



Summary report of the working session on Health and Disaster Risk Reduction

Key messages

- In addition to the impact of disasters on human mortality, morbidity and disability, biohazards warrant inclusive action under the Sendai Framework.
- Health disasters from biological hazards threaten lives and economies. The devastating Ebola crisis in West Africa caused over 11,000 deaths and widespread socio-economic impact, with combined 12% GDP loss for Guinea, Liberia and Sierra Leone. The World Bank estimates a severe Influenza pandemic may cost US\$3 trillion globally - but this amount could be greatly reduced with robust prevention and preparedness.
- The current approach to health emergencies and disasters is highly reactive, missing critical opportunities for prevention, early warning and detection, and timely effective response. Consequences include preventable loss of life and productivity, frequently with wide-ranging financial impacts on several sectors. Recent advances in identifying risk factors related to human activities and geographic distribution now allows for more focused investments in prevention and preparedness.
- The 2016 Bangkok Principles for the implementation of health aspects of the Sendai Framework offer key actions to be taken by countries and agencies to optimize prevention, preparedness, response and recovery from health emergencies and tackle health impacts of other disasters. These require whole-of-society participation to integrate risk-informed planning into the health sector and promote health system resilience.
- We urge countries and agencies to integrate the 2016 Bangkok Principles in disaster risk reduction national and local plans towards the achievement of Sendai Framework Target (E) by 2020, and other related global commitments. Lessons can be learned from past experiences, such as HIV/AIDS, Ebola, Pandemic Influenza, and Zika, to build back better and reduce risk and impact of future health disasters.
- Many countries have incorporated the Bangkok Principles in health planning. For example, Pakistan is developing a comprehensive action plan for national and provincial-level implementation of the Bangkok Principles targeting local health workers, facilities, school health programs and Emergency Response Centers. Pakistan has also appointed disaster risk reduction experts in the health directorate as a means of reinforcing the capacity.



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- In Mexico the health sector has integrated the concept safe and resilient hospitals that include all the principles of safe hospital adding sustainable, multi-hazard response, critical areas evacuation and expanding capacity.
- In Vietnam, planting mangroves for storm surge protection incurs one-seventh the cost of the creation and maintenance of seawalls or dykes for this purpose and the coastal ecosystem also preserves wetlands and marine food chains that support local fisheries and human livelihoods.
- The adoption and implementation of the health sector Plan of Action for Disaster Risk Reduction 2016-2021, by Ministers of Health of the Americas in September 2016, and the contribution it could have to achieve the Sendai Framework goals, is an important progress in Health Disaster Risk Reduction.
- The human-animal-ecosystem interface is particularly relevant when considering drivers of infectious disease emergence and spread, including changes in land use, climate, human settlements, population movement and trade.
- National and local Plans should also ensure integration of vulnerable populations, including migrants, mobile populations, refugees, women, children, people with disabilities and the elderly. The Plans should foster community empowerment, gender equity and promote adaptive governance and management.
- Ecosystem-based approaches to disaster risk reduction should be actively pursued not only to ensure Plans result in improved ecosystem management but to strengthen the social and ecological resilience of preventive and response measures. Such approaches also tend to have a higher social acceptability and are designed to be more inclusive of local realities and concerns.
- Strengthening of health system capacities boosts resilience, particularly when implemented through multi-hazard, multi-sectoral, multi-disciplinary, cross-border and regional collaboration and inclusive risk management, aligning and supporting the implementation of the Sustainable Development Goals, the Paris Agreement, International Health Regulations and all other relevant international policy frameworks.
- We commit to communicate these key messages to our governments, institutions and communities to reduce the threat of health disasters.



Short Report

Date: 26 May 2017
Title of the Session: Health and Disaster Risk Reduction
Summary of the main substantive considerations expressed , clustered around the 4 Sendai Priorities and the 5 areas of special focus of the Chair’s Summary Skeleton, as applicable
<i>Priority 1 – Understanding disaster risk</i>
<ul style="list-style-type: none"> • For zoonotic disease, the baseline is >1 billion cases per year, even without being considered a major health disaster event. • Targeting the drivers of emerging infectious diseases helps achieve prevention of health disasters • Knowledge on population movement dynamics is important to understand risk of disease transmission through mobility corridors (travel, migration, displacement, mobile populations).
<i>Priority 2 – Strengthening disaster risk governance to manage disaster risk</i>
<ul style="list-style-type: none"> • Ensure both institutional and community preparedness, as well as private sector and individual involvement in risk reduction • Inclusive governance involves protection of the needs of all people, regardless of age, gender, or other potential determinants of vulnerability, including migration. • Coordination and multisectoral approaches (e.g. “One Health”) are essential for management of health disaster risk • Cross-border and regional collaboration is also essential for the management of disaster risk management, the implementation of IHR.
<i>Priority 3 – Investing in disaster risk reduction for resilience</i>
<ul style="list-style-type: none"> • Risk assessments can inform risk reduction measures and preparedness plans • Emergency planning and training (such as simulations) for health emergencies (e.g. introduction of viral hemorrhagic fevers) can support preparedness • Shared action on ecosystems and health, including integrated assessments of risk and vulnerability, can provide added value • Biodiversity and ecosystem conservation, restoration and sustainable use can strengthen the resilience of ecosystems, both by contributing to adaptation to climate change and moderating the impacts of disasters on human populations and natural environments.
<i>Priority 4 – Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation and reconstruction</i>
<ul style="list-style-type: none"> • Health sector capacity includes safe, climate-smart hospitals and capacity for resilience (e.g. Safe Hotel Certification) • Establishment of Emergency Operation Centers can support preparedness for health disasters • Ecosystem based solutions to disaster risk reduction and ecosystem based



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<p>adaptation offer critical opportunities to build back better and offer whole-of-society solutions making social and ecological systems more resilient, and by incorporating opportunities provided by nature and ecosystems to reduce disaster risk.</p>
<p>Areas of Special Focus</p>
<p>a. Monitoring the Sendai Framework implementation</p>
<p>There is a need to integrate reporting of the implementation of the health aspects of the Sendai Framework at national level into the overall Sendai Monitor</p>
<p>b. Achieving target E – Substantively increase the number of countries with national and local disaster risk reduction strategies by 2020</p>
<p>Health should be an integral part of national and local disaster risk reduction strategies by 2020</p>
<p>c. Coherence with the sustainable development and climate change agendas</p>
<p>The achievement of the health aspects of the Sendai Framework should be aligned and in coherence with the implementation of SDG3 and other health-related SDGs as well as the health provision of the climate change agenda</p>
<p>d. Gender-sensitive and inclusive disaster risk reduction</p>
<p>Health DRR action plans should be gender-sensitive and take into account the disproportionate impact of emergencies and disasters on women and girls</p>
<p>e. International cooperation initiatives, including what is expected from the UN System</p>
<p>The UN system should support the integration of health into DRR at local, national, regional and global levels</p>
<p>Key, precise, specific actions points, recommendations, with expected timeframes</p>
<ul style="list-style-type: none"> - Recognize the usefulness and impact of implementing the Sendai Framework and the Bangkok Principles to address existing challenges in implementing health plans at the national and local level. - Encourage testing of preparedness plans through simulated scenarios particularly at the local level sustaining a whole-of-society cross-sectorial approach in the process. - Strengthen organization structures within the health ministries on disaster risk reduction, and promote collaboration with other sectors. - Learn fully from past disasters and transfer the evidence to influence policy decisions that will lead to increased investment on prevention, risk reduction and preparedness measures. - Ensure that disaster risk reduction plans integrate eco-system based approaches that promote community empowerment. - Minimize the threats of health disasters to better target their underlying drivers, embracing the available opportunities whilst putting into consideration notions such as inclusiveness, building the capacity of health workers through education on disaster risk reduction and integrate eco-system based approaches to building back better aligning to the Bangkok Principles. - Involve Youth, and particularly the young people who are training as doctors or



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medical workers about emergencies and disaster risk reduction approaches. (Include disaster risk reduction in health practitioners curriculum).

- Define the role of medical staff and medical volunteers in the preparedness, response and recovery phase of disasters.
- Develop Gender-inclusive health action plans.
- Integrate HIV/AIDS, other biological hazards and non-communicable health and economic considerations, including mental health and psycho-social needs, in the development of health plans at the national and local level.
- Ensure that health plans incorporate measures to support the first respondents in health disasters (train staff on disaster preparedness and response).
- Promote the sharing of evidence-based best practices to promote capacity building (for example through the International Recovery Platform).
- Include migration and human mobility in disaster risk reduction and emergency preparedness, and specifically build evidence on human mobility for public health actions.
- Advocate for the use of new technologies to map risks, threats and address response and recovery efforts in disaster risk reduction through science-based advice.
- Establish baseline data on health disaster losses, including in large-scale, sudden-onset and slow-onset events, including nuclear disasters and biological hazards.
- Encourage investment in the health sector for example through incentives on safe smart hospitals to address disaster and climate risks.

Specific **Commitments** expressed by participants

- Mexico: Full adaptation of the Sendai Framework and the Bangkok Principals in the ongoing work of implementing safe and resilient hospitals (adapted the “Smart and Green” hospitals initiative developed by PAHO in the Caribbean.)
- World Bank: i) Financing for building universal health coverage ii) Partnership with WHO on a pandemic financing facility iii) Project with the government of Japan on improving pandemic preparedness iv) screening of projects to ensure inclusion of health, disaster and climate risk considerations.
- PAHO: “The adoption and implementation of the health sector Plan of Action for Disaster Risk Reduction 2016-2021, by Ministers of Health of the Americas in September 2016, and the contribution it could have to achieve the Sendai Framework goals, is an important progress in Health Disaster Risk Reduction.