

Summarized Recommendations through all phase of disaster

- 1. Since physical and mental health status is a risk factor during emergencies and disasters, we have to establish community health resilience and well-being as an explicit outcome of HFA2. By improving the baseline of health status, availability and quality of health service, the impact of disaster is mitigated. To do so, public health and medical experts must be engaged in the disaster risk reduction and risk management process at all levels with a mind that current emerging crises demand a paradigm shift within the global community geared toward prevention and preparedness.*
- 2. For better response, it is prerequisite to establish, coordinate and promote “accountability, transparency, oversight, professionalism and registry” among health service providers. In community, engage and empower vulnerable populations including children and disabled to identify their own needs and develop strategies to lower their risks and enhance their resilience. To increase the mental health resilience, individual, family and community support, ethno-cultural and socio-demographic considerations, connectedness and communication are fundamental risk reduction and risk management.*
- 3. Safe Hospitals should remain and be enhanced in structural, non-structural and functional aspects. Health facilities critically require plans for continuity of health operations/logistics, human resources and prioritized funding strategies by enhancing the health component of other UN initiatives such as Climate Change, Millennium Development Goals, Sustainable Development Goals, Poverty, Human Security as the disaster risk reduction and risk management. Investment for health preparedness significantly reduces the vulnerabilities and cost for response.*

Conclusion

The achievement of current HFA should be promoted and enhanced in HFA2 by incorporating the above recommendations from this symposium of the following world experts in disaster medicine and public health to promote the community health resilience.

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Without their active and constructive discussion and support, this outcome was not possible.

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