

**International Conference on the Implementation of the Health Aspects
of the Sendai Framework for Disaster Risk Reduction 2015 – 2030**

10 – 11 March 2016,

The Royal Orchid Sheraton Hotel in Bangkok, Thailand

I. Theme

Promoting systematic integration of health in disaster risk reduction national policies and strategies

II. Background

At the Third United Nations World Conference on Disaster Risk Reduction in March 2015 in Sendai, Japan, Member States adopted the Sendai Framework for Disaster Risk Reduction 2015-2030 which was later endorsed by the UN General Assembly underlining strong political support to move ahead on its implementation.¹ Building on the Hyogo Framework for Action 2005-2015 (HFA), the Sendai Framework has the over-arching objective to achieve substantial reduction of disaster risk and losses in lives, livelihoods and health. To attain the expected outcome the goal that must be pursued is to prevent new and reduce existing disaster risk through the implementation of integrated and inclusive measures that prevent and reduce hazard exposure and vulnerability to disaster, increase preparedness for response and recovery, and thus strengthen resilience.

Compared to the previous framework, the Sendai Framework is people-centered, has a wider scope covering all types of disaster risk and hazards, including biological hazards and serving as a blueprint for multi-hazard disaster risk reduction at all levels as well as within and across all sectors.

The Framework importantly calls for countries to shift their focus from managing disasters to managing risks, which requires a better understanding of risk in all its dimensions of hazard, exposure and vulnerability².

The Sendai Framework outlines the primary responsibility of States to prevent and reduce disaster risk, including through cooperation with shared responsibility between central and local authorities, sectors and stakeholders;

¹ Res. A/69/283 entitled *Sendai Framework for Disaster Risk Reduction 2015 – 2030* was adopted at the 69th Session of the United Nations General Assembly on 3rd June 2015.

² Disaster risk is considered to be a function of hazard, exposure and vulnerability.

The Sendai Framework is relevant to the health sector, as to all sectors that contribute to managing health risks of disasters. Health is included in the expected outcome and the goal of the Sendai Framework. The Goal of Sendai Framework is to prevent new and reduce existing disaster risks through the implementation of integrated and inclusive economic, structural, legal, social, health, cultural, educational, environmental, technological, political and institutional measures that prevent and reduce hazard exposure and vulnerability to disaster, increase preparedness for response and recovery, and thus strengthen the resilience. Four out of the seven global targets stated in the Sendai Framework are directly related to health, including reducing disaster mortality and the number of affected people, Disaster damage to critical infrastructure and disruption of basic services, including health facilities

There are more than 30 explicit references to health, focusing on increasing availability of, and access to, multi-hazard early warning systems and disaster risk information and assessments to the people and raising public and institutional awareness, building resilient health systems by integrating disaster risk management into primary, secondary and tertiary health care, and strengthening the capacity of health personnel and community health workers in disaster risk prevention and reduction.

In a globalized era in which pandemics, epidemics and biological hazards in general observe no boundary and can swiftly cross borders with ease, the interconnection between safeguarding public health, and national health systems and disaster risk reduction becomes all the more evident. This points to the crucial need for every country to reduce all types of hazards, vulnerabilities and exposures, and prepare itself to respond and to build back better in the eventuality of natural or man-made disasters that could exact a heavy toll on lives, livelihoods and health and put severe strain on national health systems.

The Sendai Framework is in full synergy and alignment with the International Health Regulations (2005) that is used by the health sector to prevent and respond to public health crises of biological, radionuclear, and chemical hazards, including through the development and strengthening of core capacities integral to the resilience of health system, communities and countries.

Effective implementation of the Sendai Framework requires enhancing cooperation between health authorities and relevant stakeholders and increasing public and private investment in the field of disaster risk reduction, including through encouraging technology and solution-driven research, and enhancing multi-hazard early warning systems.

The breadth of the multisectoral Sendai Framework which serves as a pillar of the post-2015 development agenda also provides the opportunity to achieve full synergy with health-related initiatives related to emergency and disaster risk management, the global health security agenda, climate change, universal health coverage and the Sustainable Development Goals.

III. Target Participants

The Conference, to be jointly convened by the Royal Thai Government and the United Nations Office for Disaster Reduction (UNISDR), in partnership with the World Health Organization and other governments. It will bring together:

- Representatives of national governments, mainly Disaster Risk Reduction and Health focal points and senior policy makers;
- Key stakeholders and networks;
- Experts from all regions; and
- Key UN and inter-governmental and international agencies.

The participants will discuss how the health community will implement the health aspects of Sendai Framework for Disaster Risk Reduction in collaboration and coordination with relevant sectors and stakeholders.

IV. Purpose and Objectives

The Conference will:

- Advocate for, and support, cross-sectoral and transboundary collaboration on the effective management of all hazards, including biological hazards.
- Assess the current status and critical gaps for the integration of the health sector and DRR community, including in National Disaster Management Agencies and platforms for DRRs, at the national, regional and global levels;
- Draw recommendations on how to implement the health aspects in the Sendai Framework and identify opportunities to integrate health in Disaster Risk Reduction in national policies and strategies.
- Promote the resilience of national health systems as key element for disaster risk reduction and management;
- Share experiences on epidemic and pandemic preparedness and response, and identify best practices for future disasters risk management;

The Conference will also hear inputs and lessons learnt from a table top exercise conducted one day prior to the Conference between the joint Japan-Thailand disaster relief team carrying out a simulation exercise in response to a hypothetical pandemic outbreak.

V. Expected Outcomes

- Chair's Summary providing recommendations for the implementation of the health aspects of the Sendai Framework in a comprehensive, multi-disciplinary, multi-sectoral and all-hazards approach for disaster risk.
- The results of the Conference feed into the '*Asia Regional Plan for the implementation of the Sendai Framework*³,' which is the intended outcome of the First Asian Ministerial Conference for Disaster Risk Reduction after the advent of the Sendai Framework for Disaster Risk Reduction 2015 – 2030 to be hosted by the government of the Republic of India in New Delhi in November 2016.
- The results of the Conference will also provide input for the ongoing review process of the IHR 2005 that will be tabled at the 69th session of the World Health Assembly in May 2016.

³ *The Asia leaders' meeting towards implementation of the Sendai Framework for Disaster Risk Reduction* (17 Nov 2015, New Delhi) has initially agreed that the *Asia Regional Plan* will serve as regional guidelines for the implementation of the Sendai Framework for Disaster Risk Reduction 2015 – 2030. The meeting has also identified four priority areas for Asia-Pacific as below;

1. *Actions to address cross-cutting issues* (inclusive approach, gender-sensitivity, sub-regional and regional cooperation)
2. *Actions to strengthen local actions* (local government, CBO, local NGOs, other local partners/stakeholders)
3. *Actions to enhance resilient private investments*
4. *Actions to strengthen public policies and investments*

VI. Tentative Programme

Thursday, 10 March 2016 (Day 1/2)

08.00-09.00 hrs. Registration

09.00-10.00 hrs. **Opening ceremony**
Venue: Ballroom 2 and 3

Welcoming remarks by

Ms. Pornprapai Ganjanarintr, Director-General, Department of International Organizations, Ministry of Foreign Affairs of Thailand

Opening remarks by

H.E. Clin. Prof. Emeritus Dr. Piyasakol Sakolsatayadorn, Minister of Public Health of Thailand

Keynote addresses by

- Mr. Robert Glasser, Special Representative of the Secretary-General for Disaster Risk Reduction, The UN Office for Disaster Risk Reduction (UNISDR)
- Dr. Bruce Aylward, Executive Director a.i. Outbreaks and Health Emergencies, World Health Organization (WHO)

Group photo

10.00 – 10.30 Tea/Coffee break

10.00 – 10.45 hrs. **Joint press briefing (Royal Thai Government, UNISDR and WHO)**
Venue: Riverside 2

10.30 – 12.30 hrs. **Remarks by the Chair of the Conference, H.E. Mr. Thani Thongphakdi, Ambassador and Permanent Representative of Thailand to the UN and International Organizations in Geneva**

First Panel Discussion: *Implementation of the Sendai Framework for DRR - strengthening multisectoral disaster risk reduction to address the risks to people's health.*

The Panel will focus on the following:

- (1) Lessons learned from past disasters (flooding, tsunami and earthquake, emerging diseases, etc.) indicated the need to further strengthen disaster preparedness for response of countries.
- (2) Resilience of health systems, including through integration of DRR in national health plans and strategies
- (3) Promoting functioning multi-hazards 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.
- (4) Public and private investment in disaster risk reduction, including in resilient health facilities and other life-saving and harm-reducing measures.

12.30 – 14:00 hrs. Luncheon at Riverside 5-7

12.30 – 14.00 hrs. **Side event** "Health Disaster Risk Reduction in Asia: Good Practices, Opportunities and Challenges"
Organizer: Collaborating Centre for Oxford University and Chinese University of Hong Kong for Disaster and Medical Humanitarian Response (CCOUC)

Venue: Riverside 2

14:00 – 16.00 hrs. **Second Panel Discussion: *Capacity building of public health preparedness and response***

The Panel will focus on the following:

- (1) New challenges posed by infectious disease outbreaks, including their potential political, economic, social and developmental impacts.
- (2) Managing and enhancing the capacity of health workers in disaster medicine and of community health workers to combat epidemics and pandemics and other disasters
- (3) Collaboration between health authorities and other relevant stakeholders to strengthen national capacities for pandemic preparedness and response
- (4) Transboundary cooperation for policy and planning for the implementation of the Sendai Framework for DRR, including health emergencies and pandemic risks.

- 16.00 – 17.00 hrs. **Input and Lessons Learnt from the Table Top Exercise**
The Table Top Exercise will be conducted in a closed session prior to the Conference between Japan and Thailand disaster relief teams in response to a hypothetical pandemic outbreak.
- 17.00 – 17.45 hrs. **Present the conference draft outcome document**
- 18.15 hrs. **Welcome dinner** (River Cruise) hosted by the Royal Thai Government

Friday, 11 March 2016 (Day 2/2)

- 09.00 – 09.30 hrs **Summary of Day 1 and overview of Day 2 discussions**
- 09.30 – 11.30 hrs. **Third Panel Discussion: *Strengthening the design and implementation of inclusive policy and social safety-net mechanisms for DRR***
The Panel will focus on the following:
(1) Community involvement during and post disaster phases in livelihood enhancement programmes and in ensuring access to
(2) basic health care services.
(3) Addressing the needs of people disproportionately affected by disasters and empowering women and persons with disabilities to lead and promote gender equitable and universally accessible disaster preparedness, response, recovery, rehabilitation and reconstruction programmes.
(4) The development and implementation of policies and plans to manage the risks to access to health care services during and post disasters for people with life-threatening and chronic diseases and for mental health.
(5) Strengthening social safety-net mechanisms to reduce the risks, especially Universal Health Coverage (UHC).
- 11:30-12:30 hrs. **Consideration of the Chair's Summary and Recommendations**
- 12.30-14.00 hrs. Luncheon at Riverside 5-7

12.30 – 14.00 hrs. **Side event** “Enhancing partnerships for healthier communities: One Billion Coalition for Resilience”
Organizer: International Federation of Red Cross and Red Crescent Societies (IFRC)
Venue: Riverside 2

14.00 -16.00 hrs. **Fourth Panel Discussion: *Partnerships and the role of stakeholders***

The Panel will focus on the following:

1. The role of national DRR platforms, including civil-military coordination as a cross-sectorial coordination and response mechanism, inclusive of public health sector
2. The importance of stand-by agreements for personnel and materials to respond to crisis and the role of existing networks of experts and supply chains
3. The role of Public Private Partnership in risk management-prevention, preparedness, response and recovery
4. Support cross-sectoral, transboundary collaboration and information sharing for all hazards, including biological hazards

16.00 – 16.30 hrs. Tea/Coffee break

16.30 - 17.00 hrs. **Closing Plenary**

Presentation of the Chairs’ Summary and Recommendations

Closing remarks by the Chair

End of program
