

## Thematic Platform: Disaster Risk Reduction for Health



Disaster



Risk



Reduction



Health

### Introduction

At the 2009 Global Platform for Disaster Risk Reduction, participants supported a proposal to establish a Thematic Platform for Disaster Risk Reduction for Health. The launch of this platform, dedicated to protecting public health through disaster risk reduction, coincides with the International Day for Disaster Reduction on 14 October 2009.

The World Health Organization (WHO) and the United Nations Secretariat for International Strategy for Disaster Reduction (UNISDR) have committed to establish the platform, through which local, national and international partners will collaborate on actions to reduce deaths, injuries and illness from emergencies, disasters and other crises. A key goal of the platform is to improve the health and well-being of millions of people at risk through enhanced risk reduction and emergency preparedness, and by integrating risk reduction in disaster recovery and reconstruction for health.

This document describes the platform's rationale and terms of reference to facilitate these actions on disaster risk reduction for health.

### The problem: it is not possible to replace millions of lost lives and long-lasting health impacts from disasters

Today we face enormous challenges from natural hazards, conflicts, food crises, climate change, disease outbreaks and now pandemic influenza. The historical record should be sufficient reason to increase investment in disaster risk reduction, however, risks are expected to increase due to factors such as climate change affecting the frequency and severity of hazards and settlement of risk-prone areas due to urbanization pressures.

The tragic impact of emergencies, disasters and other crises on people's health is a major imperative for action on disaster risk reduction. In 2007, a WHO global assessment of national health sector preparedness and response found that most countries had experienced a major disaster within the previous five years.

Communities are confronted by emergencies of varying scales.<sup>1</sup> Large-scale disasters have killed thousands of people and affect millions more. Countries also experience numerous smaller-scale hazard events that have significant impacts and cumulative effects on communities. Economic losses from all these events run into the billions of dollars, setting back social development and hard-earned health gains. The combina-

---

<sup>1</sup> Between 1975 and 2008, over 8800 recorded disasters resulted in the deaths of more than 2.28 million people. Economic losses during the same period were recorded at US\$ 1 527.6 billion. Mortality and economic loss was concentrated in a very small number of disasters. 23 mega-disasters or 0.26% of the events killed 1 786 084 people equivalent to 78.2% of the mortality, while 25 mega-disasters accounted for 40% of the economic loss.

In 2008, one of the worst years in recent history, more than 200,000 people lost their lives from natural hazards and more than 200 million people were directly affected. In terms of mortality due to flooding, more than 75% occurred in three populous countries at high risk of flooding, namely Bangladesh, China and India. However, on a per capita basis, small island developing states (SIDS) and other small countries have higher levels of relative risk. For example, in the case of tropical cyclones, Vanuatu has the highest mortality risk per million inhabitants in the world.

UNISDR, *Global Assessment Report on Disaster Risk Reduction (2009)*.

tion of hazards, community vulnerabilities and limited capacities result in an uneven distribution of risk among and within countries, with the poor often the most affected.

The true impact of disasters is often hidden by statistics that describe how many people have died or been injured. But these dry details fail to depict the full health impact or the depths of human suffering felt during such emergencies. Millions of people have experienced great personal pain and suffering from injuries, disease and long-term disabilities. They also suffer the emotional anguish from loss of loved ones and haunting memories of traumatic events. It is a huge burden for individuals, families, communities and society to bear.

For the sake of people's health we need to emphasize prevention. It may be possible to build back better, but it is not possible to replace lost lives and long-lasting health impacts.

### **The action needed: Proactive action through risk reduction and emergency preparedness for health**

Reducing health risks from emergencies, disasters and other crises is achievable. Progress has been made at global, regional, national and community levels, but the capacity of countries for risk reduction, emergency preparedness, response and recovery is extremely variable. The 2007 WHO global assessment found that less than 50% of national health sectors had a budget for emergency preparedness and response.

Factors affecting capacity include:

- weak health and disaster management systems
- lack of access to resources and know-how
- continuing insecurity due to conflict.

But a number of high-risk countries have strengthened their disaster preparedness and response systems, and in some countries, the health sector has been a leader by initiating the development of multi-sectoral approaches to disaster risk reduction and emergency preparedness.



At community level, local governments, non-governmental organizations and the Red Cross and Red Crescent movement have built local capacity through the training of community representatives and implementation of risk reduction measures, such as risk assessment and contingency planning, early warning systems, safer water and sanitation, and epidemic and pandemic preparedness. The fact that millions of people have also survived

emergencies, disasters and other crises is a tribute to their resilience, courage and to the support of communities, health workers and all partners who have helped to reduce risk and respond to these events.

At the global level, the Hyogo Framework for Action sets the goal that all new hospitals are built with a level of protection that better guarantees they can remain functional and deliver health services in crisis situations. The 2008-2009 World Disaster Reduction Campaign on Hospitals Safe from Disasters has motivated countries and organizations to institute programmes to protect health facilities, health workers and patients from disasters and to ensure that health services can be provided when they are most needed in emergency settings. Minis-

tries of Health, supported by WHO, dedicated World Health Day in 2009 to highlight the need for safer health facilities to save lives in emergencies.<sup>2</sup>

Many factors, in combination, determine how many people die, fall ill, suffer physical and psychological trauma and other health outcomes from disasters and other emergencies. These include the location of settlements, the quality of building construction, advanced hazard warnings, availability of evacuation shelters, the level of community know-how to take action, availability of food and water, medical and health services and emergency response systems. In communities and governments, the responsibility for some of these factors is in the health sector. But other sectors have responsibilities for factors which contribute to health outcomes. This makes it imperative for many disciplines in the health sector to work with others to improve health outcomes from the risk of disasters.

Taking the example of a health facility, it needs health and non-health sectors to work closely together to ensure it is structurally and functionally safe. Planners, architects, engineers, educators, government policy makers, doctors, nurses and hospital managers form a team whose efforts make a health facility that is safe and prepared to respond in times of crisis.

### **Active partnerships facilitated by a thematic platform on risk reduction for health**

Joint support is needed to establish a thematic platform that strengthens public health protection and disaster risk reduction. The platform will help to facilitate partnerships at the global level with a view to supporting existing or new forums at regional, national and sub-national levels which bring together all stakeholders whose actions in disaster risk reduction and emergency preparedness contribute to healthier, safer communities.



Against the backdrop of increasing risks and public health impacts of disasters and emergencies, increased cooperation, investment and action towards risk reduction is needed to achieve better health outcomes for at risk communities, as well as to make them safer and more resilient.

Partnerships within the health sector and between health and other sectors are vital for developing the field of risk reduction and emergency preparedness. By working together,

country and community partners can deal with these risks, particularly by reducing vulnerabilities and building capacities to mitigate and respond to all emergencies which they face.

Leadership is also critical to provide the necessary policy direction and mechanisms for consistent and predictable levels of funding for national and community risk reduction initiatives and programmes for health and other sectors.

We possess most of the know-how to make a safer tomorrow, but political commitment at the highest level will help to provide the necessary investment for better health outcomes for millions of people at risk of emergencies, disasters and other crises.

---

<sup>2</sup> [www.who.int/world-health-day/2009/en/index.html](http://www.who.int/world-health-day/2009/en/index.html)

# Terms of Reference for a Thematic Platform on Disaster Risk Reduction for Health

## Rationale

Disasters and other emergencies often result in significant impacts on people's health, including the loss of many lives. Every new threat reveals the challenges for managing health risks and effects of emergencies and disasters. Deaths, injuries, diseases, disabilities, psychosocial problems and other health impacts can be avoided or reduced by disaster risk reduction, including emergency preparedness measures. As many factors contribute to health outcomes in emergencies and disasters, concerted multi-disciplinary and multisectoral partnerships are needed in order to improve health outcomes for people at risk of emergencies, disasters and other crises.

## Vision

Improved health outcomes from the risks of emergencies, disasters and other crises due to people and organizations from all sectors working effectively together in risk reduction and emergency preparedness for health.

## Goal

Better health outcomes and reduced physical, mental and social health consequences for people at risk of emergencies and disasters through more effective health risk reduction and emergency preparedness.

## Objective

To build a multi-disciplinary and multi-sectoral community to advocate, share information and catalyse action on risk reduction for health, and implement the Hyogo Framework for Action through the health sector.

## Scope

The platform will be guided by the following approaches. It will be:

- Multi-agency: the platform will facilitate partnerships among agencies, institutions and individuals which contribute to health risk reduction.
- Multi-sectoral: the work of the platform will reflect that health and other sectors work together to manage the health emergency risks caused by the interaction of the vulnerability and resilience of people, hazards or agents, and their social, cultural, natural and built environments.
- Multi-disciplinary: the platform will take account of the contributions of many disciplines in health and other fields required to manage the risks to health.
- All-hazard: the platform will address risks of emergencies from all sources, including natural, technological, biological and societal hazards.
- Risk management: the platform will adopt a risk management approach, with a focus on proactive measure to manage risk, including risk assessment, prevention, and preparedness and associated functions such as policy development, communication, monitoring and evaluation, and capacity development. Risk reduction should also be integrated into disaster response, recovery and rehabilitation by strengthening communities, institutions and systems to reduce future risks.



## Partnership and structure

The range of actors at the individual, community, sub-national, national and international levels from health and other sectors whose actions contribute to improving health outcomes from emergencies, disasters and other crises are partners in the platform.

Platform membership will be open to government, private, non-government, civil society, academic and research institutions and community organizations. The platform will work with ISDR system partners, the ISDR Science and Technical Committee and other platforms, and will foster linkages between the IASC and ISDR systems, including with the Global Health Cluster as well as the Water and Sanitation, Nutrition, Early Recovery and other relevant clusters. The platform will build partnerships to harness the collective influence and strengths of these sectors to ensure that the health impacts of disaster are reduced.



A steering group of representatives drawn from the ISDR system, WHO and partners' networks will provide advice on the development and the implementation of the platform. Country representatives on the steering group will be nominated by WHO Regional Offices and partners. The steering group will gain input and feedback from the platform's membership comprising a wider group of people and organizations.

Forums, such as ISDR-related platform meetings and web-based interaction, will enable individuals and organizations to share their views, experience and initiatives with the health risk reduction community.

As an ISDR system member and at the request of its Member States, WHO has the responsibility to facilitate the development of health risk reduction and emergency preparedness. WHO will facilitate and support the platform until a review is held in 2011, at which time, the platform's future directions and role of all partners will be reviewed.

## Areas of activity

The platform's role will be to advocate, share information and catalyse action on risk reduction for health, focusing on the following areas of activity:

- Actions to support the development of risk reduction and emergency preparedness across health and related disciplines at community, national and international levels. These actions may include sharing of national policies and strategies for health risk reduction, good practice, risk assessment, education, training, research strategies and projects, database development, evaluations, and linking evidence and practice to policy and systems development for health risk reduction.
- Actions to raise awareness of the imperative for risk reduction due to the widespread immediate and long-term impacts of emergencies, disasters and other crises on health. The dynamic nature of risk due to changing hazards, vulnerabilities and capacities will be taken account, including reducing the risks associated with climate change.
- Advocacy for greater investment of resources in all aspects of risk reduction for health by the public, private and community health sector, by other sectors, and the international development and humanitarian community, including donors and financial institutions.
- Advocacy to promote and support the development of national policies and programmes on risk reduction and emergency preparedness in the health sector.

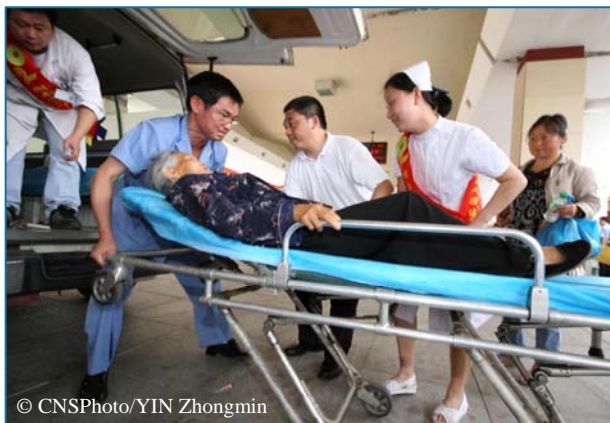
- Actions to build partnerships and a health risk reduction community, including representatives of disciplines and sectors contributing to health. Such actions may include web-based communications, virtual and face-to-face conferences and publications.
- Development of a pool of health risk reduction experts who can contribute to the development of health risk reduction at global, national and community levels.
- Actions to ensure that the health sector contributes effectively to disaster risk reduction, especially with respect to implementation of the Hyogo Framework for Action, forums such as the National, Regional and Global Platforms for disaster risk reduction, other thematic platforms, Preventioweb and ISDR system reports, publications and World Disaster Reduction campaigns.<sup>3</sup>
- Actions to monitor, evaluate and report on the implementation of risk reduction for health.
- Advice to the ISDR system, WHO and thematic platform partners about future directions and priorities to address continuing and emerging challenges for health and disaster risk reduction.
- Actions to promote the integration of risk reduction for health into recovery and rehabilitation plans through linkages with the Global Health Cluster.

## Accountability to the ISDR System

The thematic platform will publish a work plan on an annual basis and participate in the ISDR system joint work programme.

The thematic platform will provide a written annual report to the ISDR Secretariat on its activities and contributions to the ISDR work programme.

The thematic platform will maintain a written and publicly available description of its membership, leadership and working arrangements. Until advised otherwise, the Risk Reduction and



© CNSPhoto/YIN Zhongmin

Emergency Preparedness Unit of the Department of Emergency Preparedness and Capacity Development in Health Action in Crises, WHO, Geneva, will provide the focal point for external contacts.

A review of the Thematic Platform on Disaster Reduction for Health will be conducted before the end of 2011.

---

<sup>3</sup> Including the 2008-2009 Hospitals Safe from Disasters and the 2010-2011 campaign devoted to Urban Risk.