Experiences on integrating DRR and Health

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Priorities and opportunities for supporting COVID-19 response

Priorities and Opportunities

- Importance of proactive measures to build national capacities required to limit impact of a possible pandemic
  - NDMA was asked to lead a national level response operations in late February(roughly 2 months before the first community case of COVID19 in Maldives) to work with the health sector to build national capacity(establishing emergency healthcare infrastructure and procurement of medical items) for COVID19 health care services

- Flexibility and interoperability of DM Law to operate with other frameworks.
  - In Maldives elements of DM Law was used with the Public Health Regulations. DM law as used to build national capacities and coordination while health regulations was used to deliver critical emergency healthcare including quarantine measures

- Recognized that multi-agency coordination would be required. NDMA was the civilian authority that has the expertise and knowledge to lead a nation wide coordination.
  - NEOC was established with multi-agency representation and roles

Priorities and opportunities for supporting COVID-19 response

Challenges

- A Pandemic wasn't prioritized as an event that can potentially lead to a disaster scenario
  - Previously health aspects of disaster risk are dealt more in terms of the epidemics response (flu outbreak after flooding) than addressing the root causes of the risks and associated vulnerabilities.
  - Sectoral plans did not include a pandemic as possible scenario (e.g. Tourism sector plans)

- National level health system not ready to deal with systemic issues that would require a whole of government and whole of society approach to minimize impact
  - Systematic issues has been identified in the case of other major hazards such as Tsunamis. The same approach needs to adopted for pandemics.

- Health capacities, especially at local level wasn't prepared to work jointly with local organizations

Good practices and examples of DRR integration into health

- Disaster Risk is not only assessed using hazard and vulnerabilities. DRR used capacity as a variable. This gives a broader understanding to consider future scenarios and take proactive measures to reduce disaster risks

- Risk information is used to implement disaster risk reduction policies. The provides the opportunity to understand social impacts, especially on vulnerable and marginalized groups (such as migrants and PWDs) to shape DRR actions.
  - COVID19 Emergency response measures such as strict lockdowns exacerbated already existing social issues.

- Risk communication was already integrated into both DRR and health systems and was widely used to educate and aware communities and preparedness and prevention

- Use of technology for speedier data collection and data sharing for inform evidence based decision making.
  - Maldives rapidly developed a data management system to collect and share data in real time. The data was used in policy discussions to make decisions

Lessons learned

- Multi-hazard preparedness with a focus on health needs to be integrated across sectors

- Shared needs among disasters and health risk management approaches.
    - Risk assessments should include future pandemics.
    - Joint efforts are required surveillance, setup early warning mechanisms and incident command systems

- Data collection and information sharing is required for evidence based decision making
    - Currently data captured by Disaster loss databases only takes health aspects as secondary impacts after a disaster.
    - Disaster loss databases (DesInventar) should include impacts of disease outbreaks and pandemics.