

Fact sheet: Health in the Context of the Sendai Framework for Disaster Risk Reduction

Health is a key element of the Sendai Framework for Disaster Risk Reduction 2015-2030, adopted by member states in March 2015 at the UN World Conference on Disaster Risk Reduction in Sendai, Japan, and endorsed by the UN General Assembly in June 2015.



■ **Impact of disasters:** Increasing impact and complexity of disasters is evident from the preceding decade during which over 700,000 people lost their lives in disasters, more than 1.4 million were injured, 23 million displaced, and economic losses exceeded US\$1.3 trillion.

■ Disaster risk is already undermining the capacity of many countries to make the capital investments and social expenditures necessary to develop sustainably. At the same time, growing global inequality, increasing hazard exposure, rapid urbanization and the overconsumption of energy and natural capital threaten to drive risk to dangerous and unpredictable levels with systemic global impacts.

■ **The Goal of Sendai Framework is to prevent new and reduce existing disaster risks** through the implementation of integrated and inclusive economic, structural, legal, social, health, cultural, educational, environmental, technological, political and institutional measures that prevent and reduce hazard

exposure and vulnerability to disaster, increase preparedness for response and recovery, and thus strengthen the resilience.

The main features of the Sendai Framework include:

■ **Shifting focus from managing disasters to managing risks.** This requires a better understanding of risk in all its dimensions of vulnerability, exposure and hazards.

■ **Wider scope**, encompassing the risk of small-scale and large-scale, frequent and infrequent, sudden and slow-onset disasters, caused by natural or man-made hazards, as well as related environmental, technological and biological hazards and risks.

■ **Biological hazards such as Epidemics and pandemics** are now addressed in addition to natural hazards as a key area of focus for disaster risk management.

- **People-centred, all-hazards, and multi-sectoral** based approach to disaster risk reduction. It aims to guide Multi-hazard management of disaster risk in development at all levels as well as within and across all sectors with Engagement from all of society.

- **Primary responsibility of States to prevent and reduce disaster risk**, including through cooperation with shared responsibility between central & local authorities, sectors & stakeholders.

- **Strong focus on health.** Four of the seven Sendai Framework global targets have direct links to health, focusing on reducing mortality, population wellbeing, early warning and promoting the safety of health facilities and hospitals.

- The Sendai Framework also places strong emphasis on **resilient health systems** by the integration of disaster risk management into health care provision at all levels, and by the development of the capacity of health workers

in understanding disaster risk and applying and implementing disaster risk approaches in health work.

- **National health systems** can be strengthened by promoting and enhancing the training capacities in the field of disaster medicine; and by supporting and training community health groups in disaster risk reduction approaches in health programmes.

To implement the health aspects of the Sendai Framework, it is essential to:

- **"Enhance cooperation between health authorities and other relevant stakeholders** to strengthen country capacity for disaster risk management for health, the implementation of the International Health Regulations (2005) and the building of resilient health systems."

- **Stimulate public and private investment in disaster risk prevention** including in health facilities and other life-saving and harm-reducing measures.

The Seven Global Targets of the Sendai Framework to Achieve by 2030

Substantially reduce

1. Disaster mortality
2. The number of affected people
3. Direct disaster economic loss in relation to global gross domestic product (GDP).
4. Disaster damage to critical infrastructure and disruption of basic services, including health facilities

Substantially increase

5. The number of countries with national and local disaster risk reduction strategies by 2020.
6. International cooperation to developing countries to complement their national actions for implementation of this framework.
7. The availability of, and access to, multi-hazard early warning systems and disaster risk information and assessments to the people.

Four Priorities of Action for Sendai Framework

1. Understanding disaster risk
2. Strengthening disaster risk governance to manage disaster risk
3. Investing in disaster risk reduction for resilience
4. Enhancing disaster preparedness for effective response, and to “Build Back Better” in recovery, rehabilitation and reconstruction.

Health in the Sendai Framework Priorities for Action - Extracts from the Sendai Framework

Priority 1: Understanding disaster risk

"Policies and practices for disaster risk management should be based on an understanding of disaster risk in all its dimensions of vulnerability, capacity, exposure of persons and assets, hazard characteristics and the environment."

Disaster risk and loss Data

Para 24 (d) "To systematically evaluate, record, share and publicly account for disaster losses and understand the economic, social, health, education, environmental and cultural heritage impacts, as appropriate, in the context of event-specific hazard-exposure and vulnerability information."

Para 25 (a): "Enhance the development and dissemination of science-based methodologies and tools to record and share disaster losses and relevant disaggregated data and statistics, as well as to strengthen disaster risk modelling, assessment, mapping, monitoring and multi-hazard early warning systems;"

Safe hospitals and health infrastructure (para 25f):

"Develop effective global and regional campaigns as instruments for public awareness and education, building on the existing ones (for example, the "One Million Safe Schools and Hospitals" initiative...). to promote a culture of disaster prevention, resilience and responsible citizenship, generate understanding of disaster risk, support mutual learning, share experiences. Encourage public and private stakeholders to actively engage in such initiatives, and develop new ones at local, national, regional and global levels."

Innovation and technology (para 25i):

"Enhance access to and support for innovation and technology as well as in long-term, multi-hazard and solution-driven research and development in disaster risk management."

Priority 2: Strengthening disaster risk governance to manage disaster risk

Clear vision, plans, competence, guidance and coordination within and across sectors as well as participation of relevant stakeholders are needed. Strengthening disaster risk governance is therefore necessary and fosters collaboration and partnership across mechanisms and institutions for the implementation of

instruments relevant to disaster risk reduction and sustainable development.

Mainstream disaster risk reduction in health" (para 27a):

"Mainstream and integrate disaster risk reduction within and across all sectors. Review and promote the coherence and further development, as appropriate, of national and local frameworks of laws, regulations and public policies."

Safety enhancing laws and regulations (para 27d):

"Encourage the establishment of necessary mechanisms and incentives to ensure high levels of compliance with existing safety-enhancing provisions of sectoral laws and regulations, including those addressing land use and urban planning, building codes, environmental and resource management and health and safety standards, and update them, where needed, to ensure an adequate focus on disaster risk management;"

Coherence of instruments and tools (para 28b):

Foster collaboration across global and regional mechanisms and institutions for the implementation and coherence of instruments and tools relevant to disaster risk reduction, such as for climate change, biodiversity, sustainable development, poverty eradication, environment, agriculture, health, food and nutrition and others, as appropriate;"

Epidemics and pandemics (para 28d):
"Promote transboundary cooperation to enable policy and planning for the implementation of ecosystem-based approaches, to build resilience and reduce disaster risk, including epidemic risk. "

Priority 3: Investing in disaster risk reduction for resilience

Public and private investment in disaster risk prevention and reduction through structural and non-structural measures are essential to enhance the economic, social, health and cultural resilience of persons, communities, countries and their assets, as well as the environment.

Safe hospitals and health facilities (para 30c):

"Strengthen disaster resilient public and private investment, particularly through structural and non-structural and functional disaster risk prevention and reduction measures in critical facilities, in particular schools and hospitals and physical infrastructures; building better from the start to withstand hazards through proper design and construction, including the use of the principles of universal design and the standardization of building materials; retrofitting and rebuilding; nurturing a culture of maintenance; and taking into account economic, social, structural, technological and environmental impact assessments."

Health system resilience and disaster risk management for health (para 30i):

"Enhance the resilience of national health systems, including by integrating disaster risk management into primary, secondary and tertiary health care, especially at the local level; developing the capacity of health workers in understanding disaster risk and applying and implementing disaster risk reduction approaches in health work; promoting and enhancing the training capacities in the field of disaster medicine; and supporting and training community health groups in disaster risk reduction approaches in health programmes, in collaboration with other sectors, as well as in the implementation of the International Health Regulations (2005) of the World Health Organization."

Access to basic health care services (para 30j):

"Strengthen the design and implementation of inclusive policies and social safety net mechanisms, including through community involvement, integrated with livelihood enhancement programmes, and access to basic health care services, including maternal, newborn & child health, sexual & reproductive health, food security & nutrition, housing and education, towards the eradication of poverty, to find durable solutions in the post disaster phase and to empower and assist people disproportionately affected by disasters."

Life threatening and chronic diseases (para 30k):

"Include people with life threatening and chronic diseases in the design of policies and plans to manage their risks before, during and after disasters, including having access to life-saving services."

Ecosystem and environment health (para 30n):

"Strengthen the sustainable use and management of ecosystems and implement integrated environmental and natural resource management approaches that incorporate disaster risk reduction;"

Animal health (para 30p):

"Strengthen the protection of livelihoods and productive assets, including livestock, working animals, tools and seeds;"

Sendai Framework implementation (para 31e):

"Enhance cooperation between health authorities and other relevant stakeholders to strengthen country capacity for disaster risk management for health, the implementation of the International Health Regulations (2005) and the building of resilient health systems."

Priority 4: Enhancing disaster preparedness for effective response and to "build back better" in recovery, rehabilitation and reconstruction

The steady growth of disaster risk, including the increase of people and assets exposure, combined with the lessons learned from past disasters, indicates the need to further strengthen disaster preparedness for response, take action in anticipation of events, integrate disaster risk reduction in response preparedness and that ensure capacities are in place for effective response and recovery at all levels.

People-centered early warning, communication and technological systems (para 33b):

"Invest in, develop, maintain and strengthen people-centred multi-hazard, multisectoral forecasting and early warning systems, disaster risk and emergency communications mechanisms, social technologies and hazard-monitoring telecommunications systems. Develop such systems through a participatory process. "

Safe hospitals (para 33c):

"Promote the resilience of new and existing critical infrastructure, including ... hospitals and other health facilities, to ensure that they remain safe, effective and operational during and after disaster in order to provide life-saving and essential services. "

Stockpiling (para 33d):

"Establish community centres for the promotion of public awareness and the stockpiling of necessary materials to implement rescue and relief activities."

Training (para 33f):

“Train existing workforce and voluntary workers in disaster response and strengthen technical and logistical capacities to ensure better response in emergencies.”

Health data (para 33n):

“Establish a mechanism of case registry and a database of mortality caused by disaster in

order to improve the prevention of morbidity and mortality.”

Mental health (para 33o):

“Enhance recovery schemes to provide psychosocial support and mental health services for all people in need.”

Translate Words Into Actions

UNISDR will work with key partners to:

1. Promote systematic integration of health into national and sub-national disaster risk reduction policies and plans and the inclusion of emergency and disaster risk management programmes in national and sub-national health strategies.
2. Enhance cooperation between health authorities and other relevant stakeholders to strengthen country capacity for disaster risk management for health, the implementation of the International Health Regulations (2005) and building of resilient health systems.
3. Stimulate people-centered public and private investment in emergency and disaster risk reduction, including in health facilities and infrastructure.
4. Integrate disaster risk reduction into health education and training and strengthen capacity building of health workers in disaster risk reduction.
5. Incorporate disaster-related mortality, morbidity and disability data into multi-hazards early warning system, health core indicators and national risk assessments.
6. Advocate for, and support cross-sectoral, transboundary collaboration including information sharing, and science and technology for all hazards, including biological hazards.
7. Promote coherence and further development of local and national policies and strategies, legal frameworks, regulations, and institutional arrangements.

For more information on the Sendai Framework for Disaster Risk Reduction and the Sendai Declaration, please visit: <http://www.unisdr.org/we/coordinate/sendai-framework>. Contact: Dr. Chadia Wannous, Senior Advisor and UNISDR’s Health Focal Point: wannous@un.org.