

# Ensuring health as a key strategy for disaster risk reduction and management

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# Aims of this presentation

- To answer, “How does our community work together with the disaster management community?”
- Reflecting on involvement and contributions of WHO Kobe Centre & WHO, and consider future objectives
- Key recommendations/actions to improve disaster risk reduction/management from health perspective



# Global increase of disaster risks & impact

- Natural disasters –i.e. Great Hanshin-Awaji Earthquake, Great East Japan Earthquake & Tsunami...
- Communicable disease outbreaks – i.e. SARS, H1N1, Ebola Virus Disease....
- Climate change-related
- Urbanization exacerbating impact of disasters
- Increase of vulnerable populations: older persons, disabled, poor, etc

# Health Imperative for Emergency and Disaster Risk Management (EDRM)

- Disasters from natural and technological hazards
  - >110,000 killed/year
  - 270 million affected/year – (sick, injured)
  - 172 million affected by conflict

Add the mortality and morbidity from epidemics and other biological hazards

Disease as risk factor for health and social vulnerabilities/ outcomes
- Other health issues
  - Mental health, psycho-social
  - Disability
  - Damage to health facilities; disrupted services
- Poor health affects education, livelihoods, development

# WHO and DRR

- International Health Regulations (rev 2005)
- Coordinates Health Cluster of the Inter-Agency Standing Committee
- Safe Hospitals Initiative
- Guidance, evidence on continuum of disaster management: prevention, preparedness, response, recovery and building resilience
- Multi-sectoral action

# WHO Kobe Centre (WKC) and community

The Centre mission is:

A WHO global centre for excellence for research on the consequences of social, economic, and environmental change and its implications for health policies.

“Promoting and leading urban health research to assess trends and build evidence for policy-makers to achieve urban health equity”



# Overview of WKC activities to achieve DRR

- WKC as bridge between global and local community, and across WHO
- Focus on continuum of health emergency management
- Contribution to all area of priorities.
- WKC worked closely with WHO HQ and Regional Offices to formulate and implement the Hyogo Framework for Action (HFA) with a strong health emergency perspective (people's health at the Centre of disaster risk reduction agenda)

# Highlights of WKC Contributions

- Post-Great Hanshin-Awaji Earthquake
- 2002-2003 SARS
- 2009 H1N1 Pandemic
- 2011 Great East Japan Earthquake
- Urban Heat Islands
- Strategic directions for urban health emergency management (continuum)
- Climate change and health (urban focus)
- Vulnerable groups (ageing, disabled)
- Capacity building for health emergency management
- Preparedness (safe hospitals)





# Key learning from WKC/WHO activities (1)

- Health perspectives within DRR- the fundamental needs of people
- Providing continuity of care through disaster continuum, especially for chronic diseases
- Essential to manage psycho-social needs of survivors over the long term
- Increasing the availability of evidence and translation into policy for local (and national) implementation of communication strategies and policy formulation
- Operational surveillance and risk identification and assessment systems (monitoring risks and its impacts)

# Key learning from WKC/WHO activities (2)

- Sustain knowledge management and education, translation of evidence into policy and action
- Mainstream application and use of health emergency management into work plans at city level and/or other levels of governance
- Increasing multi-sectoral collaboration between health and non-health professionals and sectors at local level
- Protection of the public health workers



# Key learning from WKC activities (3)

- Increasing local health emergency management capacity based on risk identification
- Risk communication as an essential skill: integration of social mobilization with public health preparedness



# Health Imperative for EDRM

- Health: in top 3 priorities for communities
- Health indicators measure the impacts of disasters and the effectiveness of actions by all sectors
- Health as a bridge for effective DRR
- Health at the core of social justice, including people's right to health, health of workers at risk in emergencies
- Health is a pre-requisite for DRR towards sustainable development

# The 5 key ways to strengthen health in the draft framework for DRR

1. Make people's health and well-being an explicit outcome
2. Include health targets and indicators for monitoring and reporting on DRR.
3. Apply an all-hazards approach that includes biological hazards as a category of natural hazards
4. Strengthen action and resources to support health and other sectors that are vital for implementing DRM
5. Establish the Safe Hospitals Initiative as a global priority for action in the post-2015 framework for DRR

Apply a “health lens”/maintain a health-centred theme to the framework e.g. land use planning reduces health risks, building codes save lives

# Integrating EDRM and Health - countries

- National emergency preparedness (or DRM) plans:  
130 WHO Member States
- Safer Hospital Programmes
  - > 50 MS taking action on Safer Hospitals
  - 1,800 hospitals assessed
  - Structural , non-structural , hospital preparedness
- International Health Regulations (2005)
  - > 60 have established the necessary core capacities.

# Proposals to strengthen references to health in the pre-zero draft for the post-2015 framework for DRR (1

## Principles

### Comprehensive risk management:

- Managing risk rather than managing events.
- Reduce hazards, vulnerabilities and exposures, and strengthening capacities
- Prevention, preparedness, response and recovery measures to reduce risks to health, social and economic development, and the environment

### All-hazards:

- Many action to reduce risks are the same or similar for different types of hazards, risks and events.
- Strengthen elements, sectors and systems for all types of hazards – natural (hydro-meteorological, geological, biological), technological and societal hazards



# Proposals to strengthen references to health in the pre-zero draft for the post-2015 framework for DRR (2)

## Principles

### Multisectoral integration:

- Whole of society approach under the leadership of government(s)
- All sectors of government, private sector, and communities
- Each sector should integrate disciplines within the sector , collaborate with other sectors.
- Integration optimises resources available to reduce risks at different and all levels.



# Proposals to strengthen references to health in the pre-zero draft for the post-2015 framework for DRR

## Priority Actions

- **A health lens** could be brought to priority actions to emphasize for multi-sectoral collaboration to achieve health outcomes and address health issues.
- All sectors and stakeholders should address the needs of groups whose vulnerabilities are associated with their health status, including the aged, people with disabilities, pregnant and lactating women, children, people with communicable and non-communicable diseases, migrants and displaced persons.
- All sectors and stakeholders should work together to reduce risks associated with biological hazards, epidemics and pandemics,
  - makes reference to the International Health Regulations (2005) as an allied global framework for strengthening national capacities for and responding to epidemics and pandemics of international concern.

# Proposals to strengthen references to health in the pre-zero draft for the post-2015 framework for DRR

## Priority Actions

Strengthen action and resources to enhance resilience of health systems and develop the capacity of the health sector in disaster prevention, preparedness, response and recovery to:

- integrate DRR practice in primary health care at local level/health systems
- develop institutional capacity/scale up good practice across health
- develop the capacity of the health workforce for DRR
- support community health groups (e.g. support groups for people with specific diseases, elderly, people with disabilities, children, women, men)
  - vital information on vulnerability and capacities of their communities.
- improve local/national health emergency, preparedness, response, recovery
  - local disaster health response and international coordination (e.g medical teams)
  - psychosocial support
  - access to basic health services (e.g. reproductive health)
  - compliance with the International Health Regulations (2005)
  - building back safer and more resilient health services, hospitals and other infrastructures in recovery and reconstruction.



# Proposals to strengthen references to health in the pre-zero draft for the post-2015 framework for DRR

## Priority Actions

Establish the Safe Hospitals Initiative as a global priority for action to ensuring that new and existing health facilities remain operational in emergencies and disasters.

- Health facilities, especially hospitals, are critical assets for communities before, during and after emergencies and disasters

- 77 countries report action to make hospitals safe and operational in emergencies and disasters,

- Scale up implementation of the Safe Hospitals Initiative, national safe hospital programmes and actions to:

- protect patients and health workers;
- protect the physical integrity of hospitals and health facilities, including building and retrofitting new and existing hospitals safely and protecting critical systems and equipment;
- prepare hospitals to function and provide appropriate levels of healthcare in times of emergencies and disasters.

# Conclusion

- GEJE and ever-increasing frequency and severity of disasters demonstrate critical need to reduce risks and prepare.
- Protect people's health -- all sectors are essential to reducing the risks and impacts of disasters, and requires greater investment in strengthening emergency and disaster risk management for health and the resilience of health systems.
- Health (including psycho-social) key to human survival and recovery from disasters
- Apply all-hazards approach to effectively manage the risks from hydro-meteorological, geological, biological (such as epidemics and pandemics), technological and societal hazards to people's health.
- Increase cross-government and sector collaboration for health and DRR
- Focus on vulnerable populations (e.g. aged, disabled) across DRR and health emergency management continuum
- Expand Safe Hospitals Initiative and focus on preparedness and protection of health workforce
- Support to countries/cities to develop capacities to manage the risks of emergencies and disasters and in the international response to, and recovery from emergencies and disasters.