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

**Target E: Substantially increase the number of countries with national and local disaster risk reduction strategies by 2020**

Target E outlined the adoption and implementation of disaster risk reduction strategies at national and local level, with focus to prevent new risk, reducing existing risk and strengthening resilience. This target is in line with the targets 1.5, 11.b and 13.1 in Sustainable Development Goals, and also supports Health Goal target 3d: *strengthening the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks*.

1. **Indicators**

The table below lists the indicators recommended by OIEWG for the measurement of global Target E of the Sendai Framework, which were endorsed by the UN General Assembly in its Resolution A/RES/71/276, Report of the open-ended intergovernmental expert working group on indicators and terminology relating to disaster risk.

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| No. | Indicators for measurement at the global level | Health Data required from MoH | Link to SDG indicators |
| E-1  | Number of countries that adopt and implement national disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015-2030. | Yes | 1.5.3 (repeat of 11.B.1 and 13.1.2), 3.D.1 |
| E-2 | Percentage of local governments that adopt and implement local disaster risk reduction strategies in line with national strategies. | Yes | 1.5.4 (repeat of 11.b.2 and 13.1.3), 3.D.1 |

Notes: Information should be provided on the appropriate levels of government below the national level with responsibility for disaster risk reduction.

1. **Policy context**

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| Why is this important? | ***Multisectoral policy context*** 1. National and local multisectoral disaster risk reduction strategies should include health sector strategies. Strategies should recognise that all sectors contribute to the reduction of mortality, injured and ill, and other health consequences. Strategies should include biological hazards along with natural and technological hazards, and environmental degradation.***Health sector policy context*** 2. Health sector strategies should be able to demonstrate that are contributing to the implementation of the Sendai Framework for Disaster Risk Reduction. Integrating disaster risk management into primary, secondary and tertiary health care will reduce risks and consequences of emergencies and disasters and enhance the resilience of health systems.Monitor and reporting of global Target E will also support the achievement of Sustainable Development Goals 1, 3 (health), 11 and 13.  |
| Baseline data and variation | * Based on the UNISDR 2017 Data Readiness Review, data for ‘number of countries that adopt and implement national disaster risk reduction strategies’ are currently available in 47 countries (representing 54% of reporting countries)[[1]](#footnote-1).While for target E2, 34 countries (39% of reporting countries) reported that there are local disaster risk reduction strategies led by local governments.
* As of 16 November 2018, 38 countries have completed national actions plans for health security.([**https://extranet.who.int/sph/country-planning**](https://extranet.who.int/sph/country-planning)

Based on the WHO global survey of country capacities for Health EDRM (2015 – unpublished):* 56 out of 69 countries (81%) had **national** multi-sectoral legislation or policies for EDRM, with 10 (14%) in progress.
* 41 out of 60 countries (68%) had **sub-national** multi-sectoral legislation or policies for EDRM, with 7 (12%) in progress
* Of the countries that had **national** multi-sectoral policies or legislation, in 40 countries (71%) **all** of the policies mandated responsibilities for the health sector, and in 15 (27%) only **some** policies referred to the health sector.
* Of the countries that had **sub-national** multi-sectoral policies or legislation, **all** of the policies in 33 countries (66%) mandated responsibilities for the health sector, and some policies in 14 countries (28%).
* 41 out of 69 countries (59%) had **national** multi-sectoral plans to develop EDRM capacities, with 23 (33%) in progress.
* 28 out of 60 countries (47%) had **sub-national** multi-sectoral plans to develop EDRM capacities, with 22 (37%) in progress
* 58 out of 91 countries (64%) had a **national health policy on Health EDRM**, with 21 (23%) in progress. 46 out of 81 countries (57%) had **sub-national health policy on Health EDRM**, with 14 (17%) in progress.
* 37 of 90 (41%) countries had national capacity development plans to strengthen EDRM-H, with 29 (32%) in progress. 29 of 79 (37%) countries had sub-national capacity development plans to strengthen EDRM-H, with 21 (27%) in progress.
* In 2008, only two-thirds of 60 surveyed countries reported a policy on health sector emergency preparedness and response programmes at the national and provincial levels, and policy on health sector emergency preparedness and response plans[[2]](#footnote-2).
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| Issues/ challenges* Role of health
* Policy
* Governance
* Adoption and implementation
* Temporal aspect – data collection
 | * This target has the milestone for achievement and reporting of 2020.
* Disaster risk governance – among the challenges among countries are in having the national disaster risk reduction strategies, identifying targets and aiming at preventing the creation of new risks
* Countries should determine the administrative levels for both development and reporting of national and local multisectoral and health strategies: e.g., national/central, sub-national (provincial, state), district, local. Ministries of Health will need to review alignment with health boundaries.
* Inclusion of health sector strategies in the national and local multisectoral strategies: strategies for implementing Health EDRM, the International Health Regulations (2005) and building resilient health systems are part of the national and local disaster risk reduction strategies.
* Strategies should be multi-hazard including biological hazards.
* Strategies should address the 10 key elements of the indicator in order to be considered to be aligned with the Sendai Framework. However, the health sector strategies may not follow the same structure.
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1. **Methodology**

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| What is measured | Sendai target: How many countries have national and local multisectoral strategies risk reduction strategies which include health sector strategies, roles and actions.Customisable: How many countries have national and local health EDRM strategies that contribute to the implementation of the Sendai Framework for Disaster Risk Reduction and other related frameworks |
| Key terms | * ***Disaster risk reduction strategies*** – define goals and objectives across different timescales and with concrete targets, indicators and time frames aimed at preventing the creation of disaster risk, the reduction of existing risk and the strengthening of economic, social, health and environmental resilience
* ***National*** – Ministry of health at the national level
* ***Local*** – form of sub-national public administration with responsibility for disaster risk reduction (health sector should align with local multisectoral strategies for the purpose of reporting )
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| Health input  | * Ensure health is reflected as key outcome of local and national strategies. Inclusion of biological hazards
* Criteria for good action plan for disaster risk reduction includes the health sector strategies, roles and activities
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| Who to engage with  | * Ministry of health
* Local government within health sectors
* National disaster management offices
* National focal point for Sendai Framework reporting
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| Indicator formula  | ***E1 (National disaster risk reduction plan)*** [(a%/100) + (b%/100) + (c%/100) + (d%/100) + (e%/100) + (f%/100) + (g%/100) + (h%/100) + (i%/100) + (j%/100)]\*0.1

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| a | = | Have different timescales, with targets, indicators and time frames |
| b | = | Have aims at preventing the creation of risk |
| c | = | Have aims at reducing existing risk |
| d | = | Have aims at strengthening economic, social, health and environmental resilience |
| e | = | Address the recommendations of Priority 1, Understanding disaster risk: Based on risk knowledge and assessments to identify risks at the local and national levels of the technical, financial and administrative disaster risk management capacity |
| f | = | Address the recommendations of Priority 2, Strengthening disaster risk governance to manage disaster risk: Mainstream and integrate DRR within and across all sectors with defining roles and responsibilities |
| g | = | Address the recommendations of Priority 3, Investing in disaster risk reduction for resilience: Guide to allocation of the necessary resources at all levels of administration for the development and the implementation of disaster risk reduction strategies in all relevant sectors |
| h | = | Address the recommendations of Priority 4, Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation and reconstruction: Strengthen disaster preparedness for response and integrate disaster risk reduction response preparedness and development measures to make nations and communities resilient to disasters |
| i | = | Promote policy coherence relevant to disaster risk reduction such as sustainable development, poverty eradication, and climate change, notably with the SDGs the Paris Agreement |
| j | = | Have mechanisms to follow-up, periodically assess and publicly report on progress. |

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| ***E2 (Local disaster risk reduction plan)***

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| l/mL | = | number of local governments adopting |
| m | = | total number of local governments |

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| Indicator Components | * The computation methodologies for E-1 (National Strategies) and E-2 (Local Strategies) to monitor gradual progress at global and national as well as local levels, and quality improvement in national disaster risk reduction strategies over time.
* Quantitative indicators for national and local disaster risk reduction strategies including the key elements of a strategy, and to be weighted equally by assigning 10% (or 0.1) to each element.
* For E1, it is recommended that progress in each indicator is benchmarked according to the following weighting[[3]](#footnote-3)
1. Comprehensive implementation (full score) : 1.0,
2. Substantial implementation, additional progress required : 0.75,
3. Moderate implementation, neither comprehensive nor substantial : 0.50,
4. Limited implementation : 0.25,
5. If there is no implementation or no existence, it will be 0.
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| Represented population | Ensure a multi-sectoral people-centred approach by focussing on the prevalence of local disaster risk reduction strategies in every local government |
| Interpretation considerations | * Definition - information should be provided on the appropriate levels of government below the national level with responsibility for disaster risk reduction
* Systematic integration of health into national and sub-national disaster risk reduction policies and plans[[4]](#footnote-4)
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| Customisable indicators | * the number of national and local health EDRM strategies that demonstrate the implementation of the Sendai Framework for Disaster Risk Reduction (using 10 elements above)
* the number of national strategies to build capacity for the implementation of the International Health Regulations (2005)
* the number of national health sector policies, plans and strategies that integrate national Health EDRM strategies or equivalents.
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**4. Reporting**

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

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 prevent new disaster risks.

As of March 1, 2018, Member States have been reporting 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. https://www.unisdr.org/files/53080\_entrybgpaperglobalsummaryreportdisa.pdf [↑](#footnote-ref-1)
2. http://www.who.int/hac/about/Global\_survey\_inside.pdf [↑](#footnote-ref-2)
3. https://www.unisdr.org/we/inform/publications/54970 [↑](#footnote-ref-3)
4. https://www.unisdr.org/files/globalplatform/59224b6aebe8fBangkok\_Principles\_for\_the\_implementation\_of\_the\_health\_aspects\_of\_the\_Sendai\_Framework\_for\_Disaster\_Risk\_Reduction\_2015.pdf [↑](#footnote-ref-4)