International Symposium on Disaster Medical and Public Health Management: Review of Hyogo Framework¹

May 21-22, 2014 Washington DC, USA

Organised by: Japan Society for the Promotion of Science, Washington D.C.; The International Research Institute of Disaster Science, Tohoku University, Sendai, Japan; School of Medicine & Health Sciences at The George Washington University, Washington D.C.; Center for Disaster and Humanitarian Assistance Medicine at Uniformed Services University of the Health Sciences, Bethesda, Maryland; Children’s National Health System, Washington D.C.

Reporting Authors: DEMIR, Metinᵃ, BEADLING, Charlesᵇ and RILEY, Kevinᶜ

ᵃ Center for Disaster and Humanitarian Assistance Medicine at Uniformed Services University of the Health Sciences, Bethesda, Maryland, e-mail: mdemir@cdham.org
ᵇ Center for Disaster and Humanitarian Assistance Medicine at Uniformed Services University of the Health Sciences, Bethesda, Maryland, e-mail: CBeadling@cdham.org
ᶜ Center for Disaster and Humanitarian Assistance Medicine at Uniformed Services University of the Health Sciences, Bethesda, Maryland, e-mail: KRiley@cdham.org

Abstract – The world is now facing to the increased impacts of emergencies and disasters caused by natural and man-made hazards. United Nations Office for Disaster Risk Reduction (UN-ISDR) will revise the Hyogo Framework for Action (HFA) that was approved by 168 member states in 2005 for more efficient disaster risk reduction in the 3rd World Conference for Disaster Risk Reduction in Sendai 2015. “Safe Hospital” is the only word about health in the current HFA. The aim of this symposium is to identify the current gaps and proposals under the health aspect from the viewpoint of health professionals and to make formatted consultative themes to HFA2 through five workshops and plenary discussion.

Keywords – Disaster Medicine, Disaster Risk Reduction, Hyogo Framework of Action, 3rd World Conference for Disaster Risk Reduction

1. Introduction & Context

The world is now facing to the increased impacts of emergencies and disasters caused by natural and man-made hazards. United Nations Office for Disaster Risk Reduction (UN-ISDR) will revise the Hyogo Framework for Action (HFA) that was approved by 168 member states in 2005 for more efficient disaster risk reduction in the 3rd World Conference for Disaster Risk Reduction in Sendai 2015. “Safe Hospital” is the only word about health in the current HFA. The aim of this symposium is to identify the current gaps and proposals under the health aspect from the viewpoint of health professionals and to make formatted consultative themes to HFA2 through five workshops and plenary discussion.

The Five Workshops (Breakout) Sessions

- 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
- Development of evidence-based technical guidance and education / training programs for the advancement of health and disaster risk management capabilities

¹This article is a summary of the above mentioned conference with a special focus on proposed elements for consideration in the Post-2015 Framework for Disaster Risk Reduction.
2. Conference Aims & Objectives

2.1. Profile of participants

Co-organizers

- Osamu Shimomura, Japan Society for the Promotion of Science, Washington D.C.
- Shinichi Egawa, Yuichi Ono, Takako Izumi, Hiroyuki Sasaki, International Research Institute of Disaster Science, Tohoku University, Sendai, Japan
- Anthony Macintyre, School of Medicine & Health Sciences at the George Washington University, Washington D.C.
- Charles Beadling, Metin Demir, Kevin Riley, Geoff Oravec, David Tarantino, William Lyerly, Ramey Wilson, Maysaa Mahmood Center for Disaster and Humanitarian Assistance Medicine at Uniformed Services University of the Health Sciences, Bethesda, Maryland
- John Walsh, David L. Wessel, Children’s National Health System, Washington D.C.

UN Organization Participants

- Virginia Murray, Vice-chair UNISDR Science and Technical Advisory Group, Consultant in Global Disaster Risk Reduction, Public Health England
- Jonathan Abrahams, Policy, Practice and Evaluation (PPE) Emergency Risk Management and Humanitarian Response,
- Arturo Pesigan, Technical Officer of the Humanitarian Action Unit of Western Pacific of WHO, WPRO/WHO
- Terje Skavdal, Chief, Field Coordination Support Section UN OCHA
- Ciro Ugarte, Acting Director, Deputy Emergency Preparedness and Disaster Relief, Pan American Health Organization, PAHO/WHO

A complete list of the Work-Group participants can be found in the annex.

2.2. Major aims and objectives

This symposium has been developed to provide input to the 2015 World Conference of Disaster Risk Reduction meeting by outlining urgent medical and public health issues to be included in the revised framework.

Experts of disaster medical and public health from Japan, United States, Philippines, Indonesia, Sri Lanka, Israel, UN-organizations including WHO, OCHA/INSARAG, PAHO and World Bank joined to discuss how “Health” should be incorporated in HFA2 through the processes toward the World Conference of Disaster Risk Reduction in Sendai 2015 March.

Each work group has tried to identify existing gaps in the HFA related to their health topic, and produced realistic recommendations for consideration at the 2015 meeting.

3. Outcomes & Contribution towards the Post 2015 Framework for Disaster Risk Reduction


Each work group has tried to identify existing gaps in the HFA related to their health topic, and produced realistic recommendations for consideration at the 2015 meeting.

3.2. Research in the Post 2015 Framework for Disaster Risk Reduction

It has been agreed with the discussions that health status is a risk factor during emergencies and disasters. It is anticipated that further analyzes and researches will show that access to basic health care and public health services improve health outcomes throughout the risk management cycle.

3.3. Education and training in the Post 2015 Framework for Disaster Risk Reduction

Health is an essential element of Disaster Risk Reduction (DRR) and overall Disaster Risk Management (DRM) and should be addressed through education and training. And it is also important to educate the health communities about why DRR matters.

Additionally it is a fact that there is no standardized nomenclature. Our challenge is to speak the same language internationally. Promoting the construct of standardization of international standards related to disaster response, mitigation, etc. with local flexibility is essential.

3.4. Implementation and practice in the Post 2015 Framework for Disaster Risk Reduction

For better response, it is prerequisite to establish, coordinate and promote “accountability, transparency, oversight, professionalism and registry” among health service providers. In community, engage and empower vulnerable populations including children and disabled to identify their own needs and develop strategies to lower their risks and enhance their resilience. Individual, family and community support, ethno-cultural and socio-demographic considerations, connectedness and communication are fundamental risk reduction and risk management.

Additionally, since physical and mental health status is a risk factor during emergencies and disasters, we have to establish community health resilience and well-being as an explicit outcome of HFA2. By improving the baseline of health status, availability and quality of health service, the impact of disaster is mitigated. To do so, public health and medical experts must be engaged in the disaster risk reduction and risk management process at all levels with a mind that current emerging crises demand a paradigm shift within the global community geared toward prevention and preparedness.
3.5. **Policy improvement for the Post 2015 Framework for Disaster Risk Reduction**

Current crisis are defined through Climate impact and extreme events, Biodiversity crisis, Unsustainable rapid urbanization, Emergency of scarcity (water, food and energy) and the common threat of all of these are that they produce a public health emergencies that must be seen as a strategic and human security issue.

It is essential to restructure and redesign global and country level DRR/DRM programs to emphasize prevention (preparedness), research, political advocacy and pragmatic trans-disciplinary and multidisciplinary solutions. Providing strict policy and protection laws for areas worldwide impacted by rapid urbanization, biodiversity losses, extreme climate changes and vital resource grabbing and it is very important to create lobby for implementation of global treaties to protect current crises from expanding further through innovative preparedness initiatives and policies, e.g. IHR.

4. **Conclusions**

The achievement of current HFA should be promoted and enhanced in HFA2 by incorporating the health aspect in all manner and in a more wider aspect to promote the community health resilience.

**Conference Documentation**

Website (http://hfa2-symposium.cdham.org/)


**Citation**


**Annex**

Work-Group’s Participant List

**Adrianne Lazer** Med. Student, George Washington University

**Akira Tanaka** International Program Associate, JSPS

**Anthony Macintyre** Professor of Emergency Medicine, George Washington University

**Art Kellermann** Dean, F. Edward Hébert School of Medicine, Uniformed Services University of the Health Sciences

**Atushi Okuno** International Program Associate, JSPS

**Aubrey Miller** Senior Medical Advisor and National Institute of Environmental Health Sciences (NIEHS) liaison to the U.S. Department of Health and Human Services, National Institute of Health

**Beverley Raphael** Professor and Head, Academic Unit of Psychiatry and Addiction Medicine, Australian National University.

**Brian Flynn** Professor, Department of Psychiatry, Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences

**Bruce Altevoght** Senior Program Officer Institute of Medicine, National Academies of Sciences

**Calvin Anderson** Fellow, CDHAM/USUHS

**Carmancita Banatin** Director III Health Emergency Management Service Dept of Health, Phillipines

**Cham Dallas** Professor and Director, Institute for Disaster Management, Department of Health Policy and Management, College of Public Health University of Georgia

**Chanelle Latouche Gutari** George Washington University

**Charles Beadling** Director, CDHAM/USUHS

**Charles L. Rice** President Uniformed Services University of the Health Sciences (USUHS)

**Ciro Urgate** Acting Director, Dept. Emergency Preparedness and Disaster Relief, PAHO

**Claudia Creenan** Program Manager, CDHAM

**Cullison, Tom** RADM (Ret.), Senior Advisor, CDHAM, Uniformed Services University of Health Sciences, Senior Medical Advisor, CNA’s Institute for Public Research in Health Research and Policy

**Dan Hanfling** Special Advisor, INOVA Health System

**Daniel Dodgen** Director, Division for At-Risk Individuals, Behavioral Health, and Community Resilience, Office of Policy and Planning, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services

**Daniel Fagbuyi** Medical Director, Disaster Preparedness & Emergency Management, Children’s National Medical Center Asst.Professor of Pediatrics and Emergency Medicine, The George Washington University School of Medicine Appointee, National...
Joy Lee  Public Health Specialist, Michael D. Baker Inc.
Junichi Sugawara  Co-Lead Professor, Division of Feto-Maternal Medical Science Tohoku Medical Megabank Organization, Tohoku University
Jun-Ichi Inoue  Co-Director, Trauma & Critical Care Center, Yamanashi Prefectural Central Hospital
Karen Ellis  Conference Manager, CDHAM
Kazue Hashimoto-Torii  Principal Investigator, Center for Neuroscience Research Children’s Research Institute, Children’s National Medical Center Assistant Professor, Department of Pediatrics, Pharmacology and Physiology The George Washington University, School of Medicine and Health Sciences Assistant Professor, Yale University, School of Medicine
Kazuko Shimizu  Deputy Director, JSPS
Ken Schor  Acting Director, National Center for Disaster Medicine and Public Health
Kevin Riley  Deputy Director, CDHAM
Kevin Yeskey  Senior Adviser, Michael D. Baker Inc.
Kirsten Lyerly  Project Officer, CDHAM Kirsti Koenig[Professor of Emergency Medicine, Director of Public Health Preparedness Director, Center for Disaster Medical Sciences Director, International EMS & Disaster Medical Sciences Fellowship, Department of Emergency Medicine, University of California, Irvine
Kobi Peleg  Director, National Center for Trauma & Emergency Medicine Research The Gertner Institute for Health Policy & Epidemiology Head, Disaster Medicine Department & Head, The Executive Master Program for Emergency and Disaster Management, School of Public Health, Tel-Aviv University
Kurt Newman  President and Chief Executive Officer, Children’s National Health System
Lars Weisaeth  Research Director at the Norwegian Centre for Violence and Traumatic Stress Studies, Ulleval University Hospital, University of Oslo, and Professor of Disaster Psychiatry at the University of Oslo
Lawrence Deyton  Senior Associate Dean for Clinical Public Health Clinical Professor of Medicine and Health Policy, The George Washington University School of Medicine and Health Sciences
Makiko Okuyama  Head, Department of Psychosocial Medicine, National Medical Center for Children and Mothers, National Center for Child Health and Development, Japan
Makiko Toyoki  International Program Associate, JSPS
Manabu Sugita  Associate Professor, Juntendo University Nerima Hospital, Japan
Margot Louden  Conference Manager, CDHAM
Marie-France Renaud  Neuro-Psychosocial Communication consultant (Trauma), Svetlana Masgutova Educational Institute, Echomotion Communication
Mariko Ono  Adviser, JSPS
Mark Keim  Associate Director for Science at Centers for Disease Control and Prevention Faculty, Harvard Humanitarian Initiative at Harvard Fellowship in Disaster Medicine
Masaaki Torii  Principal Investigator, Center for Neuroscience Research Children’s Research Institute, Children’s National Medical Center, Assistant Professor, Department of Pediatrics, Pharmacology and Physiology The George Washington University, School of Medicine and Health Sciences Assistant Professor, Yale University, School of Medicine
Masaharu Nakayama  Professor, Disaster Medical Informatics, International Research Institute of Disaster Science, Tohoku University, Associate Director, Medical IT center, Tohoku University Hospital
Masami Ishii  Executive Board Member, Japan Medical Association
Matthew Lim  Senior Policy Advisor, Global Health Security, and USN Liaison, US Dept. of Health and Human Services Captain, Medical Corps, US Navy at US Department of Health and Human Services
Maysaa Mahmood  Research/Evaluation Scientist, CDHAM
Metin Demir  Fellow, CDHAM
Miho Tsuruwa  M.D., National Disaster Medical Center, Japan
Mollie Mahany  Senior Public Health Advisor, Centers for Disease Control
Morino, Kazuma  Deputy of Medical Division, Yamagata Prefectural Medical Center for Emergency, Japan
Nahoko Harada  Junior Associate Professor, National Defense Medical College, Japan
Nobuyuki Ishibashi  Director of Cardiac Surgery Research Laboratory, Investigator of Center for Neuroscience Research, Children’s National Medical Center,
Norm Coleman  Head, Experimental Therapeutics Section
Adjunct Investigator  Center for Cancer Research, National Cancer Institute, National Institutes of Health
Osamu Shimomura  Director, Japan Society for the Promotion of Science (JSPS) Washington Office