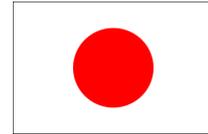




With support from:



## **Leadership Development Forum**

### **Accelerating implementation of the Sendai Framework with risk-informed health systems**

[Guinea, Liberia and Sierra Leone]

#### **Concept Note**

**18-21 July 2017, Dakar - Senegal**

#### **INTRODUCTION**

The United Nations Office for Disaster Risk Reduction (UNISDR), in partnership with the World Health Organization (WHO) will organize a 4-day Leadership Development Forum (LDF) on Mainstreaming Adaptation and Disaster Risk Reduction into Development (MADRiD) with a focus on integrating disaster risk reduction in the health sector.

The LDF will be held on 18-21 July 2017 in Dakar, Senegal. This forum will bring together high and mid-level government officials and technical experts from disaster risk reduction (DRR) focal ministries, as well as experts from Ministries of Health, Planning and other development specialists and partners from countries most affected by the Ebola outbreak: Guinea, Liberia and Sierra Leone.

The LDF aims to:

- 1) Enhance understanding of the nature and scope of disaster risk in West Africa and available approaches to mainstreaming of DRR and adaptation into national development planning and budgetary processes in the context of the Sendai Framework with a focus on the health sector;
- 2) Enhance leadership capacity of designated national authorities to include disaster risk reduction and adaptation concepts into development planning, with focus on risk management in national health systems and strengthen collaboration with other key sectoral government agencies involved in DRR and adaptation mainstreaming.
- 3) Strengthen understanding of disaster risk reduction as a multi-sector responsibility, including health, and the role of National Platforms and other national coordination mechanisms in facilitating this.
- 4) Provide opportunities for structured dialogue, joint problem solving, and sharing of experiences in the region mainstreaming DRR and adaptation into national development planning.

## BACKGROUND

The *Sendai Framework for Disaster Risk Reduction 2015-2030*<sup>1</sup>, adopted at the 3rd United Nations World Conference on Disaster Risk Reduction in March 2015 in Sendai (Japan) puts the focus on preventing new and reducing existing risks in the context of development. ‘Risk-informed development’ is the key since development that does not take risks into account cannot be sustainable. Four of the seven Sendai Framework global targets have direct links to health, focusing on reducing mortality and the number of people affected, while increasing the access to early warning and promoting the safety of critical infrastructure including health facilities.

The Sendai Framework also places emphasis on resilient health systems through the integration of disaster risk reduction and adaptation into health care provision at all levels, and the development of the capacity of health workers in understanding disaster and climate risks and applying and implementing disaster risk approaches in health work. National health systems can be strengthened by enhancing the training capacities in the field of disaster medicine; and by supporting and training community health groups in disaster risk reduction and adaptation approaches in health programmes.

Africa is home to some of the fastest growing economies in the world. However, disasters continue to pose threats to lives and livelihoods and have resulted in reversing development gains. Global climate change is already affecting Africa as one of the most vulnerable continents, and hence has exacerbated existing disaster risks. Africa is also one of the most affected continents by various types of emergencies including public health emergencies of which nearly 87% are disease [or epidemic] outbreaks. The projected trends show that the frequency and magnitude of disasters will increase even further in the coming years. Further, the impact of climate change is expected to hit hard developing countries that have weak coping mechanisms, many of them in the African Continent.

During emergencies or disasters whether natural or human-made, hazards always strike the health system twice (“double jeopardy” of health systems in disasters). First, like any other system or sector, the health sector can be impacted by the direct effects of the hazard across all its components and services. For instance, during the Ebola outbreak, Human resource for health was directly affected by the outbreak. So was the governance (from direct or indirect effect of the outbreak), the financing, and the service delivery. Second, the increased demand of health care services and level of effectiveness in disasters often stretch the capacity of the health system and may further compound the effect of disasters.

The Ebola outbreak that affected Guinea, Liberia and Sierra Leone had severe socio-economic consequences. The affected countries have undertaken a remarkable effort to fight the devastating effects of the outbreak with the support of the international community. In the recovery phase the focus has shifted from an emergency operation towards one of multi-faceted long-term rebuilding.

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<sup>1</sup> <http://www.unisdr.org/we/coordinate/sendai-framework>

With the financial support from the Government of Japan, UNISDR is implementing the project “*Accelerating Implementation of Sendai Framework in Ebola Affected Countries (Guinea, Liberia and Sierra Leone) with Risk-Informed Health System*”. Focusing on Priorities 1 and 2 of the Sendai Framework, namely *Understanding disaster risk* and *Strengthening disaster risk governance to manage disaster risk* and also on Priority 4 *enhancing preparedness and build back better*. The project aims to reinforce disaster and climate risk knowledge and governance through a series of activities including: 1) the introduction of DRR practical guidelines and tools (such as disaster loss database and risk profiling), 2) training and capacity development, and 3) facilitation of partnerships as per the needs of the respective governments and partners involved in strengthening DRR and health systems in these countries.

Activities related to Priority 1 “Understanding disaster risk” have been implemented in the three countries and included establishing or updating national disaster loss databases with health indicators and impact data using the DesInventar tool<sup>2</sup>. It also included conducting risk profiling exercises in Sierra Leone and Liberia, while another is planned for Guinea. More importantly, the risk analysis, which encompasses vulnerability analysis and capacity analysis will be conducted in those countries in integrated and comprehensive manner covering all-hazards and include health emergencies.

WHO has developed tools to assist countries to conduct vulnerability and capacity assessment for Disaster Risk Management for Health (DRM-H) and DRR community in the countries are introduced to them in the context of this project. Vulnerability and Risk Assessment and Mapping (VRAM) is critical tool that allows identification of at risk individuals, communities or regions for well-targeted preparedness and risk reduction interventions.

## EXPECTED OUTCOMES

At the end of the LDF, participants will have:

1. Better understanding of the interrelationship between disaster risk reduction, climate change adaptation, health emergencies and the wider development context, as outlined in the Sendai Framework, the 2030 Agenda for Sustainable Development, and the Paris Agreement on Climate Change.
2. Increased knowledge of technical resources to advance disaster risk reduction in development planning, with particular opportunities to familiarize participants with the concepts of disaster risk management within the health sector and update them about the key tools and guidelines for implementation of the Disaster Risk Management for Health (DRM-H) and link these to DRR tools and guidance and build partnerships with technical support agencies;
3. Examined the opportunities and challenges for integrating disaster risk reduction and climate change adaptation into development planning, including the health sector. From this, they will develop action plans for mainstreaming of disaster risk reduction and adaptation in development plans, with focus on the health sector and into integrate DRM in their health development plans.

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<sup>2</sup> <http://desinventar.net>

## DELIVERABLES

The concrete outcomes from the Leadership Development Forum are for participants to:

1. Develop the elements of or update existing Terms of Reference for **National Platforms for Disaster Risk Reduction** with inclusion of the health sector; and,
2. Develop specific follow-up actions (**LDF action plan**) to create or update **national Disaster Risk Reduction plans** aligned with the Sendai Framework and ensure the inclusion of health emergencies and biological hazards into these plans; including clear steps to ensure that disaster risk reduction is mainstreamed into the health development plans.

## PARTICIPANTS

The participants (around 40) will include strategic-level decision makers, high and mid-level government officials from Guinea, Liberia and Sierra Leone such as the official DRR Focal Points, sector specialists and decision-makers with DRR, climate change, environment and health expertise (Health Planning and system strengthening, Management of emergencies, health and environment). These include Permanent Secretaries and sector leaders, as well as Ministries of Health, Finance, Planning, Budget, and Environment. Several high-level experts and policymakers and partners will be invited to serve as facilitators relating to the themes and sessions of the LDF.

## SPONSORSHIP AND SUPPORT

Technical and logistical support for the LDF, including workshop facilitation, will be provided by UNISDR, WHO and partners. The Government of the host country will support the organization of the LDF. Financial support for this event is provided by the Government of Japan, by which UNISDR will cover the cost of the LDF workshop, including travel support for the participants.

## METHODOLOGY

The methodology for conducting this briefing will include short presentations to set the tone for group discussions, brainstorming, experience and best practices sharing, group work and plenary sessions where the outcome of group work sessions will be presented and critically appraised.

## **Annex: The Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030**

Health is a key element of the Sendai Framework. The Sendai Framework places strong emphasis on building resilient health systems that can withstand all types of disasters including biological hazards by the integration of disaster risk management into health care provision at all levels, and the development of health workers capacity in understanding and applying and implementing disaster risk approaches in their work.

The International Conference on the *Implementation of the Health Aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030*, held on 10-11 March 2016, co-organized by UNISDR and WHO and hosted by the government of Thailand recommended the following measures that could assist countries in the 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 programmes 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 people-centered public and private investment in emergency and disaster risk reduction, including in health facilities and infrastructure.
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 including information sharing, and science and technology 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.