**WHO Technical Guidance Notes on Sendai Framework reporting for Ministries of Health**

**Target B: Substantially reduce the number of affected people globally by 2030, aiming to lower the average global figure per 100,000 between 2020-2030 compared to 2005-2015**

**Introduction**

Disasters are known to exact a heavy toll globally, however the degree to which we can accurately quantify their impact remains challenging. The Sendai Framework for Disaster Risk Reduction 2005-2015 and 2020-2030) represents the first international effort to systematically measure the effectiveness of disaster-impact reduction through agreed indicators and targets. Target B of the Framework aims to “substantially reduce the number of affected people globally by 2030”. This indicator is included in the SDGs and the WHO Global Reference List of 100 Core Health Indicators.

The purpose of this guidance note is to support Ministries of Health in the process of data collection and analysis of indicators to monitor progress and achievement against global Target B of the Sendai Framework for Disaster Risk Reduction.

1. **Indicator**

The following table lists the indicators recommended by the OIEWG for the measurement of global Target B of the Sendai Framework, and which were endorsed by the UN General Assembly in its Resolution A/RES/71/276

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Indicators for measurement at the global level | Health Data Required from Ministries of Health | Link to SDG Indicators |
| **B-1** | Number of directly affected people attributed to disasters, per 100,000 population. | Yes | 1.5, 13.1 |
| **B-2** | Number of injured or ill people attributed to disasters, per 100,000 population. | Yes | 3.3 |
| **B-3** | Number of people whose damaged dwellings were attributed to disasters. | No |  |
| **B-4** | Number of people whose destroyed dwellings were attributed to disasters. | No |  |
| **B-5** | Number of people whose livelihoods were disrupted or destroyed, attributed to disasters | No |  |

1. **Policy context**

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| Why is this important? | People can be affected directly or indirectly by hazardous events. Affected people may experience short-term or long-term consequences to their lives, livelihoods or health and in the economic, physical, social, cultural and environmental assets[[1]](#endnote-1).Progress has been achieved in reducing disaster risk at local, national, regional and global levels by countries and other relevant stakeholders, leading to a decrease in number of people affected by some hazardous events. Despite this, hazardous events still have a considerable impact on many people’s lives and affect in the various ways.  |
| Issues/ challenges | Given the large number of variables eligible for consideration in ‘Affected’, it is important to emphasize that no single indicator will provide an absolutely precise, accurate and exhaustive measure of affected population.Ministries of Health have a key role to play in ensuring the accurate reporting of data regarding people affected by a hazardous event.As stated in the Report of the OIEWG (A/71/644), countries may choose to use a national methodology or other methods of measurement and calculation to measure the number of affected, including those injured or ill attributed to disasters, given the variation in data collection processes around the world. Countries should keep the metadata consistent if the methodology is changed.However, countries should consider how the following challenges are addressed: **- Location:** Each injured or ill person should be counted in the country where the injury or illness case occurred, regardless of the nationality of the affected person.**- Disaggregation by Disability:** Refers to “pre-event disability”.**- Attribution to a disaster:** As per overview. – including direct and indirect attribution.**- The type of hazard associated to a disaster:** Is likely to affect the method of attribution of injury and illness to the event. It is recommended to focus on direct causes of injury and illness cases which are more feasible to attribute, collect and report.**- Temporal aspects for attribution and cut-off:** As per overview**- Biological Hazards:** An “event” is determined when the numberof cases exceeds the agreed threshold of cases for the hazard (often context specific). Illnesses must meet case definition for the disease, and the end date is when the outbreak is declared over. Countries will have to define which biological hazards should be included monitored and reported over time, focusing on those biological hazards which have the potential to cause emergencies and disasters.**- Types of Hazard:** Hazards within the scope of the Sendai Framework should be covered in this target for Sendai Framework reporting. Customizable indicators should consider all types of hazards. For full details of hazards, see overview.**- Scale of hazardous events.** All deaths associated with different scales of hazardous events, including emergencies and disasters,should be coveredThe most important recommendation to countries is that these criteria should be fixed or if changed should provide consistent results for the entire time span of data collection (2005-2015 &2020-2030).[[2]](#endnote-2) |

1. **Methods**

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| What it measures | Sendai Framework: What is the pattern over time in the number of people affected nationally which are attributable to hazardous events (i.e. natural, technological, biological, environmental hazards)Customizable: What is the pattern over time in number of people ill and injured directly and indirectly attributable to hazardous events to all types of hazardous events |
| Key terms | **Injured or ill:** People suffering from a new or exacerbated physical or psychological harm, trauma or an illness as a result of a disaster. |
| Health input  | * Direct health impact suffered
* Impacted on the wider determinants of health/quality of life
 |
| Who to engage with  | * Ministry of health
* Health statistics office/Health information management systems
* National disease surveillance system
* National disaster management offices
* National focal point for Sendai Framework reporting
* National Statistics Offices
* National focal point (?) for SDG reporting
* WHO Country Offices/Regional Offices – WHO Health Emergencies Programme/Global Health Observatory
* Other sectors contributing (e.g. agriculture, business)
 |
| Indicator formula  | **[(a + b + c + d)/e]\*100,000**a = number of injured or ill people attributed to disasters* people suffering from a new or exacerbated physical or psychological harm, trauma or an illness as a result of a disaster

Other components with **no direct role for health**:b = number of people whose damaged dwellings were attributed to disasters c = number of people whose destroyed dwellings were attributed to disastersd = number of people whose livelihoods were disrupted or destroyed attributed to disasters e = represented population |
| Indicator Components | **Data Sources =** *Preferred*: Hospital Statistics *Other*: Surveys**Data Owners** = MoH, National Disaster Management Organisations, International Emergency Response Organisations.**Data Analysis** = Dependent on source. *Hospital Statistics*: Include relevant coded episodes within specified timeframe. Calculate excess mortality*Surveys:*   |
| Represented population | National census (National Statistics Office) or equivalent |
| Interpretation considerations | 1. **Attribution:** As per overview. Consider “Indirectly” and “Directly” affected as follows:
	1. **Directly affected**: People who have suffered injury, illness or other health effects; who were evacuated, displaced, relocated; or have suffered direct damage to their livelihoods, economic, physical, social, cultural and environmental assets.
	2. **Indirectly affected[[3]](#footnote-1)**: People who have suffered consequences, other than or in addition to direct effects, over time due to disruption or changes in economy, critical infrastructures, basic services, commerce, work or social, health and physiological consequences Consider what to attribute to event
2. **Statistical analysis:** Analysis may be required to calculate excess injury etc. Excess morbidity is thus morbidity ill that is attributable to crisis conditions. It can be expressed as a rate (the difference between observed and non-crisis morbidity rates), or as a total number of excess illness. In the case of the indicator the total number of excess ill should be used.
3. **Double Counting:** As per formula, double counting is unavoidable.
4. **Requirement of death statistics:** Although not included in formula, may be required (e.g. in epidemics)
5. **Coverage:** Coverage of survey data is unlikely to be complete
6. **Bias:** Surveys are liable to introduce sampling bias
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| Customizable indicators | The health sector has a key role in reducing morbidity of, both directly and indirectly, attributable to all types of hazardous events. Hence, countries should consider a monitoring and reporting on the number of people ill and injured, both directly and indirectly attributable, to all types of hazardous events, per 100,000 population. *NB. Further guidance needed here.* |

1. **Reporting**

This guidance notes has outlined the key role that Ministries of Health have in providing data to support reporting against Sendai Framework Target B.

Each country’s Sendai Framework Monitoring National Focal Point has responsibility for submitting national reports for the Sendai Framework. UNISDR developed a web based tool to support Member States in reporting against the indicators.  The Sendai Framework Monitor - <https://sendaimonitor.unisdr.org/> - not only functions as a reporting tool but also functions as a management tool to help countries develop disaster risk reduction strategies, make risk-informed policy decisions and allocate resources to manage risks.

As of March 1, 2018, Member States have been reporting report against the indicators for measuring the global targets of the Sendai Framework, and disaster risk reduction-related indicators of the SDGs, using the online Sendai Framework Monitor.  It is important that the relevant officials in the Ministries of Health are either linked to the National Focal point or is granted access to the Sendai framework Monitor to input health data as outlined in the Guidance Note above.

1. OIEWG [↑](#endnote-ref-1)
2. https://www.unisdr.org/files/54970\_techguidancefdigitalhr.pdf [↑](#endnote-ref-2)
3. Recognising the difficulties of assessing the full range of all affected (direct and indirect), the OIEWG recommended the use of an indicator that would estimate “directly affected” as more feasible than collecting data on indirectly affected. [↑](#footnote-ref-1)