

"Resilience of local governments: A multi-sectoral approach to integrate public health and disaster risk management"

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Comments by

Rajib Shaw

Professor, Keio University, JAPAN

<http://www.rajibshaw.org>

Thank you very much. Well, today is World Health Day, and the theme of 2020 is dedicated to nurses and midwives, who helped us to live in a happier and healthier world. A big thanks to all of them, and all the frontline health workers who are fighting for COVID-19.

1. Let me start by saying that pandemic is global but its response is local. The response is very much dependent of governance, law/ regulation, capacity, culture, risk perception and more importantly citizen behavior. Today, several hours ago, Prime Minister Abe declared National Emergency in 7 prefectures, including Tokyo. For Japan, "emergency" or "lockdown" has a different meaning, and the most critical issue is citizen behavior, encourage / request the, to stay home, not by force/ law.

There are so many complex issues when it comes to pandemic response, as we are unfolding it in different parts of the world. But still possibly we do not know the whole scenario. And here comes the role of disaster risk reduction specialist, responder and managers. The pandemic response is a holistic response: of course the primary is the health care facilities front line health staff, professionals and their safety, but it needs larger planning issues on:

1. financing and fiscal policy,
2. data management and scenario projection /risk assessment
3. supply chain management,
4. transport planning,
5. resource mobilization, and
6. early recovery planning.

All these are very much related to disaster risk reduction, response planning.

2. How can public health aspects be integrated into disaster risk reduction and resilience planning?

Possibly, we can rephrase the same question with a reverse twist: how can DRR and resilience planning can be incorporated into public health aspects. The reason I am saying this is to emphasize the need for resilient and adaptive health care system. This is core to the pandemic response.

Very unfortunately, what we are seeing is the collapse of health care system is because our lack of scenario planning. Data science can play an important role in projections, of course with certain level of uncertainties. We do climate projections, and we say that the downscaling of climate projection is rather difficult. For pandemic scenario projection, I think downscaling / city level projection is rather easier than national projection.

3. What is the Public Health Addendum of the Disaster Resilience Scorecard for Cities and how can this tool support strengthened planning and coordination among disaster managers and health workers?

Three key aspects of public health issues:

1. Holistic and integrated health care system and infrastructures (both the hard and soft assets: infra, human resources, operation, management, sanitation, contingency planning etc.): From hospitals to community health centers
2. Healthcare data management
3. Community dimensions of healthcare network.

Structural, non-structural and functional elements linked to city services is very important. Our own experiences from East Japan Earthquake and Tsunami, where we had cascading disaster. We need to be careful about the cascading disaster linked to the pandemic.

4. Another key issue is "*infodemic*": right information, so risk communication becomes very important.

- "Effectiveness of public health system at community engagement in context of a disaster" is very important.
- Community access to and trust on public health information
- Community's ability to return to normality

Risk communication, risk perception and risk-informed behavior becomes crucial for pandemic disaster.