

### 3<sup>rd</sup> World Conference on Disaster Risk Reduction in Sendai (2015/3/14-18)

Venue: Kawauchi Kita Campus (Sendai)

Topics: Medical and public health preparedness for large scale disaster

On March 14-18, (Sat-Wed), the 3<sup>rd</sup> World Conference for Disaster Risk Reduction took place in Sendai, JAPAN. It is designated to review the Hyogo Framework for Action 2005-2015 with the record breaking participation from 184 countries. For this WCDRR, Prof. Egawa began to organize the International Symposium on Disaster Medical and Public Health: Review of HFA in Washington DC, May 2014. Consensus that physical and mental health are imperative in DRR among more than 120 disaster health professionals, Prof. Egawa made a lot of international appearance including the 6th Asian Ministerial Conference on Disaster Risk Reduction (Jun. 2014, Bangkok), 5th International Disaster and Risk Conference IDRC 2014 (Aug 2014, Davos), 8th Philippine National Health Research System Week (Aug 2014, Manila by remote presentation), Tohoku Forum for Creativity: International Workshop on Implementing of Practical Disaster Risk Reduction (Nov 2014, Sendai) and Tokyo Conference on International Study for Disaster Risk Reduction and Resilience (Jan 2015, Tokyo) to emphasize the human and health centered DRR, promotion of inter-sectorial understanding and collaboration against all-hazards including bio-hazard.

The Sendai Framework for Disaster Risk Reduction (SFDRR) 2015-2030 includes 34 words of “health” that was only three in one paragraph in original HFA. Margareta Wahlstrom, Secretary General of UN-ISDR, declared that new Framework included people with disability, women, children and youth and “health” in the closing remarks. People centered DRR is imperative.

In the Medical Forum in Sendai on March 15, Tohoku University President Prof. Satomi presented the role of Tohoku University Hospital in Great East Japan Earthquake (GEJE) and the role of medicine and public health in large scale disaster, the importance of preparedness and the promotion of disaster science as the university located in the affected area. Panel discussion by Sendai Medical Association, Dental Association, Pharmacist Association together with Ministry of Health, Labour and Welfare Japan about the medical and public health response, gaps in GEJE and preparedness for the future. On the same day, another public forum for maternal and reproductive health gathered number of obstetricians and midwives for team building role play.

In the morning of Mar. 16, IRIDeS/CDHAM public forum discussed about the outbreak of Ebola virus disease in West Africa and mental health in disaster. The room was full of participants and the importance of preparedness against biohazard and the characteristics of mental health problem in all hazards were actively discussed.

In the afternoon of Mar. 16, Prof. Egawa co-organized the public forum with JICA about “Medical and Public Health Preparedness for Large Scale Disaster” . The room

was full of participants and at the beginning, all prayed for Republic of Vanuatu where the strongest cyclone attacked two days ago. All participants got an answer pad system. After signing in, the area, age, gender, occupation, knowledge about health cluster meeting, general rules for international medical aid was questioned. Everyone was enjoying with the anonymous real time data collection system. After each presentation, the preparedness was evaluated as an important one on which disaster cycle.

The first part was workshop style. Dr. Haorile Chagan-Yasutan presented Japan-Philippine collaborative research project. Dr. Sumi from Sapporo Medical College presented the seasonal change of tuberculosis, Dr. Ndhlovu from Hawaii University presented AIDS as a bio-hazard. Dr. Hakamata from Shizuoka General Hospital presented the questionnaire survey in the most threatened area of South Trough Earthquake showing the difficulty of making the general health professionals aware of disaster risks. Prof. Hosoi in Disaster Radiology presented the Radiological disaster and medical response in Great East Japan Earthquake. There were lot of questions about the future preparedness against radiological disasters. It was also shown that WHO had created guidelines for radiological disasters but the advocacy and implementation seemed to be the biggest problem. Prof. Nakayama presented the creating the common platform of medical information in the ordinary time and the mechanisms of emergency medical information sharing system.

Dr. Espina from Eastern Visayas Regional Medical Center (EVRMC) could not attend the forum, but presented with the video how EVRMC was attacked by Typhoon Haiyan (Yolanda), responded and recovered from the disaster Nov. 2013. Large applause appreciated the presentation.

Ms. Nakaji, JICA presented the Japan Disaster Relief action and how JICA is continuously improving the response capacities. The medical record is now processed on tablets so that the response could be standardized, durable even the electric power and internet is not available in the affected site. WHO Western Pacific Regional Office developed SPEED system that reports the sanitary and outbreak situation of evacuation shelters and the affected community. SPEED is now translated into J-SPEED by JICA and will be utilized in the next JDR.

Dr. Silapunt from National Institute of Emergency Medicine, Thailand presented about the capacity building of Thai DMAT. Thai DMAT will be internationally active through the standardization of procedures among ASEAN countries. Dr. Murwoko from Ministry of Health, Indonesia presented the current situation of disaster statistics in Indonesia and educational process of community health resilience in Indonesia. It was impressive that health care providers tirelessly improve their own capacity to cope with disasters.

The second part of IRIDeS/JICA public form is Hinanzyo Unei Game (HUG®) developed by Shizuoka Prefecture (translated in English by IRIDeS with official

permission from Shizuoka Prefecture). The scenario is in the cold afternoon with some rain, a big earthquake devastated the town. Hundreds of evacuees will gather in an elementary school as the designated evacuation center. Each person have various type of family and background including disability, infectious disease, injury, chronic illness and mental health problems. There are foreign residents and travelers. Some family brings their pets. All was performed in English after brief introduction of the game. Three teams were created. Each team was built up and tried the management of the evacuation center as one of the local community members. Each team was consisted of various nationality, gender and ages and enjoyed the role playing. Interestingly, the decision about the pets was different from group to group. We respected other person' s culture and personality during the team discussion and seriously but enjoyably participated the game with no right answer.

On Mar. 17, Prof. Egawa presented about non-communicable disease (NCD) in the public forum “Protecting people’ s health from disaster risks” organized by WHO. Everywhere in this globe, the improvement of public health and medicine make the medical needs of NCD larger and larger. NCD includes cancer, cardiovascular, respiratory, renal disease, allergy and other virtually every type of disease. Large scale disaster affects the health facilities and its access. To make the rapid and effective response possible, the anticipation and preparedness is important. Prof. Egawa insisted the preparedness of self-help, community help and public help about NCDs. On the panel, representatives from people with disability, UNDP, CDC, Minami Soma Hospital and Prof. Egawa discussed the importance of inclusive DRR process to actively involve the people to identify the risks in disaster and their own special needs. The WHO public forum consists of 40 presentations from 9:00-17:00 without rest, but each presentation was very productive and evoked many discussions. In order to promote the collaboration with other sectors, out-reach attitude is necessary. WHO is starting the collaboration with other agency. Especially, World Meteorological Association (WMO) has collaborative office within WHO since 2013 to promote the analysis of climates and health in the community.

The closing ceremony was delayed until midnight of Mar. 18 due to the fine tune of the documents. As the results of member states and Japanese government, the Sendai Framework for Disaster Risk Reduction 201-2030, and Sendai Declaration were decided as the draft for UN General Assembly on 23:50. It was very memorial event resulting in the SFDRR that includes 34 words of health, people centered DRR, and all-hazard approach including bio-hazard, sustainable development with disaster risk management, investments for education and health, strengthen disaster medicine at all levels and improving the access to mental health service.

SFDRR becomes the central framework for coming 15 years. Disaster medicine has been improved by the effort of health care providers in each country relatively independent with other sectors. However, empowerment of mutual understanding

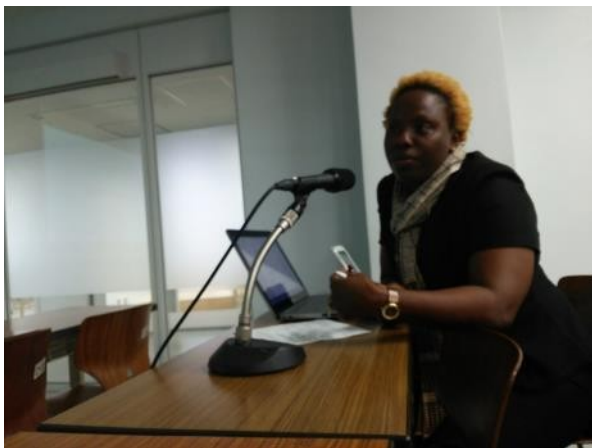
between the clusters is strongly recommended to improve the implementation of DRR and increase the community resilience. IRIDeS officially started the establishment of Global Center for Disaster Statistics in collaboration with Sendai City, UNDP and UN-ISDR. Health indicators should be included in the disaster statistics database and prioritized to analyze the relationship with community resilience. Disaster losses have a huge impact on people's life, physical and mental health and properties. Human security should be the fundamental concept in DRR. DRR can be achieved by decreasing the exposure to hazard and vulnerabilities and increasing the capacities in all areas.



After the Opening Ceremony



Tohoku University President, Prof. Satomi at Medical Forum in Sendai



Representative from Ministry of Health Liberia in public forum of CDHAM/IRIDeS discusses about Ebola outbreak



Attendees in IRIDeS/JICA public forum "Medical and Public Health Preparedness in Large Scale Disaster".





Ms. Nakaji from JICA



Dr. James J. James, President of Society of Disaster Medicine and Public Health  
 co-chairing the session



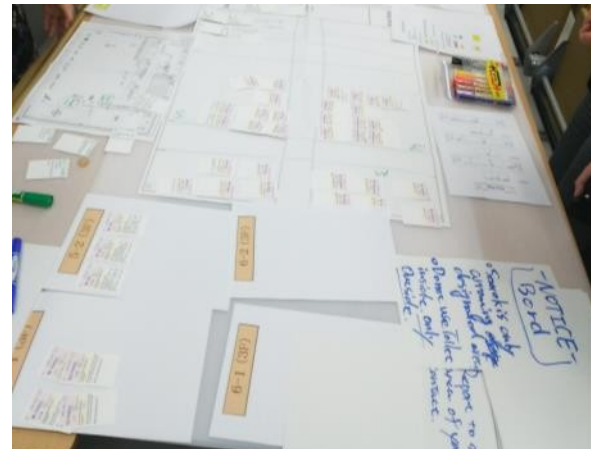
Dr. Phumin Silapunt from Thailand  
 presented the capacity building of Thai  
 DMAT



Dr. Indro Murwoko presented the current  
 situation of disaster statistics and medical  
 response system in Indonesia



International role playing using Hinanzyo  
 Unei Game (HUG®)



The outcome of HUG differs team by  
 team



Panel discussion in WHO public forum



Visiting Yuriage Junior High School devastated by Tsunami in GEJE



After Drafting Committee in midnight, Jonathan Abraham in WHO Geneva (right) and representatives from Disabled inclusive DRR (DiDRR)



Margareta Wahlstrom, Secretary General in UN-ISDR declared in the closing remarks that new Framework could have included people with disability, women, youth and children, elder people and “health” that was missed.

Shinichi Egawa (Disaster Medical Science Division)