Disaster Risk Reduction and Health

Disaster risk is the potential loss expressed in lives, health status, livelihoods, assets and services, which could occur in a particular community or a society due to the impact of a natural hazard.

Disaster risk reduction (DRR) is a systematic approach to identifying, assessing and reducing that risk. Specifically, the purpose of disaster risk reduction is to minimise vulnerabilities and disaster risks throughout a society in order to avoid (prevent) or to limit (mitigate and prepare for) the adverse impacts of natural hazards, and facilitate sustainable development.

Introduction to DRR and Health

- All disasters are a health issue, impacting on the health of the population and bringing about substantial losses and disruption to health systems.
- Disasters exacerbate the most common causes of childhood mortality, including diarrhoea, pneumonia, malaria, malnutrition and neonatal causes. As 30–50 per cent of fatalities arising from disasters are children, reducing disaster risk is a key issue for UNICEF.
- Effective, flexible and adaptable health systems provide essential protection from disaster-related risks and support communities to respond to and recover from disasters.
- The presence of UNICEF close to hazard-prone communities, through strong partnerships in the field, allows it to be a key part of a comprehensive strategy at all levels, using all the existing health force.

Child-centred DRR requires focusing on the specific risks faced by children, as well as involving children in efforts and initiatives to reduce disaster risk. Disasters negatively impact children’s and women’s rights, disproportionately affect poor countries and poor communities, erode development gains and set back progress in achieving the Millennium Development Goals (MDGs). With its local and national presence before, during and after disasters, and working across all key programme sectors, UNICEF is ideally placed to address disaster risk and to undertake risk reduction measures.

Type of activity | Examples of key DRR and Health actions
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Prevention/Mitigation | • Include risks to health and health systems and the addition of epidemics and pandemics as additional hazards in national and local risk assessments.
• Based on risk assessments, target health programmes towards most vulnerable communities in order to improve baseline health status including accelerating and expanding community-based programmes to high risk areas.
• Prevent biological hazards such as epidemics and pandemics.
• Make health facilities safe from disasters through retrofitting, locate health facilities and services away from hazard-prone areas and make existing health services flexible and adaptable to local risks.
Preparedness | • Link UNICEF’s health programmes to existing (national, sub-national and community) early warning systems.
• Prepare UNICEF specific health programmes for possible hazards, including preparedness and response plans, pre-positioning of supplies, training of staff and identification of surge capacity.
• Provide risk awareness and health education to communities on local hazards and emergency preparedness and response measures for communities and families.
Response/Early Recovery | • Provide adequate resources and supplies to continue with priority health services to target the top causes of illness and death in the most vulnerable locations while re-establishing health systems.
• Carry out analysis of the reasons why health facilities and services have been damaged or interrupted and find suitable ways to modify existing/future systems against this damage.
• Rebuild or re-start health systems and services so that they are resilient to all hazards.

UNICEF’s DRR goals:
1. DRR for children and women is a national and local priority
2. Different risks faced by girls, boys, adolescents and women are identified and addressed
3. Safer and more resilient conditions for girls, boys and women
4. Strengthened humanitarian preparedness, response and recovery through capacity development

For further information, please refer to the DRR and Health Technical Note or contact Heather Papowitz (hpapowitz@unicef.org) and Antony Spalton (aspalton@unicef.org)