ORAL STATEMENT TO THE JOINT SESSION OF MEMBER STATES AND MAJOR GROUPS ON THE POST-2015 FRAMEWORK FOR DISASTER RISK REDUCTION

A POSSIBLE NARRATIVE FOR A PEOPLE-CENTRED FRAMEWORK FROM A HEALTH PERSPECTIVE

WORLD HEALTH ORGANIZATION

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Your excellencies, distinguished delegates, colleagues,

I would like to thank the co-chairs for the opportunity to contribute to this joint session of the Member States and Major Groups. As this session has been organised under a different format to other meetings, I thank you for the opportunity to provide some observations as a representative of WHO, but also on behalf of the constituency of people whose health is at risk of, and affected, by emergencies and disasters. My comments will be aligned with the statements put forward by the UN Statements thus far in the Informal Consultative Meetings.

WHO, UNAIDS and health partners will submit comments on the co-chairs' pre-zero draft in due course.

Health community's five key messages for the post2015 framework

The health community has five main messages for the post-2015 framework on disaster risk reduction. They are as follows:

- Make people's health and well-being an explicit outcome of the new global framework on DRR.
- Include explicit health targets and indicators for the monitoring and reporting on DRR.
- Apply an all-hazards approach to DRR that includes biological hazards (such as epidemics and pandemics) as a category of natural hazards.
- Strengthen action and resources to support health and other sectors that are vital for implementing DRR.
- Establish the Safe Hospitals Initiative as a global priority for action to ensure that new and existing health facilities remain operational in emergencies and disasters.

These are important matters for people's health and the health sector, but not exactly where I would like to focus my comments today.

A possible people-centred narrative from a health perspective

I would like to take a few minutes to say something which I hope will influence you to look at the framework in perhaps a different way, and to consider how the next draft and the final framework could be more people-centred, addressing their needs, their experience of risks and disasters, and their health in particular.

The co-chairs have called for a framework that is people-centred and action-oriented. From a health perspective – what could this mean ?

For a moment, could we take ourselves away from this room which is about as far away from a disaster that one could imagine, that is, unless there is a fire in this building: would your first concern be your health and safety?

So imagine that we, like many millions of people, are facing a threatening event. It could be a cyclone; it could be an earthquake or an epidemic like Ebola that is threatening you, your family or your community. My apologies in advance to anyone here who may have directly experienced such disaster situations.

What would we like disaster risk reduction to have done to protect our health?

First, we would like to be in good health with good nutritional and immunization status and access to quality health services. These personal and community assets are key to personal and health resilience. Yet many people around the world are vulnerable to disasters because their health status offers little protection and they do not have access to quality health services.

Through effective disaster risk reduction, we would also trust that:

- effective land use planning protects our health by positioning our homes away from high risk areas,
- our health is protected by buildings that are built according to building codes so that they do not collapse, injure and kill our loved ones at home, at school or in hospitals,
- there is sufficient early warning to enable all of us, including the elderly and people with disabilities to evacuate early and safely to protect our health.

And if we survive, unlike hundreds of thousands of people who die in disasters each year, then we would like:

- our neighbours to know first aid and provide immediate assistance,
- emergency services and medical services to be trained and well-equipped to rescue us and save our lives,
- our local hospitals to stay functional and continue to provide lifesaving services,
- to have safe water to drink and food to eat,
- services for safe childbirth and access to continuing treatment for our family members with diabetes and other chronic diseases,
- our injuries to heal well so we are not faced with disabilities which affect our well-being,
- psychosocial support to enable us to deal with the trauma and loss,
- our children to be healthy to go back to school, and
- our health to be maintained and restored to so that we can earn our livelihoods and go back to normal life.

Then, we hope that the recovery would re-build our communities better and we would be safer for the next time we face another threat to our health and way of life.

While not an exhaustive list, all of these measures are important to manage the risks to health - all are necessary. That is why we would advocate for a framework that can facilitate all of these measures that form this chain of risk management.

This is what a people-centred framework could focus on, where the focus is on action that directly reduces people's risk to disasters and enables them to survive threats to their health, well-being and social functioning.

All of what I have said is based on the assumption that health is important, possibly the most important aspect of disaster risk reduction for us and for our families and communities. So if you would agree that some of this or all of this is important to communities and to us as individuals, then I would encourage you to look at the current HFA and the pre-zero draft and see how well health is currently addressed.

In fact, there are only a few explicit mentions or implicit references to health. For example : saving lives is a goal, but there is much more to health than saving lives. Similarly, reducing mortality is vital but it says nothing about injury, disease, disability and chronic diseases in the short, medium and long term, and how social functioning is affected. There are also a number of well-established references to safe hospitals and to the health sector, however the specific attention to people's health is limited.

If you would agree that health is important, then I would propose to you to look at the post-2015 framework through a health lens.

You may consider how all the actions mentioned in the framework contribute to health outcomes or how health status is a risk factor for development, for education, for the private sector (and all organisations) that require a healthy workforce to operate effectively. Many aspects of DRR clearly relate to health, but the explicit link is made rarely.

With some notable exceptions, the advocacy for health in multisectoral forums for DRR at regional and global levels has not been as strong as other sectors and stakeholders in the past decade. This level of advocacy has contributed to the fact that current HFA refers to health on only a few occasions. Substantial progress has been made to improve health advocacy and action for DRR and we seek your support.

Today and over the next few months, there is an opportunity to make health more explicit in the next framework for disaster risk reduction. We would propose that Member States consider how the new framework can ensure that future DRR policies and actions provide a focus on, and enable action for, people's health.

I would draw your attention to the five key messages related to health, including strengthening the capacity of the health sector, and making Safe Hospitals a priority action of the next framework.

These are important matters which would support action to protect people's health from disasters.

However, the key message is that your health and health of people at risk around the world is of paramount importance, and that all sectors and stakeholders can contribute significantly to people's health through disaster risk reduction. Thus, rather than being assumed, implicit or taken for granted, it would be important to ensure that health is made more explicit in the next framework for DRR.

Further details will be placed in our submission to be published shortly and we continue to offer our support to the Co-chairs, the Bureau, Member States and other groups for the formulation of the new framework.

Thank you for your consideration of this critical issue for a people-centred and action-oriented framework for DRR.

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