A healthy community is a resilient community.

The best defense against health emergencies is universal health coverage, based on strong health systems.
3rd World Conference on DRR
–Highlighted health more than ever-

- Resulting document: Sendai Framework, Declaration, Commitments

Outcome:

The substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries.
Health in DRR Frameworks

- Yokohama Strategy 1995: 0
- Hyogo Framework for Action 2005: 3
- Sendai Framework for Disaster Risk Reduction 2015: 38

Bar chart comparing the frequency of terms "health" and "disaster" across three disaster risk reduction frameworks.
Health contributes to DRM

- The consequence of disaster is death, injury, sick, including long term mental health diseases and disabilities
- Health indicators measure losses & effectiveness of actions by all sectors
- Health as a bridge among different sectors sectors for effective DRR
WHO Kobe Centre (WKC)’s Role

- To conduct collaborative policy research with international academia for the solution of global health issues (1M$/Y open fund for research)

- Research on UHC, Ageing, Innovation and DRM

- Knowledge management and policy suggestion for local/national governments to address public health actions
Current WKC research project on DRM

- Comprehensive gap analysis on long-term psychosocial management for disaster survivors (lessons from Japan, in collaboration with 21 Japanese experts)

- Identification of special health needs of vulnerable populations after disaster (older population, low-income population, workforce for disaster affected area)
WHO Thematic Platform for Health Emergency and DRM Research Network

- Established in January 2016
- 1\textsuperscript{st} strategic meeting in September 2016
- Official notification by WHO in May 2017 at Global Platform for Disaster Risk Reduction
- 2\textsuperscript{nd} strategic meeting in July 2017
- Peer review publication
Article on a peer-reviewed journal
May 2017

- Proposal for the implementation of Sendai Framework from health perspectives
- Written by the core members of the global research platform
What are the health research needs for the Sendai Framework?

There is an important opportunity to build coherence across different policy areas with the 2015-20 adoption of four landmark UN agreements—the Sendai Framework for Disaster Risk Reduction 2015-2030, the 2030 Sustainable Development Goals (SDGs), the Paris Agreement, and the New Urban Agenda (Habitat III). Ensuring that health is at the heart of the Sendai framework is crucial. The 2030 targets of the Sendai framework call for substantial global reductions in disaster-related mortality, number of affected people, direct economic loss, and damage to critical infrastructure (govern). The framework identifies strategies that might alleviate the impact of disasters, including reduction and management of hazards, exposure, and vulnerability and capacity building for prevention, preparedness, response, and recovery. Health resilience is also promoted throughout the Sendai framework.

Since 2005, global platforms for disaster risk reduction have provided a formal forum for strategic advice, coordination, partnership development, and review of progress in the implementation of international instruments on disaster risk reduction. On May 24-26, 2017, the Global Platform in Cancun, Mexico, highlighted measures needed to ensure implementation of the Sendai framework and presented the proposed indicators for health. Although discussion at the Global Platform recognized health as a determinant and outcome of disaster risk reduction, the focus was on risk-informed investment in resilient infrastructure. The importance of health as a core dimension in disaster risk reduction, as emphasized within the Bangkok Principles, has not yet been fully addressed.

The European Union report Science for Disaster Risk Management 2017, recommended that “health services should be more involved in the disaster risk management community, advancing their understanding of outbreaks and pandemics, health impacts of all hazards, but also advances in data collection.” In recognition of the need to engage all relevant practitioners, Health Emergency and Disaster Risk Management (Health-ERM) has emerged as a critical field of inquiry that encompasses emergency and disaster medicine, disaster risk reduction, humanitarian responses, community health resilience, and health systems resilience. Health-ERM promotes the intersection of health and disaster risk reduction and supports the implementation of the health aspects of the Sendai framework.

If the Sendai framework objectives are to be fulfilled, research gaps must be addressed. There are general uncertainties about the agreed tracking and monitoring of health indicators for disaster risk reduction. The absence of an agreed all-hazard and disaster classification is an issue for health data collection. Working epidemiological definitions are required, given concerns about how thresholds relating to temporality (common-onset/proximity events), attribution (direct indirect causes of mortality and morbidity, and baseline data should be accounted for.” Furthermore, global data collection systems, such as the International Health Regulations and the Sendai Country Table, could play a role in facilitating the identification, prevention, preparedness, response, and recovery from emergency threats and risks. Indicator reporting guidelines require consideration with a diverse range of stakeholders to ensure adequate implementation and integration with national data collection systems.

Disasters affect people’s wellbeing and human development with both short- and long-term effects, such as loss of life, injury, and illness, and disability. There is insufficient research on the long-term impacts of disasters and their health effects.

Panel: Seven global targets of the Sendai Framework

1. Substantially reduce global disaster mortality by 2030, aiming to beaver average per 100,000 global mortality rate in the decades 2020-30 compared to 2005-15.
2. Substantially reduce the number of affected people globally by 2030, aiming to beaver average global figure per 100,000 in the decades 2011-30 compared with 2005-15.
3. Reduce direct disaster economic loss in relation to global gross domestic product by 2030.
4. Substantially reduce disaster damage to critical infrastructure and disruption of basic services, among them health and educational facilities, including through development of their resilience by 2030.
5. Substantially increase the number of countries with national and local disaster risk reduction strategies by 2020.
6. Substantially enhance international cooperation to develop countries through adequate and sustainable support to complement their national actions for implementation of this framework by 2030.
7. Substantially increase the availability of, access to, multihazard early warning systems and disaster risk information and assessments to the people by 2030.

Written by the co-chair of the global research network, Prof. Virginia Murray and Prof. Emily YY Chan
Recommendation for “Build Back Better”

- Pay attention to people’s weakness, as well as the strength of infrastructure, building, social system and economy; mentioning “long-term health and psychosocial support for people” is strongly required, for people-centered DRM.

- WHO’s existing mechanisms such as IHR, One Health and Strategic Framework for Emergency Preparedness Initiative are designed to contribute to the prevention of disaster and long-term benefit for disaster survivors, and achieving UHC, a key component of SDG 3.