CLIMATE, DISASTER, HEALTH RESEARCH AGENDA: PROPOSED TOPICS

Developing a National Research Program in CCA and DRR in Health 10 August 2016

> Health Emergency Management Bureau Department of Health

Outline

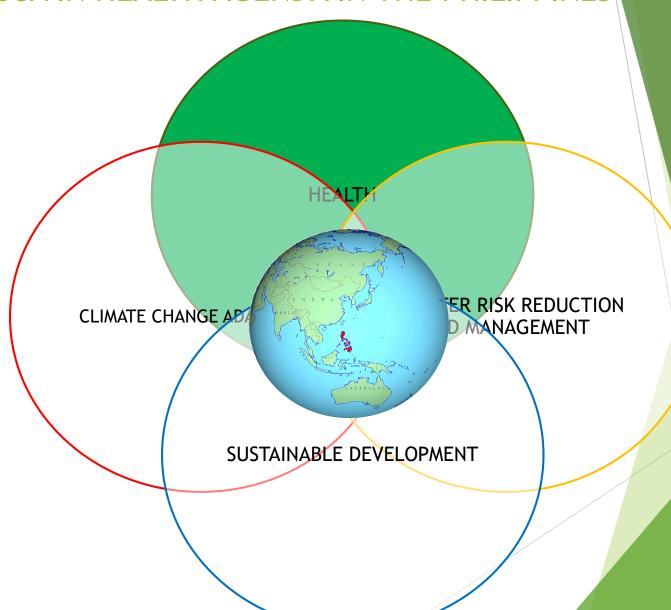
- Considerations
- Proposal
- Areas for Collaboration

Considerations

- NUHRA 2011-16
- Sendai Framework, SDGs, NDRRMP, NOH
- Experiences, practices, lessons learned, gaps identified

Research Area	Description	Specific technologies/topics
Environmental and climate change	Disease transmission is affected by environmental health which refers to the control of physical, biological, chemical and socio-cultural factors. Climate change is one of the components of environmental change. In reality, it is just one dimension of change brought by the environment.	 Studies to develop cost-effective technologies to prevent / control / monitor environmental pollution Development of integrated interventional models to reduce prevalence of infectious diseases affected by changes in the environment (e.g., malaria, dengue, leptospirosis, cholera and typhoid, tuberculosis MDR and XDR) Correlation of climate sensitive diseases to increased temperature, rainfall, and humidity Reduction of prevalence of water and sanitation related diseases
Health social sciences (including community development)	Diseases are not merely products of pathological processes due to infection, stress, etc., but they are also products of the interaction of bio-psychosocial and cultural milieu. Political and policy decisions of the state impact on health of the people. An understanding of the non-biological character of health would deepen the understanding of health and disease, and dynamics of disease.	 Health social science approach in health research and community development to address emerging concerns/issues on sexual and reproductive health, childhood illnesses, chronic illnesses, and mental health.

DRR- CCA IN HEALTH AGENDA IN THE PHILIPPINES



Proposed Research Agenda

Research Area	Possible Topics	
Governance - Leadership	Barriers and facilitating factors for building resilience in communities, impact of policies and programs, linkage of CCA and DRR in health, strengthening regional and local health systems for preparedness and response	
Health human resources - People	Cost-effectiveness of trainings, impact evaluation of trainings, models for deployment of teams (local and international)	
Financing - Investments	Quantification of disaster risks and losses in disasters for planning purposes, health financing packages, cost-effectiveness of interventions	

Proposed Research Agenda

Research Area	Possible Topics	
Technology and logistics - Tools and devices	Use of ICT in capacity building and response, logistics/supply management systems, decision support tools	
Information management - Sharing, management, utilization	Surveillance system, early warning alert and response systems (EWARS) for heat-related events, pre-disaster information system	
Service delivery - Outcomes and impact	GIDA service delivery model in emergencies and disasters, models for safe hospitals, EMSS models, effectiveness of mental health interventions in disasters, cluster coordination mechanisms with other sectors, mass gathering preparedness, CBRNE program development	

Areas for Collaboration

We have this...BUT! So we should...

Government Resources	Challenges	Actions for Collaboration
Data	Accuracy, completeness, access	COUNT
Experiences	Documentation	WRITE
Expertise	Research capacities	TEACH
Funds	Access, allocation	INVEST
Network	Information sharing	SHARE
Policy, program, plans	Translation	LEAD

Conclusion

- The link between climate change, disasters and health is already well established.
 - But science and epidemiology should still point us to specific mechanisms.
- ► The cost of not acting urgently and resolutely is too high for the health sector.
 - But good practices must come to fore and be adopted by most to have real-world significance.
- We need a new public health movement wherein people representing different communities, disciplines and sectors are working together towards solutions for CCA and DRR in health.
 - But we must also build our evidence and knowledge base to develop appropriate policies, strategies and plans.

Thank you