DEPARTMENT OF COOPERATIVE GOVERNANCE AND TRADITIONAL AFFAIRS

NATIONAL DISASTER MANAGEMENT CENTRE

AN OVERVIEW OF 2008 – 2009 ISDR WORLD DISASTER REDUCTION CAMPAIGN

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BUILDINGS KILL PEOPLE, not EARTHQUAKES!!
STRUCTURE OF THE PRESENTATION

1. Purpose of the presentation
2. Background on HFA & NDMC, PDMC & MDMC mandates & Roles in terms of HFA in the context of the SA DRM policy and legislative framework
3. ISDR WDRC in the context of HFA, SA DRM policy and legislative framework
4. What are the objectives of the hospitals safe from disasters campaign: 2008 – 2009?
5. Who are we trying to reach?
6. How do we do it?
7. What are the key messages of the campaign?
8. Conclusions of the 2nd Global Platform for DRR, 2009
9. South Africa contact and resources persons / officials
10. NDMC website
11. Concluding statement
• South Africa is one of 168 countries which ratified the Hyogo Framework for Action (HFA) 2005 – 2015 in Kobe, Hyogo, Japan during 18 – 22 January 2005.
• The HFA was adopted with the objective of “Building the resilience of nations and communities to disasters”
• Five (5) key Priorities for Action were identified, viz:
  ✓ Ensure that disaster risk reduction is a national and local priority with a strong institutional basis for implementation;
  ✓ Identify, assess and monitor disaster risks and enhance early warning;
  ✓ Use knowledge, innovation and education to build and culture of safety and resilience at all levels;
  ✓ Reduce all underlying risk factors; and
  ✓ Strengthen disaster preparedness for effective response at all levels.
BACKGROUND ON HFA & NDMC, PDMC & MDMC MANDATES & ROLES IN TERMS OF HFA IN THE CONTEXT OF SA DRM POLICY AND LEGISLATIVE FRAMEWORK (continued)

• HFA emphasizes that DRR is a central issue for development policies;

• Disasters undermine development achievements, impoverishing people and nations; and

• Without serious efforts to address disaster losses, disasters will become an increasingly serious obstacle to the achievement of the Millennium Development Goals (MDGs)

• PoA 3 read with Enabler 2 of the NDMF 2005 mandates NDMC, PDMC and MDMCs to collaborate on matters relating public awareness, including on the theme of safety of health facilities.

ISDR WDRC IN THE CONTEXT OF HFA, SA DRM POLICY & LEGISLATIVE FRAMEWORK

• Consistent with the provisions of the HFA, SA has adopted the DM Act, 2002 & its policy framework, 2005 (the NDMF) to guide disaster management with an emphasis on disaster prevention, preparedness and mitigation by all sectors, levels and disciplines.

• ISDR World Disaster Reduction Campaign (WDRC) is implemented in terms of Enabler 2 of the NDMF read with Programme of Action (PoA) 3 of the HFA with a view to “Building a Culture of Safety and Resilience” among all stakeholders.

• Bi-annual themes are chosen for the campaign globally as follows:

  ✓ 2006 – 2007 – Disaster Risk Reduction Begins at School
  ✓ 2008 – 2009 – Hospitals Safe from Disasters
  ✓ 2010 – 2011 – Urbanisation and Disasters
  ✓ 2012 – 2013 - Home safe from Disasters
  ✓ 2014 – 2015 – Protecting the Environment from Disasters
DISASTER EFFECTS TO PREVENT, PREPARE FOR AND / OR MITIGATE AGAINST

• The FF pictures below shows some of the major disasters that affected hospitals. One can imagine the Economic and Social losses that resulted therefrom.

• Through the theme “Hospitals Safe from Disasters”, we are aiming to prevent, prepare for or mitigate against disaster situations such as those shown below:

- To raise awareness and effect change that will:

  ✓ Protect the lives of patients and health workers by ensuring the structural resilience of health facilities;
  ✓ Make sure health facilities and health services are able to function in the aftermath of emergencies and disasters, when they are most needed; and
  ✓ Improve the risk reduction capacity of health workers and institutions, including emergency management.
WHO ARE WE TRYING TO REACH?

• Politicians at local and national levels who are committed to providing the population with safe hospitals and effective health facilities in all circumstances, especially following disasters or emergencies;

• Policy and business decision makers in countries worldwide;

• Health workers who provide critical services in these facilities and who should see themselves as agents of change in their communities;

• Architects and engineers and other professionals who can contribute to ensuring that health facilities they design are resistant to natural hazards;

• Development banks and lending agencies that finance the construction, reconstruction or retrofitting of health facilities, which should push for the incorporation of disaster risk reduction (i.e. prevention, preparedness and mitigation) measures to ensure that hospitals and health facilities are as safe from disasters as possible; and

• Donors and health development programs of a variety of funding and implementing agencies.
WE DO IT BY

• Taking every opportunity to raise awareness by including the topic on agendas of high-level summits and technical meetings and documenting and sharing good practices of making hospitals safe from disasters;

• Involving the widest possible variety of professionals – all health disciplines, engineers, architects, managers, maintenance staff and more – in identifying and reducing risk and building the resilience of communities; and

• Identifying health services’ safety as a specific target for policy action and facilitate **formulation of strategic action plans involving governments, health sector and any other actors to address it.**
THE KEY MESSAGES OF THE CAMPAIGN

• The most expensive hospital is the one that fails: Hospitals and health facilities represent an enormous investment for any country. Their destruction imposes major economic burdens;

• Disasters are a health and social issue: All disasters are a health issue and damage to health systems affects every part of society and nations as a whole;

• Protecting critical health facilities from disasters is possible: By including risk reduction in the design and construction of all new health facilities, and by reducing vulnerability in existing health facilities through selecting and retrofitting the most critical health facilities; and

• The health workforce must be agents of disaster risk reduction: Health workers are central to identifying potential health risks from hazards and promoting personal and community risk reduction measures.
CONCLUSIONS OF THE GLOBAL PLATFORM FOR DRR OF 16 – 19 JUNE 2009, IN GENEVA, SWITZERLAND

• The 2009 GP for DRR ended with a call to **halve** disaster related deaths by 2015 through the ff specific targets:

  ✓ By 2011, a global structural evaluation of all schools and hospitals and by 2015, **firm action plans for safer schools and hospitals** developed and implemented in all disaster prone countries with DRR included in school curricula by the same year.

  ✓ The conference serves as a platform to achieve the above stated objectives.

• By 2015, all major cities in disaster prone areas to include and enforce DRR measures in their building and land use codes.
SOUTH AFRICAN CONTACT PERSONS

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DISASTER MANAGEMENT INFORMATION SYSTEM
“Reducing our vulnerability to natural disasters is the best way to implement sustainable development strategies …… We must ensure that natural hazards, which are inevitable, do not necessarily turn into major economic and social disasters …..” The Hyogo Framework for Action 2005 – 2015: Building the Resilience of Nations and Communities to Disasters.

Thank You!