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IFMSA policy document - Disaster and Emergency Management

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Policy Statement

Introduction

A disaster is a serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic and environmental losses and impacts. Disasters have a significant effect on the healthcare, environment, economy and social fabric of the affected community. Unfortunately, disasters and emergencies tend to disproportionately affect vulnerable populations including the poor, children, women, the elderly, the disabled, and displaced populations, directly contributing to existing health inequities. To cope with the serious consequences of disasters, there are a few essential actions to be done, among others, to place the community at the forefront of disaster risk reduction activities (DRR), build the capacity at all levels of society and invest in DRR activities.

IFMSA position

The IFMSA reaffirms its stance on improved disasters and emergencies risk reduction management including prevention, preparedness, response and recovery efforts from the various stakeholders (governments, international organisations, non-governmental organisations, and the health sector including healthcare professionals, and medical students). Close cooperation and coordination between these actors is essential for efficient humanitarian and developmental efforts to improve disaster resilience on the local, national and international level.

Call to action

Therefore, IFMSA calls on:

Governments to:

- call upon all sectors to collaborate, coordinate and contribute to efficient disaster response management using the available resources in the country
- adopt comprehensive disaster preparedness and response plans and programs that are inclusive and sustainable, covering the different stages of disaster risk reduction and management – prevention, preparation, response, and rehabilitation, so as to effectively align with Target E of the Sendai Framework for Disaster Risk Reduction (SFDRR)
- provide up-to-date information pertaining to the determinants of disasters, and their impact on society, mainly on the health systems
- invest in research and development of knowledge, methods, and technologies that are useful in addressing disasters and emergencies
- create and implement inclusive public health policies including safe hospitals
- develop, in collaboration with all non-state actors, capacity building activities and awareness campaigns directed to civil society ensuring appropriate knowledge and preparedness facing disaster
- implement complex policies on the safety and resilience of hospitals and other health care facilities



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International organisations and non-governmental organisations (NGOs) to:

- complement the governmental response to disasters and ensure that aid for disaster struck communities is sufficient and culturally appropriate
- identify vulnerable groups such as youth, women, the disabled and the poor and provide tailored aid to help address to their health needs
- use coordinated and centralized systems for coordinating disaster relief efforts and distribution of resources, making sure the methods of these systems are based upon evidence based assessments, coordinated by the WHO's health cluster leadership
- ensure that Foreign Medical Teams deployed meet the international minimum standards set by the WHO
- provide in collaboration with governments, public data and information on disasters' consequences and casualties pertinent for the disaster risk reduction, prevention and recovery
- be active players in the design and development of disaster risk reduction plans and act as effective advocates to ensure their application
- supervise the enforcement and full respect of the International Humanitarian Law and the Right to Medical Aid and report eventual human rights violations to relevant organisations

The health sector and medical schools to:

- equip medical students and other healthcare professionals with the necessary knowledge and skills to lead efforts to address the full spectrum of Disaster Risk Management - prevention, preparation, response and recovery
- provide systematic and reliable public health information during emergencies in order to allow closer monitoring of activities, coordination of efforts and comprehensive and timely assessment of outcomes
- in collaboration with public health schools to adopt community-based health approaches in disaster preparedness and health emergency management
- develop plans for emergency preparedness of health facilities such as hospitals and primary health centers, ensure implementation of health aspects within national and international disaster risk management plans
- incorporate disaster medicine and health emergency management into the medical curricula, balancing the biomedical and public health dimensions; improve research in this field
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IFMSA National Member Organisations (NMOs) and medical students to:

- actively work on the topic, raise awareness of the DRR strategies, and invest time and resources into projects, research and activities on this topic, enroll activities under the IFMSA Emergencies Disaster Risk and Humanitarian Actions program
- share best practices and projects with NMOs, reach out to other NMOs to develop advocacy and project collaborations, in order to align with target E of the SFDRR
- join international campaigns and advocacy initiatives organised by IFMSA or external partners of IFMSA, advocate for inclusion of disaster medicine into medical schools' curricula
- provide avenues for medical students to engage in volunteer work, advocacy and research into disaster medicine and health emergency management
- collect medical students' input and vision on the topic, to either develop or follow disaster medicine education in national and local settings



Position Paper

Introduction

The United Nations Office for Disaster Risk Reduction (UNISDR) defines a disaster as a serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic and environmental losses and impacts [1]. However, the definition of disaster is flexible and needs to be integrated into the unique characteristics in the context of each disaster. Disasters have a marked effect on the healthcare, environment, economy and social fibre of the affected community. On the other hand, emergency is defined as a sudden occurrence demanding immediate action that may be due to epidemics, natural disasters, technological catastrophes, conflict or to other man-made causes. Other categories are arising amongst the mentioned, such as man-tech disasters, where a natural disaster is catalyzed by the man intervention [1]. The lasting effects of a disaster can be curbed by improving action in all stages of the disaster risk cycle to such events through emergency medicine and disaster medicine.

Background

Economic perspective

The economic repercussions of disasters are far reaching. While improvements in disaster management have led to dramatic reductions in mortality in some countries, economic losses are now reaching an average of US\$250 billion to US\$300 billion each year [2]. If the disaster risk were shared equally amongst the world's population, it would be equivalent to an annual loss of almost US\$70 for each individual person of working age, or two months' income for people living below the poverty line. This represents an existential risk for people already struggling for survival on a daily basis [2]. More critically, both the mortality and economic loss associated with extensive risks in low and middle-income countries are trending up. Numerous scientists and organisations tried to calculate the benefits of investments into DRR, but there is notable scattering of results amongst various measures and locations. Godschalk et al. in 2009 summarized with respect to DRR grants in the U.S.A. that "each dollar spent on mitigation grants saves society an average of \$4 in real resource costs [15]. The World Bank calculated that DRR saves \$7 (sometimes \$4-7) for every \$1 invested [16].

Disaster risk continues to be disproportionately concentrated in low and middle-income countries, in particular in small island developing states (SIDS) [2]. These countries which need to invest the most in additional capacity, new infrastructure, social services and economic development will continue to struggle the most unless disaster risks are reduced. For these countries, development without disaster risk reduction is unsustainable [2]. Target E of the SFDRR aims to reduce this direct disaster economic loss in relation to global gross domestic product (GDP).

Mortality and morbidity

Emphasis laid on economic losses caused by disasters is not as effective, since separate measurements of mortality and economic loss fail to capture the full dimensions of disaster. When disaster losses are expressed using human life years as a common currency, their potential scale comes into clearer focus. Between 1980 and 2012, more than 1.3 billion life years were lost worldwide in internationally reported disasters, making for an annual average of 42 million life years [11]. In low and middle-income countries, the losses are generally higher than in high-income countries. Globally, the additional life years lost due to extensive disasters are estimated to add another 20 per cent to internationally reported disasters, and this increase can be as high as 130 per cent in low-income countries [2]. In particular, more life years are lost per capita in low-income countries than in any other income group [11]. Furthermore, 24.3 million people were internally displaced in 2016 due to disasters [12]. Targets A and B included in the Sendai Framework aim to reduce this burden, lowering the



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average per 100,000 global disaster mortality rate and the global figure of affected population per 100,000 in the decade 2020-2030 compared to the period 2005-2015 [2].

Health and healthcare systems

Disasters may have direct and indirect impact on the population's health and health care systems [3]. Direct consequences are deaths, injuries, psychological effects, and various diseases, however, illnesses can be measured in varying degrees of rigor and substance [4]. The indirect consequences of disasters not only refer to the loss of primary health care, living conditions, limited or no access to administration, but also damages to health care systems regarding external infrastructure such as the provision of water and/or electricity [5]. Public health consequences of natural disasters are complex. Disasters directly impact the health of the population resulting in physical trauma, acute disease and emotional trauma. In addition, disasters may increase the morbidity and mortality associated with chronic disease and infectious disease through the impact on the health care system [6]. In a disaster, continuity of care is often disrupted, leaving behind the vestige of a fragmented primary and mental health infrastructure. This situation is especially distressing for medically underserved areas struggling with persistent health and/or health care disparities. Disasters themselves can catalyze new or exacerbate existing disparities in health and health care within the affected population [7]. Furthermore, often, health practitioners are not training and preparing to act in a disaster situation, compromising not only the delivery of the best practices for the situation, but also the individual mechanisms from the health practitioners to cope with the event. This matter aims to be addressed by accomplishing the Target D of the SFDRR, following the Foreign Medical Teams (FMT) minimum standards and including the Bangkok Principles in the implementation of the SFDRR [10].

Health cluster and coordination

Health Cluster exists to reduce morbidity and mortality in humanitarian emergencies, while protecting the health and human rights of affected populations. Currently 23 countries have an active Health Cluster. These Health Clusters are working to provide healthcare to approximately 60.5 million people worldwide.

The Global Health Cluster exists to support Health Clusters in countries. The scope of this cluster is:

- providing the right expertise at the right place at the right time;
- building the capacity of Health Cluster Coordinators and other Health Cluster staff in countries;
- gathering and disseminating sound and relevant information to guide partners' response;
- identifying and addressing gaps in technical knowledge and available guidance to ensure the health response follows global best practices and standards; and
- promoting and advocating for the importance of humanitarian health action on the global stage, to make sure that Health Clusters receive the political and financial support needed [18].

The cluster approach was established in 2006 as part of the UN Humanitarian Reform process, and it aims towards a more effective humanitarian coordination. It strengthens leadership and accountability in key sectors. It also aims to enhance partnerships among the UN, Red Cross Movement, and non-governmental organizations (NGOs). At the global level, clusters are divided in 11 key areas to support the cluster approach. The global cluster leads report to the UN Emergency Relief Coordinator (ERC). WHO is in charge of leading the global health cluster which includes over 30 partners and is developing normative guidance and tools, as well as seeking to ensure the development of national capacities. At country levels, clusters will normally be established for any major emergency – any situation where humanitarian needs are of sufficient scale and complexity to justify a multi-sectoral response with the engagement of a wide range of international humanitarian actors [19].

Human rights aspects

Natural disasters exacerbate existing gender inequalities and pre-existing vulnerabilities. The majority of those who die in natural disasters are women. Women also tend to have less access to essential

resources for preparedness, mitigation, and rehabilitation. Persons with disabilities, chronic diseases and children also require special assistance often left forgotten. Assistance and delivery of minimum health practices can often be discriminatory in impact even if not intended to be so [8]. The problems that are often encountered by persons affected by natural disasters include: unequal access to assistance; discrimination in aid provision; enforced relocation; sexual and gender-based violence; loss of documentation; recruitment of children into fighting forces; unsafe or involuntary return or resettlement; and issues of property restitution. These are similar to the problems experienced by those displaced or otherwise affected by conflicts [9]. Even with the best of intentions by all concerned, it is sometimes not possible to ensure that the rights of all those affected by an emergency are fully and immediately respected.

Disaster risk reduction frameworks

The Hyogo Framework for Action (HFA), endorsed by the UN General Assembly in 2005, is the first detailed document of the work required to reduce disaster-related losses. Thanks to its adoption, progress was achieved in reducing disaster risk at local, national, regional and global levels by countries and other relevant stakeholders, leading to a decrease in mortality in the case of some hazards. This was the first global important instrument for raising public and institutional awareness, generating political commitment and focusing and catalysing actions by a wide range of stakeholders at all levels [13].

Sendai Framework for Disaster Risk Reduction

In 2015, the same year that saw the adoption of the 2030 Agenda (SDGs), the Sendai Framework for Disaster Risk Reduction 2015–2030 (SFDRR) was adopted as the successor of the HFA, at the Third United Nations World Conference on Disaster Risk Reduction [14] [17]. This fact represented a unique opportunity for countries:

- (a) To adopt a concise, focused, forward-looking and action-oriented post 2015 framework for disaster risk reduction;
- (b) To complete the assessment and review of the implementation of the Hyogo Framework for Action 2005–2015: Building the Resilience of Nations and Communities to Disasters;
- (c) To consider the experience gained through the regional and national strategies/ institutions and plans for disaster risk reduction and their recommendations, as well as relevant regional agreements for the implementation of the Hyogo Framework for Action;
- (d) To identify modalities of cooperation based on commitments to implement a post 2015 framework for disaster risk reduction;
- (e) To determine modalities for the periodic review of the implementation of a post 2015 framework for disaster risk reduction [14].

According to UNISDR definition of this agreement:

“The Sendai Framework is a 15-year, voluntary, non-binding agreement which recognizes that the State has the primary role to reduce disaster risk but that responsibility should be shared with other stakeholders including local government, the private sector and other stakeholders. It aims for the following outcome: *“The substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses,, communities and countries.”*

This framework sets four priorities for action:

1. Understanding disaster risk;
2. Strengthening disaster risk governance to manage disaster risk;
3. Investing in disaster risk reduction for resilience;
4. Enhancing disaster preparedness for effective response, and to "Build Back Better" in recovery, rehabilitation and reconstruction.



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Furthermore, the SFDRR has set seven global targets in order to assess the progress in this 15 years at a global level:

- A. Substantially reduce global disaster mortality by 2030, aiming to lower average per 100,000 global mortality between 2020-2030 compared to 2005-2015;
- B. Substantially reduce the number of affected people globally by 2030, aiming to lower the average global figure per 100,000 between 2020-2030 compared to 2005-2015;
- C. Reduce direct disaster economic loss in relation to global gross domestic product by 2030;
- D. Substantially reduce disaster damage to critical infrastructure and disruption of basic services, among them health and educational facilities, including through developing their resilience by 2030;
- E. Substantially increase the number of countries with national and local disaster risk reduction strategies by 2020;
- F. Substantially enhance international cooperation to developing countries through adequate and sustainable support to complement their national actions for implementation of the framework by 2030;
- G. Substantially increase the availability of and access to multi-hazard early warning systems and disaster risk information and assessments to the people by 2030.

This Framework represents a global initiative to 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 that prevent and reduce hazardous exposure and vulnerability to disaster, increase preparedness for response and recovery, and thus strengthen resilience [14].

Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030

Other initiatives aim to enhance the inclusion of health in this process, such as the Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030, which recommends the following measures:

1. Promote systematic integration of health into national and sub-national disaster risk reduction policies and plans and the inclusion of emergency and disaster risk management programmes in national and sub-national health strategies.
2. Enhance cooperation between health authorities and other relevant stakeholders to strengthen countries' capacity for disaster risk management for health, the implementation of the International Health Regulations (2005) and building of resilient health systems.
3. Stimulate people-centered public and private investment in emergency and disaster risk reduction, including in health facilities and infrastructure.
4. Integrate disaster risk reduction into health education and training and strengthen capacity building of health workers in disaster risk reduction.
5. Incorporate disaster-related mortality, morbidity and disability data into multi-hazards early warning system, health core indicators and national risk assessments
6. Advocate for, and support cross-sectoral, transboundary collaboration including information sharing, and science and technology for all hazards, including biological hazards.
7. Promote coherence and further development of local and national policies and strategies, legal frameworks, regulations, and institutional arrangements [10].

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