Annex 3

Summary of Third Panel Discussion

Topic

Strengthening the design and implementation of inclusive policy and social safety-net mechanisms for disaster risk reduction

Moderator

- Mr. Elhadj As Sy, Secretary General, International Federation of the Red Cross

Panellists

- Dr. Raul Latorre, Director General for the Development of Health Services, Ministry of Health, Paraguay
- Mrs. Netnapis Suchonwanich, Deputy Secretary General of the National Health Security Office (NHSO), Thailand
- Mr. Baltz Tribulano, Chief of DRRM, Cebu, Philippines
- Dr. Nenette Motus, Regional Director (ad interim) and Regional Migration Health Adviser, International Organization for Migration (IOM)

Summary of Discussion

- This panel illustrated the importance of social safety-net mechanisms for disaster risk reduction and the flexibility required to prevent prepare and respond to disasters more effectively. Evidence from Paraguay has indicated the effectiveness of community involvement in vector-borne diseases control. Universal Health Coverage is an example of an effective safety net mechanism to ensure access to basic health services during disaster in Thailand. Essential health services, such as anti-venom, and supplies for dialysis, can reach those in need during disasters through collaboration with other sectors. Participants also underlined the importance of migrant sensitive policies to ensure that essential health services are accessible by migrants. Safety net mechanisms need to be designed inclusively and flexibly to ensure disaster affected people are protected before, during and after disasters.

- Experience from Paraguay on disaster risk reduction and health according to the priorities of the Sendai Framework for Disaster Risk Reduction:
    - To prepare and respond to the current El Niño phenomena, a review of all floods in the past 100 years was done, including the worst El Niño phenomena

in recent decades during 1997-1998. According to forecasts, the current El Niño phenomena will continue and reach its maximum intensity in January and last until June this year. This is similar to the one in 1997-1998.
    - A multi-sectoral contingency plan was developed for the current El Nino, including improving surveillance and action across sectors.
    - Dengue, chikungunya and zika have been complicated by current floods. As flood waters retreat new breeding sites for the vector have emerged. Differentiating each of the three diseases needs to be mapped out for health workers and needs to be understood by the community. The involvement of scientific societies is essential.
    - Integrating the community in the response is key -- including vector control and the monitoring of pregnant women. Although training for health workers, improving logistics and technical capacities of the workforce, stockpiling of necessary materials within reach of communities and cooperation between the relevant sectors are very important, the most important factor is empowering people in this complex emergency. For this, a social communication and educational strategy was developed.

- Experience of Thailand on inclusive policies and social safety net/health insurance:
    - There are different coverage schemes in Thailand – civil servants scheme; social security scheme and universal coverage scheme. Long staying foreigners in Thailand (with ID) also have a coverage scheme.
    - Every scheme has its own regulations and disbursement and reimbursement processes.
    - All schemes aim to ensure that members can access effective health care services when needed and be provided with effective protection in case of impoverishment or expenditures from catastrophic illness in the beneficiaries' household.
    - During emergencies the schemes are flexible. Harmonization among the three schemes is done under the concept of "medical emergency care for everybody, everywhere", implemented since 2012.
        - Financial support is provided to hospitals so that they can handle the sudden surge of extra services required.
        - Outreach services and support are provided to homes, especially to elderly and those with chronic diseases (eg. asthma) through qualified networks.
        - Delivery of essential supplies (anti-venom) for medical services are provided at home (eg. kidney dialysis)
        - Distribution of "orphan drugs" to hospitals (eg. antidotes) is ensured; a good supply management system is put in place to manage pre-positioning and inventory.

        - Penalties are waived for delay in release of information; processes are re-organised.
        - Communication and dissemination of information is also done through village volunteers.
    - More needs to be done to ensure long-term disaster preparedness plans for the National Health Security Office and ensure preparedness for disaster management of other parts of health system.

- Bringing global, regional frameworks to the community - experience from Cebu, Philippines:
    - Setting-up a formal office/institution building for disaster risk reduction with clear vision and mission at the local level is key. This is organized down to the sub-district level with a formal organizational structure -- from provincial, village and down to sub-village. Formally connecting communities inclusive of all populations (e.g. children, people with disabilities) is also essential.
    - Risk assessment as the basis of contingency planning is important. The DRRO–Cebu covers various risks (eg. cyclone, El Nino) and communities are trained around contingency plans.
    - A network of local disaster risk reduction officers is created for cooperation and exchange of information across the island/ province.
    - Experience from Yolanda or Haiyan that badly hit the 16 northern towns of the province showed that most hospitals or health care services systems were partly, if not totally, paralyzed except for five Local Government Units (LGU) whose Risk Assessments Results in 2009 were used as reference in their development planning, which includes contingency and DRRM planning, and local climate change action plans. The Towns Comprehensive Development Plans also includes agriculture and other livelihood-related programs.
    - Community-based information and data banks developed by the Local Health and Social Welfare Offices were useful as immediate reference after each disaster while the rapid assessment was being conducted.
    - The Purok-system using the sub-village approach is more practical and faster since they know best their constituents in terms of vulnerabilities and capacities. Cebu's experience of having CSO's participation in development councils at all levels also promoted transparency and accountability.

5.1 Migration, mobility and the health aspects in the Sendai Framework - ensuring capacity-building and service delivery in migration-affected communities:

- Migration Mega-trend: 1 in 7 of the population is on the move (1 billion migrants internally or outside their countries). The majority of international migrants originate in the South (at least 69%).

    - Disasters are one of the main drivers of migration. Many of the same inequalities that drive the spread of diseases also drive migration. Disasters often result in population displacement. Migration increases vulnerability to ill health – access to health is difficult as migrants are mobile and usually hidden
    - WHA Resolution on Health of Migrants 61.17 is the basis of good policy and legal frameworks. Having good information and data is important. This will eventually feed into migrant-sensitive health systems and key partnerships at the local level.
    - Key areas of focus/services of the IOM include migration health assessment; health promotion and assistance to migrants in crisis; health of migrants in crisis; data tracking and monitoring; border management; integrating disaster risk governance; and augmenting health services delivery in disaster situations.
    - Return and recovery, if properly managed, have the potential to create more prosperous communities that are less vulnerable to hazards and displacement.
    - The IOM Migration Crisis Operational Framework (MCOF) responds to the Sendai Framework's call to mainstream disaster risk reduction in health (para 27a), with 15 integrated sectors of assistance, health and psycho-social support, DRR and resilience-building as key components.
    - Addressing the nexus of migration, health risks and DRR is critical. Reaching out to migrants and mobile populations and including them in national health and DRR strategies is needed. Capacity strengthening of migrant-inclusive health and DRR systems and disaggregated data to support evidence-based policies and strategies are vital.

- Special intervention from Mr. Steffen Helbing, Manager of the Centre for Culture and Visual Communication in Berlin and Brandenburg and Director of the Association of Deaf People in Berlin & Brandenburg presented project Jerome, which consisted of four components:
    - A mobile phone application (app) for emergency calls for the deaf, blind and other disabilities which contains various information such as numbers, early warning, videos with sign language, and weather reports.
    - Information – barrier-free homepages or videos provide information on disaster risk reduction.
    - Prevention - provision of interpreters that educate people at risk on the prevention of accidents.
    - Sustainability – there is a need for more funding although human resources are available.

Key Messages

- Understanding and communicating risks is a key step in engaging communities. Through risk assessments, this understanding is made more precise and is used as the basis of capacity development, including contingency planning and training. The availability of simple risk assessment tools will be helpful in engaging the community in the risk assessment process.
- Being cognizant of and respecting cultural beliefs and values of communities are an asset rather than a barrier in working with people in the emergencies.
- Empowering people is key to achieve the goals of Sendai at the local level; involving them formally as best as possible before, during and after different types of emergencies (eg. zika, dengue, floods) can help achieve the goals of the Sendai Framework at the local level.
- Safety-net schemes that are harmonized and systems for health services that are adaptable for emergencies ensure that affected people have access to health care and life-saving measures.
- Coordination and collaboration among sectors is needed to provide essential health services and reach disaster-affected people.
- Understanding the nexus of migration, health and disaster risk reduction are key to providing tailor-made solutions with and for migrants in various situations especially during crises.
- Disaster risk reduction approaches should be inclusive, covering all of the vulnerable population and sub-populations, such as people with disabilities and by their inclusion effective design and delivery of solutions for disaster risk reduction will be achieved.
- Approaches to health and disaster risk reduction should take account of gender and the specific needs and capacities of women and girls, and men and boys).

Recommendations

- Concrete evidence is needed to develop disaster risk reduction measures.
- There is a need to invest in the development of human resources, including training, for early response to disasters.
- It is essential to integrate life-saving measures in disaster risk reduction.
- It is also important to promote coordination/collaboration among sectors to provide essential health services to disaster affected people.

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