



KOBE REPORT draft Report of Session 4.1, Thematic Cluster 4

Health and Risk Reduction

1. Summary of the session's presentations and discussions

The thematic session started with a short introduction of the Chairperson, Minister of Health of Costa Rica, Dr Rocio Saenz. Next, a 13-minute video presentation by Dr David Nabarro of the World Health Organization (WHO) was shown which emphasized the strong messages of knowing risks to prevent avoidable loss of lives, the value of prevention as being more cost-effective than relief and rehabilitation and the value of mitigation to reduce loss of lives. He ended by stressing that discussions in WCDR should lead to real improvements in the well-being of communities, which deserve a greater chance of survival when emergencies and disasters strike.

Dr David Hutton of the Public Health Agency of Canada followed with a 10-minute presentation discussing the advantages of establishing an all hazards health emergency management framework to guide policy work, program development, and planning coordination at national, regional and local levels. The Canadian *National Framework for Health Emergency Management* was presented in the context of health emergencies as one example of fostering operational bridges across jurisdictions and sectors in disaster reduction activities.

Ms Christine Hancock, then, of the International Council of Nurses (ICN) highlighted in 15 minutes both the tragedy and the opportunity of WCDR in showcasing the leading role that nurses play in rehabilitating individuals, communities and societies in the wake of disasters. She advocated the need for governments to invest in nurses by supporting them fully in hospitals, clinics, schools and homes so that they can care, heal and strengthen communities.

Lastly, Dr Hiroko Minami of the Japanese Nursing Association, speaking for about 15 minutes, concerned about natural disasters, terrorism, conflict and wars, further continued to champion the multi-functional role of nurses being disaster frontliners, health advisors, counselors and community builders. She concluded by identifying the future areas in disaster nursing: disaster nursing as a discipline, training and development to make nurses prepared for any hazard, expansion of information base and international networking.

The one-hour open forum that ensued after presentations centred on:

- The need for a health emergency management framework for all Member States;
- The need for the health sector (doctors, nurses, paramedics, etc) to interface closely with the engineering sector regarding safe housing and construction of health facilities;
- The need for constructing disaster resilient health facilities;
- The need for "speaking the same language" (e.g. using SPHERE standards);
- The need to maximize mass media in reducing, not exacerbating, human suffering;
- The need for appropriate technology on waste management post-disaster; and
- The need of valuing lessons learned as one medical doctor of Maldives narrated doing his best to deliver health care post-tsunami in the absence of a health emergency and disaster management plan.

2. Primary issues

- The need for establishing disaster-prepared health systems (inclusive of structures, human resource, knowledge base of risks, lessons learned and best practices), in all Member States at all levels of governance, that are resilient to emergencies and disasters;
- The need for an overall framework of risk reduction strategies, programmes and partnerships contributing to health equity and the achievement of the Millenium Development Goals; and

- The need for health professionals and allied health professionals to be more proactive on health risks, consciously reducing health risks and being better prepared in caring for individuals, families, communities and populations

3. Suggested targets and indicators to measure accomplishment

a) Suggested targets and indicators

- Developed National Framework for Health Emergency Management (no time period specified)
- Trained health professionals on health and risk reduction (no number and time period specified)
- Investment in capacity building of health professionals (no amount and time period specified)

b) Existing indicators with reference (mentioned during thematic session)

- Less than 1/10,000 population death rate per day as threshold for declaring a humanitarian crisis

▪

4. a) Name, affiliation and contacts of presenters and titles of presentations

- Dr David Nabarro, Representative of the Director-General, Health Action in Crises, World Health Organization, Geneva, Switzerland
- Dr David Hutton, Center for Emergency Preparedness and Response, Public Health Agency of Canada
- Ms Christine Hancock, President, International Council of Nurses
- Dr Hiroko Minami, President, Japanese Nursing Association

b) Name, affiliation and contact of person filling in the form

- Dr Jostacio M. Lapitan, Technical Officer, Health Emergency Preparedness and Response Programme, Cities and Health Programme Coordinator, a.i., WHO Centre for Health Development, Kobe, Japan (phone: +81 78 230 3100; fax: +81 78 230 3178; e-mail: lapitanj@who.or.jp)