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#GlobalHealth #DisasterHealth #Policy



Integrating disaster risk informed planning at the sectoral level – Health Systems

Zero Statistics Presentation

***Regional Forum on translating the global agenda frameworks into
practice
Bangkok, Thailand***

29th to 30th August, 2017



Opening remark

- Age of Extremes Vs Age of Anger
- Disaster affected communities provides us with a two pronged learning
 - 1) What can we do for them ?
 - 2) What can we learn from them?

Risk Information – Dilemmas Galore

- For long we have had Disaster Risk Reduction policies which has valued professionals and responders as a guiding light, but we have not have DRR policies which value families. That is why our approach must change, that is why our convergence matters to strengthen DRR diplomacy.
- What does disaster management mean to the last man on the ground, leaving aside grand global policies ?

- Despite optimism (Political, Field Based, Corporate, Faith Based) and resilience, *affected people are frustrated with little or no change.*
- No one in the audience here will need to be told that we certainly have done much,
but much more needs to be done and with a **sense of organized urgency.**

Voices from the Field

- **Persistent pattern** among disaster affected communities is a sign of hopelessness and cynicism, despair and disappointment.
- Year after year, lives and livelihood lost, disaster is seen as a process where disaster is a **fleeting transitory episode** which may or may not be repeated. A Voice Says – Don't do anything for us, without involving us
- Other Thoughts – Why prepare for a disaster – it has never happened before ; if a disaster happens, we will all die, so why prepare.

Political Anatomy of DRR

- Politics of DRR appointment
- Politics of CSOs in DRR
- Politics of Insecurity
- Politics of non-accountability
- Politics of conflicting conscience.

- **Need of the hour** - More action, less guidelines.
- I believe it is time to lead a new era of mutual responsibility in DRR – one where we all come together for the sake of human race.
- **Engaging all sectors** without leaving behind any. - Convergence
- The majoritarian action that needs to occur requires an elaborate political arrangement willing to work with civil society and communities towards decisive **on-ground commitment guided by evidence based public policy and public health in DRR.**

India story

- Post-disaster situations overwhelm the health systems with acute illness and injury and often so, the chronic health conditions go unattended.
- DM Act 2005
- NDMA, SDMA, DDMA - Bring accountability to the corridors.
- We cannot live in 2017 with laws framed in 2005 based on knowledge secured in the late 1990s.

- Key challenge is to motivate individuals and **energize communities** to take a stand and build a different future, a more permanent one.
- There is limited use in enacting legislations, and enabling new policies, rather **push for accountability and transparency**.
- What the Asian sector needs at large is to ***identify new players and support them with resources***, what India needs is to change the ***business as usual mind***.

How de-centralization work on-grounds

Problem

SDMA and DDMA Experience

Gujarat Floods – Officers not available

Chennai floods – un-organised chaos

Solution for district level action

- **Training district level officers** in DRR first
- **Advocating for untied funds** for capacity building
- **Resources for research** and outcome deliverables.
- Integrating DRR as part of a field curriculum for academic institutions.
- **Facilitating MoU's** to create PPP and III models.

Medical Education & DRR in India

- DRR not part of a curriculum.
- 3-5 pages given on DM in Community Medicine textbooks.
- Only theoretical knowledge with no field experience.
- No mock drill, no project work, no capacity building training and no collaborators either.
- Interns, Post Graduate Residents and Consultants – no clue of DRR.
- Hospital safety in DRR – Poor compliance and privileged domain of a few.

Creating Social Policies in DRR

- Economic coverage during disasters.
- Emergency field hospital un-tied funds at district levels. – High risk districts.
- Housing as a social policy protection
- Medicines as a social policy protection
- Books and educational material of children.

Envisioning a new regional future

Building break-through commitment

- 1 – Putting together skills learnt across operations and through sectoral participation.
- 2- Translating vision into concrete action space.

Sustaining inspired risk reduction actions

- Translating theoretical policies into local level action and documenting case studies.
- Involving new entrants and players and establishing a concerted learning timeline.
- Creating a risk reduction consciousness at geometric levels.
- **People will act when you make them a part of the solution, not part of the problem. Often our efforts are otherwise.**

Aggressively tapping into Social Media in DRR

- Authentic crisis alerts – Mumbai Case yesterday
- Country wide and state wide social media and DRR policies and capacity building in this regard.
- Integrating traditional communication techniques in line with social media

Envisioning a national & State level accountability

- Make the National Home Ministry Officials liable for criminal proceedings if the DM Act not implemented in heart and spirit or if they are over-worked, make a separate ministry to deal with it. Zero tolerance and tough diplomacy needed.
- DRR is too serious a concern to be left lose anymore.
White Paper of the State of the Nation on DRR must be advocated for all countries.

State Level Accountability

- Create a state level **FUNCTIONAL control room** with qualified professionals with domain experts in DRR and advisory members.
- Assessments of **performance evaluation** should be carried out – Internal and External Evaluation.
- **White Paper** on a state's position on DRR must be brought out every year.
- Safeguard health systems with stringent systems for hospitals and medical colleges.

Levels of Accountability

- Citizen Accountability
- Bureaucratic accountability
- Professional accountability
- Legal accountability

Typhoon Haiyan (Yolanda) In Philippines



GROUP

Practicing Medicine with Limited Resources – Brahmaputra River



Gujarat Flood Response 2 weeks ago



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Research Article

Mainstream disaster health as a policy priority: experiences from Chennai floods and a cross sectional study during disaster relief phase

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Medical relief during the Nepal earthquake: Observations and lessons to learn

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Introduction

Nepal was hit by earthquake of magnitude 7.8 on Richter scale around 11:56 a.m local time on April 25, 2015 causing injuries, disabilities, deaths and structural damage.¹ The earthquake struck in central Nepal at a shallow depth of approximately 15 kilometers (km), according to the US Geological Survey. The epicenter of the earthquake was located approximately 77km

assessment was done. The AMDA International medical team included doctors, nurses and pharmacists from India, Japan, Cambodia, Philippines, Nepal and Bangladesh were involved in the relief operations in worst affected districts. As a unique model, the AMDA divided the team members into 4 groups to provide relief in 4 worst affected districts. These groups were further sub-divided into urban, rural and mobile teams



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Tweeting up for humanitarian emergencies

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Abstract

Twitter came into existence in March 2006 and thus begun the onslaught of social media which slowly percolated into the minds and hearts of citizens around the world. Twitter has been inconsistent in verifying legitimate accounts in spite of requests which add to confusion. There are perception problems that twitter and other social media problems suffer from that journalists and politicians are somehow more authentic than rest of the world and are more responsible than others. Reforms in this regard remain necessary and important. Social media dramatically alters the emergency communication by making the information flow in multiple directions. Through social media and web pages a

PROCEEDINGS OF THE STAKEHOLDER MEETING

ON

Building India's Disaster Health Infrastructure

Voices of front-liners, Best practices and Decoding global policy frameworks

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