

Chapter 1.3: Historical developments in Health EDRM policy and research: the case study of Japan

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Further reading

1. Menne B, Murray V, editors. Floods in the WHO European Region: health effects and their prevention. 2013. <http://www.euro.who.int/en/publications/abstracts/floods-in-the-who-european-region-health-effectsand-their-prevention> (accessed 7 February 2020).

Summary: This work describes some of the future challenges for Health EDRM, particularly in the context of the impact of climate change. This report documents a collaboration between the WHO Regional Office for Europe and the United Kingdom Health Protection Agency (HPA) to assess the health effects of floods and to identify measures to prevent or minimize these effects. It should help in preparing evidence-based health-related guidance before, during and after flooding incidents and help researchers to choose measures for assessing prevention, response and recovery. The authors describe responses by European Union states to recent floods and their current preparedness tools. The report also includes a systematic review of the epidemiological literature on the global impact of flooding on health.

2. Burkle FM. Challenges of Global Public Health Emergencies: Development of a Health-Crisis Management Framework. *Tohoku Journal of Experimental Medicine*. 2019; 249(1): 33-41.

Summary: This journal article might help researchers working on some of the future challenges for Health EDRM. In this article, the author argues for the need to establish a Health Crisis Framework to help manage global health crises. They argue that emerging risks can create health emergencies that overwhelm current decision-making capabilities. The article introduces the holistic “disaster cycle,” with separate prevention, preparedness, response, recovery and rehabilitation phases. The author argues that an all-phase view of the disaster cycle can effectively confront new risks such as climate change, unstable urbanization and biodiversity crises.

3. WHO Health Emergency and Disaster Risk Management Framework. <https://apps.who.int/iris/bitstream/handle/10665/326106/9789241516181-eng.pdf> (accessed 7 February 2020).

Summary: This WHO Health Emergency and Disaster Risk Management (EDRM) Framework provides a common language and a comprehensive approach that can be adapted and applied by all actors in health and other sectors who are working to reduce health risks and consequences of emergencies and disasters.

The Framework incorporates multiple hazards embracing a comprehensive approach to risk management. It provides Ministries of Health and other stakeholders with a summary of policy considerations to reduce the risks and consequences of emergencies and disasters, and to help build the resilience of health systems, communities and countries. The Framework emphasizes the critical importance of prevention, preparedness and readiness, together with response and recovery.

4. Kayano R, Chan EY, Murray V, Abrahams J, Barber SL. WHO thematic platform for health emergency and disaster risk management research network (TPRN): Report of the Kobe Expert Meeting. *International Journal of Environmental Research and Public Health*. 2019; 16(7): 1232.

Summary: The WHO thematic platform for health emergency and disaster risk management research network (TPRN) aims to serve as an international multi-stakeholder and inter-disciplinary platform to exchange information, share views and advise the World Health Organization (WHO) in the area of Health EDRM research and evidence-related activities.

In this journal article, the authors report on the 2018 WHO meeting which identified key research questions in five major areas for Health EDRM. These are health data management, psychosocial management, community risk management, health workforce development and research methods and ethics. As guidance specific to each of these areas is prepared, it should help people making decisions about funding for Health EDRM research. The commentary argues that successful implementation will require research collaborations through the TPRN initiative, partnerships and resource mobilization.

5. UN/ISDR and WHO. Bangkok principles to implement the health aspects of Sendai Framework for Disaster Risk Reduction 2015–2030. 2016. https://www.preventionweb.net/files/47606_bangkokprinciplesfortheimplementati.pdf (accessed 7 February 2020).

Summary: The Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction are a series of guiding measures and key actions for countries to consider when implementing the framework.

In this document, the authors describe the seven Bangkok Principles:

- 1) Promote systematic integration of health into national and sub-national disaster risk reduction policies and plans and the inclusion of emergency and disaster risk management programmes in national and sub-national health strategies.
 - 2) Enhance cooperation between health authorities and other relevant stakeholders to strengthen country capacity for disaster risk management for health, the implementation of the International Health Regulations (2005) and building of resilient health systems.
 - 3) Stimulate people-centered public and private investment in emergency and disaster risk reduction, including in health facilities and infrastructure.
 - 4) Integrate disaster risk reduction into health education and training and strengthen capacity building of health workers in disaster risk reduction.
 - 5) Incorporate disaster-related mortality, morbidity and disability data into multi-hazards early warning system, health core indicators and national risk assessments.
 - 6) Advocate for, and support cross-sectoral, transboundary collaboration including information sharing, and science and technology for all hazards, including biological hazards.
 - 7) Promote coherence and further development of local and national policies and strategies, legal frameworks, regulations, and institutional arrangements.
6. Suda T, Murakami A, Nakamura Y, Sasaki H, Tsuji I, Sugawara Y et al. Medical Needs in Minamisanriku Town after the Great East Japan Earthquake. *Tohoku Journal of Experimental Medicine*. 2019; 248(2): 73-86.

Summary: Research is needed to identify medical needs following disasters, such as earthquakes.

This epidemiological study used disaster medical records to clarify the overall characteristics of medical needs in Minamisanriku Town after the 2011 Great East Japan Earthquake and its consequent tsunami. The study's findings contribute to an evidence base that should help to improve disaster medicine and public health preparedness for future disasters. The authors found that local health needs changed significantly after the tsunami, with most patients seeking care relating to non-communicable diseases, although care for infectious diseases increased as well. The data they collected suggests that disasters can create hidden medical needs, and that disaster medical records might provide useful post-disaster information on the use of health systems.