

International Conference on Science and Technology
for Sustainability 2023, Tokyo Japan

***Strengthening whole-of-society
action to reduce the health risks
and impacts of emergencies and
disasters***

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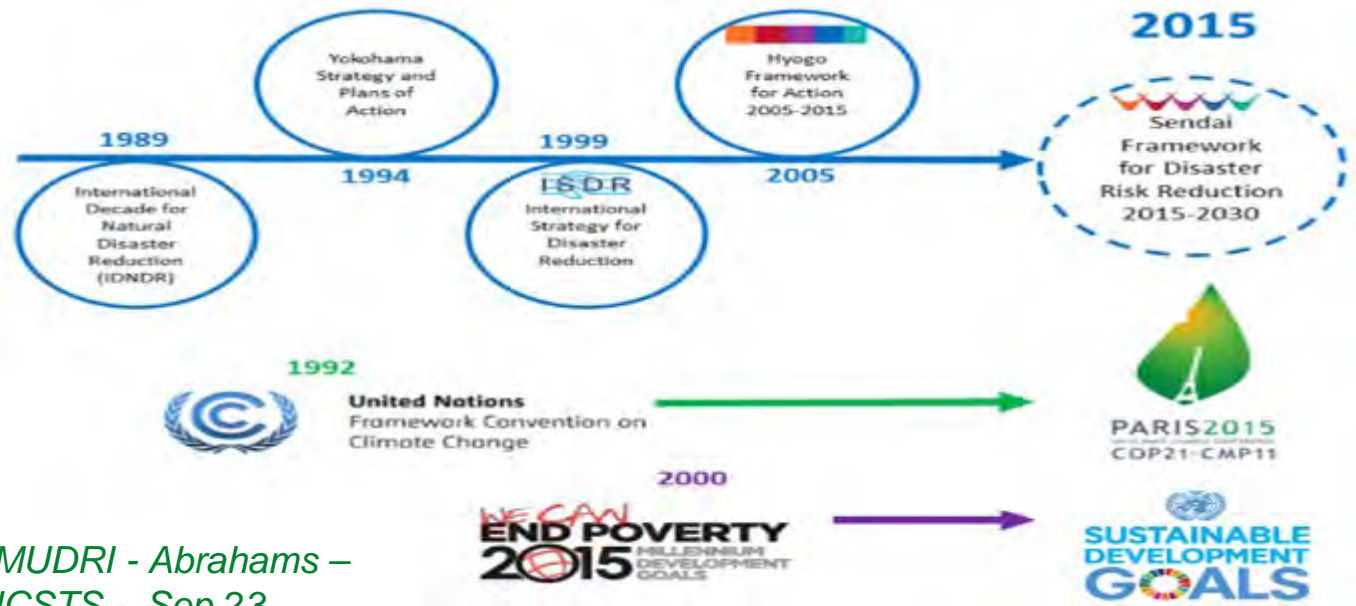
8 September 2023



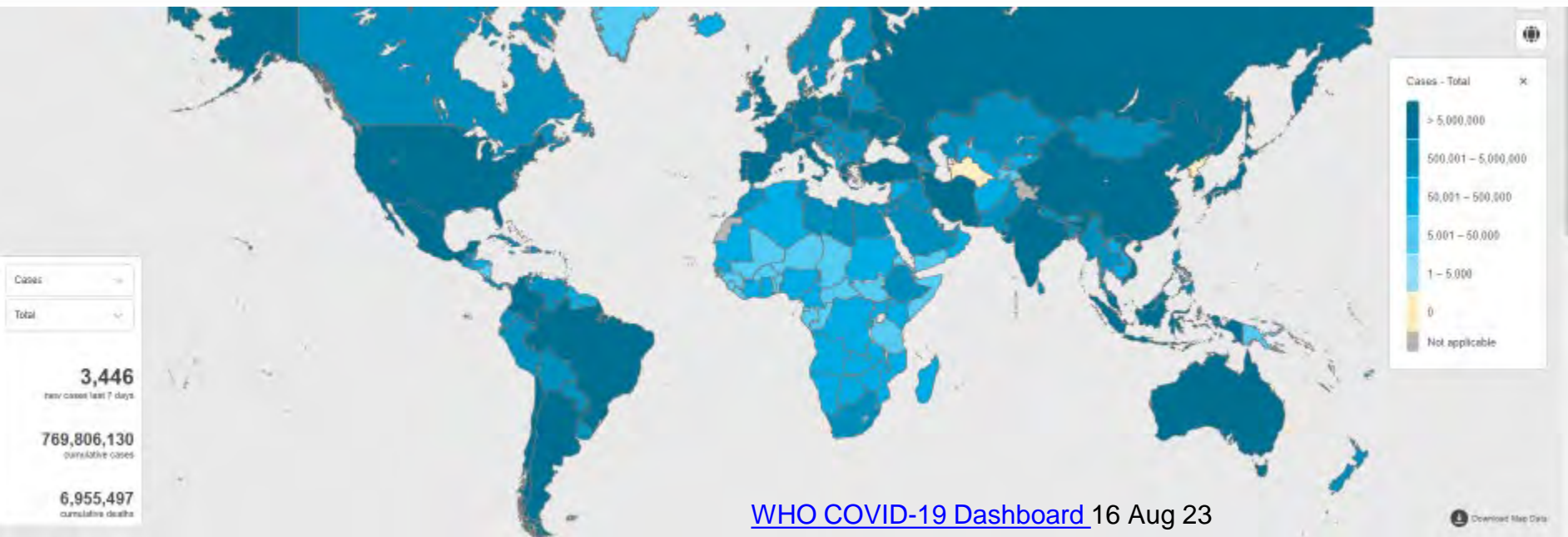
Evolution: emergency management, risk and resilience

12/02/21

- <1970 *emergency services; civil defence*
- 1970s *emergency management: PPRR (FEMA est 1979)*
- 1980-90s *vulnerability/social determinants, **risk reduction***
- 2000s ***disaster risk management**; global health security*
- 2010s ***resilience**; 2030 sustainable development agenda*
- 2020s ***climate change & pandemic (COVID-19); ecosystems; (in)equity; diversity; inclusion; community leadership; strengths-based; systemic risk = whole-of-society***



Health imperative: Adverse health outcomes (1)



DISEASE OUTBREAKS

- COVID-19 (@ 16 August 2023: 769.8m cases, 6.955m deaths)
- 200+ major outbreaks/year (*GPMB 2019*); many local outbreaks

WHO estimates of excess mortality associated with COVID-19 pandemic

- Deaths due COVID: 5.42m deaths (2020-2021)
- Estimated excess mortality: 14.83m deaths (Msemburi, W. et al, *Nature*)

Why: Adverse health outcomes (2)

NATURAL HAZARD-RELATED EVENTS (2002-2021) (CRED 2023)

- Deaths: 60 955/year (30,704 in 2022)
- People affected: 198.9m/year (185m in 2022)
- Economic loss: \$187.7bn/year (223.8bn in 2022)



UNDERESTIMATED IMPACTS

- indirect & long term health effects
 - e.g. mental health, non-communicable diseases
- socio-economic consequences related to health



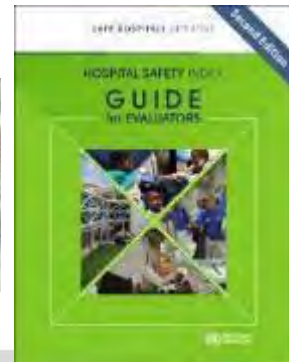
200+ small-medium events for every large scale event

- Colombia 1971-2002: 97 events EM-DAT; 19202 in Desinventar (ECLAC 2009)

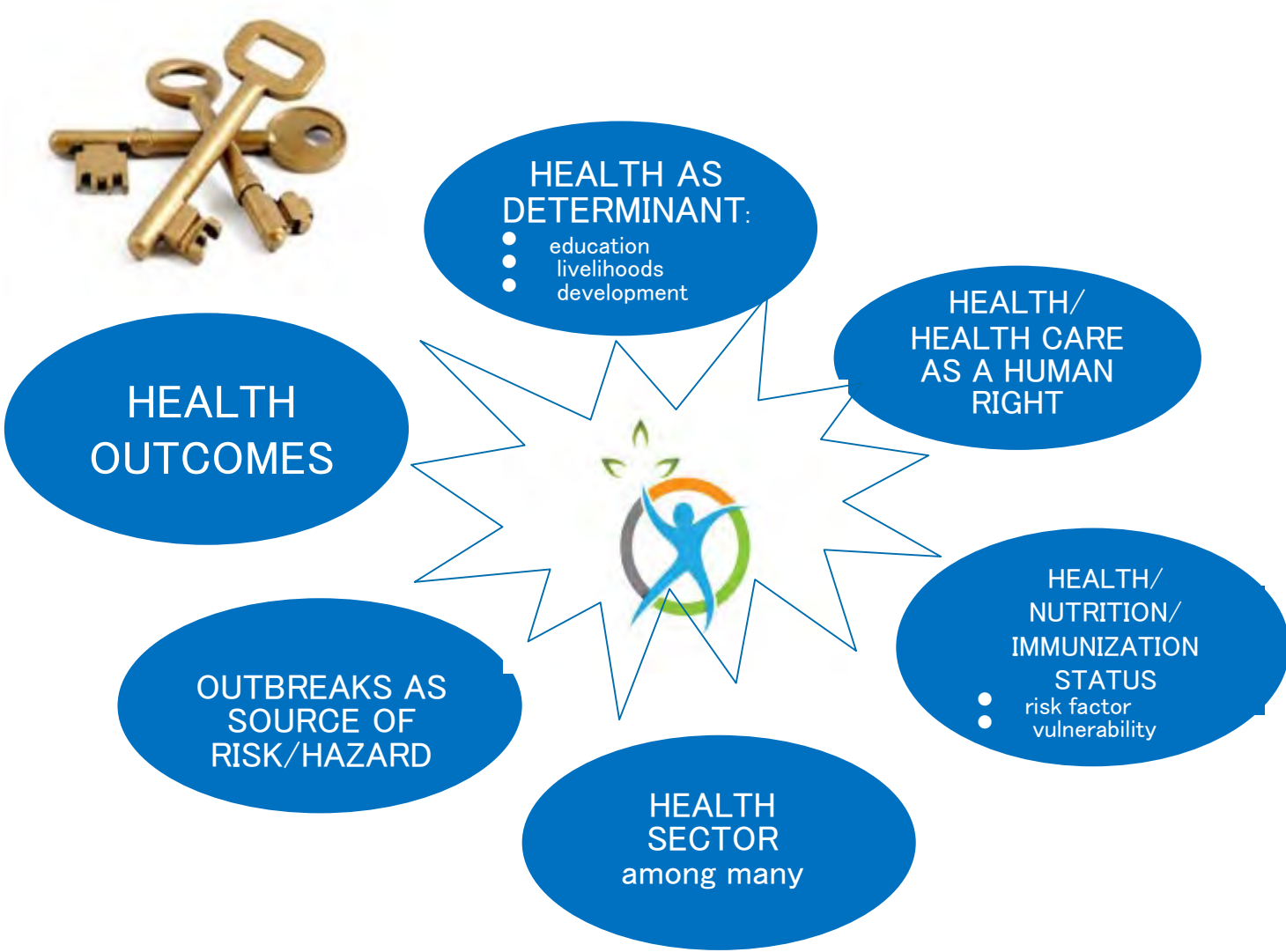


(WHO (2020) - <https://apps.who.int/iris/handle/10665/336262>, UNDRR, Adobe stock)

Health = health sector? Not only ...



Many health lenses reflected in Sendai Framework



Target 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Critical interdependencies with health

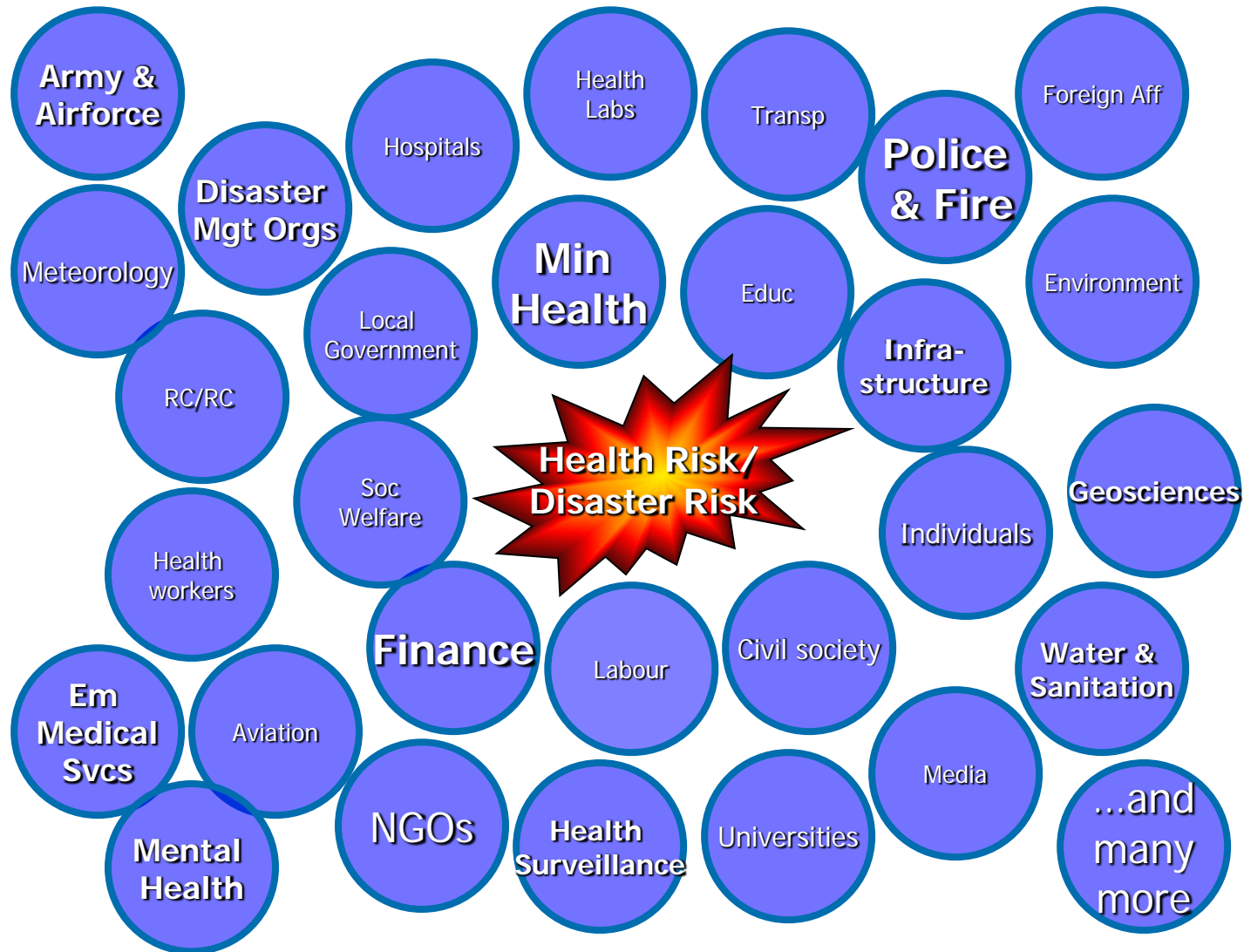


- *logistics - storage, transport, import/ export*
- *telecommunications*
- *energy*
- *water*
- *pharmaceuticals, medicines, consumables*
- *finance - supply chain*
- *safety and security*
- *occupational/worker health*
- *public health & social measures*



WHO (2020). *Everyone's business: whole-of-society action to manage health risks and reduce socio-economic impacts of emergencies and disasters: operational guidance*. <https://apps.who.int/iris/handle/10665/339421>.

Who manages the health risks and impacts? = Everyone

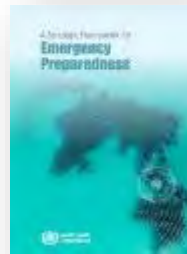


Health actors = Everyone



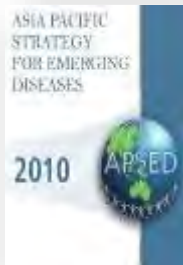
(WHO, Adobe stock)

Applying risk-based approaches to health




Target 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Health EDRM Framework: bridging many frameworks



Target 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Capacities for Health EDRM

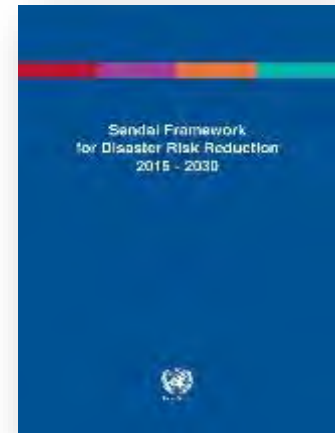
Sendai Framework	WHO Health System/ UHC	IHR	Health EDRM Framework
			Policies, strategies, legislation Monitoring & evaluation
			Human resources Financial resources
			Planning & coordination
			Information/knowledge mgt Risk communications
			Health infrastructure & logistics
			Health & related services Community EDRM capacities

What? Transformation - changing the paradigm

From	To
Event-based	Risk-based
Reactive	Proactive
Single-hazard	All-hazard
Hazard-focus	Vulnerability and capacity focused
Single agency	Whole-of-society/multi-sectoral
Separate responsibility	Shared responsibility of health systems
Response-focus	Risk management
Planning for communities	Planning WITH/LED by communities
+++	Inclusive, intersectional etc

Applying Sendai and Health EDRM principles for a healthier, safer and fairer world

- **Risk-based approach:** Risk informed policy, planning and action?
- **Comprehensive approach:** Prevention, preparedness, response, recovery?
- **All-hazards approach:** Systemic, generic and specific capacities?
- **Multisectoral and multidisciplinary collaboration:** Governance mechanisms enables joint decision making, planning, capacity development and action?
- **Whole-of-health system:** all health programs apply risk-based approaches?
- **Inclusive, people- and community-centred approach:** Assets and needs of sub-populations identified, leading decision-making and priority setting?
- **Ethical considerations:** Equity, equality, accountability, transparency and trust at heart of rights-based action?



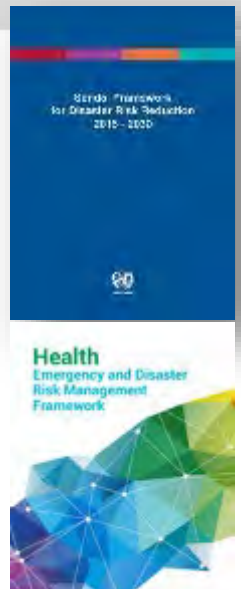
Evolution: emergency management, risk and resilience

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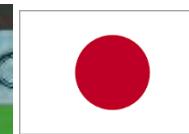
2020s climate change & pandemic (COVID-19); ecosystems; diversity, inclusion, equity; community leadership; strengths-based; systemic risk = whole-of-society

*2030s?
2100?*

- Investment in whole-of-society action
- Investment in building relationships
- Enabling local, community, individual action



Japan - leadership and collaboration in health EDRM 災害・健康危機管理



https://extranet.who.int/kobe_centre/ja/what_we_do/health-emergencies

TOKYO 2025

Acknowledgements

In combination with the references on these slides contained herein, I wish to acknowledge that the content of this presentation draws upon the work of:

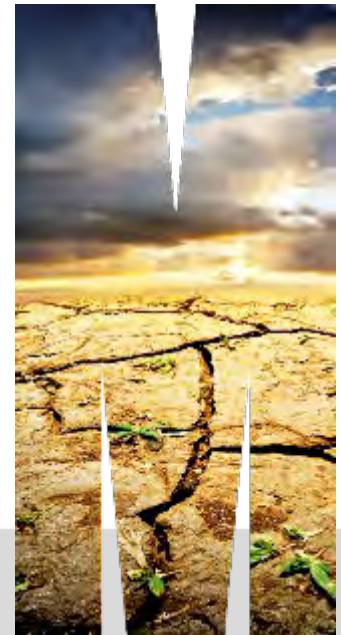
- 1. Monash University Disaster Resilience Initiative*
- 2. World Health Organization*

I wish to thank and pay tribute to the many people within and across many countries and sectors who contributed to these products and continue to implement and advance health emergency and disaster risk management.

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