## Working Session 7: Health and DRR

<table>
<thead>
<tr>
<th>Event title</th>
<th>Health in all disaster risk management strategies</th>
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<tr>
<td><strong>Date and Time</strong></td>
<td>May 16, 14:30 – 16:00</td>
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<td><strong>Venue/ Room no.</strong></td>
<td>Room 4, CICG</td>
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<td><strong>UNISDR Focal Point</strong></td>
<td>Nick Ramos, <a href="mailto:nicholasjoseph.ramos@un.org">nicholasjoseph.ramos@un.org</a> and Saira Ahmed, <a href="mailto:saira.ahmed@un.org">saira.ahmed@un.org</a></td>
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**Organizing Team Members**
- Jonathan Abrahams, World Health Organization, abrahamsj@who.int
- Cody Anderson, Public Safety Canada, cody.anderson2@canada.ca
- Edbert Hsu, Johns Hopkins University, ehsu1@jhmi.edu
- Czarina Leung, Hong Kong Institute of Diabetes and Obesity, Chinese University of Hong Kong, czaleung@gmail.com
- Virginia Murray, Public Health England, Virginia.Murray@phe.gov.uk
- Lennart Reifels, The University of Melbourne, l.reifels@unimelb.edu.au
- Elizabeth Rovere, Gevas Red Argentina, eirovere@gmail.com
- Katja Samuel, Global Security and Disaster Management Limited, director@gsdm.global
- Tadanori Inomata, Nagasaki University, tadinomata@aol.com
- Hans-Peter Teufers, UPS Foundation, hp.teufers@ups.com
### Background and Rationale

At the Global Platform in 2017 in Cancun, Mexico it was agreed that the Sendai Framework recognises that:

- Health resilience is a key imperative to save lives and livelihoods;
- Strengthened resilience can reduce and assist in managing existing and emerging risks;
- An all hazard approach, including chemical, biological, radiological, nuclear and extreme weather events is required for multi-hazard disaster risk reduction at all levels across all sectors;
- Inclusive governance involves protection of all regardless of age, gender, or other determinants of vulnerability;
- A whole-of-society approach for prevention, preparedness, response and recovery from health emergencies is required;
- The health sector must be part of risk-informed planning for disaster risk reduction and management at global, regional, national and local levels;
- Implementation must be in synergy and alignment with the International Health Regulations (2005) and other relevant global frameworks (e.g. SDGs, IHR, Paris Agreement) as well as national and local strategies for DRR (WHO 2017);
- Implementation of the 2030 Agenda for Sustainable Development will accelerate the pace of progress made in fighting malaria, HIV/AIDS, tuberculosis, hepatitis, Ebola and other communicable diseases and epidemics which is essential for the delivery of the Sendai framework.

Given the importance of building resilient health systems as a critical component of reducing disaster risk and strengthening community and country resilience, several areas of progress have emerged in recent years. A total of 26 National Action Plans for Health Security to strengthen International Health Regulations (IHR) implementation haven been completed which strengthen capacities to manage outbreaks and epidemics. A variety of national and local actions to strengthen multi-hazard emergency preparedness training and exercises have taken place through a variety of initiatives, such as the Safe Hospitals Initiative. New health sector strategies focused on mapping and implementing the Sendai Framework have been developed, for example PAHO’s Regional DRR strategy.

Despite the progress made, many challenges persist, including:

- Insufficient resilience and capacity of healthcare systems and workers to manage risks of small and large-scale disasters and emergencies in prevention, preparedness, response and recovery
- Inadequate access to healthcare and WASH facilities for those with existing vulnerabilities who are disproportionately affected by disasters such as women, children and those with non-communicable diseases.
- Ensuring a greater focus of the health system with respect to building community resilience, preventing risks, and recovery.
- Biological, natural and human-induced hazards are often addressed in separate parallel disaster risk management processes despite often being intricately interconnected and affecting the same communities that are dependent on the same capacities to manage.
- Inadequate communication and education for at-risk communities amplifies health vulnerabilities for hazards such as epidemics, natural hazards, heat and other extreme weather events.
- Insufficient health action to address the medium- and long-term health effects of emergencies and disasters including mental health and their societal consequences (e.g. childhood development, livelihoods, and education) due in part to limited understanding and measurement of these effects.
- Limited focus on ensuring that risk reduction is addressed in recovery.
- Data-informed policy and practice are key to delivery of the Sendai Global Targets and even coherent measurement of key indicators, such as mortality, are complex.

| **Session objectives** | **1.** Highlight the crucial roles of universal health coverage and health systems strengthening in disaster risk management in order to optimize health outcomes before, during and after a public health event.  
**2.** Promote multi-sectoral action on strengthening health resilience as an important people-centered strategy and a vital outcome of disaster risk management.  
**3.** Emphasize the importance of a multi-hazard approach that harnesses risk management strengthening and shared capacities, including monitoring and managing climate variability and change as important risk drivers for infectious disease emergencies, disasters from natural hazards and migration-related health issues.  
**4.** Emphasize the importance of disaster related data and evidence to inform policies, practices and innovations in health and other health-related sectors, such as improving disaster mortality data standards, consistency and interoperability, and facilitate the tracking of health-related Sendai progress at global and national levels through the Sendai Monitor.  
**5.** To inform policy and practice strengthen research via the WHO Thematic Platform for Health Emergency and Disaster Management and the |
associated Research Network for health and societal consequences (e.g. mental health, chronic disease, childhood development, livelihoods, education), especially in populations with vulnerabilities (Lo et al., 2017).

6. Foster community action, empowerment and engagement in all phases of disaster risk management, including training of community health workforce for risk communication, prevention, emergency preparedness, response and recovery that is relevant to the local context and people’s specific vulnerabilities.

### Agenda and Structure

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<td>1.</td>
<td><strong>Moderator Introduction (5 mins)</strong></td>
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<td>2.</td>
<td><strong>Keynote speaker (1) – for example, DG WHO (10 mins)</strong></td>
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<td>3.</td>
<td><strong>Panellists (4) (5 mins each – 20 in total)</strong></td>
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<td>4.</td>
<td><strong>Discussants (from the floor) – (50 mins)</strong></td>
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### Expected Outcomes

This session will promote the implementation of the Sendai Framework by recognising that:

1. National and local strategies for disaster risk reduction within and across all sectors must include:
   a) reduction of deaths, injuries and illnesses and other health effects as key goals and outcomes
   b) planning and action to manage biological hazards, including epidemic and pandemics,
   c) health sector and health strategies in the planning, implementation and monitoring of these strategies

2. Strengthening of health system resilience through the implementation of universal health coverage, the International Health Regulations and other health-related strategies will build capacities for disaster risk management before, during and after disasters.

3. Recommending that the health sector must take a more active role in:
   a) all aspects of planning, implementation and monitoring of national and local strategies for disaster risk management by working closely with all sectors and across the health sector at all levels
   b) integrating planning and action on epidemics and pandemics, technological, societal hazards and natural hazards (including climate) by applying all hazards approaches to disaster risk management

4. Increased knowledge, evidence and research is required to improve:
   a) measurement of mortality and morbidity as key targets in Sendai Framework, SDGs and WHO General Programme of Work (Clarke et al
b) the medium and long-term effects of emergencies on health and their societal consequences (e.g. mental health, childhood development, livelihoods, education), especially in populations with higher levels of vulnerabilities to inform policy and practice

5. A people-centred and community focus will reduce risks and improve health outcomes through:

a) capacity development of the local health workforce (e.g. nurses, community health workers, family doctors, pharmacists) in disaster risk management

b) community education and risk communication to foster community engagement and action

c) working with sub-populations with specific vulnerabilities and capacities (e.g. indigenous people, people with disabilities, gender)

Proposed Moderator of the Session

Professor Emily Chan, Director, Collaborating Centre for Oxford University and CUHK for Disaster and Medical Humanitarian Response, Director, CUHK Centre for Global Health. [http://www.med.cuhk.edu.hk/eng/about_us/faculty_management/Deanery/Development/Assistant_Dean.jsp](http://www.med.cuhk.edu.hk/eng/about_us/faculty_management/Deanery/Development/Assistant_Dean.jsp)

Reference Documents


- Sendai Monitor  https://sendaimonitor.unisdr.org/
- UNGA (2016) Sendai Indicators and Terminology  
  https://www.unisdr.org/we/inform/publications/51748

| Technical equipment requirements | TBC |