

EDITORIAL

The 2015 Hyogo Framework for Action: Cautious Optimism

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Evidence-based science can inform policy and practice.

Virginia Murray, FRCP, FRCPATH

Worried concentration mingled with cautious optimism on the faces and in the work of delegates who attended the International Symposium on Disaster Medical and Public Health Management, held May 21-22, 2014, in Washington, DC. This conference was one of several international thematic workshops to prepare for the second Hyogo Framework for Action (HFA-2), entitled "Building the Resilience of Nations and Communities to Disasters," which will take place in Sendai, Japan, in 2015. Specifically, this conference was designed to produce and shape themes to introduce *medical* and *health* into an anticipated rewrite of the original 2005 Hyogo Framework for Action (HFA-1).

Our Japanese colleagues, who hosted the symposium along with the Japan Society for the Promotion of Science, the International Research Institute of Disaster Science of Tokoku University, the George Washington University, the Uniformed Services University of Health Sciences, and Children's National Health System, in Washington, DC, cautiously reminded the delegates from the outset that 2005 simply "failed to convince the political decision makers" at the time that "health" was a priority in disaster risk reduction (DRR) and disaster risk management (DRM). On hand to support and add credence to the criticality of the delegates' responsibility in this effort were United Nations representatives from the Emergency and Humanitarian Action Unit of the World Health Organization Office for South East Asia, the Field Coordination Support Section of UN Office of the Coordinator for Humanitarian Affairs, and the Department of Emergency Preparedness and Disaster Relief, Pan American Health Organization.

Delegates consisted of disaster practitioners, scientists in disaster research, and health policy experts who collectively agreed, in summary, to make health an imperative for HFA-2. Delegates were organized within 5 groups:

- Frameworks and policies relating to medical preparedness and health management in disasters;

- Health planning for all phases of a disaster including risk assessment with concern for vulnerable populations;
- Psychosocial/mental health concerns and building community resilience;
- Health infrastructure and logistics for disaster preparedness, including resources and funding; and
- Development of evidence-based technical guidance and education/training programs for the advancement of health and disaster risk management capabilities.

Consultants from the US Centers for Disease Control and Prevention (CDC) provided guidance, emphasizing that for DRR and DRM to become operational realities, then prevention and preparedness must trump the traditional urge to focus only on response initiatives, which tend to dominate attention in many countries. Economists and bureaucratic decision makers, the CDC consultants cautioned, must recognize that response is expensive; mitigation and preparedness initiatives, on the other hand, save money and lives in the long term.

All of the delegates benefitted from guidance provided by Professor Virginia Murray, from Public Health England, who is vice-chair of the UN International Strategy for Disaster Reduction Science and Technical Advisory Group. Her counsel reinforced that our group sessions must build on regional platforms for DRR already convened in Africa, those planned for the Americas, Asia-Pacific, Arab States, and Europe, as well as the many consultative and preparatory meetings convened by civil society, national and local governments, and Red Cross and Red Crescent national societies. In quoting from the global platform for DRR held in Geneva in 2013, Murray stated that "...it is expected that HFA-2 will recognize the need to govern DRR and resilience through clear responsibilities, strong coordination, enabled local action, appropriate financial instruments and a clear recognition of a central role for science," confirming that an evidence-based core, especially in health, should be part of the process.

It was stressed in conference sessions that both the targets and the language keyed for non-health-oriented

decision makers would need to be written in a format that was, at the same time, unfamiliar to health science but familiar to policy experts. Inclusive target highlights would have to be placed in the leading action agenda statements that will be designed to attract the attention of the decision makers who are tasked to review multiple proposals. These crucial action agendas would be followed by equally concise strategies necessary for each country to accomplish the proposed actions. This task was not easy for health delegates unfamiliar with this approach to decision making at political levels. For example, with *target highlights* in quotations, the frameworks and policies group pared down more than 20 proposals to 4 action agenda statements:

- Establish community health “resilience” and well being as an explicit outcome of HFA-2;
- Implement “local, national, regional, and global” actions to ensure and protect people’s health from disaster;
- Establish, coordinate, and promote “accountability, transparency, oversight, professionalism, and registry” among health service providers (both national and foreign teams) for DRM; and
- Implement in current emerging crises (eg, climate impact and extreme events, biodiversity crises, rapid unsustainable urbanization, emergencies of scarcity of food, water, and energy) a demand for an unprecedented paradigm shift within the global community geared toward “prevention and preparedness.”

In doing so, it was revealed that all the themes that came out of this regional meeting supported the key health messages that were emerging from each and every regional effort:

- Make health (not just saving lives) an explicit outcome of the new global framework on DRR/DRM;
- Include health targets and indicators for the monitoring and reporting on DRR/DRM;
- Emphasize sectors that are vital for managing disaster risks, including health, education, and agriculture; and

- Make safe hospitals a global priority for action to ensure that new and existing health facilities remain operational in emergencies and disasters.

It was instructive to this symposium’s delegates that their theme outcomes were similar to those in other regions in a collaborative call to action. In building resilience for communities and nations, governance must make DRR a priority. In addition, assessment, monitoring, and early warning must allow knowledge of the risks and take action, and knowledge management and education must build understanding and awareness, reduce risks, and prepare for effective response and recovery. Whether these collective actions will influence the final decision makers to make health an imperative remains to be seen.

Last, along with the cautious optimism of all attendees, it was observed that only a small number of dedicated disaster science experts present were from the millennial generation. Although they were quiet and studied, it was obvious that they also were burdened by the imprint of the non-action on emerging crises they inherited; this major burden has stemmed from worldwide political neglect of both the health and science of the planet. However, a hopeful characteristic of this generation is that they see themselves less as nationalists and more as global citizens. We trust that as they become more visible as a powerful political and social force they will accomplish more than their predecessors. This regional meeting organized by our Japanese colleagues might just prove to be a vital first step in that direction.

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