

20th Annual Congress of Japanese Association for Disaster Medicine (2015/2/26-28)

Venue: RISURU Hall, Hotel Crest (Tachikawa)

Topics: Lessons from Tohoku to prepare for Nankai Trough and Metropolitan Earthquakes

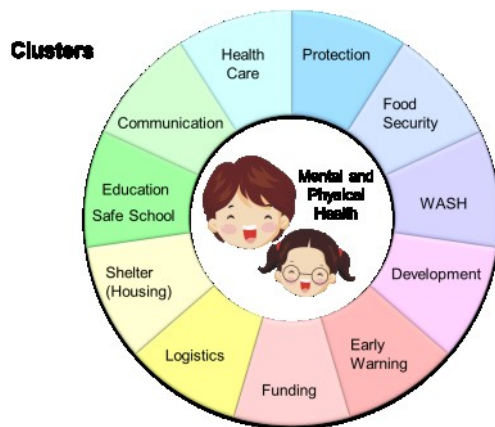
The 20th Annual Congress of JADM was held in Tachikawa City from Feb. 26 to 28. JADM started its history one year after Great Hanshin Awaji Earthquake and now gathers more than 3,000 memberships which is the biggest disaster and health-related association in Japan. Director of Japan DMAT, Dr. Yuichi Koido in National Disaster Medical Center hosted this 20th memorial congress. Even after four years from Great East Japan Earthquake, the affected area especially Fukushima is still far behind recovery. Lessons from Tohoku and Fukushima and preparedness against Nankai Trough and Metropolitan Earthquake was deeply discussed. JADM consists of doctors, nurses, pharmacists, rescue and ambulance team and Self Defense Force of Japan. More than 2000 delegates attended.

Prof. Egawa lectured in the Workshop 7: “Board of Disaster Medicine” about the current curriculum in Tohoku University such as interdisciplinary course of disaster science, special lectures in Philippines and nationwide public health directors. Based on the andragogy of learning process, Prof. Egawa insisted to raise the competent human resource. Currently, the board system in Japan is reorganized by the Board Accreditation Committee to make the system understandable to general population with certification and renewal based on the clinical practices. Thus, it was revealed that disaster medicine does not fit to the new board system. As a product of this workshop, naming like “certified disaster medical advisor” can be the best solution for young researchers and practitioners.

Prof. Egawa co-organized the Workshop 10:” From HFA to HFA2: The current situation of the global disaster risk reduction” and lectured a key-note speech. Prof. Egawa explained the process of the International Symposium on Disaster Medical and Public Health Management: Review of Hyogo Framework for Action” and how he internationally appeared the consensus of medical and public health experts including 6th Asian Ministerial Conference of Disaster Risk Reduction, Davos Risk Forum, International Research Forum of Disaster Risk and Tohoku Forum for Creativity. As a result, the number of the word “health” was greatly increased in the streaming draft of post-HFA and the ignorance of the health sector in disaster risk reduction process has now a good chance of revision. The representatives of each breakout session of the symposium presented the summary of the breakout group. It came into the consensus that healthcare providers and non-health sector should understand each other, while it is also necessary to promote the mutual understanding of disaster medicine experts and general healthcare providers including mental health.

JADM serves as the representative of medical and public health professionals in disaster in the Japanese Academic Association. JADM is the one of the 30 academic societies that created the Tokyo Declaration in IRDR. President Koido invited key speakers from various academic societies about science and technology that created the chance of mutual understanding. Prof. Kimiro Meguro from Tokyo University made the educational lecture.

Beside the conference, JAXA about GIS and EMIS fusion, system to collect triaged patients information, various treatment equipment useful in disaster were exhibited. Doctor Car, Mobile Clinic and Automobile wheel chair system were exhibited outside. JICA has decided to use an digital information system to collect the outbreak situation of the disease in evacuation centers in JDR activities. The type of hazard and health needs in disaster are various and rapidly changing. People centered disaster risk reduction and cooperation between the clusters are indispensable. JADM congress should be wide open to the other sectors of disaster science. IRIDeS can be a good model of multidisciplinary in multi-hazard approach in disaster.



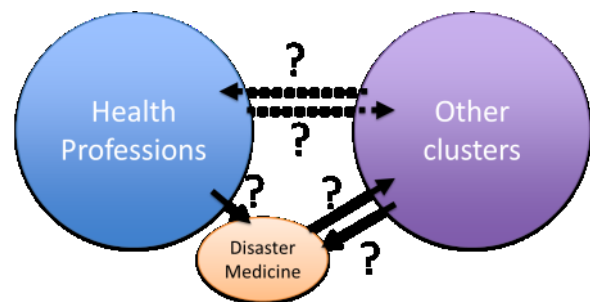
Workshop 7

Education of Disaster Medicine in Tohoku
University as one of the clusters

Inclusion of health in the new Framework

- Streaming Draft (2015/01/28 unedited version)
- 34 words of 'health'
 - disasters losses with a significant economic, social, **health**, cultural and environmental impact
 - their livelihoods, **health**, cultural heritage, socioeconomic assets and ecosystems, and thus strengthen their resilience
 - investing in the economic, social, **health**, cultural and educational resilience
 - more explicit focus on people and their **health** and livelihoods,
 - The substantial reduction of disaster risk and losses in lives, livelihoods and **health**
 - Prevent new and reduce existing disaster risk through the implementation of integrated and inclusive economic, structural, legal, social, **health**, cultural, educational, environmental, technological, political and institutional measures
 - Substantially reduce disaster damage to critical infrastructure and disruption of basic services, among them **health** and educational facilities,
 - Managing the risk of disasters is aimed at protecting persons and their property, **health**, livelihoods
 - across sustainable development and growth, food security, **health** and safety, climate change and variability,
 - disaster losses and understand the economic, social, **health**, education, environmental and cultural heritage impacts,
 - strengthening of economic, social, **health** and environmental resilience

Workshop 10



Workshop 10

From HFA to new framework:
Fill the current gap between stakeholders

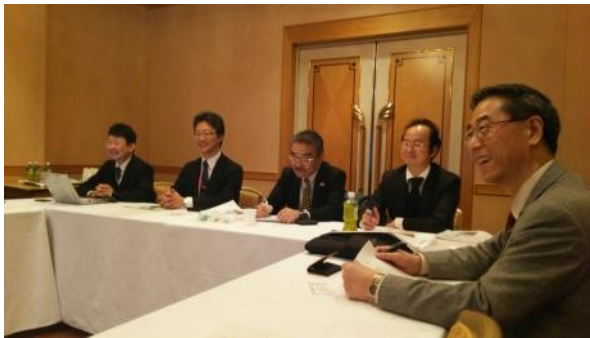
Medical and Public Health Preparedness, Mental Health and Health Indicators

- Local Level
 - Enhance the resilience of national **health** systems, including by integrating disaster risk management into primary, secondary and tertiary **health** care, especially at the local level; developing the capacity of **health** workers in understanding disaster risk and applying and implementing disaster risk reduction approaches in **health** work; and promoting and enhancing the training capacities in the field of **disaster medicine**, and supporting and training community **health** groups in disaster risk reduction approaches in **health** programmes, in collaboration with other sectors, as well as in the implementation of the International **Health** Regulations (2005) of the World **Health** Organization;
 - Enhance cooperation between **health** authorities and other relevant stakeholders to strengthen country capacity for disaster risk management for **health**, the implementation of the International **Health** Regulations (2005) and the building of resilient **health** systems;
- Global and Regional Level
 - Promote the resilience of new and existing critical infrastructure, including water, transportation and telecommunications infrastructure, educational facilities, hospitals and other health facilities, to ensure that they remain safe, effective and operational during and after disasters in order to provide life-saving and essential services;
 - Enhance recovery schemes to provide **psychosocial support** and **mental health services** for all people in need;

Improvement of disaster medicine and

Huge inclusion of health in Post 2015
framework

mental health care is emphasized



Network meeting of doctors in disaster
medicine



Prof. Meguro in Tokyo University as a
special lecturer for the association

Shinichi Egawa (Disaster Medical Science Division)