Health and disaster risk reduction regarding the Sendai Framework

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An expert workshop was held at the University of Melbourne in July 2017 to consider disaster risk reduction for the health sector under the Sendai Framework. Outcomes were recommendations for alliances and partnerships to link researchers and government across disaster risk reduction and health to inform policy and practice.

Introduction

Health is a pivotal dimension to be addressed within all-hazards approaches to disaster risk reduction. It is also a key point of convergence across global and national policy frameworks. The recent synchronous adoption of the five landmark UN agreements the Sendai Framework for Disaster Risk Reduction, Sustainable Development Goals, COP21's Paris Climate Conference, World Humanitarian Summit and Habitat III has created a rare and significant opportunity to build coherence across different but overlapping policy areas. Extreme weather events are projected to increase in frequency, intensity and duration over the coming decades. It is apparent that these events could potentially increase the vulnerability of individuals, communities and regions and lead to longer recovery times. Taken together these UN agreements make a more complete resilience agenda as building resilience requires action spanning development, humanitarian, climate and disaster risk reduction areas and for multi-hazard assessments. These develop a dynamic, local, preventive and adaptive urban governance system at the global, national, and local levels.

The *Sendai Framework for Disaster Risk Reduction 2015-2030* is the principal global treaty to guide disaster risk reduction efforts. The Sendai Framework reflects an important shift away from managing disasters and towards reducing disaster risk. Health resilience is strongly promoted throughout.

The Sendai Framework calls for broad disaster risk reduction (DRR) activities that reduce the effects of disasters with respect to loss of life, injury and health impacts as well as on the socioeconomic determinants that affect population health. These include property damage, loss of livelihoods and services, social and economic disruption and environmental damage. The use of scientific evidence to inform policy and formulate effective initiatives and interventions is crucial to DRR within health. The importance of health as a core dimension in DRR was emphasised within the Bangkok Principles following the UNISDR International Conference on the implementation of the Health Aspects of the Sendai Framework. These principles are further developed in the UNISDR Fact sheet: Health in the Context of the Sendai Framework for Disaster Risk Reduction and in the WHO Technical Guideline Series on Health Emergency and Disaster Risk Management.

Effective DRR hinges on concerted national implementation and it is critical to examine the implications of the DRR paradigm across societal sectors and health domains. The 2030 targets of the Sendai Framework call for substantial global reductions in disaster-related mortality, number of affected people, direct economic loss and damage to critical infrastructure. The UN General Assembly agreed to 38 indicators to measure progress against the Sendai Framework's seven global targets. Using these indicators, Australia has already prepared an initial report on its Sendai Framework data readiness. The benefits of this approach to the Australian emergency management sector are clear: improved preparedness, more effective response, rehabilitation and reconstruction and more effective post-disaster recovery and reconstruction to 'build back better'. However, it is considered a significant challenge for Australia to fully engage with this international monitoring and reporting process. Nonetheless, at the UNISDR Global Platform for Disaster Risk Reduction in Cancun, Mexico in May 2017, Senator Concetta Fierravanti-Wells, Minister for International Development and the Pacific, in delivering Australia's official statement, reaffirmed that the Australian Government is firmly committed to implementing the Sendai Framework.

Following the Global Platform meeting, an expert workshop 'Health and Disaster Risk Reduction: State of the Art and Implications for Australia' was held at the University of Melbourne in July 2017. The workshop was jointly hosted by the Centre for Mental Health, Melbourne School of Population and Global Health and the European Union Centre on Shared Complex Challenges. The workshop was conducted in collaboration with partners of Flinders University, RMIT, University of Sydney and Public Health England. The expertise of national and international

experts and practitioners was sought from the health and emergency management sectors. The intent was to explore the critical intersections of the fields of health and DRR and implications of the Sendai Framework for Australia. A number of participants who attended the Global Platform meeting, and two research papers led by the WHO Thematic Platform for Health Emergency and Disaster Risk Management Research Group informed the structure and process of the expert workshop.

What was discussed

A review of the Sendai Framework pointed towards health, science and technology to engage with transdisciplinary and interdisciplinary partners to provide evidence to inform policy and practice. The implementation of the Sendai Framework requires national reporting on indicators every two years. A summary of Australian-based resources and disaster databases was included. The need for partnerships within localities and across decision-making areas within government at all levels and with all health care, academic and private organisations was key within Australia. Mental health effects arising from all hazards have been identified as a major area of concern as all disasters impact on the health of the population; bringing about substantial losses and disruptions to health systems. The example of the impact of a recent incident ('thunderstorm asthma' in November 2016 in Victoria) on the population was used to demonstrate the complex nature of such events. The preparedness for health care response in the US was shared and the role of primary care in disasters was discussed. The Australian Red Cross reported on its work to encourage people-centred action in their RediPlan.

Workshop discussions focused on identifying principal risks and hazards across health domains and fields of practice and key strategies to mitigate these risks. Following lively discussions between the four working groups, outputs recommended that it was important to know the hazards and risks that exist but plan and train for an all-hazard approach recognising that interagency communication for preparing, warning and informing Australian communities and the wider public requires trust. It was essential to listen to and understand local community issues and to have a dialogue with mutual trust and respect. A call for the recognition of the central place of health across all national and global policy frameworks was made.

The following recommendations were made:

- Consider producing an interpretive statement of the Sendai Framework to assist all levels of government to understand its implications for Australia and its relevance to global, national and local initiatives.
- Consider developing local hazards risk assessments to develop an Australian National Risk Register, possibly using the UK National Risk Register as a model.
- Consider creating an Australian DRR research network/alliance that maintains a research registry that could reflect the UK Alliance for Disaster Risk Reduction. Suggestions for how such an alliance could be facilitated include linking to support decision makers at all levels of government and building partnerships between academics, their discipline and their universities or other relevant organisations and to celebrate the rich and diverse Australian disaster research community.
- Consider creating a partnership to enhance foresight and early warning, possibly using as a model the UK Natural Hazards Partnership, which was established in 2011. This provides a network of government and academic partners to support early warning and other activities requested by the UK Cabinet Office for communications and services for civil contingencies, governments and the responder community. This is important because no such partnership exists in Australia and it would appear from the UK experience that such a collaboration between similar organisations strengthens consistent DRR standards and guidelines and improves outcomes.

Fulfilling the Sendai Framework objectives requires concerted action from key stakeholders across government, academic, sectoral and community levels to address existing research gaps to reflect the all-hazard approach. The WHO Official Statement at the Global Platform Cancun May 2017 states it values collaboration and partnerships and that the 'recent development of WHO Thematic Platform for Health Emergency and Disaster Risk Management Research Group brings together representatives of Member States and academia who are committed to strengthening the evidence base for health policy and practice' is important. It would be beneficial if Australian academic health professionals were encouraged to engage in this activity.

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