

## Summary of First Panel Discussion

### Topic

*Implementation of the Sendai Framework for Disaster Risk Reduction - strengthening multi-sectoral disaster risk reduction to address the risks to people's health.*

### Moderator

- Dr. Suwit Wibulpolprasert, Advisor on Global Health to the Office of the Permanent Secretary, Ministry of Public Health of Thailand

### Panellists

- Police Lieutenant General Nadhapit Snidvongs, Vice Minister for Interior, Thailand
- Dr. Bagus Tjahjono, Director of Training Centre, National Disaster Management Authority, Indonesia
- Mr. Krishna Raut, Joint Secretary, Ministry of Home Affairs, Nepal
- Dr. Maria Guevara, Regional Humanitarian Representative (ASEAN), Medecins Sans Frontieres (MSF)/Doctors Without Borders
- Prof. Shinichi Egawa, Disaster Medical Science, Division of International Cooperation for Disaster Medicine at Tohoku University of Japan

### Summary of Discussion

1. Consensus emerged from the discussion on the need for more whole-of-society, multi-sectoral and multi-level disaster risk management. In particular, health aspects should be integrated into disaster risk reduction policies and plans at all levels, and vice versa, in order to enhance disaster preparedness, ensure effective emergency response and strengthen post-disaster recovery.
2. Participants highlighted the importance of capacity building for emergency and disaster risk management for health of all relevant stakeholders as a way to reduce risk and strengthen community resilience, and the need to increase public-private partnership and investment in disaster risk reduction, including in resilient health facilities and other life-saving and harm-reducing measures.
3. They also recognized the important role of local communities, especially in the implementation of disaster risk reduction measures on the ground. It was stressed that a people-centred partnership approach will help reduce disaster risk in a more sustainable manner. Gaining trust is critical. Effective communication before, during and after

disasters is need to counter stigma and suspicion concerning populations at risk and to improve risk perception and positive risk behaviour and practices.

4. Participants also emphasized the need to ensure the coherence of policies, plans and strategies across sectors and at all levels and highlighted the challenges with regard to clarity of roles and responsibility, including civil-military coordination.
5. Multi-sectoral collective actions and collaborations are needed from all levels in policies and legal frameworks and in real implementation before, during and after disasters (health in all policies and disaster risk reduction in health policies).
6. Lessons learned from past disasters (flooding, tsunami and earthquake, emerging diseases, etc.) indicated the need to further strengthen disaster preparedness for response of countries. It also highlighted that small scale disasters should not be overlooked. Climate change is adding further complexity to both risk and adaptation measures, including disaster risk management. There is a need to plan for short, medium and long term measures. For sustainability of disaster risk management efforts, financing is crucial for both preparedness as well as for response and recovery.
7. The need for research and development and to enhance the use of technology and innovations in disaster risk reduction are important to improve the evidence base for decision-making and to assist effective and efficient policy and practice.
8. Promoting functioning multi-hazard early warning systems, risk assessment and information, and health-related innovations at all levels for risk-informed resilient health systems and integrated national risk profiling was underlined. In addition, participants noted that innovative communication methods, coordinated by multi-sectoral approach, can play a critical role in disseminating early warning messages.
9. The importance of the sharing of information, experiences and lesson learnt from disaster risk management was underlined.
10. The need to enhance the safety and resilience of health infrastructure and facilities was also raised. It is important to ensure that health systems continue to function properly during and after disasters.
11. Humanitarian organizations such as MSF have traditionally concentrated on conserving life, mitigating the suffering and protecting human dignity. They also focus on improving better understanding of humanitarian concepts and health innovation in humanitarian related sectors. They are also increasing their investment in risk reduction measures, including preparedness.
12. The understanding of hazard risk from nuclear and technological hazards and action to manage these risks should be given greater attention among partnerships for disaster risk management.

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