Disasters and Public Health: Implementing the Sendai Framework
Panel Discussion

Yasmin Khan        Virginia Murray        Ngoy Nsenga        Jonathan Abrahams
Why discuss Sendai implementation?
Objectives

1. To describe principles of disaster risk reduction (DRR) relevant to public health
2. To contribute to the development of strategies for implementation of the Sendai framework
3. To share knowledge on the development of the World Health Organization (WHO) Thematic Platform and opportunities for collaboration
Panelists

- Yasmin Khan, Chair, Public Health Ontario
- Virginia Murray, Public Health England
- Ngoy Nsenga, WHO Office for Africa
- Jonathan Abrahams, WHO Headquarters
Questions for plenary discussion

• What are the opportunities and challenges in using the Sendai Framework for disaster risk reduction for population health gain?

• How can the Sendai Framework improve research to build public health evidence for the implementation of the Framework?
Disasters and Public Health: Implementing the Sendai Framework

Professor Virginia Murray, Public Health England
Public Health Consultant in Global Disaster Risk Reduction,
Vice-Chair UNISDR Scientific and Technical Advisory Group
Member of the WHO Collaborating Centre on Mass Gatherings & Global Health Security
Number of Climate-related Disasters Around the World (1980-2011)

- Floods: 3455
- Storms: 2689
- Droughts: 470
- Extreme Temps: 395

Graph showing trends from 1980 to 2011.
25 years of international commitment to Disaster Risk Reduction

- 1989: International Decade for Natural Disaster Reduction (IDNDR)
- 1994: Yokohama Strategy and Plan of Action
- 1999: International Strategy for Disaster Reduction (ISDR)
- 2015: Sendai Framework for Disaster Risk Reduction
Sendai Framework for Disaster Risk Reduction 2015 - 2030
Sendai Framework for Disaster Risk Reduction 2015-2030

1 Global Outcome

13 Guiding Principles

4 Priorities for Action at all levels

7 Global Targets

Reduce
- Mortality/global population
  2020-2030 Average << 2005-2015 Average
- Affected people/global population
  2020-2030 Average << 2005-2015 Average
- Economic loss/global GDP
  2030 Ratio << 2015 Ratio
- Damage to critical infrastructure & disruption of basic services
  2030 Values << 2015 Values

Increase
- Countries with national & local DRR strategies
  2020 Value >> 2015 Value
- International cooperation to developing countries
  2030 Value >> 2015 Value
- Availability and access to multi-hazard early warning systems & disaster risk information and assessments
  2030 Values >> 2015 Values
Sendai Framework for Disaster Risk Reduction 2015-2030

Main result of the 3\textsuperscript{nd} UN World Conference on DRR, Sendai, March 2015

Outcome:

The substantial reduction of disaster risk and losses in \textit{lives, livelihoods and health} and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries.
Four priorities for action

1. Understanding disaster risk;
2. Strengthening disaster risk governance to manage disaster risk;
3. Investing in disaster risk reduction for resilience;
4. Enhancing disaster preparedness for effective response, and to “Build Back Better” in recovery, rehabilitation and reconstruction.

i) at National and Local Levels
ii) at Global and regional levels
Priority 1 Understanding Disaster Risk

• To strengthen technical and scientific capacity to capitalize on and consolidate existing knowledge and to develop and apply methodologies and models to assess disaster risks, vulnerabilities and exposure to all hazards;
Primary Categories of Macro-Threats

1. Financial Shock
2. Trade Dispute
3. Geopolitical Conflict
4. Political Violence
5. Natural Catastrophe
6. Climatic Catastrophe
7. Environmental Catastrophe
8. Technological Catastrophe
9. Disease Outbreak
10. Humanitarian Crisis
11. Externality
12. Other Shock

http://cambridgeriskframework.com/downloads
Global and regional levels

25. To achieve this, it is important:

(a) To enhance the development and dissemination of science-based methodologies and tools to record and share disaster losses and relevant disaggregated data and statistics, as well as to strengthen disaster risk modelling, assessment, mapping, monitoring and early warning systems.

(b) To promote the conduct of comprehensive surveys on multi-hazard disaster risks and the development of regional disaster risk assessments and maps, including climate change scenarios.

(c) To promote and enhance, through international cooperation, including technology transfer, access to and the sharing and use of non-sensitive data and information, as appropriate, communications and geospatial and space-based technologies and related services, maintain and strengthen in situ and remotely sensed earth and climate observations, and strengthen the utilization of media, including social media, traditional media, big data and mobile phone networks, to support national measures for successful disaster risk communication, as appropriate and in accordance with national laws.

(d) To promote common efforts in partnership with the scientific and technological community, academia and the private sector to establish, disseminate and share good practices internationally.

(e) To support the development of local, national, regional and global user-friendly systems and services for the exchange of information on good practices, cost-effective and easy-to-use disaster risk reduction technologies and lessons learned on policies, plans and measures for disaster risk reduction.

(f) To develop effective global and regional campaigns as instruments for public awareness and education, building on the existing ones (for example, the “One million safe schools and hospitals” initiative, the “Making Cities Resilient: My city is getting ready” campaign, the United Nations’ International Day for Disaster Reduction), to promote a culture of disaster prevention, resilience and responsible citizenship, generate understanding of disaster risk, support mutual learning and share experiences, and encourage public and private stakeholders to actively engage in such initiatives and to develop new ones at the local, national, regional and global levels.

(g) To enhance the scientific and technical work on disaster risk reduction and its mobilization through the coordination of existing networks and scientific research institutions at all levels and in all regions, with the support of the United Nations Office for Disaster Risk Reduction, Scientific and Technical Advisory Group, in order to strengthen the evidence base in support of the implementation of the present Framework, promote scientific research on disaster risk patterns, causes and effects, disseminate risk information within the best use of geospatial information technology, provide guidance on methodologies and standards for risk assessments, disaster risk modeling and the use of data, identify research and technology gaps and set recommendations for research priority areas, in disaster risk reduction, promote and support the availability and application of science and technology to decision-making, contribute to the update of the publication entitled "2009 UNISDR Terminology on Disaster Risk Reduction" and post disaster reviews as opportunities to enhance learning and public policy, and disseminate studies.

(h) To encourage the availability of copyrighted and patented materials, including through negotiated concessions, as appropriate.

(i) To enhance access to and support for innovation and technology, as well as in long-term, multi-hazard and solution-driven research and development in the field of disaster risk management.
Priority 3. Investing in disaster risk reduction for resilience

(i) Enhance the resilience of national health systems, including by integrating disaster risk management ... especially at the local level; ....; and promoting and enhancing the training capacities in the field of disaster medicine; and supporting and training community health groups in disaster risk reduction approaches in health programmes, in collaboration with other sectors, as well as in the implementation of the International Health Regulations (2005) of the World Health Organization.
Priority 3. Investing in disaster risk reduction for resilience

People with life threatening and chronic disease, due to their particular needs, should be included in the design of policies and plans to manage their risks before, during and after disasters, including having access to life-saving services;
Priority 4: Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation and reconstruction

- Establish a **mechanism of case registry** and a database of mortality caused by disaster in order to improve the prevention of morbidity and mortality;

- Enhance recovery schemes to provide **psychosocial support and mental health services** for all people in need;
Priority 3. Investing in disaster risk reduction for resilience

- Enhance cooperation between health authorities and other relevant stakeholders to strengthen country capacity for disaster risk management for health, the implementation of the International Health Regulations (2005) and the building of resilient health systems;
Priority 4: Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation and reconstruction

• Promote the resilience of new and existing critical infrastructure, including water, transportation and telecommunications infrastructure, educational facilities, hospitals and other health facilities, to ensure that they remain safe, effective and operational during and after disasters in order to provide live-saving and essential services;
INTERNATIONAL CONFERENCE ON THE IMPLEMENTATION OF THE HEALTH ASPECTS OF THE SENDAI FRAMEWORK FOR DISASTER RISK REDUCTION 2015 – 2030

10 - 11 MARCH 2016 | BANGKOK, THAILAND
Ensure coherence and alignment of national, regional and global DRR frameworks and those related to emergency and disaster risk management for health such as the International Health Regulations (2005) and the Global Health Security Agenda.
Promote systematic integration of health into national and sub-national disaster risk reduction policies and plans and the inclusion of emergency and disaster risk management programmes.

Stimulate … investment in emergency and disaster risk reduction, including in health facilities and infrastructure.

Integrate disaster risk reduction into health education and training and strengthen capacity building of health workers in disaster risk reduction.
ACKNOWLEDGE the need for the region to follow International Health Regulations and support the WHO Safe Hospital Programmes.

Islands region in the context of sustainable development;


Development Agenda and the Paris Agreement on Climate Change, as well as related
12. Ensure that standards for disaster risk reduction such as the **International Health Regulations** and the **Safe Hospital Initiative** are implemented at European country level.

The 2017 EFDRR Open Forum provided the opportunity of shaping up views on disaster risk reduction in Europe as preparation and contribution to the Global Platform for Disaster Risk Reduction (22-26 May 2017, Cancun, Mexico)

UN backs accountability on disaster losses

Ambassador Cristián Barros Melet of Chile introduces the resolution at the United Nations General Assembly (Photo: UNISDR)

Seventy-first session
Agenda item 19 (c)
Sustainable development: disaster risk reduction

Report of the open-ended intergovernmental expert working group on indicators and terminology relating to disaster risk reduction

Note by the Secretary-General

The Secretary-General has the honour to transmit herewith the report of the open-ended intergovernmental expert working group on indicators and terminology relating to disaster risk reduction established by the General Assembly in its resolution 69/284 for the development of a set of possible indicators to measure disaster risk reduction and vulnerability reduction and their effective implementation.
Global target A: Substantially reduce global disaster mortality by 2030, aiming to lower average per 100,000 global mortality between 2020-2030 compared with 2005-2015.

<table>
<thead>
<tr>
<th>A-1 (compound)</th>
<th>Number of deaths and missing persons attributed to disasters, per 100,000 population.</th>
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<tr>
<td>A-2</td>
<td>Number of deaths attributed to disasters, per 100,000 population.</td>
</tr>
<tr>
<td>A-3</td>
<td>Number of missing persons attributed to disasters, per 100,000 population.</td>
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The scope of disaster in this and subsequent targets is defined in paragraph 15 of the Sendai Framework for Disaster Risk Reduction 2015-2030 and applies to small-scale and large-scale, frequent and infrequent, sudden and slow-onset disasters caused by natural or man-made hazards, as well as related environmental, technological and biological hazards and risk.
WHO Thematic Platform for Health Emergency and Disaster Risk Management

Sharon Tsoon Ting Lo¹, Emily Ying Yang Chan¹,²,³, Gloria Kwong Wai Chan¹,², Virginia Murray⁴,⁵,⁶, Jonathan Abrahams⁷, Ali Ardalan⁸, Ryoma Kayano⁹, Johnny Chung Wai Yau¹⁰

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⁶. Integrated Research on Disaster Risk (IRDR) Scientific Committee
⁷. World Health Organization
⁸. Tehran University of Medical Sciences
⁹. WHO Kobe Centre for Health Development
¹⁰. The Faculty of Medicine, The Chinese University of Hong Kong

With contributions from:
Alistair Humphrey (Canterbury District Health Board, New Zealand), Olivier Hagon (Geneva University Hospitals), Diana Wong (Monash University), Ada Fong (The Chinese University of Hong Kong)
WHO Thematic Platform for Health Emergency and Disaster Risk Management

For those who would like to get engaged in this development of the WHO Thematic Platform for Health-EDRM Research Group please contact the current co-chairs
Emily Ying Yang Chan at emily.chan@cuhk.edu.hk and Virginia Murray at Virginia.Murray@phe.gov.uk.
Disasters and Public Health: Implementing the Sendai Framework

• The Sendai Framework provides a method to enhance capabilities to plan and prepare for, respond to, and recover from disasters and other public health emergencies.

• Offers an opportunity to engage at a global level with stakeholders on guidance and policy issues that could impact state and local preparedness.
#MEXICO GP2017

2017 Global Platform for Disaster Risk Reduction
22-26 May 2017 - Cancun, Mexico

WADEM
World Association for Disaster and Emergency Medicine
Implementing the Sendai Framework: AFRO Perspective

WCDEM 2017
Toronto, April 2017

Dr. Ngoy Nsenga
WHO/AFRO
Disaster Built-in Environment in AFRO Region

Conflicts and Social Unrests

- Climate change
- Social Vulnerability
- Limited DRM-H Governance
- Rapid urbanization
- Weak Health Systems
Paradigm Shift

From Hazard-based.....

To RISK-BASED PLANNING
Progress…

- Induction Briefing conducted for 43 countries
- First phase of Country Capacity Assessment (CCA) conducted in all 47 countries
- Second phase of Health Sector CCA conducted in 11 countries: Sierra Leone, Tanzania, Kenya, Uganda, Ethiopia, DRC, Angola, Eritrea, Cameroon, The Gambia, CAR
- Multi-hazard VRAM conducted in three countries: Tanzania, Uganda, South Sudan,
- Hazard-Specific VRAM conducted for cholera in Tanzania
- Training curriculum implemented in two Teaching Institutions: University of Pretoria, Makerere University,
Next Steps

- Integrate DRM-H Assessment and M&E Framework with IHR-JEE
- Conduct 2\textsuperscript{nd} phase of CCA in the remaining countries
- Develop DRM-H Training Package, based on the existing curriculum
- Institutionalize DRM-H training in collaboration with Teaching Institutions
- Revise DRM-H Guidelines and Tools: VRAM
THANK YOU
WS27: Public Health - Implementing the Sendai Framework
Thursday, 27 April 2017, 12:05PM - 12:55PM

WHO HQ perspective of success factors and challenges to the implementation of health emergency and disaster risk management

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More information at:
http://www.who.int/hac/techguidance/preparedness/en/

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Challenges or facing the facts?

- Number of people affected & exposure – increasing?

- Health effects = death, injury, disease, disability, and other societal outcomes

- High demands on the health system

- Moving the focus from health events to health outcomes using a risk management approach
Barriers to implementing Heath EDRM

- Weak national multisectoral DRM systems
  - Health sector interaction?

- Weak national health systems in parallel universe to health emergency management systems
  - Risk assessments missing
  - Multisectoral/interdisciplinary action needed
  - Where to focus? Communities or institutions?
Barriers to implementing Health EDRM

• Capacity development may not address priorities

• Limited focus – re hazard, latest disaster, parallel systems

• Health workers
  • part-time, response oriented, high turn over
  • technical training available, but few trained in Health EDRM with a managerial focus

• Body of knowledge and evidence is weak
  • Research/academic capacity (except in USA) is limited
Barriers to implementing Health EDRM

• People’s health has not been an explicit primary purpose of multisectoral DRM
  • Saving lives and health in “social” outcomes – BUT
  • injury, illness, disability, continuity of services missing

• Health is seen as a sector:
  • Rather than: universal outcome, human right, source of vulnerability
  • Epidemics/pandemics not usually addressed within DRR

• Response and conflict/violence missing from DRR

• 3.03 trillion dollars on international aid
  • USD13.5 bn (0.45%) on disaster prevention and preparedness (GFDRR)
Key Success Factors for Health EDRM

• Sustained investment in long-term programmes with committed champions
  - stable EDRM-H unit in MoH – all hazards
  - full-time professional staff and defined budget.

• Health well-coordinated and respected by multisectoral actors

• Window of opportunity after major emergencies and disasters

• Leveraging resources for one hazard for all-hazards systems

• Long-term WHO support to countries makes difference - (Latin America & Caribbean, Bangladesh, Indonesia, Iran, Nepal, Philippines, Viet Nam)
Some advances

• All the work that you all do!

• Health in the Sendai Framework

• National, regional and global strategies

• WHO Policy framework on emergency and disaster risk management that links:
  - All-hazards approach
  - Linking prevention, preparedness, response and recovery
  - Bridging Health EDRM with health systems, IHR, resilience
  - All sectors contributions to health outcomes

• WHO Thematic Platform on EDRM including research
Questions for plenary discussion

• What are the opportunities and challenges in using the Sendai Framework for disaster risk reduction population health gain?

• How can the Sendai Framework improve research to build public health evidence for the implementation of the Framework?
Thank you

Sendai Framework for Disaster Risk Reduction 2015 - 2030