

First Global Forum for Heat and Health to take place in Hong Kong December 17-20, 2018

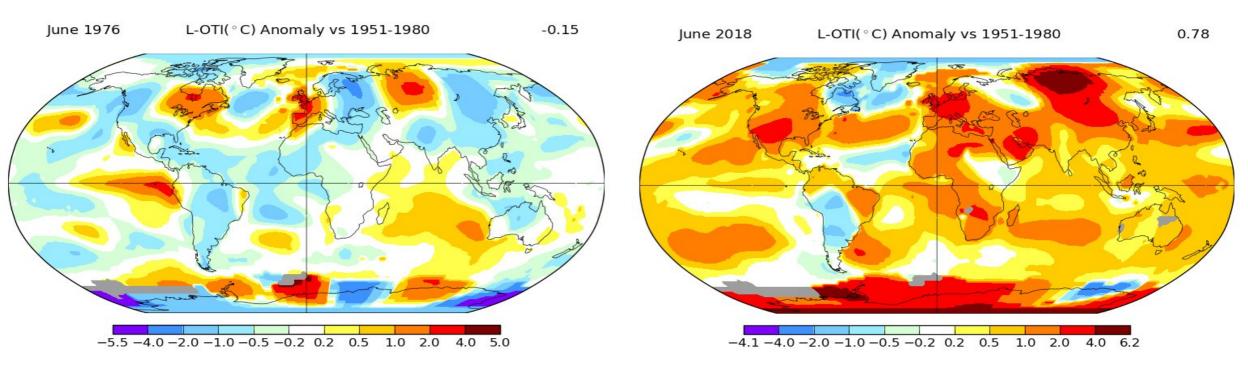
## Making a difference in context of disaster risk reduction

#### **Professor Virginia Murray, Public Health England**

Head of Global Disaster Risk Reduction Member of Integrated Research on Disaster Risk (IRDR) Scientific Committee Member of the UN Sustainable Development Solutions TReNDS Network Member of the WHO Collaborating Centre on Mass Gatherings and Global Health Security Co-Chair of WHO Thematic Platform on Health and Emergency Disaster Risk Management Research Network

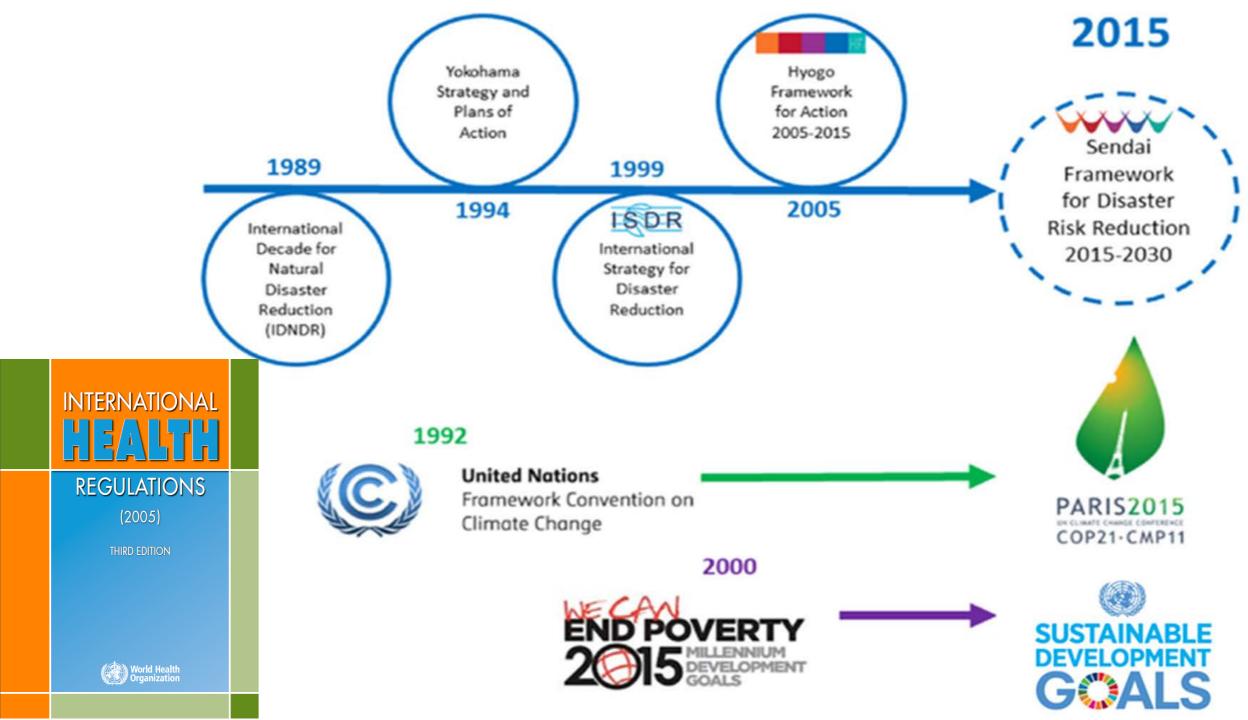
### June 1976

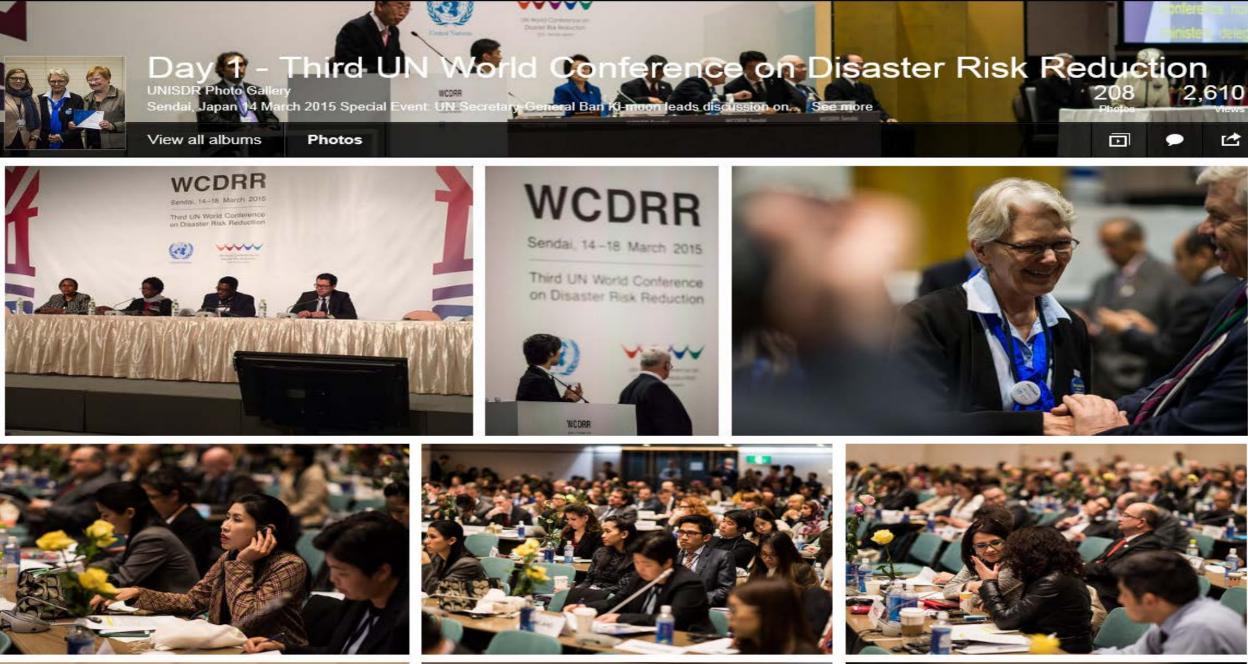
### June 2018



The 1976 heatwave resulted in a particularly large number of deaths in comparison with other hot periods. Hajat, S., Kovats, R. S., Atkinson, R. W. & Haines, A. Impact of hot temperatures on death in London: a time series approach. J. Epidemiol. Commun. Health **56**, 367–372 (2002)

**Source: NASA GISS** 





















The substantial reduction of disaster risk and losses in **lives, livelihoods and health** and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries







TARGETS

GLOBAL



**13 Guiding Principles** 

4 Priorities for Action at all levels

7 Global Targets

## Reduce

global population

2020-2030 Average << 2005-2015 Average

### Affected people/

global population 2020-2030 Average or 2005-2015 Average

### Economic loss/

global GDP 2030 Ratio << 2015 Ratio

Damage to critical infrastructure & disruption of basic services 2030 Values << 2015 Values

## Increase

Countries with national & local DRR strategies 2020 value >> 2015 Value

## International cooperation

to developing countries 2030 Value >> 2015 Value

Availability and access to multi-hazard early warning systems & disaster risk information and assessments 2030 Values >> 2015 Vidues







## Four priorities for action

- 1. Understanding disaster risk;
- 2. Strengthening disaster risk governance to manage disaster risk;
- 3. Investing in disaster risk reduction for resilience;
- 4. Enhancing disaster preparedness for effective response, and to "Build Back Better" in recovery, rehabilitation and reconstruction.



*i)* 

ii)

at National and Local Levels at Global and Regional levels



To strengthen technical and scientific capacity to capitalize on and consolidate existing knowledge and to develop and apply methodologies and models to assess disaster risks, vulnerabilities and exposure to **all hazards**;





## **Primary Categories of Macro-Threats**



1 Financial Shock



5 Natural Catastrophe



9 Disease Outbreak





2 Trade Dispute



6 Climatic Catastrophe





3 Geopolitical Conflict



7 Environmental Catastrophe



**11 Externality** 



4 Political Violence



8 Technological Catastrophe



12 Other Shock

http://cambridgeriskframework.com/downloads



 To guide action at the regional level through agreed regional and subregional strategies and mechanisms for cooperation for disaster risk reduction, as appropriate, in the light of the present Framework, in order to foster more efficient planning, create common information systems and exchange good practices and programmes for cooperation and capacity development, in particular to address common and transboundary disaster risks; (paragraph 28a)

## SENDAI FRAMEWORK

## MEASURING IMPLEMENTATION OF THE SENDAI FRAMEWORK

#### ANNOUNCEMENT

## The Sendai Framework Monitor system is now live!

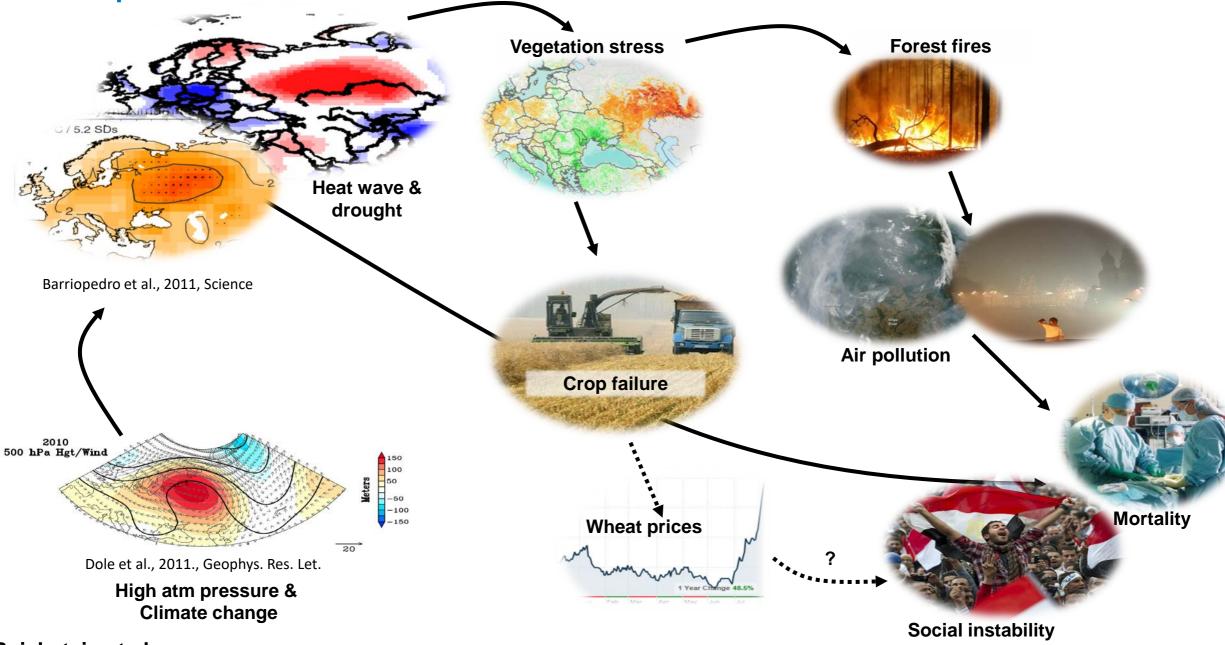
After the adoption of Sendai Framework in 2015, 38 indicators were defined to measure progress in achieving its 7 Global targets. This system is the official tool to report these indicators to both the Sendai Framework and SDG's reporting processes.



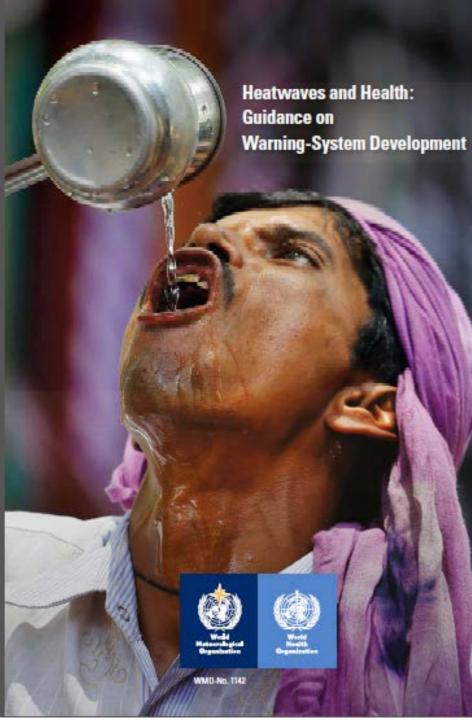
IISD/ENB | Kiara Worth | UN Deputy Secretary-General Amina J. Mohammed addressing the UN World Data Forum on 22 October 2018. Dubai, United / Emirates.

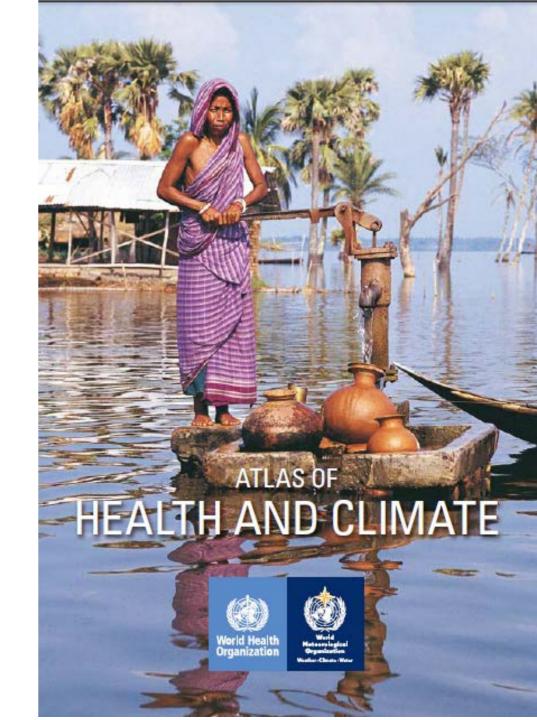


## Example: Russian heatwave 2010



Reichstein et al. pers. comm.





## A healthy community is a resilient community.

The best defense against health emergencies is universal health coverage, based on strong health system.









## WHO Thematic Platform for Health Emergency and Disaster Risk Management<sup>1</sup>



Health



Emergency

### Introduction

The Thematic Platform<sup>2</sup> was launched by WHO and UNISDR on the International Day for Disaster Reduction, 14 October 2009. The impetus came from both the 2008-2009 World Disaster Reduction Campaign on Hospitals Safe from Disasters and the 2009 Global Platform for Disaster Risk Reduction when participants supported a proposal to establish a thematic platform dedicated to protecting public health from the risks and consequences of emergencies and disasters and in support of the Hyogo Framework for Action 2005-2015.

Fast forward to 2015, the Thematic Platform has provided advice and recommendations on health issues to Member States for the development and agreement of the Sendai Framework for Disaster Risk Reduction 2015-2030 which puts health at the centre of local, national and global action on managing risks associated with emergencies in the overall goal, expected outcome, targets and priority actions. The Thematic Platform is guided by, and supports the implementation of, the Sendai Framework, the Sustainable Development Goals and the Paris Agreement on climate change, along with the International Health Regulations (2005), WHO https://www.who.int/hac/techguidance/preparedness/WHO-Thematic-Platform-Health-EDRM-Terms-Reference-2018.pdf



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#### Health Emergency and Disaster Risk Management Fact Sheets

#### Health Emergency and Disaster Risk Ma CLIMATE RISK MANAGEM

#### Key Points

Climate risks have significant effects on public health including: injury, death, communicable diseases such as vector-borne and water-borne diseases, and noncommunicable impacts such as malnutrition, heat stress and health effects of air pollution.

A combination of increasing vulnerability and risk of weather-related hazards are expected to result in more extreme events and disasters.

Measures to reduce the health impacts from climate risks, and associated climate change, include:

- enhancing capacity of health systems to reduce risks and respond to emergencies
- including climate-sensitive health risks in disaster risk reduction plans across all sectors
- protecting hospitals and other health infrastructure from climate risks and effects of climate change
  strengthening surveillance and control of
- infectious disease against climate risk. • improving the use of climate-informed early
- warning systems by the health sector
- building public health interventions at local level to increase community resilience

#### Examples

#### European heat waves (2003 and 2006): The hot summers of 2003 and 2006 in Europe produced sustained record high temperatures which resulted in markedly higher death rates than normal, particularly amongst the eldedy population. In total 35,000 more deaths occurred in Western Europe during the 2003 summer than expected, and in 2006 an additional 2000 deaths occurred than expected in France alone.<sup>1</sup>

Storms and flooding: Conservative estimates suggest that around 2.8 billion people were affected by floods between 1980 and 2009, causing more than 500,000 deaths. If no adaptation measures are taken, health losses associated with storms and floods are very likely to increase as extreme rainfall events, floods and tropical cyclones increase.<sup>2</sup>

#### Why is this import

Globally, the number of rep hazards is increasing<sup>1,2</sup>:

Reports of extreme we asters have more that are expected to contine and severe in many performance of the frequent increasing; the frequent to increase with ection of the declining.<sup>2</sup>

The last few decades populations living in flood coastal areas, particula countries.<sup>9</sup>

Climate change has drive and has contributed to precipitation events, and a cyclones. Together, these of weather-related hazard

#### What are the healt

Climate change is happe affects the basic requirem water, sufficient food and with a future without clin additional deaths are pr 2030s: 38,000 due to heat 48.000 due to diarrhoea. 95,000 due to childhood u Climate change brings ne the control of infectious d sensitive to temperature a and the diarrhoeal diseas diseases including schistosomiasis.<sup>3</sup> Erwiron factors for population disp Climate change threatens the global public health c against many diseases, a for the disaster risk n respond to natural. emergencies.2

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#### Further information, contact: WHO - Jonathan Abrahams (abrahams)@who.int), PHE - Virginia Murray (virginia.murray@phe.gov.uk)

#### Risk management considerations

Governments and communities can protect public health from climate-related risks, including climate change, by: Strengthening health system resilience to manage climate risks<sup>1,5</sup>

- Strengthening partnerships between emergency management actors, NGOs, private sector, and national health systems to address health risks in climate risk management plans and disaster risk reduction plans.
- Enhancing capacity of health systems for managing short- and long-term climate-related risks, including health risk assessment, early warning and enhanced emergency preparedness for rapid response and recovery from extreme weather events.
- Protecting critical health infrastructure from extreme weather events, ensuring functioning of core public health services during emergencies and making facilities climate-smart with access to sustainable energy (e.g. solar energy, low carbon, low waste)
- Building evidence of impacts and monitoring changes in risk trends over time.

#### Strengthening surveillance and control of infectious disease against climate risks\*

- Effective disease surveillance and control become even more important under conditions of rapid environmental change and movement of people, disease vectors and infections.
- Rapid and accurate disease notification at local, national and international levels, in compliance with the International Health Regulations (2005), is the essential basis for planning disease control.
- Approaches such as Integrated Vector Management, which make the best use of proven interventions, such as bed nets, insecticide spraying and environmental management, to control malaria, dengue and other vector-borne tropical diseases, protect against climate risks.



Risk of sea-level rise, Caribbean Sea (B. Carby)

#### Developing forecasting for extreme weather and public health tailored early warning systems<sup>5</sup>

Developing heat-health action plans which use meteorological information to enhance early warning and effective response over a range of time scales<sup>6</sup>:

- from hours or days (for flood or heat wave warnings),
- to weeks (for seasonal epidemics of vector-borne disease),
- to months (seasonal forecasts of precipitation anomalies allowing planning for flooding or drought),
- to years (for drought and associated food insecurity).

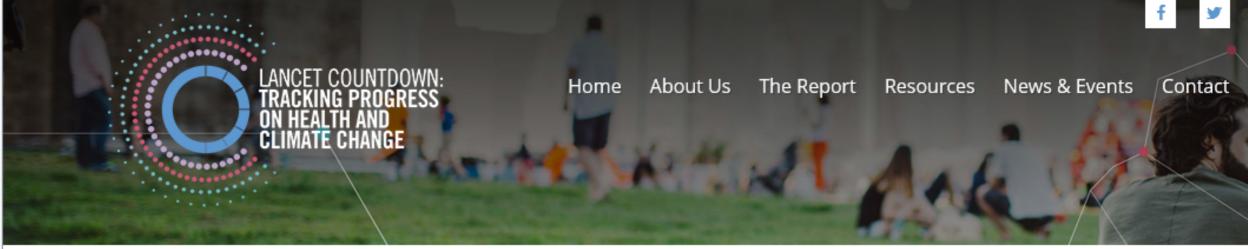
#### Implementing local public health interventions to build community resilience<sup>57</sup>

- Action on environmental and social determinants of health (e.g. air, water and food quality, housing safety) is critical to protecting populations from broader ranges of expected climate conditions.
- Improving social welfare in emergency situations, particularly educating and empowering women in developing countries, is a fundamental requirement for improving health. It is also essential to strengthening community resilience to disasters and to climate change.
- Screening for and managing cases of malnutrition is needed along with strengthening food security.
- Strategies need to be flexible enough to take into account the diverse composition of modern communities, and include migrants and people from different ethnic and cultural groups, and with different health-seeking behaviours.

#### References

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World Health



## **ABOUT US**

# THE LANCET COUNTDOWN ON HEALTH AND CLIMATE CHANGE

The Lancet Countdown: Tracking Progress on Health and Climate Change is an international research collaboration, dedicated to tracking the world's response to climate change, and the health benefits that emerge from this transition. Reporting annually in The Lancet, it will follow a series of indicators, demonstrating that this transition is possible, that it has already begun, but that more work is needed.

#### 



## The 2018 Report of **The Lancet Countdown on health and climate** change:







6











The 2018 Report of **The Lancet Countdown on health and climate** change:

157 million more vulnerable people were subjected to a heatwave last year than in 2000, and 18 million more than in 2016.

















The 2018 Report of **The Lancet Countdown on health and climate** change:

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153 billion hours of work were lost in 2017 due to extreme heat as a result of climate change. China alone lost 21 billion hours, the equivalent of a year's work for 1.4% of their working population.







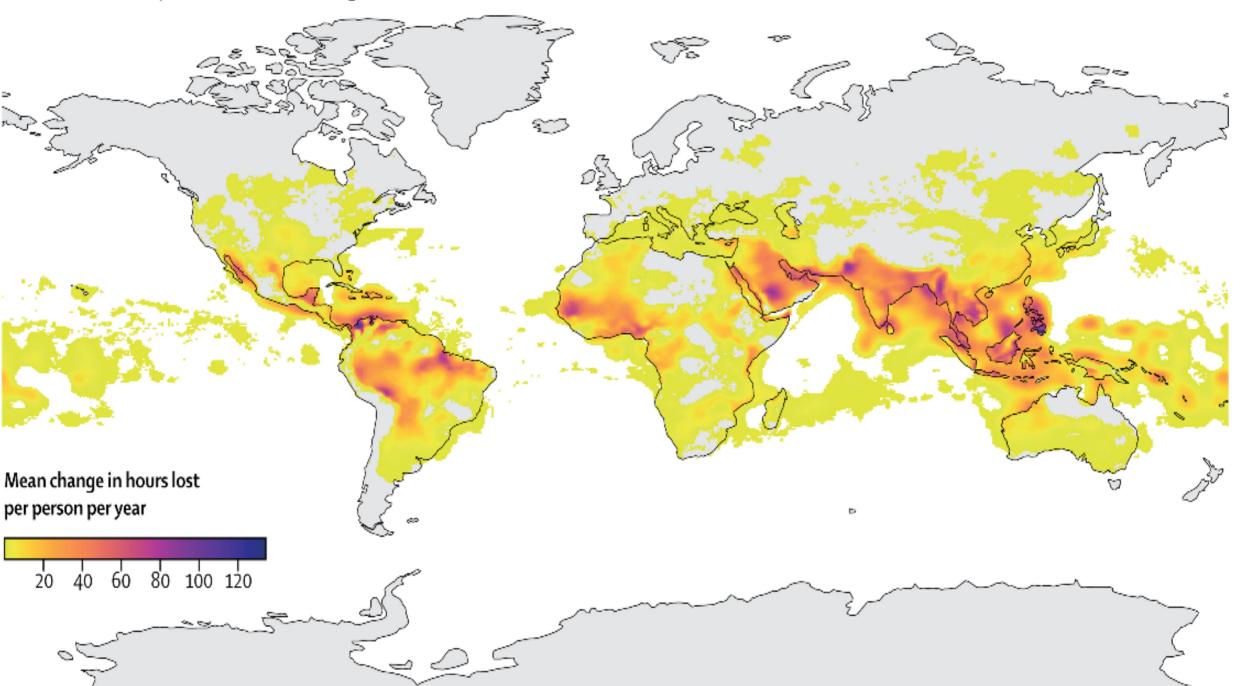








Labour loss at activity level 400 W, mean change 2000–17 relative to baseline





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153 billion hours of work were lost in 2017 due to extreme heat as a result of climate change. China alone lost 21 billion hours, the equivalent of a year's work for 1.4% of their working population.

Heat greatly exacerbates urban air pollution, with 97% of cities in lowand middle- income countries not meeting WHO air quality guidelines.





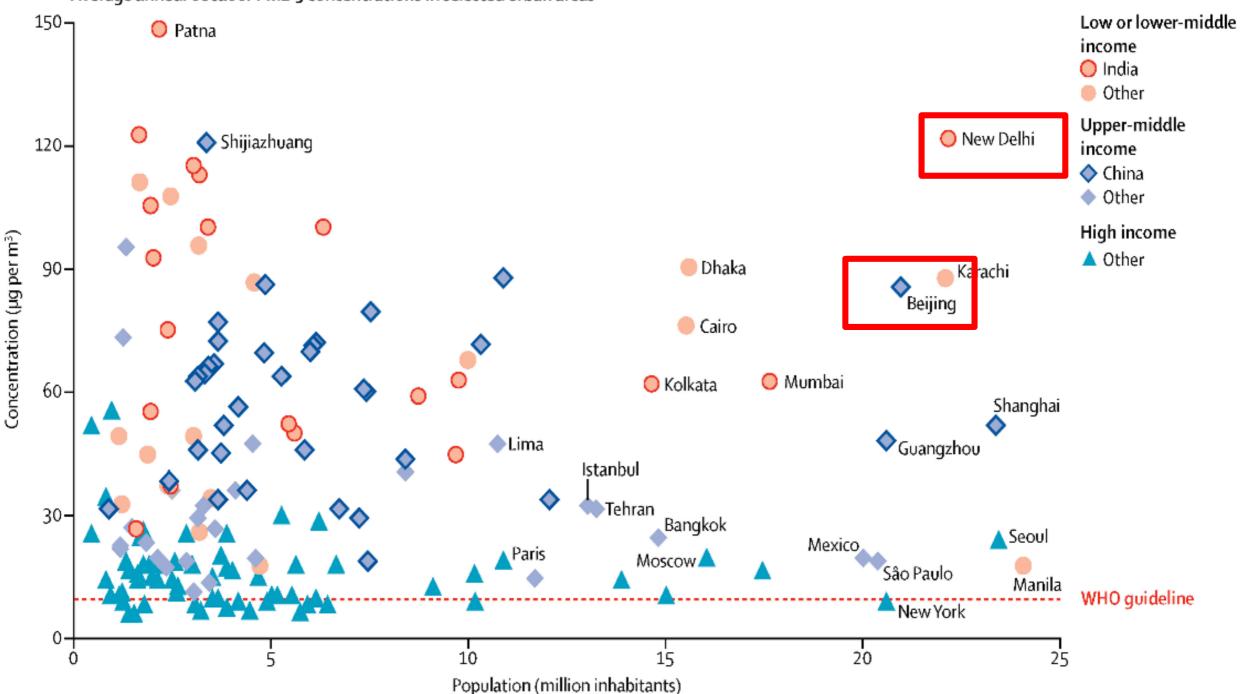












Average annual outdoor PM2.5 concentrations in selected urban areas



# THE ADAPTATION HEALTH REPORT





#### **CHAPTER 6**

#### HEAT AND EXTREME EVENTS

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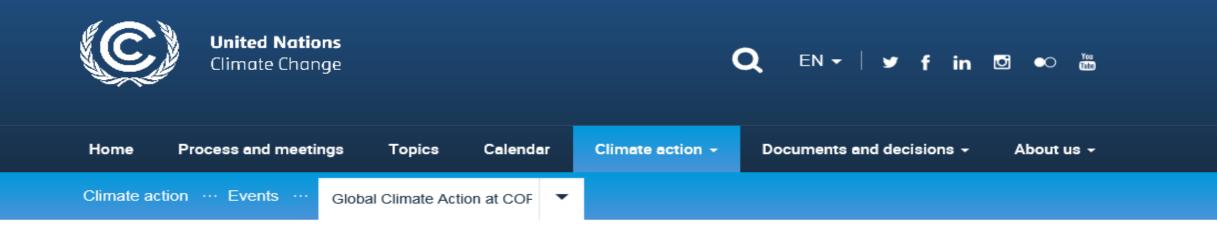
Photo: @ Wuttchichai (Shutterstock)



### Table 6.1: Regional distribution of heat–health action plans

WHO Region	No. of countries identified as having heat–health action plans	Total heat–health action plans by Region	Countries with heat–health action plans	No. of countries in region
Eastern Mediterranean	1	2%	5%	22
Europe	35	74%	66%	53
Americas	2	4%	6%	35
South East Asia	5	11%	45%	11
Africa	0	0%	0%	47
Western Pacific	4	9%	11%	37
Total	47		23%	204

Source: Data in this table were obtained from the Global Heat Health Information Network Database. Information displayed was obtained through a systematic review of online heat-health action plans undertaken by the WHO and World Meteorological Organization Climate and Health Office in August 2017 (GHHIN, 2018).



## Global Climate Action Events at COP24: Full Programme

# **Global Climate Action**

United Nations Climate Change





https://www.theguardian.com/environmen t/2018/dec/16/what-was-agreed-atcop24-in-poland-and-why-did-it-take-solong What was agreed at COP24? Countries <u>settled on</u> most of the tricky elements of the "rulebook" for putting the <u>2015 Paris agreement</u> into practice.

When will that be agreed? The key deadline is 2020, when countries must show they have met targets set a decade ago for cutting their emissions, and when they must affirm new, much tougher targets.

What does the science say? IPCC, the global body of the world's leading climate scientists, <u>warned two</u> <u>months ago</u> that allowing warming to reach 1.5C above pre-industrial levels would have grave consequences, including the die-off of coral reefs and devastation of many species.

How long have we got? If we extrapolate from the IPCC's findings, the world has little more than a decade to bring emissions under control and halve them, which would help to stabilise the climate.

# **#CLIMATE STRIKE**

KIARA WORTH/IISD/EN

# Making a difference in context of disaster risk reduction

 The Sendai Framework provides an agreed method to enhance capabilities to plan and prepare for, respond to, and recover from heatwaves emergencies and disasters and other public health emergencies in partnership





 Offers an opportunity to engage at a global level with stakeholders on guidance and policy issues that could impact national and local preparedness



## Acknowledgements

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  - And many others



