



**WHO STATEMENT TO THE  
3<sup>rd</sup> UN WORLD CONFERENCE FOR DISASTER RISK REDUCTION  
SENDAI, JAPAN  
17 March 2015**

President, Your Excellencies, Ladies and Gentlemen,

It gives me great pleasure to address the 3<sup>rd</sup> World Conference on Disaster Risk Reduction on behalf of the World Health Organization – graciously hosted by the Government of Japan.

WHO and the health community welcome the current negotiations of the Post-2015 Framework for Disaster Risk Reduction. For the first time, protecting people's health is at the centre of the framework and our collective goals to reduce risks and losses from disasters.

**From Hyogo to Sendai**

For many years, governments, United Nations agencies, nongovernmental and private organizations, communities and other partners in health and other sectors have been working together striving to protect the lives and wellbeing of women, men and children before, during and after disasters.

For example:

- 130 countries have established plans for strengthening preparedness in the health sector.
- 79 countries have implemented action, including the assessment of more than 3500 hospitals, to make health facilities safer and better-prepared for disasters .
- 61 States Parties are fulfilling their obligations under the International Health Regulations - a global agreement for the prevention and control of epidemic diseases and other public health threats with the potential for international spread.

Progress in reducing the risks of disasters to people's health in the past decade has been variable across and within countries. The health of many millions of people continues to be affected by different types and scales of emergencies and disasters.

For the decade from 2004 to 2013, an average of 110 000 people died every year due to natural and technological hazards, while the lives of many more -- approximately 1.7 billion -- have been severely affected. Right now, some 172 million people are affected by conflict and 78 million people are in need of humanitarian

assistance. In addition to the lives lost, the health effects for many millions of people include injuries, illness, disability and widespread psychosocial impacts which can have life-long consequences.

### **Healthy people are resilient people**

A person's health status affects the quality of their life in so many ways, from hampering a child's future development to limiting a person's capacity to work and contribute to society. We have seen how health systems in countries can be overwhelmed by epidemics (such as Ebola and influenza), disasters and conflicts, and that they require sustained action and support for restoring health services and strengthening community resilience.

On the other hand, we have also seen that countries that are well prepared for disasters can save many lives and reduce the immediate and long-term health consequences, putting communities on the road to recovery much faster. Effective early warning systems for evacuation for weather-related events and strong health emergency risk management capacities, such as in the Philippines and New Zealand, have shown how health outcomes can be improved through multisectoral action.

### **New post-2015 framework for disaster risk reduction**

Member States are now showing explicit recognition that protecting people's health from the risks of emergencies and disasters is a social, economic and political necessity. The new framework is expected to call upon all Member States and the international community to comprehensively address health issues, including strengthening capacities for emergency and disaster risk management for health, making hospitals safer and supporting the implementation of the International Health Regulations (2005).

Member States have recognized the diverse needs and capacities of people at risk of disasters. The DRR community and the health sector must work together to fulfil the commitments in the framework on mental health, chronic diseases, ageing and disability.

We also welcome the call for a stronger role of science and evidence-based measures in disaster risk reduction, which WHO is well placed to implement.

### **Key considerations for implementation**

As our attention turns to implementation of the new framework, WHO calls on the international community to unite for action for people's health by taking into account the following key considerations:

1. To protect people's health from the impact of disasters, all sectors of society must work together. This is not a task that the health sector can achieve alone.
2. We must adopt an all-hazards approach so that people's health is protected from any type of risk, whether due to earthquakes and tsunamis that the people of Sendai and the surrounding region have faced, floods, heat waves, windstorms

chemical and radiological incidents, epidemics or conflicts. This approach should apply to the smaller-scale risks of emergencies that occur more frequently in communities worldwide through to the large-scale disaster risks that have significant national, regional and global consequences.

3. Action to make hospitals and other health facilities safe and operational before, during and after disasters through the implementation of the Safe Hospitals Initiative must be a priority for disaster risk reduction.
4. Recognizing that protecting people's health from disasters is a political and social imperative, greater investments are needed to strengthen emergency and disaster risk management for health and to ensure resilient and functioning health systems.

### **WHO's commitments**

As the directing and coordinating agency for global health, WHO has supported Member States through the negotiations of the post-2015 framework. WHO will take its responsibility to translate this framework into action by providing support in four main areas:

1. **Strengthening country capacities for emergency and disaster risk management for health (EDRM-H).** In parallel with the post-2015 framework negotiations, WHO has developed with Member States and partners, a policy framework on emergency and disaster risk management for health to help build capacities to effectively manage risks of emergencies and reduce their health consequences. These include risk and capacity assessments, guidance on strengthening the coordination mechanisms in the health sector and with other sectors through national disaster management organizations, training of professionals in health and other sectors, and emergency preparedness for response and recovery. WHO will also continue to facilitate health sector input to regional and global coordination mechanisms, including the thematic platform on EDRM-H.
2. **Implementation of the Safe Hospitals Initiative.** WHO and partners will support countries to scale up action in order to establish national programmes, reconstruct or build new facilities safely, and strengthen preparedness for the health care response to disasters. At this World Conference on Disaster Risk Reduction, WHO has released the Comprehensive Safe Hospital Framework and the Second Edition of the Hospital Safety Index, which offers guidance for the assessment of the safety and preparedness of hospitals to function effectively in a disaster situation.
3. **Continued implementation of the International Health Regulations (2005)** for the prevention and control of public health emergencies with the potential for international spread (e.g. epidemics, chemical and radiological events). WHO will continue to support Member States to develop and maintain national core capacities for the detection, investigation, response and reporting of public health events within their territories.

4. **Action on climate and health**, including reducing risks to health of extreme weather and climate-related hazards and climate-sensitive diseases. WHO and the World Meteorological Organization (WMO) have established the WHO-WMO Climate and Health Office and work together on implementing the Global Framework for Climate Services to meet the climate information needs of the health sector.

WHO's work in strengthening country capacities links strongly to our work in emergency response to all types of emergencies across the entire organization and through leadership of the Global Health Cluster and the Foreign Medical Teams initiative. Notably WHO is scaling up our support to countries in post-disaster recovery and those suffering protracted crises as they are in critical need of stronger emergency and disaster risk management systems to overcome existing challenges and deal with future threats.

Our way forward must be collaborative. WHO can assure the disaster risk reduction community that we will continue to enhance the work we do together to strengthen country and community capacities. Today, we are well placed to seize the momentum and to put people and their health at the heart of disaster risk reduction.

Let's work together to protect every society's most precious asset – our people.