Planning for collective memorialising needs to be integrated into post disaster recovery planning. It also demands taking a psychosocial approach to the planning, management and preservation of both temporary and permanent memorials alike, to ensure the positive, long term recovery of individuals and community.

References


Whitton et al. 2015, Adaptive approaches to disaster response and recovery viewed through a psychosocial lens. Sydney Siege Case Study, National Emergency Response, vol. 28 no. 4.

Whitton S 2016, Exploring the role of memorialising in disaster recovery. Winston Churchill Memorial Trust.

Acknowledgement
Thanks to Kate Brady, John Richardson and Antonia Mackay for their assistance with this article.

Health and disaster risk reduction regarding the Sendai Framework

Lennart Reifels, Paul Arbon, Anthony Capon, John Handmer, Alistair Humphrey, Virginia Murray, Caroline Spencer and Diana F Wong

An expert workshop was held at the University of Melbourne in July 2017 to consider disaster risk reduction for the health sector under the Sendai Framework. Outcomes were recommendations for alliances and partnerships to link researchers and government across disaster risk reduction and health to inform policy and practice.

Introduction

Health is a pivotal dimension to be addressed within an all-hazards approach to disaster risk reduction. It is also a key point of convergence across global and national policy frameworks.

The recent synchronous adoption of the landmark UN agreements: the Sendai Framework for Disaster Risk Reduction, Sustainable Development Goals (SDGs), COP21 Paris Climate Conference, World Humanitarian Summit and Habitat III has created a rare but significant opportunity to build coherence across different but overlapping policy areas. Extreme weather and climate events are projected to increase in frequency, intensity, and duration over the coming decades with climate change. It is apparent that the events themselves could potentially increase the vulnerability of individuals, communities, and regions and lead to longer recovery times (Björn & Bowen 2016). Taken together these UN agreements make a more complete resilience agenda as the events themselves could potentially increase the vulnerability of individuals, communities, and regions and lead to longer recovery times (Björn & Bowen 2016). Taken together these UN agreements make a more complete resilience agenda as building resilience requires action spanning development, humanitarian, climate and disaster risk reduction areas and for multi-hazard assessments. These develop a dynamic, local, preventive, and adaptive urban governance system at the global, national, and local levels (Murray et al. 2017).

The Sendai Framework for Disaster Risk Reduction 2015-2030 is the principal global treaty to guide disaster risk reduction efforts (UNISDR 2015). The Sendai Framework reflects an important shift away from managing disaster impacts and towards reducing disaster risk. Health resilience is strongly promoted throughout. The Sendai Framework calls for broad disaster risk reduction (DRR) activities that reduce the effects of disasters with respect to loss of life, injury and health impacts as well as on the wider socioeconomic determinants that affect population health. These include property damage, loss of livelihoods and services, social and economic disruption, and environmental damage. The use of scientific evidence to inform policy and formulate effective initiatives and interventions is crucial to DRR within health (Murray et al. 2015). The importance of health as a core dimension in DRR was emphasised within the Bangkok Principles following the UNISDR International Conference on the Implementation of the Health Aspects of the Sendai Framework for Disaster Risk Reduction 2015 – 2030 (UNISDR 2016). These principles are further developed in the UNISDR Fact sheet: Health in the Context of the Sendai Framework for Disaster Risk Reduction (UNISDR 2017) and in the WHO Technical Guidance Series on Health Emergency and Disaster Risk Management (WHO PHE, UNISDR 2017).

Effective DRR hinges upon concerted national implementation and it is critical to examine the implications of the DRR paradigm across societal sectors and health domains. The 2030 targets of the Sendai Framework call for substantial global reductions in disaster-related mortality, number of affected people, direct economic loss and damage to critical infrastructure. The United Nations agreed to 38 indicators to measure progress against the Sendai Framework’s seven global targets (UNDESA 2017). Using these indicators, Australia has already prepared an initial report on its Sendai Framework data readiness (Australian Government 2017). The benefits of this approach to the Australian emergency management sector are clear: improved preparedness, more effective response, rehabilitation and reconstruction and more effective post-disaster recovery and reconstruction. Nonetheless, at the recent UNISDR Global Platform for Disaster Risk Reduction in Cancun, Mexico from 22-26 May 2017, Senator Concetta Fierravanti-Wells, Minister for International Development and the Pacific, in delivering Australia’s official statement, reaffirmed that the Australian Government is firmly
committed to implementing the Sendai Framework (Ferravanti-Wells 2017). Following the Global Platform meeting, an expert workshop ‘Health and Disaster Risk Reduction: State of the Art and Implications for Australia’ was held at the University of Melbourne in Victoria on 10 July 2017. The workshop was jointly hosted by the Centre for Mental Health, Melbourne School of Population and Global Health and the European Union Centre on Shared Complex Challenges. The workshop was conducted in collaboration with partners at Flinders University, RMIT, University of Sydney and Public Health England. The expertise of national and international experts and practitioners was sought from the health and emergency management sectors. The intent was to explore the critical intersections of the fields of health and DRR and implications of the Sendai Framework for Australia. The programme is available in Annex 1 and the list of participants in Annex 2. A number of participants who attended the Global Platform meeting and two research papers led by the WHO Thematic Platform for Health Emergency and Disaster Risk Management Research Group (Chan & Murray 2017; Lo et al. 2017) informed the structure and process of this inaugural Expert Workshop.

What was discussed?

A review of the Sendai Framework pointed towards health science and technology to engage with transdisciplinary and interdisciplinary partners to provide evidence to inform policy and practice. The implementation of the Sendai Framework requires national reporting on indicators every two years. A summary of Australian-based resources and disaster databases was included. The need for partnerships within localities and across decision making areas within government at all levels and with all healthcare, academic and private organisations was key within Australia. Mental health effects arising from all hazards have been identified as a major area of concern (Tsutsumi et al. 2015), as all disasters impact on the health of the population; bringing about substantial losses and disruptions to health systems. The example of the impact of a recent incident, ‘thunderstorm asthma’ brings together representatives of Member States and academia who are committed to strengthening the evidence base for health policy and practice is important. It would be beneficial if Australian academic health professionals were encouraged to engage in this activity.

References


Appendix 1: Health disaster risk reduction regarding the Sendai Framework

Expert workshop
Following on from the recent UNISDR Global Platform for Disaster Risk Reduction, this one-day conference-workshop is designed to draw upon the expertise of national and international experts and practitioners from across the health and emergency management sectors, to explore the health implications of the Sendai Framework and DRR paradigm for Australia.

Monday 10th July 2017
10.00am-4.30pm
Upper East Room, University House, 112 Professors Walk The University of Melbourne

With Guest Speakers and Panellists:
Prof Virginia Murray, FRCP, FRCPath, FFHM, FFOM
Prof Virginia Murray is the Public Health Consultant in Global Disaster Risk Reduction for Public Health England, supporting her role as vice-chair of the United Nations International Strategy for Disaster Reduction (UNISDR) Scientific and Technical Advisory Group, a member of the Integrated Research on Disaster Risk (IRDR) scientific committee, and Co-Chair of IRDR’s Disaster Loss Data [DATA]

Prof John Handmer, BA [Hons], MA, PhD
Prof John Handmer leads RMIT’s Risk and Community Safety research group, is an Honorary Professor at the University of Melbourne, and holds visiting positions at IASA and the University of Stuttgart. He works on the human dimensions of disasters and climate change adaptation and is a member of the International Council of Science’s research committee on disaster risk.

Prof Paul Arbon, RN, BSc, DipEd, Grad Dip Health Ed, PhD, AM
Prof Paul Arbon is a Matthew Flinders Distinguished Professor, Director of the Torrens Resilience Institute and the Flinders University WHO Collaborating Centre for Mass Gatherings and Global Health Security. The Torrens Resilience Institute was established in 2009 to improve the capacity of organisations and societies to respond to disruptive challenges that have the potential to overwhelm local disaster management capabilities and plans.

A/Prof Tener Goodwin Veenema, PhD, MPH, RN, FAAN
A/Prof Tener Goodwin Veenema is an internationally recognised expert in disaster nursing and public health emergency preparedness. As president and CEO of the Tener Consulting Group, Dr Veenema served as senior consultant to the US Government, including the departments of Health and Human Services, Homeland Security and Veterans Affairs, the Administration for Children and Families, and most recently the Federal Emergency Management Agency (FEMA).

Dr Lennart Reifels, Research Fellow, Centre for Mental Health
Melbourne School of Population and Global Health

Chair and Moderator:
Dr Lennart Reifels, Research Fellow, Centre for Mental Health
Melbourne School of Population and Global Health

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>9.30am</td>
<td>Registration and coffee upon arrival</td>
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<td>10.00am</td>
<td>Workshop opening and objectives</td>
<td>Chair: Dr Lennart Reifels</td>
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<td>10.10am</td>
<td>International Policy Context</td>
<td>Prof Virginia Murray</td>
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<td>Sendai Framework for Disaster Risk Reduction</td>
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<td>Health within the Sendai Framework</td>
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<td>The Place of DRR within health</td>
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<td>10.30am</td>
<td>The Australian Context: National Risk Profile and Policy</td>
<td>Prof John Handmer</td>
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<td>Australia’s Disaster Risk Profile</td>
<td>Prof Paul Arbon</td>
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<td>Australia’s DRR policy and Sendai Implementation landscape</td>
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<td>11.00am</td>
<td>Discussion – Q &amp; A</td>
<td>Dr Lennart Reifels</td>
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<td>11.30am</td>
<td>Morning Tea</td>
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<td>11.50am</td>
<td>Impulse Presentation</td>
<td>Dr Lennart Reifels</td>
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<td>Understanding and reducing disaster mental health risks – insights from</td>
<td>Dr Elizabeth Ebert</td>
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<td>Europe</td>
<td>Prof Anthony Capon</td>
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<td>Emerging health threats: Thunderstorm asthma</td>
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<td>Health synergies across global agreements</td>
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<td>Questions and Discussion</td>
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<td>12.30pm</td>
<td>Lunch</td>
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<td>1.15pm</td>
<td>Practice Reports: Snapshot of practical strategies to reduce disaster</td>
<td>A/Prof Tener Goodwin Veenema</td>
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<td>risk across different health sector settings</td>
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<td>Hospital sector &amp; workforce</td>
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<td>Discussion Q &amp; A</td>
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<td>2.15pm</td>
<td>Workshop</td>
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<td>Explore principal disaster risks in the health sector and for population</td>
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<td>Identify key strategies to reduce and manage these risks</td>
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<td>3.15pm</td>
<td>Afternoon Tea</td>
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<td>3.30pm</td>
<td>The Way Forward</td>
<td>Moderator: Dr Lennart Reifels</td>
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<td>Opportunities, challenges and strategies for reducing Australia’s health</td>
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<td>emergency and disaster risks</td>
<td>Prof Paul Arbon</td>
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<td>Disaster-risk informed resilience planning in the health sector</td>
<td>Prof Virginia Murray</td>
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<td>Key strategies to integrate health within DRR and DRR within health</td>
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<td>Future research partnerships: Health-EDRM</td>
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<td>4.15pm</td>
<td>Conclusions</td>
<td>Dr Lennart Reifels</td>
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<td>4.30pm</td>
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Appendix 2: Health and disaster risk reduction regarding the Sendai Framework

Expert workshop
Monday 10th July 2017
10.00am-4.30pm
Upper East Room, University House, 112 Professors Walk The University of Melbourne

Chair and Moderator
Dr Lennart Reifels, Melbourne School of Population and Global Health

Speakers
Prof Paul Arbon, Torrens Resilience Institute, Flinders University
Ms Kate Brady, Australian Red Cross
Dr Penny Burns, Australian National University
Prof Anthony Capon, Planetary Health Initiative, University of Sydney
Dr Elizabeth Ebert, Bureau of Meteorology
Prof Virginia Murray, Public Health England
A/Prof Tener Goodwin Veenema, Johns Hopkins University

Participants
Dr Linda Anderson-Berry, Bureau of Meteorology
Prof Frank Archer, Monash University
A/Prof Graham Brewer, University of Newcastle

Dr Petra Buergeit, Charles Darwin University
Mr Andy Chan, Department of Justice
A/Prof Dale Dominey-Howes, University of Sydney
Dr Michelle Dunn, Attorney-General’s Department
Dr Julie Dunsmore, Sydney Medical School
A/Prof Michael Eburn, Australian National University
Mr Glenn Elliott, Department of Justice
A/Prof Helen Evans, HNE Consulting
Dr Alistair Humphrey, Canterbury District Health Board
Dr Mayumi Kako, Flinders University
A/Prof Lidia Mayner, Flinders University
Mr John Nairn, Bureau of Meteorology
Ms Jane Nursey, Phoenix Australia
Prof Elizabeth Ozanne, University of Melbourne
Mr Tam Quach, Department of Health and Human Services
Ms Marian Schoen, EU Centre on Shared Complex Challenges
Ms Zoe Smith, Department of Health and Human Services
Dr Caroline Spencer, Monash University
Rev Stuart Stuart, VCC Emergencies Ministry
Dr Melanie Taylor, Macquarie University
Ms Diana Wong, Monash University
Ms Annabelle Workman, EU Centre on Shared Complex Challenges
Ms Angharad Wigné-Jones, Arts House
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Date:
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