



Summary of discussions in Day 1 10 March 2016

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Opening Ceremony



- ▶ This joint co-organized conference by three ministries of the Royal Thai Government, Ministry of Foreign Affairs, and the Ministry of Public Health and to the Ministry of Interior, as well as WHO and UNISDR is both significant and timely.
- ▶ It is the first conference that discuss disaster risk reduction and health under the Sendai Framework
- ▶ It is a top gathering of experts and practitioners as well as government representatives who have significant knowledge and experience in this field.
- ▶ It is timely, as we witness outbreaks like Ebola and Zika viruses, realizing the urgent need to integrate disaster risk reduction approaches in national health policies and strategies and vice versa.
- ▶ This conference is an important opportunity to examine in some detail what the practical implications are for disaster risk managers of engaging in actions to strengthen public health measures against emerging diseases and the threat of epidemics, in a consistent and regular way.

The significance of Sendai Framework to Health



- ▶ Next pandemics will happen. Population health and well-being will inevitably be affected, as with socio-economic aspects of the country, if not well prepared and managed properly.
- ▶ Attach great importance to the people-centered principle to reduce risks and uncertainties through the empowerment of the local communities.
- ▶ The health sector can not work alone to tackle the challenges posed by natural or man-made disasters. All sectors and stakeholders at all levels, from the local, national, regional and global levels have a significant role in ensuring a success of disaster risk reduction towards sustainable development.
- ▶ The Sendai Framework calls for a breaking down of silos between more traditional areas of focus for disaster managers such as natural hazards so that they be equally engaged and effective in responding to public health emergencies.
- ▶ An integrated approach to health and disaster risk reduction is an all-of-society imperative.

The key features of Sendai Framework for DRR

- ▶ The Sendai Framework aims to achieve a substantial reduction of disaster risk and losses in lives, livelihoods and health.
- ▶ The Sendai Framework goes beyond the traditional remit of natural hazards to include technological disasters such as nuclear accidents, and biological threats such as outbreaks of Ebola, SARS, H1N1, dengue or the Zika virus.
- ▶ It is fully aligned with the International Health Regulations (2005), which aims to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.
- ▶ The Sendai Framework also provides an opportunity to ensure countries include health in new, or revised, national and local disaster risk reduction strategies by 2020.

Implementation of the Sendai Framework has at least two key challenges.

- ▶ 1. to bring about a paradigm shift from managing disasters to managing the underlying risk factors which drive those disasters.
- ▶ 2. to bring about a change in the traditional perspective on disaster management so that health becomes a key area of focus for disaster risk reduction knowing that an under-resourced and poorly protected health system can multiply the impact of any disaster event on exposed and vulnerable populations.

Opportunities for the future



- ▶ Thailand, in its capacity as the current **Chair of the Group of 77** for 2016 is an opportunity to take this issue forward at the highest political level
- ▶ Courtiers and agencies involved in this conference to continue working closely together and with the international community to promote a resilient health system as key to DRR.
- ▶ We also need to foster cross-border cooperation and develop partnerships between health agencies and disaster management agencies.

Panel 1: Implementation of the Sendai Framework for DRR- strengthening multisectoral disaster risk reduction to address the risks to people's health

- ▶ The session emphasizes the importance of multisectoral approach for implementing DRR. The Chair emphasized the importance of integration of health issues in DRR and vice a versa.
- ▶ It draws the lesson learnt from country perspective (Thailand, Indonesia, Nepal), academia (Japan), and IOs.
- ▶ The discussion emphasizes on capacity building, mutisectoral work, knowledge sharing, and innovations.
- ▶ The panel emphasized that the small and medium scale events such as seasonal small scale floods cannot be ignored as the accumulated loss can be significant.
- ▶ Highlighted the challenges with regard to clarity of roles and responsibility with military (civil -military coordination), the role of humanitarian actors; and communities' role untapped
- ▶ Address risks facing mass gatherings

Highlighted the needs of multisectoral collective actions and collaborations from all levels through 7 actions.

- ▶ Collective actions in legal and real implementation before, during and after disasters in multisectoral collaboration (health in all policies and DRR in health policies).
- ▶ Capacity building – at all levels and for IHR, resilience health system, monitoring and evaluation, and communication.
- ▶ Share information, experiences, lesson learnt and good practices to enhance scaling up of interventions and applicability in other situations/countries.
- ▶ Involve private sector in disaster risk reduction as well as strengthening public- private partnership.
- ▶ Enhance R&D innovations and use of technology in disaster risk reduction, including for biological hazards.
- ▶ Financing preparation is an important aspect in disaster risk management to ensure its sustainability, save lives and livelihoods and save on cost of response to emergencies and disasters
- ▶ Better understanding of hazard risk from technological hazards, including nuclear hazards

Panel 2- Capacity Building of Public Health preparedness and response

- ▶ Heard perspectives from countries- Korea, Thailand and Sierra Leone and from regional organizations such as the European Center for Disease Control (ECDC) and ASEAN
- ▶ Lessons learned from dealing with health emergencies such as MERS, Ebola and H5N1, H1N1, and natural disasters highlighted the need for:
- ▶ Better equipping health facilities including laboratories to detect and diagnose at the early stage,
- ▶ Early warning system and risk assessment, dissemination and communication to policy makers and the public,
- ▶ Intensified transboundary research and development (financing and investment),
- ▶ Put international regulations to the use for these “extraordinary events”, and
- ▶ Strengthen standby capacity for rapid response,
- ▶ Community mobilization and People- cantered approach to DRR and risk management for health

Challenges

- ▶ **Outbreaks and emergencies caused by biological hazards are inevitable and often result in huge economic loss, social and political consequences, in addition to health impacts.**
- ▶ **Cost of disasters is enormous- Every year, on average, the ASEAN region experiences losses related to natural disasters estimated at US\$ 4.4 billion***
- ▶ **How to address Gaps and strengths of PH system preparedness, how to enable generation of real-time evidence and multi-discipline network/platform in “peace time”**
- ▶ **how can flexibility be designed or accounted for in preparedness planning?**
- ▶ **How to secure porous borders in time of increased travel and trade**
- ▶ **Recruitment of Qualified Experts**
- ▶ **Secure infrastructure for Rapid Response and Infection Control**
- ▶ **Strengthen R&D for infectious diseases**

Opportunities



- ▶ **Leverage the significant role of regional organization to promote policy and programme coherence, and use it as a platform for mutual learning, information sharing, trainings and to develop and maintain regional collaboration tools and to strengthen Regional Capacity on Disaster Health Management**
- ▶ **Leverage the role of national disaster risk management organizations**
- ▶ **Invest in prevention and preparedness is the best solution to minimize impacts, including EOC and incident management system, surveillance and early warning system, simulation exercises, and ensuring updated legal frameworks and policies**
- ▶ **Strengthen the capacity of disaster medicine. It was identified as one of the collaboration activities in health development for post 2015 in ASEAN region.**

Side event-Health Disaster Risk Reduction in Asia: Good Practices, Opportunities and Challenges

- ▶ 1) Research/science/evaluation is critical to build the evidence base for DRR/health policy and practice.
- ▶ 2) Multi-disciplinary and multi-sectoral approach should be emphasised and encouraged.
- ▶ 3) DRR/health activities mechanisms should encourage a complementary top-down and bottom-up approach.
- ▶ 4) The important role of civil society should be emphasised, and opportunities created for them to support institutional mainstreaming processes and resilience-building activities.
- ▶ 5) Collaborations and partnerships should be encouraged and leveraged to enable smart and effective DRR.
- ▶ 6) Creative means should be sought to finance the DRR agenda and identify existing resources in stakeholder, and should be distributed amongst all types of stakeholders.
- ▶ 7) The outcome document should align with the UNISDR Science and Technology Roadmap.

Outcome document-Bangkok Principles for the implementation of the health aspects of Sendai Framework

- ▶ 7 principles based on the text of the Sendai Framework and the negotiation process that preceded its adoption and the experience of the countries and agencies involved.
- ▶ Proposes key actions and monitoring measures under each principle
- ▶ The outcome document will feed into different DRR and health
 - ▶ The first Asian Ministerial Conference for Disaster Risk Reduction held by India in Nov 2016,
 - ▶ The GHSA in France in March 2016
 - ▶ The WHA in May 2016 and
 - ▶ Various regional and global DRR platforms

Principles for implementation

1. 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 programs in national and sub-national health strategies.
2. 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 building of resilient health systems.
3. Stimulate public and private investment in emergency and disaster risk reduction, including in health facilities and infrastructure.

Principles for implementation



4. Integrate disaster risk reduction into health education and training and strengthen capacity building of health workers in disaster risk reduction.
5. Incorporate disaster-related mortality, morbidity and disability data into multi-hazards early warning system, health core indicators and national risk assessments
6. Advocate for, and support cross-sectoral, transboundary collaboration and information sharing for all hazards, including biological hazards.
7. Promote coherence and further development of local and national policies and strategies, legal frameworks, regulations, and institutional arrangements.



collaboration
is **everything**