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Building partnerships: a challenge for effective disaster risk reduction

Together We Can Make a Difference in Reducing Risk.

Sálvano Briceño
Director
ISDR
Global Trends (risk components)

Natural and human-induced hazards
Climate change and variables

Socio-economic: poverty, unplanned urban growth, lack of awareness and institutional capacities...
Physical: infrastructures located in hazard prone areas, ...
Environmental degradation oil spills, coastal, watershed, marshland degradation, ...), etc.
International Strategy for Disaster Reduction

Launched in 2000 by UN General Assembly Resolution A/54/219 as successor of the International Decade on Natural Disaster Reduction –IDNDR, 1990-1999:

The ISDR aims at building disaster resilient communities by promoting increased awareness of the importance of disaster reduction as an integral component of sustainable development, with the goal of reducing human, social, economic and environmental losses due to natural hazards and related technological and environmental disasters.
ISDR: bodies

1. **Inter-Agency Task Force for Disaster Reduction (IATF/DR)**
   (2 meetings/year: May and Nov. in Geneva)

2. **Inter-Agency Secretariat of ISDR**
   - Headquarters in Geneva
   - Regional offices (LAC, Africa, Asia, planned in Europe)
   - Partner Networks and Regional Centres (ADPC, ADRC, SOPAC, CEPREDEMAC, CDERA, CAPRADE, AU/NEPAD, COE, CIS, etc)
   - National Committees/Platforms
ISDR Main functions:

(a) Policy and Coordination *(CSD, LDCs, SIDS, CC, EW, UN-water com, WCDR, IATF, etc.)*

(b) Advocacy *(annual awareness campaign, publications)*

(c) Information Management and Networks *(website, clearinghouse, Living with Risk)*

(d) Partnerships for Applications
The Hyogo Framework for Action (HFA) has a clear focus on Risk Reduction in the Health Sector

The HFA sets the stage for effective strategies and actions for the next decade.

It is an agreed roadmap that will serve us as a guide in helping to strengthen partnerships and building new ones.

It stresses the need for taking a more pro-active approach to informing, motivating and involving people in all aspects of disaster risk reduction in their own communities.

Risk reduction in the health sector is a priority.

Risk reduction in the health sector is not a one-way process: A more resilient health sector can also serve as a powerful catalyst to promote risk reduction in many other fields, sectors and communities.
Disaster Risk Reduction in the Health Sector: What does this mean exactly?

The health sector has a prominent role in the advancement of sustainable development.

Prevention rather than cure: “a shared vision”

Setbacks in public health can jeopardize development for years or even decades.

The health sector must become more resilient to hazards.

Reducing the vulnerability of the health sector so that it is safe and remains functional, not only saves lives during and in the aftermath of a disaster, it also has positive repercussions on daily operations.
Disaster Risk Reduction in the Health Sector: What does this mean exactly?

Some people may think that introducing disaster risk reduction measures are difficult and very costly.

Well, most of measures that can have enormous impact actually are not at all costly to integrate.
Then why has it not been done?

In fact, it is not entirely true that nothing has been done. There is a growing number of places where measures are being taken and good examples and practices are becoming available over time.

Nevertheless, we have a long way to go. Reasons for not integrating disaster risk reduction into the health sector may relate to one or more of the following issues:

• Culture of prevention
• Coordination between sectors
• The exchange of information
• Planning and health policy formulation
Then why has it not been done?

A fair amount of the disaster risk reduction measures in the health sector bear resemblance to those that are being introduced in the promotion of sustainable development initiatives.

Cross-fertilization between sectors is feasible. An example of mainstreaming disaster risk reduction into development programming is found in a recent (2004) study by the Provention Consortium.

The study suggests that many of the standard tools used in designing development projects, can be used in or readily adapted to other scenarios, such as in health programmes.

For more information please visit http://www.proventionconsortium.org/projects/methodology_assess.htm
How can Disaster Risk Reduction be introduced into health sector policies?

Awareness-raising and training will most likely play a vital role in ensuring that DRR will be properly integrated into health sector policies.

Foster real and practical coordination between sectors, possibly through the use of mechanisms such as the ISDR-promoted National Platforms model.

The use of model policy examples as a starting template or the analysis of lessons learnt can be a potent means to organize workshops and other effective instruments to develop home-grown solutions that are made to respond to local needs but build on both local and international knowledge.
How can Disaster Risk Reduction be introduced into future health sector policies?

It is very important to remember that in most cases, quality of measures does not mean high cost.

On the contrary, many risk reduction measures are not very costly and may pay off quickly.
What are some of the most important aspects/areas to include in a framework or action plan?

• Promote the goal of ‘hospitals safe from disaster’.

• Reinforce existing health facilities where appropriate.

• Infrastructure design should take into account proper design techniques.

• Build and improve social safety nets.
What are some of the most important aspects/areas to include in a framework or action plan?

• The availability of training opportunities in the management and protection of critical facilities.

• Also, community-oriented programs geared towards local organization and vulnerability reduction can be implemented through existing health services locally.

• It is essential to ensure access to information.
The value of Vulnerability Assessments

Vulnerability assessments are useful tools for knowing more about our strengths and resources, our opportunities and our vulnerabilities.

There are many ways to do vulnerability assessment. There are formal and high-technology methods, carried out by technical experts, on one side and community-based approaches that focus on local risk mapping without the aid of advanced technical tools, on the other side.

And there are many other methodologies in between. All can be effective means to identify vulnerabilities and address them properly when used in accordance with the social and economic realities of the communities, region or country.
Community Empowerment and Health Networks: New roles for health workers

Lessons learnt by the Pan American Health Organization (PAHO/WHO) over many years underscore the key role that the health sector can play in disaster reduction.

With training, health workers can play a major role in helping communities organize themselves in order to confront crisis situations and reduce vulnerability through local projects and initiatives that promote a better use of their current and potential human and material resources.

Local organization for improved disaster reduction is not an easy task and health workers can truly make a difference.
Working Together in Helping Create a Culture of Prevention

Where partners come together, the results are often better.

New successful initiatives are easy to find.

Partnering is key
So Can it Be Done?

From the foregoing the conclusion seems clear. Yes, if we work together it can be done.

Partnerships is the only realistic and lasting solution to achieving disaster risk reduction in the health sector and in other sectors as well.

A first step is to promote understanding of the links between disaster reduction, public health and sustainable development.

Additionally, the emphasis ISDR places on an interdisciplinary approach as evidenced by the promotion of national platforms and other initiatives may help ensure that links between disaster risk reduction, health and sustainable development are taken into due account.
An example: CANDHI

In Central America, PAHO/WHO, ISDR, the US National Library of Medicine (NLM) and the Humanitarian Aid Department of the European Commission (ECHO) have partnered to implement the ‘Central American Network for Disaster and Health Information’ (CANDHI).

Some of the assets of this CRID-executed project might well serve as a cost-effective model in other regions. This project has accumulated a large variety of experience and lessons learned regarding the set-up and management of information centers.

http://www.crid.or.cr/crid/ing/index_ing.html

http://www.crid.or.cr/crid/Echo/proyectos_CRID_ing.html
Recognizing the shift from a response and operational readiness to a broader focus on prevention, mitigation and preparedness, WHO proposed that the health sectors of the Eastern Mediterranean Region (EMR) review the concept of disaster management and adopt the approach of **DISASTER RISK REDUCTION**.

The Ministry of Health is not only responsible for identifying emergency health needs and guaranteeing that they are properly met, either by its own services or by other actors. It has also the duty to influence, prior to disasters, the development practices and behaviours of the public and the State in general to reduce the potential impact of disasters on public health, starting with improving the **disaster resilience** of the facilities and services under its own supervision.

The level of development of the health services prior to the disaster will determine the quality of the emergency response.
"More effective prevention strategies would save not only tens of billions of dollars, but save tens of thousands of lives. Funds currently spent on intervention and relief could be devoted to enhancing equitable and sustainable development instead, which would further reduce the risk for war and disaster. Building a culture of prevention is not easy. While the costs of prevention have to be paid in the present, its benefits lie in a distant future. Moreover, the benefits are not tangible; they are the disasters that did NOT happen."

Kofi Annan, “Facing the Humanitarian Challenge: Towards a Culture of Prevention”, UNGA, A/54/1