PROTECTING PEOPLE’S HEALTH FROM THE RISKS OF DISASTERS

HIGHLIGHTING THE UN SYSTEM SUPPORT

PEOPLE’S HEALTH FACES INCREASING RISK FROM HAZARDS ACROSS THE WORLD

The gravest consequences of emergencies and disasters are deaths, injuries, illness and disability, as well as their psychosocial effects on women, men and children. These events can affect health directly and immediately, or as a consequence of the disruption of health systems and services. In these situations, people have reduced access to health care – often for long periods. Disasters may also affect basic supplies and infrastructure such as food, water and shelter, which are essential for health. It is critical that health is at the centre of whole-of-society efforts to reduce vulnerabilities and risks and to build resilience through effective disaster prevention, preparedness, response and recovery measures.

UN SYSTEM SUPPORT FOR COUNTRY IMPLEMENTATION

The UN System is committed to providing support to Member States and partners through the implementation of agency-specific policies and programmes, the UN Plan of Action on Disaster Risk Reduction for Resilience, joint action by UN Country Teams and partnerships such as the Capacity for Disaster Reduction Initiative (CADRI). Many UN agencies contribute to EDRM-H, including WHO, UNAIDS, UNFPA, UNICEF and UNISDR:

POST-2015 FRAMEWORK FOR DISASTER RISK REDUCTION PUTS INCREASED ATTENTION ON PEOPLE’S HEALTH

The post-2015 framework for disaster risk reduction (DRR) recognises that protecting people’s health from the risks of emergencies and disasters is a social, economic and political necessity and a rights imperative. Many aspects of the framework, including understanding and using risk information, improved government policy and legal frameworks, building the resilience of countries and communities, reducing underlying risk factors, and more effective preparedness, response and recovery will contribute to improved health outcomes. Health is a central component of the post-2015 framework for DRR and provides a platform for a greater focus on people’s health by the entire DRR community.

FUNDAMENTALS OF EMERGENCY AND DISASTER RISK MANAGEMENT FOR HEALTH

1. Protection of people’s health by all sectors of society is essential to reducing the risks and impacts of disasters: to maintain health is to improve lives and livelihoods.
2. An all-hazards approach is vital to effectively manage the risks to health from hydrometeorological, geological, biological (such as epidemics and pandemics), technological and societal hazards.
3. Greater investments are needed to strengthen emergency and disaster risk management for health (EDRM-H) and to ensure resilient and functioning health and social protection systems.
4. Implementation of the Safe Hospitals Initiative is a key national action and a global priority to ensure that new and existing health facilities remain operational in emergencies and disasters.
5. Strengthened preparedness and response capacities from community to national levels are the foundation of a timely and effective response.

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WHO provides support for:

1. Strengthening country capacities for EDRM-H, including risk and capacity assessments, guidance on strengthening resilience of health systems, training of professionals in health and other sectors, and emergency preparedness for response and recovery. WHO facilitates health sector input to regional and global coordination mechanisms, including the thematic platform on EDRM-H.

2. Implementation of the Safe Hospitals Initiative. All stakeholders are invited to join WHO and partners in supporting countries to scale up action on safe hospitals by establishing national programmes, reconstructing or building new facilities safely, and strengthening preparedness.

3. Continued implementation of the International Health Regulations (2005) for the prevention and control of public health emergencies with the potential for international spread (e.g. epidemics, chemical and radiological events). WHO will continue to support Member States to develop and maintain national core capacities for the detection, investigation, response and reporting of public health events within their territories.

4. Action on climate and health, including reducing risks to health of extreme weather and climate-related hazards and climate-sensitive diseases. WHO and WHO have established the WHO-WMO Climate and Health Office and work together on implementing the Global Framework for Climate Services to meet the climate information needs of the health sector.

UNAIDS provides support for:


2. Applying lessons from effective risk and vulnerability reduction and responses to pandemics such as HIV that can serve as entry points for strengthening disaster risk management in spheres of:
   • community mobilization
   • empowerment of those affected
   • addressing stigma and discrimination
   • fostering effective shared accountability.

UNFPA provides support for:

1. Advocacy for investments in Sexual and Reproductive Health to help countries strengthen their resilience to drive and sustain a demographic dividend of accelerated economic growth.

2. Increasing the availability of the sex- and age-disaggregated data needed for disaster risk management to take into account the human development needs of different age and sex groups.

3. Countries to integrate social protection mechanisms in disaster risk management plans, to prevent and respond to gender-based violence which undermines the health and dignity of women.

4. Strengthening the capacity of health systems to prepare for and respond to disasters with a Minimum Initial Service Package (MISP) and quickly return to a comprehensive service delivery system, enabling informed choice, providing access and ensuring protection in all situations.

5. Upholding as a principle, to always recognize the innate resilience, knowledge and skills of women and young people, ensuring that interventions are demand driven and engaging them as key partners.

UNICEF provides support for:

1. National and local government risk assessments (disaggregated by age, sex and disability) to inform the delivery of health programs, public health capacities (e.g. water, sanitation and hygiene and nutrition) as well as other services.

2. Strengthening the resilience of health systems, including by linking development and humanitarian work, in fragile and risk-prone contexts, to deliver and sustain quality services to the most vulnerable children and communities.

3. Increase the resilience of communities through the delivery of evidence-based maternal, newborn and child health services proven to improve child survival and well-being in those most vulnerable to disasters.

4. Continued investment in preparedness for all risks as a proven cost effective and timely measure - with a particular focus on the sub-national and community levels.

UNISDR provide support for:

1. Fostering collaboration across global and regional mechanisms and institutions and across the UN System, through the United Nations Plan of Action on Disaster Risk Reduction for Resilience, for the implementation and coherence of strategies, plans, instruments and tools relevant to disaster risk reduction.


3. Advocacy to the disaster risk reduction community to support the implementation of the health aspects of the post-2015 framework for DRR that align with emergency and disaster risk management for health, the International Health Regulations (IHR) and the building of resilient health systems.

4. Advocacy for information and disaster losses that are systematically evaluated, recorded, shared and publicly available in order to fully understand the health impacts.

More broadly, UNOPS strengthens the resilience of health infrastructure including hospitals; FAO and WFP contribute to national nutrition and food security systems; IOM integrates the needs and capacities of migrants into their assistance programmes; and WMO strengthens climate services to address health risks through the WHO-WMO Climate and Health Office and the Global Framework for Climate Services.

CALL FOR PARTNERSHIPS AND RESOURCES FOR PROTECTING PEOPLE’S HEALTH

All countries and the international community need to invest technical and financial resources to uphold the commitments enshrined in the post-2015 Framework for DRR. Emergencies and disasters have highlighted the importance of increasing the investments needed for EDRM-H and to ensure resilient and functioning health and social protection systems.

The United Nations system and its agencies offer their capacities to support countries in managing the risks of disasters and implement the post-2015 framework for DRR for the benefit of people's health.

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