MAKING HEALTH A CENTRAL COMPONENT OF THE POST-2015 FRAMEWORK FOR DISASTER RISK REDUCTION

Review of the Pre-zero Draft for the Post-2015 Framework for DRR[1]

The purpose of this paper is to offer feedback on the pre-zero draft of the post-2015 framework for disaster risk reduction (DRR) from a health perspective and to offer proposals for strengthening health in the next phase of drafting and negotiations for the post-2015 framework. The intent is that health should be a central component of a post-2015 framework for DRR that provides a focus for, and enables, action to achieve a significant reduction in health risks and the effects of emergencies and disasters.

This paper offers two major areas of focus:

1. Primarily, health refers to people's health. Hence, the main constituency for this paper are the millions of people whose health is at risk due to emergencies and disasters. They are the people whose deaths, injuries, illnesses, disabilities and related effects on social functioning could be avoided or reduced with effective risk management measures.
2. Secondly, health systems should be strengthened to manage the risks of disasters. The health system comprises the health sector and other sectors which contribute to improving health outcomes through the management of risks, including reduction of hazards and vulnerabilities and strengthening of capacities.

Kindly review this paper in conjunction with the attached papers on health and DRR, which refer to the five main messages for a post-2015 framework that effectively reduces risks to public health and builds the resilience of nations and communities to disasters, as follows:

1. Make people's health and well-being an explicit outcome of the new global framework on DRR.
2. Include health targets and indicators for the monitoring and reporting on DRR.
3. Apply an all-hazards approach to DRR that includes biological hazards (such as epidemics and pandemics) as a category of natural hazards.
4. Strengthen action and resources to support health and other sectors that are vital for implementing DRR.
5. 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.

Barriers to the promotion of health in disaster risk reduction discourse, policy and practice

Despite the centrality of health to DRR, the references to health in the current Hyogo Framework for Action (HFA) and pre-zero draft for the Post-2015 Framework on Disaster Risk Reduction are limited and gaps are evident. Barriers to an explicit focus on health in the discourse, policy and practice of disaster risk reduction (which are also evident in the current HFA framework and the pre-zero draft for the post-2015 framework for DRR) have existed for many years. These include:

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[1] This paper was developed by the World Health Organization and UNAIDS in collaboration with a range of health partners. For further information please contact Jonathan Abrahams, WHO (abrahamsj@who.int) and Miriam Maluwa (maluwam@unaids.org)

- People's health is not often explicitly expressed as a primary purpose of disaster risk reduction.
- Health is often masked by other references, such as social outcomes, which do not do justice to or explicitly acknowledge improved health outcomes as a key imperative for disaster risk reduction.
- Implied references are often made to health in terms of saving lives or reducing mortality. While these outcomes should be a focus of DRR, there are many other dimensions to health, including reductions in injury, illness and disability, the protection of hospitals and continuity of health services in disasters, and how health status affects social functioning and ultimately development.
- Health is often simply described as another sector rather than referring to the centrality of people's health. While health is a vital sector in and of itself, people's health is a concern and outcome that contributes to all other sectors and is also an issue to which all other sectors contribute.
- Disaster risk reduction rarely mentions epidemics and pandemics as major sources of vulnerability and risk to communities. Epidemics and pandemics have the potential to create and exacerbate emergencies and disasters on a scale comparable to other hazards.
- The important role of effective response and recovery in reducing health risks and improving health outcomes are often missed when disaster risk reduction focuses on risk prevention, reduction of existing risks and preparedness. A holistic approach to managing risks which includes prevention preparedness, response and recovery, is required.

Advocacy by Member States and the increased participation of the health sector in national, regional and global dialogues is encouraged to address these issues, especially in the run up to the 3rd World Conference for DRR.

Proposals to strengthen references to health in the pre-zero draft for the post-2015 framework for DRR

To give greater emphasis to health in the post-2015 framework, the following proposals are made for each section of the pre-zero draft of the framework.

Preamble

As the anchor for the narrative of the framework, people's health would be supported by the following messages:

1. Disaster risk reduction is a story of both humanity and institutions.
2. People experience disaster risk through their human and social vulnerability and resilience (with reference to socio-economic status, gender, disability, and age), and health, social and economic consequences for people when events occur.
3. Explicitly, the health consequences include deaths, injuries, illness, disability, and psychosocial effects, which cause pain and suffering. Empathy for people's suffering is a source of solidarity among communities and nations.
4. Disruption of access to health services, damage to hospitals and health facilities and other health system impacts cause further setbacks for people's health and personal, community and national development.

5. These health effects have major consequences for social functioning in disaster recovery and reconstruction, such as school attendance, livelihoods, and community well-being.
6. Risks are present on individual and community scales, where risk (rather than disasters) is a day-to- day phenomenon requiring actions by women and men and their communities to prevent, mitigate, prepare for, and respond to risks and events on a small-scale, as well as national and system-wide actions, supported by regional and global actions, required to manage risks on a larger scale.
7. An action-oriented and people-centred framework should place emphasis on vital sectors which contribute directly to risk reduction, including health, education, agriculture, etc. Sectoral and intersectoral partnerships at all levels are paramount to facilitate and implement concerted action.

Scope

1. <u>All hazards:</u> The framework should be explicit about the range of hazards which the framework is designed to address, namely::
   - Natural hazards, such hydro-meteorological, geological and biological hazards which give rise to epidemics and pandemics, technological (including industrial) hazards, and to the risks from climate change.
   - Expressly epidemics and pandemics (due to biological hazards) in and of themselves can be categorised as a type of disaster in that they also have the potential to overwhelm local and national resources and cause widespread health, social, economic and environmental outcomes.

   The framework should provide appropriate ways to address societal hazards, such as conflict, social unrest and financial crises, due to the linkages with other hazards and because there are some commonalities in the approach to managing the respective risks.

2. <u>Measures to manage risks, including prevention, preparedness, response and recovery:</u> The scope of the framework should recognise all measures that reduce risks and lead to the desired outcomes and targets. These measures may be employed before, during and after events. Risks are managed through a combination of risk prevention, preparedness, response and recovery actions which directly reduce risks and contribute to health, social, economic and environmental outcomes. An emphasis on the multi-hazard or “all hazards” approaches would confer that many risk management actions, including preparedness and response, can be used to reduce risks and manage events irrespective of the cause.

Outcomes

1. <u>Strengthening outcomes – Need to include health and wellbeing explicitly among the outcomes</u>

Health and wellbeing should be made an explicit outcome, alongside social, economic and environmental outcomes. Saving lives could be maintained, but health should be made an explicit outcome.

The reduction in health consequences would thus infer deaths, injury, illness, disability, malnutrition and other chronic health conditions that affect school attendance, food and nutrition security, sustainable livelihoods and other social functioning.

The role of all community groups, including women, youth and people with disabilities, as leaders and actors in disaster risk reduction should be emphasised.

References on the measurement of indicators, targets and outcomes should be accompanied by a call for disaggregation of data by sex, age and disability wherever possible.

The establishment of an international science advisory mechanism for DRR would strengthen the evidence base for good practice, and for improved monitoring and reporting, including the reductions of injury, disease and disability due to hazards.

Targets

Health outcomes

We support the target focusing on reducing mortality due to disasters. This reference should be accompanied by paragraphs which refer to the importance of health outcomes that should be measured, such as injury, illness, disability, psycho-social consequences and their effects on social functioning.

Safe hospitals

We support the target on reducing infrastructure loss by focussing on schools and hospitals. Hospitals are an essential and valuable community and national asset which need to remain functioning at the time of disaster so that life-saving medical services can be provided. The safety of hospitals and other health facilities also have the advantage of being more feasible to measure than other forms of infrastructure.

Principles

The framework should be based on a set of principles which reinforce its purpose and scope. As the following principles are central for the practice of disaster risk reduction in many countries, they are proposed for inclusion in the post-2015 framework:

1. Comprehensive risk management: Efficient and effective disaster risk reduction is based on managing risk rather than managing events. Risks can be reduced by reducing hazards, vulnerabilities and exposures, and strengthening capacities of communities to manage risks. A risk management approach applies risk assessments to plan and implement prevention, preparedness, response and recovery measures to reduce risks to health, social and economic development, and the environment
2. All-hazards: Many actions to reduce risks are the same or similar for different types of hazards, risks and events. Efforts to reduce risks should use, develop and strengthen elements, sectors and systems that are common to the management of risks of disasters from all types of hazards – natural (hydro-meteorological, geological, biological), technological and societal hazards.
3. Multisectoral integration: Risk reduction relies on a whole of society approach under the leadership of government(s) that coordinates all sectors of government, private sector, and

communities that have capacities to reduce risks. Each sector should integrate relevant disciplines from within the sector and collaborate effectively with other sectors. Integration will enable the optimisation of resources available to reduce risks at different and all levels.

Priority Actions

A health lens could be brought to priority actions to emphasize for multi-sectoral collaboration to achieve health outcomes and address health issues.

1. All sectors and stakeholders should address the needs of groups whose vulnerabilities are associated with their health status, including the aged, people with disabilities, pregnant and lactating women, children, people with communicable and non-communicable diseases, migrants and displaced persons.

2. All sectors and stakeholders should work together to reduce risks associated with biological hazards, epidemics and pandemics, as part of an all-hazards approach to DRR. It is proposed that the new framework makes reference to the International Health Regulations (2005) as an allied global framework for strengthening national capacities for and responding to epidemics and pandemics of international concern.

3. Strengthen action and resources to enhance resilience of health systems and develop the capacity of the health sector in disaster prevention, preparedness, response and recovery to:
   a. integrate DRR practice into primary health care at local level and throughout all parts of health systems, to build the health resilience of people and communities to disasters.
   b. develop institutional capacity and scale up good practice across all disciplines in health and other sectors at local, national, regional and international levels.
   c. develop the capacity of the health workforce for DRR practice, advocacy and policy development, including community health workers.
   d. support community health groups (including support groups for people with specific diseases, the elderly, people with disabilities, children, women and men) who have vital information on vulnerability and capacities of their communities.
   e. improve local and national health emergency, preparedness, response and recovery (including local disaster health response and international coordination, such as foreign medical teams), psychosocial support, access to basic health services (including sexual and reproductive health), compliance with the International Health Regulations (2005) and building back safer and more resilient health services, hospitals and other infrastructures in recovery and reconstruction.

4. Establish the Safe Hospitals Initiative as a global priority for action to ensuring that new and existing health facilities remain operational in emergencies and disasters.

Recognizing that health facilities, especially hospitals, are critical assets for communities before, during and after emergencies and disasters and building on the momentum of 77 countries taking action to make hospitals safe and operational in emergencies and disasters, the post-2015 framework should: support the implementation of the Safe Hospitals Initiative, national safe hospital programmes and actions to:

   a. protect patients and health workers;
   b. protect the physical integrity of hospitals and health facilities, including building and retrofitting new and existing hospitals safely and protecting critical systems and equipment; and

c. prepare hospitals to function and provide appropriate levels of healthcare in times of emergencies and disasters.

Conclusion

On behalf of people's health, we submit that the consultations and negotiation of the post-2015 framework for DRR should consider these key issues to ensure improved health outcomes and sustainable development for communities at risk of emergencies and disasters from all types of hazards. Protecting people's health from the risk of emergencies and disasters is a social and political necessity in its own right and is an essential component for strengthening action in the post-2015 framework for DRR and the Sustainable Development Goals.

Contributing organizations

Many organizations have contributed the development of health inputs to the post-2015 framework on disaster risk reduction and continue to take an active role in reducing disaster risks to people's health in support of countries and communities. They include:

Asian Disaster Preparedness Centre, Care, CBM, Hong Kong Chinese University, International Federation of Red Cross and Red Crescent Societies, International Federation of Medical Students Associations, International Organization for Migration (IOM), MDM, Disaster and Development Network - Northumbria University, Public Health England, Tohoku University International Research Institute of Disaster Science, UNAIDS, UNFPA, UNHCR, UNICEF, UNOPs, US Centers for Disease Prevention and Control, University College London, Women's Refugee Commission, World Association for Emergency and Disaster Medicine, World Health Organization, World Meteorological Organization.