



PROCEEDINGS OF THE STAKEHOLDER MEETING

ON

Building India's Disaster Health Infrastructure

Voices of front-liners, Best practices and Decoding global policy frameworks

Organized by
Center for Health and Development (CHD-India)
**International Institute of Health Management Research
(IIHMR, New Delhi)**

In Collaboration With
Alliance for Adaptation and Disaster Risk Reduction (AADRR)

Knowledge Partner
Yenepoya University, Mangaluru
(Accredited by NAAC With "A")

Banking Partner
Corporation Bank

VENUE:
**International Institute of Health Management Research
(IIHMR, New Delhi)**

Dated:
21st March, 2016

About the Organizers of the Stakeholder Meeting

Center for Health and Development (CHD-India)

CHD-India operates through its head office in Mangalore, Karnataka and is a registered medical humanitarian organization Under the Indian Trusts Act, 1882 and exempted under Section 12A and 80G of Income Tax Act, 1961. It is a bunch of dedicated public health doctors, social scientists and researchers who focus on Disaster Risk Reduction, Injury Prevention, Health Policy and advocacy and in Primary Health Care. Dr. Edmond Fernandes is the Chief Executive of CHD-India as on date. CHD-India's strength lies in capacity building, training and health advocacy through multiple platforms.

International Institute of Health Management Research (IIHMR, New Delhi)

The International Institute of Health Management Research, New Delhi is part of the Society for Indian Institute of Health Management Research (IIHMR), which was established in October 1984 under the Societies Registration Act 1958. IIHMR Delhi was setup in 2008 with a focus on national and international health to cater to the growing needs of the country and the Asia-Pacific region. Chief goals are to play a major role in promoting and conducting research in policy analysis and formulation, strategy development and effective implementation of policies, training and capacity development and preparing professionals for the healthcare sector.

Alliance for Adaptation and Disaster Risk Reduction (AADRR, New Delhi)

Alliance for Adaptation and Disaster Risk Reduction (AADRR) is a registered network with around 200 organisations as members. The goal of the network is build a resilient society that is able to prepare, deal and overcome the impacts of disasters and climate change. Its aim is to advocate for appropriate policies and promote effective practices in the arena of climate change adaptation and disaster risk reduction. It works in collaboration with its members, who are working from the grassroots to national level, and other likeminded organizations and alliances.

Knowledge Partner

The Yenepoya University is the first private University in the District of Dakshina Kannada (South Canara). The Islamic Academic of Education (IAE) sponsored the formation of a new trust, the Yenepoya University, which after due process of inspection by the University Grants Commission (UGC), was recognized by the Ministry of Human Resource Development, Government of India on 27 February 2008, vide their notification No. F.9-11/2007-U.3(A). The University maintains its social

commitment by conducting free medical, eye & dental camps, in the community. It has also adopted 2 nearby villages for comprehensive and total health care and prevention (Kotepura&Balepuni).

Banking Partner

Corporation Bank is a premiere public sector bank headquartered in Mangalore, India. The bank has pan-India presence and is committed deeply towards social responsibility.

Acknowledgment:

We like to thank all the invitees who honoured the invitation to table an important discussion on Building India's Disaster Health Infrastructure. The focus has ignited a spark to get the thought process rolling. This sows the seed for many more such advancement to shape the kind of world we collectively believe in. Needless to say, but a blanket thank you and gratitude to all who were part of the process to lead it to the meaningful end.

Executive Summary

Building India's Disaster Health Infrastructure set the tone towards a forward push for the deliberation on Disaster Health. Public health has been inadequately prioritized in all disaster mitigation and resilience efforts and this stakeholder meeting was to provide a directive, to stimulate a chain of thought, to set the ball rolling to discover and envision and create a more efficient and responsive public health outlook towards shaping India's Disaster Health Infrastructure. Medical education and its focus on Disaster Risk Reduction till date has been minimal and capacity building exercise for hospitals all over the country needs to be mainstreamed.

Creating a cadre of doctors who can be prepared, trained and resilient to disasters will spark a new dimension towards the country's commitment to securing safer tomorrows. Medical Council of India directive to institutions to become socially responsible during disasters and relax norms will go a long way to alleviate those who suffer due to lack of health workforce to attend to.

Every district should come up with a public health response plan and all hospitals in that geography must have a central plan made. Civil Society organizations(CSOs) have always been instrumental in creating a more meaningful world, without their involvement, we cannot succeed and with their involvement, we cannot fail. CSOs must draw relevant elements from the global policy processes like the Sendai Framework, the Paris Agreement and the Sustainable Development Goals and focus more on climate change adaptation. The role of stakeholders has been stressed in Section V of the Sendai Framework and much of the inspiration and focus should stem from these.

The need to develop critical infrastructure and retrofit existing ones will go a long way towards urban risk mitigation measures. Involvement of Mohalla level leaders remains a must at every point and Municipal corporations must welcome collaborative efforts to create disaster resilience through a co-ordinated manner. Public health engineering does not provide deeper clarity into very many aspects and the field force do not have much orientation towards need based assessment.

The aspects mentioned herewith remain crucial and integral towards building India's Disaster Health infrastructure, but measures designed to reduce impacts of disasters on the overall public health setting will require more time, more deliberations across different stakeholders from metro cities, tier II cities and rural areas to streamline and bring out a pattern. Years from now, when we look back at what we attempted to build, our eyes will meet with great satisfaction and we can surely look at the future with pride and hope. Implementing the future directives and observations will go a long way to silently build a more resilient India.

About the Stakeholder Meeting

Disasters have been receiving reactionary response in the Government machinery and India's under-preparedness in coping with disasters simply is a pernicious under-belly of compromise. Disaster Management Act 2005 was certainly a welcome move, but 2016 paints a different story to the trajectory of Asian nations and its implications for India is frightening. The Sendai framework for Disaster Risk Reduction should act as a guideline for governance and stakeholders in disasters and tailoring it to grass-root setting remains imperative. Health has remained a missing link in the Paris Agreement on Climate Change and Mainstreaming Disaster Health remains a task left to public health doctors and Social Scientists. Often recovery actions and initiatives provide a window of opportunity to in-still changes and influence transformational changes as well. Community risk goes beyond what is laid down by global frameworks. The multi-layered issues at the grass-root level are too complex to be handled by the Ministry only and it calls for greater stakeholder engagement. Some of the key issues of changing urban health disease dynamics, migration of rural to urban populace, rapidly proliferating climate change and changing vector bionomics pushes Disaster Health experts and Disaster Researchers to the brink. You don't need statistics to gauge a gathering depression that keeps coming back in the form of floods year after year and earthquakes, cyclones, droughts and typhoons that creates a loss of more than 2 % of GDP and disproportionately displace multitudes and adds to socio-economic losses beyond repair. Health professionals need to be sensitized and a dedicated pool of disaster health experts needs to be created.

With Sustainable Development Goals, Sendai Framework and Paris Agreement coming center-stage, more concerted efforts to look at broader issues particularly addressing health needs to be developed.

All three are deeply inter-linked, and encapsulate issues of underlying risks and problems that are obviously evident. Recognition of these gaps is echoing at the global policy level.

Public Health Doctors and Disaster Researchers need to echo the voices of these global policy frameworks and push for an implementation through collective action. Community resilience remains the corner-stone to bolster this further and public health doctors, who work in communities are closest to doing so. Transforming these theoretical visions into actions and mainstreaming Health as a priority agenda is what the challenge calls for. Civil society and voices of front-liners can help streamline the change at the policy level.

Objectives:

Collectively identify gaps and good practices, and chart a road map '**GLOCALLY**'.

Solidify all stakeholders' commitment toward Disaster Risk Reduction and to push for mainstreaming Disaster Health.

Methodology:

Presentations, Question & Answer Sessions, Open House Discussion

Invitees:

The invitees for the stakeholder meeting were wide ranging and representatives from Civil Society organizations, Government of India, United Nations and Medical Colleges and Universities from New Delhi were present to deliberate the issue.

OBSERVATIONS AND FUTURE DIRECTIVES

1. Medical Education

It was unanimously agreed upon that present day medical education is highly insufficient and does not even orient medical students towards Disaster Risk Reduction. Hospitals are ill-equipped to tackle any kind of major disaster and most of the approach happens on a knee jerk reaction basis. New forms of infectious diseases are adding major challenges to the health workforce which in India by its very nature is under-staffed and on its own cannot meet the dual burden of diseases. MBBS students should be given Disaster Medicine as an examination subject which will also add value to the humanitarian dimensions which is absent in the medical curriculum.

We teach them to inspect, palpate, percuss and auscultate, but we do not teach them to be disaster prepared, disaster resilient and disaster trained. How must a doctor create a field hospital, what is the type of logistics that will be needed, what to do in case of mass emergency and who will take charge of the incident command within hospitals remain grey areas in most of the healthcare arenas. Capacity building to manage movement within

hospitals during disasters, how to utilize the other existing workforce for optimum benefit to save more lives and the basics of first aid remains collectively deficient in medical colleges. It is only through medical education that disaster literacy can be built and secured.

The deliberations also brought about the need to identify a set of doctors who could be the emergency workforce for the hospital, who could handle public relation and give statements to manage the crowd & media during disasters and those who can assist other hospitals and organizations during disasters in other zones, regions and nations.

It was thought about that Community Medicine Departments in Medical Colleges should play an active role in orienting and sensitizing medical students towards the practical components of disaster management. The Medical Council of India should direct all medical colleges to be socially responsible towards humanitarian emergencies and the issue of attendance for those responding to humanitarian crisis must be relaxed. Medical college hospitals should come up with a disaster response plan in their locality based on the type of geography that exist instead of having theoretical plans done for all possible disasters.

In a particular district or region, all hospitals must have a central mitigation plan and it cannot be different for different people. It was felt that often so, doctors responding to disasters are not adequately taken care of and that the odds of they themselves falling sick cannot be ruled out and such chances if at all, should be averted by taking necessary precautions.

Medical Colleges should begin to offer courses and fellowship programmes in Disaster Management and Humanitarian Emergencies. Medical College Hospitals should have mock drills every 6 months for all the students and staff in the campus and the locality so that it will keep them motivated towards knowledge building.

IEC activities in Disaster preparedness and in humanitarian response should be regulated and only well trained staff should venture into it. IEC after vetting from disaster experts should be used to first train medical students and then train the media to handle the news breaks in a more organized manner.

Collective agreement drew the point towards medical research and it was observed that public health research in disaster is abysmally low the world over and more sincere encouragement in this regard is well needed.

2. Global Policy Framework

Resilience to disasters and climate change impacts features strongly in three global agreements - Sendai Framework on Disaster Risk Reduction (SFDRR), Sustainable Development Goals and Paris agreement on climate change - that were reached in 2015. These three interconnected agreements provide a huge opportunity to influence the national policies and practices. While each of the agreement/ framework has its own set of goals, targets and indicators there are several overlaps and interconnections that can help develop a holistic vision of achieving resilient development. The national government and civil society organisations must therefore draw relevant elements from

these agreements/frameworks to formulate or revise its policies and also promote good practices. The regional and international forums provide an opportunity to share knowledge and work collectively to tackle the impacts of disasters and the devastating climate change, which don't recognize political boundaries. The core focus needs to be on climate change adaptation and Section V of the Sendai Framework talks about the Role of Stakeholders in achieving the future we wish to have. Every district, state and national level dialogues in days to come should work towards scenario based action plan that is evidently missing in almost all sectors. At grass-root level awareness generation on climate change and climate action should start with the community and local authorities in partnership with adjoining Colleges and Universities. In some clusters, NSS Volunteers, scouts should be trained to train others further about climate change adaptation.

3. Urban Risk Mitigation and Capacity Building

Urban areas are increasingly getting crowded and the population pressure is increasing exponentially in Indian cities. The growing long term impact of changes in climate are yet to be factored in the planning process. Moreover, with increased role of cities in country's economic growth, there is increased investment. Such patterns have obviously not taken into account the increasing threat of losses, should disasters strike urban areas. A wise man once said, "Building a dream city is easy, rebuilding an existing one requires imagination and talent."

Reducing urban risks means creating disaster resilience and enhancing capacity building. Local planning has to go beyond just improving physical environment. It is important to understand resilience from the viewpoint of the Government and from the perspectives of Civil Society and communities.

The El Nino Phenomenon in the last two years has been worsened by climate change. Avoiding critical investments in retrofitting existing structures and not venturing into urban disaster research is unacceptable with growing risks. Disaster engineering knowledge and research is grossly inadequate and the funding in this area even more remote.

Government should introduce schemes for disaster resilience and district level and ward level adaptation measures must be initiated. The urban poor are particularly vulnerable to risks and hence enhancing their capacity and resources is key to strengthening resilience at the overall city level.

Mohalla level leaders should be called in for discussions on public drainage systems, on vector control measures and public safety. A directory of disaster experts belonging to different fields of public health engineering, Architecture, Public Health, Government Machineries must be made and given to every household. Building social capital at neighbourhood/mohalla level will contribute to building resilience in urban societies.

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Meeting on disaster health infrastructure

Mangaluru, Mar 18, 2016, DHNS:

Center for Health and Development (CHD-India) and International Institute of Health Management Research (IIHMR, New Delhi), in collaboration with Alliance for Adaptation and Disaster Risk Reduction, New Delhi, and Yenepoya University, Mangaluru, will jointly organise a meeting of stakeholders on 'Building India's Disaster Health Infrastructure' at IIHMR, New Delhi, from 9.30 am to 2.30 pm on March 21.

According to a press release, the core focus for discussion will be on the Urban Risk Mitigation and Urban Disease Dynamics. The meeting will also make a serious attempt to decode the global policy frameworks of the Paris Agreement and the Sustainable Development Goals laid down by the United Nations and the Sendai Framework for Disaster Risk Reduction and convert these into grassroots level changes for the district and taluks.

This meeting will put together urban planners, medical anthropologists, social scientists, disaster researchers and public health leaders to bring out a recommendation report that will be submitted to the Ministry of Home Affairs, Ministry of Health and Family Welfare and to Ministry of HRD for necessary implementations.

CHD-India CEO Dr Edmond Fernandes, Asian Disaster Risk Reduction Network Chair Dr Manu Gupta, Alliance for Adaptation and Disaster Risk Reduction Chair and International Climate Change Expert Harjeet Singh, IIHMR, New Delhi, Director Dr A K Khokhar and CHD-India Humanities, Social Science Researcher and Head Homolata Borah will be the main anchors of the meeting.



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Mangaluru Institutions Partner 'India's Disaster Health' plans in capital

Mangalore Today News Network

Mangaluru, March 23, 2016 : A media note received indicates, Center for Health and Development (CHD-India) and International Institute of Health Management Research (IIHMR, New Delhi) in collaboration with Alliance for Adaptation and Disaster Risk Reduction (AADRR) and Yenepoya University, Mangaluru as Knowledge Partner and Mangaluru based, Corporation Bank as Banking Partner have joined hands to lift 'Disaster Health' into the mainstream. The stakeholder meeting was held at IIHMR, New Delhi on March 21, Monday.



APPEARED IN "THE NEW INDIAN EXPRESS" DTD 15.03.2016

City College to Help Disaster Management

Mangaluru: The city-based Yenepoya University will partner in a national programme of creating national disaster health management in association with the Centre for Health and Development (CHD-India) and International Institute of Health Management Research (IIHMR) New Delhi.

A press release from CEO of Centre for Health Development Edmond Fernandes said - CHD-India and IIHMR in collaboration with Alliance for Adoption and Disaster Risk Reduction, New Delhi

and Yenepoya University as the knowledge partner will organise a stakeholder meeting on 'Building India's Disaster Health Infrastructure' in New Delhi on March 21.

Stakeholder's participating in this meeting will be from Central Government Ministries, representatives from United Nation Organisation and Civil Society institutions across the National Capital Region. The core focus for discussion will be on the urban risk mitigation and urban disease dynamics. ENS

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Mangalore Institutions Partner to Discuss India's Disaster Health

By Mangalorean Admin - March 22, 2016

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Mangalore Institutions Partner to Discuss India's Disaster Health

Disaster Health is not commonly a topic for discussion on any platform, and Mainstreaming disaster public health even rare. Center for Health and Development (CHD-India) and International Institute of Health Management Research (IIHMR, New Delhi) in collaboration with Alliance for Adaptation and Disaster Risk Reduction (AADRR) and Yenepoya University as Knowledge Partner and Corporation Bank as Banking Partner joined hands to mainstream Disaster Health. The stakeholder meeting was held at IIHMR, New Delhi yesterday.

