

WORLD HEALTH ORGANIZATION



ORGANISATION MONDIALE DE LA SANTE

WHO CENTRE FOR HEALTH DEVELOPMENT Kobe, Japan

Thematic Session on Capacity Building and Disaster Reduction CHP/05/WCDR/TS/02

17 January 2005

Kobe, Japan 21 January 2005 Language: English

PROVISIONAL PROGRAMME

Friday, 21 January 2005

14:30 - 14:35	Welcome Remarks	Dr Wilfried Kreisel WKC Director
14:36 – 14:41	Regional Capacity Building Report WHO-WPRO	Dr Arturo M. Pesigan
14:42 - 14:47	Regional Capacity Building Report WHO-AMRO/PAHO	Dr Ciro Ugarte
14:48 – 14:55	National Capacity Building Report China	Dr Li Zhipeng
14:56 - 15:03	National Capacity Building Report Japan	Dr Takashi Ukai
15:04 - 15:11	National Capacity Building Report Philippines	Dr Carmencita Banatin
15:12 - 15:19	National Capacity Building Report Viet Nam	Dr Nguyen Huy An
15:20 - 15:27	National Capacity Building Report Costa Rica	Dr Maria del Rocio Sáenz
15:28 – 15:31	Proposed Indicators for Monitoring and Evaluating Capacity Building for Disaster Reduction 2005-2015	Dr Jostacio M. Lapitan
15:32 - 15:45	Open Forum	
15:46 - 16:30	UNDP/Disaster Management Training Programme	Ms Joanne Burke

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PROVISIONAL LIST OF PARTICIPANTS

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Thematic Session on Capacity Building and Disaster Reduction

Kobe, Japan 21 January 2005

Welcome Remarks

by

Dr Wilfried Kreisel Director, WHO Centre for Health Development Kobe, Japan Colleagues, Delegates, Ladies and Gentlemen,

It is my great pleasure and honour to welcome you all to thematic session 3.10 entitled "Capacity Building and Disaster Reduction."

This thematic session is under Thematic Cluster 3: Knowledge Management and Education: Building a Culture of Resilient Communities and is a collaboration of three entities, namely: the WHO Centre for Health Development (WHO Kobe Centre) and the WHO Regional Office for the Western Pacific (WHO/WPRO) in the first part and the United Nations Development Programme's Disaster Management Training Programme (UNDP/DMTP) in the second part.

Disasters may often be natural, but the vulnerability of health systems to disasters is not. Earthquakes are inevitable, but death in an earthquake is not. Tsunamis and floods are a fact of life, but they need not wash away life, health and/or livelihood. Population displacement is an expected disaster aftermath but it need not result to deaths due to measles, acute respiratory infections, diarrhoea, malnutrition and other diseases usually prevalent in evacuation centers and refugee camps.

We are all aware that one of the emphases of the Yokohama Strategy and Plan of Action for a Safer World during the World Conference on Natural Disaster Reduction held on 23-27 May 1994 was capacity building. This was captured succinctly in one statement and I quote "The development and strengthening of capacities to prevent, reduce and mitigate disasters is a top priority area to be addressed during the decade so as to provide a strong basis for follow-up activities in the next decade."

11 years after and now at the World Conference on Disaster Reduction in Kobe, Japan, one valid question to ask is "what has been done to facilitate, build, support, follow-up and sustain the strongest asset of any Member State in disaster risk reduction, its human resource?"

One of the conclusions and lessons learnt from the Yokohama review related to health and risk reduction in the last 10 years is the recognition that effective risk reduction measures have been developed in the health sector to reduce mortality, morbidity and disability related to disasters and that there has been remarkable focus on health risks and their health consequences. What was the role played by capacity building?

Two other related questions were: "What was done to fill in the huge capacity building gap that was identified then?" and "What are the existing regional and national education and training strategies and programmes on disaster reduction?" In short, what is the status of capacity building and where are we going in ensuring preparedness, collaboration and action primarily of the health sector and related sectors in building a world that is safer and resilient to disasters.

The World Health Organization (WHO) as one organization together with 2 regional offices and selected Member States will try to answer our burning questions by:

- Looking back at capacity building strategies and programmes;
- Taking stock of what has been achieved (lessons learned and best practices);
- Identifying present needs and challenges ahead on human resource capacity building;
- · Sharing actions and steps; and
- Reporting on draft country-level proposed indicators for monitoring and evaluating capacity building for disaster reduction from 2005 to 2015 (the output of a recently concluded preparatory workshop held at the WHO Kobe Centre).

We will have a total of 8 presentations in a one-hour period that will highlight achievements, challenges, actions and proposed indicators on capacity building. This will be followed and concluded by an open forum before proceeding to the second part under UNDP.

Thank you very much for your attention and active participation.

Preparatory Workshop on Proposed Indicators for Monitoring and Evaluating Capacity Building for Disaster Reduction 2000–2015

Kobe, Japan 15–16 January 2005

Facing our Future with Reduced Risks Preparedness...collaboration...action

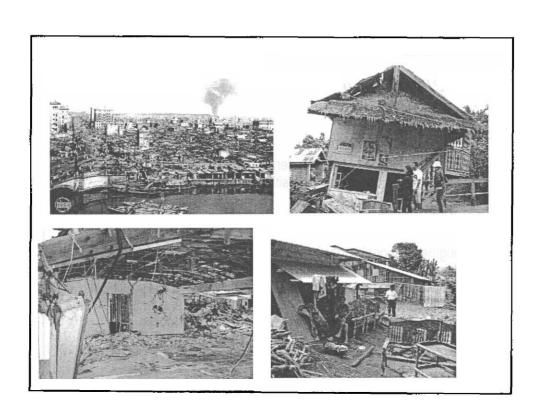
Presented by

Dr Arturo M. Pesigan
Technical Officer, Emergency and Humanitarian Action
WHO Regional Office for the Western Pacific
Manila, Philippines

Facing our Future with Reduced Risks preparedness...collaboration...action

Regional Office for the Western Pacific World Health Organization

Thematic Session: Capacity Building and Disaster Reduction



Hazards in the Region

Natural Hazards

- Sudden impact or acute onset: earthquakes, volcanic eruptions, landslides, tsunami, tropical storms, cyclones, typhoons, floods, avalanches, cold weather, dzud, large-scale outbreaks (SARS), Highly pathogenic avian influenza (HPAI)
- 2. Slow or chronic onset: drought, environmental degradation, chronic exposure to toxic substances

Hazards inducing Human-generated Disasters

- 1. Industrial/technological: explosions, fires, system failures/accidents, chemical/radiation, spillages, pollution, terrorism
- 2. Transportation: vehicular crash, plane crash, maritime accidents
- 3. Deforestation

Hazards inducing Complex Emergency

Wars and civil strife, armed aggression, insurgency, and other actions resulting in displaced persons and refugees

EHA/WPRO Programme Summary

Regional Goal

To reduce avoidable loss of life, burden of disease, and disability in emergencies and post-crisis transitions.

Regional Objectives

- To strengthen national capacity building activities for emergency management
- To assist Member States to develop community-based risk reduction initiatives:
- To provide support to Member States in major emergencies;
- To promote collaboration with partner agencies
- To enhance WHO's institutional capacity for emergency management

Activities in the Western Pacific Region

- · Managing crisis situations
- Capacity building
- Development and dissemination of health knowledge
- Health emergency & humanitarian action projects
- Strengthening collaboration with national and international partner agencies

Public Health and Emergency Management in Asia and the Pacific (PHEMAP)

- Context
 - Globally there are numerous training courses
 - Many focused on complex emergencies and refugee health care
 - Gap for the need of a course for government policy makers
- Partner Agencies
 - WHO Western Pacific Regional Office
 - WHO South East Asia Regional Office
 - Asian Disaster Preparedness Center
 - Japan International Corporation for Welfare Services (JICWELS)

- Course Design
 - Series of integrated courses
 - Customised courses targeted to needs of different levels of health managers
 - National (policy & guidelines)
 - Provincial (programme management)
 - Local (implementation)
 - · Directors of relevant institutions
 - Major hospitals
 - Academic institutions

- Training curriculum focuses on
 - Mass accidents, floods, storms, earthquakes
 - Long term post-disaster public health needs and the public health needs of displaced peoples
 - Policies & guidelines for mass casualty management and hospital planning
 - Pre-hospital knowledge and skills

Inter-Regional PHEMAP

- Senior public health managers, hospital managers
- Member states: Bangladesh, Cambodia, Japan, Laos, Malaysia, Nepal, Papua New Guinea, Philippines, Sri Lanka, Thailand, Viet Nam, India, Myanmar, Timor Leste, Fiji, Vanuatu, China

National PHEMAP

- Philippines
- Viet Nam
- Papua New Guinea

Regional Plans

- Continue Inter-regional PHEMAP
 - once a year
- Explore other institutions within the region to offer course
- Regional Trainors Training Course
 - Regional pool of trainors
- Regional Training/Orientation on Rapid Health Emergency Operations Team
- Expand National PHEMAP Courses
 - CHN, CAM, Pacific Island Countries
- Utilize distance learning approach
 - Pacific Open Learning Health Network

Recommendations

- Inventory of existing training programmes on health emergency management
- · Standardized regional curriculum
- · Guidelines for training
 - eg, training manual for PHEMAP
- · Assessment tool
- Database of experts for the Regional Health Emergency Operations Team
- · Indicators for evaluation

