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