

# International Conference on Health Sector Recovery from Disasters

## 5-6 March 2013, Iwate Prefecture, Japan

### **PREAMBLE**

The burden in terms of loss of lives, livelihoods and infrastructures generated by natural disasters in the Western Pacific Region is enormous, and calls for more concerted actions within and across nations.

As the assistance transitions from initial life-saving relief response to recovery operations, the adoption of disaster risk reduction principles becomes imperative. Efforts have been put forward to raise awareness on the importance of early recovery as part of the humanitarian action and the need to allocate appropriate resources to recovery.

Health sector recovery from a disaster should go beyond reconstruction and rehabilitation and consider systems and communities. It should maximise the opportunity to build back better health systems as a critical component of social services in affected countries.

The recovery process thus becomes a window of opportunity for adopting disaster risk reduction principles. It is then critical to document lessons and experiences through capturing the efforts of recovery processes following large disasters such as the ones that affected China, Fiji, Japan, New Zealand and the Philippines over the past few years.

The International Conference on Health Sector Recovery from Disasters held in Iwate, Japan on 5-6 March 2013 provided an opportunity for Member States to share experiences and lessons learnt, to raise awareness on the importance of the health sector recovery, and identify core elements and strategic issues.

### **CONFERENCE STATEMENT**

Participants of the International Conference on Health Sector Recovery from Disasters were unanimous on the call for strong leadership and commitment to health sector recovery. Just as rapid response is vital, implementing recovery plans should begin immediately and should take into consideration how different communities will recover from disasters at different rates - some taking weeks or months, others taking years or decades.

The participants acknowledged that advocacy should be enhanced to ensure that health sector recovery would be integrated in disaster management planning and appropriate legislation, resources and manpower are provided. Specifically, they agreed on the following principles:

**1) Disasters affect ALL countries and the impact can be devastating to human lives and health.**

The Western Pacific region bears 19% of the disasters from natural hazards that affected the world, but 53% of affected population, and had incurred 43% in economic losses between 2002 and 2011<sup>1</sup>. Major disasters such as the Great East Japan earthquake and tsunami, the Christchurch earthquakes, the China Wenchuan earthquake, and the Philippine typhoons and floods have proven that despite the country's economic development, experience and preparedness, major disasters can overwhelm even well-prepared and wealthier nations.

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<sup>1</sup> Source: EM-DAT: The OFDA/CRED International Disaster Database – [www.emdat.be](http://www.emdat.be) – Université catholique de Louvain – Brussels – Belgium.

**2) Recovery from disasters requires a multisectoral effort, with the health sector playing a critical and complementary role.**

Emergencies and disasters may cause ill-health directly and as a result of the disruption of different elements of the local health systems, leaving many without access to health care in times of emergency. They also affect basic infrastructure such as water supplies, safe shelter and livelihood, which are essential for the healthy life of the affected populations. Recovery processes after large disasters are complex in nature, with the health sector playing a critical role along with other basic social services. The restoration of these basic services should be prioritised and given both political attention and appropriate resources, translated in national and local recovery policies, strategies, and plans.

**3) Recovery is a critical element of the Health Emergency Risk Management Continuum.**

Health sector recovery after natural disasters is one of the four important elements of Health Emergency Risk Management, which includes prevention, preparedness, response and recovery. The sequencing of these four elements is not linear and hazard specific risk management has to be addressed across these four elements with different interventions. Successful health sector recovery from large disasters requires appropriate investments on recovery during “normal times” in terms of governance, policies, coordination, planning and financial mechanisms, as well as investment in local capacity building. Robust recovery planning minimises the effects of subsequent disasters.

**4) Health sector recovery has a central role in BUILDING BACK BETTER.**

Recovery’s long term vision should focus on the opportunity to build back better the overall social and health systems in affected countries, and not just to narrow its scope on rehabilitation and reconstruction. The health sector recovery should aim to simultaneously address the damages and losses generated by disasters AND pre-disaster health system’s weaknesses and bottlenecks to deliver safe and quality health services to all those in need, and address shortage of human resources in health. Recovery planning should avoid creating new inequalities and/or inequities, it should address pre-existing inequities, and ensure the continuum of care.

**5) Disaster risk management places prevention and preparedness at the centre.**

The development of community and country capacities to provide timely and effective relief and recovery responses requires **a shift from managing response to disasters to managing the risks related to disasters**, particularly through adequate investments in prevention and preparedness for emergencies and disasters, through a health determinants approach. Disaster risk reduction measures that will prevent or mitigate the impact of future disasters must be part of the strategic planning of the health sector recovery, with priority on safer health facilities in terms of structural, non-structural and functional characteristics. Specific health sector recovery strategy development and planning is an essential component of preparedness plans at national and local levels.

**6) Health sector recovery has to be PEOPLE-CENTERED and address the needs of the most vulnerable first.**

The PEOPLE should be the heart of post-disaster health sector recovery process. The effort to build the resilience of affected communities is a key objective of the preventive and preparedness phases, but it also has to be pursued during health sector recovery. Communities have to be the drivers of community based health interventions, particularly in under-served areas. In addition, a special focus should be to guarantee the identification of the vulnerable groups within the affected or at risk populations, and the provision of specific services to address their health needs. Demographic transition is an important consideration in the recovery planning process, such as ageing populations.

**7) Partnerships drive a holistic approach to health sector recovery.**

No single organization or government agency can address the full requirements of the recovery process and thus it is imperative to work together. Recovery plans should maximise integrated multisectoral engagement and contributions, as well as ensuring that public and private resources are made available in a timely manner, and used in efficient and effective ways in order to achieve the health sector recovery's long term targets. The balance between national and local imperatives and rural urban differences should be carefully managed. Regional health sector recovery strategies should emerge from a continuous exchange of experiences and lessons learnt across Member States. Learning from each other prevents avoidable mistakes and improves quality and effectiveness of recovery interventions.

Prepared on 6 March 2013, Iwate, Japan