

## WHO/UNISDR Thematic Platform Meeting on Research, Knowledge and Evidence for Emergency and Disaster Risk Management for Health (2016/1/26)

Topics: Health sector recommendation for Science & Technology Conference on the Implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030  
Venue: UNAIDS Main Building, WHO Campus (Geneva, Switzerland)

On Jan. 26 (Tue.), Prof. Shinichi Egawa joined the WHO/UNISDR Thematic Platform Meeting on Research, Knowledge and Evidence for Emergency and Disaster Risk Management for Health (EDRM-H) in Geneva. This meeting was organized by WHO, which aims to make the health sector recommendation to the UN-ISDR Roadmap that will be endorsed in the Science & Technology Conference on the Implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030.

Sendai Framework explicitly describe the impact of disaster on health for the first time and includes 35 words of “health” to reduce the disaster risk to protect the people’s health and well-being compared to Yokohama Strategy (No word of “health” ) and Hyogo Framework for Action (3 words of “health” ).

The UNISDR Roadmap is a table including each Expected Outcomes as the result of Priorities for Action, Key Actions and Monitoring Progress. UNISDR distributed the Roadmap beforehand the Science & Technology Conference, and we found that the health aspect in each item is overall lacking. The collaboration of all sectors to implement Sendai Framework by promoting the credibility of the data and outreach to the decision makers and general population for better resilience.

Prof. Egawa raised the gaps of current Roadmap in following points:

Priority for Action 1 (Understanding the disaster risk): The importance of disaster statistics and the project of IRIDeS on Global Center of Disaster Statistics and adding the existing health data of WHO to create resilience index to promote community resilience. The importance of intersectoral conversation about health for mutual understanding and coordination.

Priority for Action 2 (Strengthening risk management): Cross-sectional evidence-based decision making should be promoted. Common exercises and drills should include health to reduce vulnerability.

Priority for Action 3 (Investing in disaster risk reduction): Prof. Egawa pointed that the impact assessments of current Roadmap lacks the health impact. The gaps of health levels between city and remote area also should be included and fulfilled by investments and risk sensitive developments.

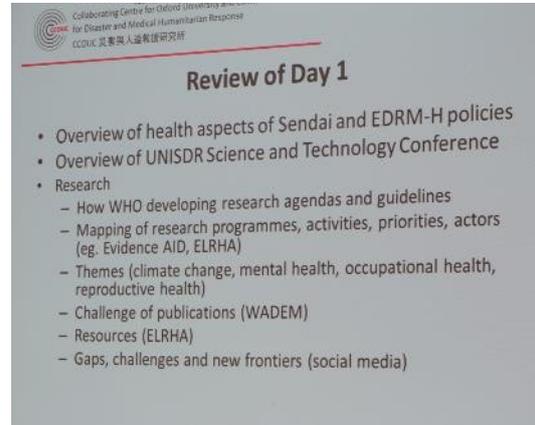
Priority for Action 4 (Enhancing disaster preparedness for the effective response and to build back better): Prof. Egawa pointed out that the current Roadmap only include the preparedness of reconstruction but not for the preparedness and therefore is very similar to that of Priority for Action 1. Science & Technology should be also used for the capacity building of response. This leads to the ignorance of health sector and responders as one of stakeholders

Members of the meeting re-recognized the importance of scientific and technological improvement of the evidences and outreaching to the non-health sectors. Standardization of the case studies of disaster and decreasing of the

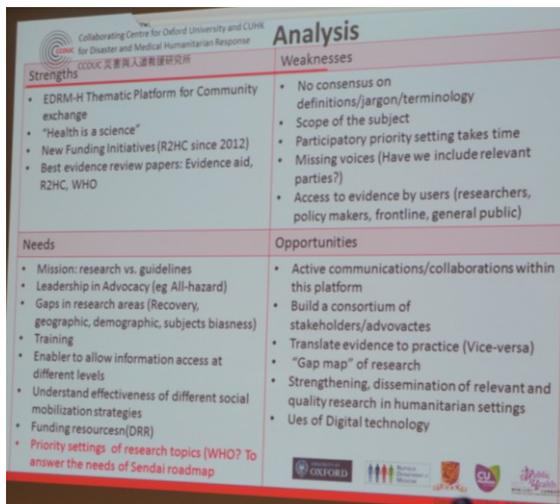
deduplicated efforts through usage of existing data and databases. We agreed to form a consortium to promote this initiative in the health sector. IRIDeS as a unique institute that involves the disaster medical science division can be the model of trans-sectoral and transdisciplinary approach



Mr. Jonathan Abrahams WHO Policy, Practice, Evaluation Disaster risk management and humanitarian response, (center)



Review summary of Day 1



Analysis health perspective for the implementation of Sendai Framework Science and Technology Roadmap.



Delegates of EMDR-H and Prof. Egawa (back center)

Shinichi Egawa (Disaster Medical Science)