COVID-19 Pandemic: Beyond a health emergency!

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RIKA is social a entrepreneurship startup (DIPP-29629) with an aim of bringing research into the core of disaster management activities in India and other parts of South Asia. Resonating Sendai the declaration in relation to the need for widening the scope of Science and Technology in the disaster management, we at RIKA envision to act as a bridge connecting academic research, policy makers and field practitioners to make informed decisions and use of new technologies

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The ongoing pandemic of COVID-19 has caused unprecedented life loss globally. It has brought global attention on the key aspects concerning pandemic risks and vulnerabilities & resilience of existing health infrastructure & services. Apart from overwhelming the health institutions and health workers, it has adversely disrupted the normal functioning of the society in all aspects including social, cultural, economic and psychological. Its unparalleled speed of spread and long period of prevalence have caused long term impacts on almost all sections of society and all sectors of economy. The fact that almost all the nations were caught unaware and unprepared for such a challenge has highlighted a hug gap in the approach of understanding, assessing and managing disaster risks in silos. Further, there is now an ever-increased agreement for the need of understanding and managing the risks of COVID-19 and similar future emergencies from a lens of 'beyond the health perspective'.

While significant policy and planning efforts have already been made in this regard globally, there is a perceived gap in localizing these efforts to national and sub-national levels. The Sendai Framework for Disaster Risk Reduction (SFDRR) 2015-30 has put strong emphasis on biological hazards and need for resilient health systems. Similarly, the multi-sectoral, whole-of-government and whole-of-society approaches are underscored in the Bangkok Principles for Implementation of Health Aspects of SFDRR and the Health Emergency and Disaster Risk Management (HEDRM) Framework of World Health Organization (WHO).

Amidst others, the Bangkok Principles put forth the following key considerations towards integration of the health and disaster risk management sector:

- 1. Promotion of systemic two-way integration of policy, plans and strategies of health and disaster risk management sector
- 2. Enhancing the cooperation between the stakeholders of the two sectors
- 3. Stimulating people-centred investment for building resilient health systems and boosting innovation in research & development
- 4. Promoting collaborative multi-disciplinary training and capacity building of health workers for disaster risk management
- 5. Inclusion of biological, chemical and radiation hazards in disaster risk assessment and multi-hazard early warning systems

References:

United Nations Office for Disaster Risk Reduction. (2016). *Bangkok Principles for the Implementation of the Health Aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030.* https://www.preventionweb.net/file s/47606_bangkokprinciplesforthei mplementati.pdf

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- 6. Promoting cross-sectoral and trans-boundary collaborations for knowledge management, use of S&T, innovative risk communication for all hazards including biological hazards
- 7. Building coherence and aligning the policies and strategies on disaster risk reduction, sustainable development, and climate change adaptations at regional, global and national level.

Concerted and sustainable efforts and collaborative steps are required in achieving this envisaged integration and decentralizing the same down to local urban & rural areas. However, before embarking on this journey of building a culture of multi-sectoral, whole-of-government and whole-of-society approach for risk management, it is worthy to consider some of the pertinent questions COVID-19 has raised at national and sub-national level. These include:

- 1. How well are disaster risk management national and subnational policy, planning and strategies inclusive of health emergencies and vice-versa?
- 2. How well are the planning and development informed of risks?
- 3. How robust the existing disease surveillance systems and risk assessment frameworks are to gauge new and emerging risks like that of COVID-19?
- 4. How updated and inclusive the existing socio-economic databases are so as to aid designing of evidence-based and targeted social protection covers for vulnerable groups?
- 5. How agile the public and private sector organizations are to adapt to alternative modes of functioning like electronic platforms for ensuring continuity of service delivery?
- 6. How resilient the essential services, businesses (including MSMEs) and associated supply chains currently are?
- 7. How aware the masses in general are of aspects of disaster risk management and can they act as champions of risk communication against the spread of misinformation?
- 8. How prepared is the society to brave the scenarios of cascading and simultaneous disaster risk as witnessed through cyclone Nisarg, Amphan, chemical accidents, etc. during the prevailing COVID-19?

The way forward lies in seeking and understanding the answers to some of these questions which will guide us, as a society and risk management professionals in identifying the deep-rooted socio-economic, cultural and environmental causes and their interplay with the existing systemic risks. This, I believe, will be understanding disaster risks (Priority for Action 1 under the SFDRR) in its true sense.