The inclusion of disability evaluation into emergency projects: the experience of disability survey in the survivors of the mega typhoon Haiyan in the Philippines

Leonardi M [1], Zagaria N[2], Kostanjsek NF[3], Schiavolin S[1], Chatterji S[3], Raggi A[1]

1) Neurology, Public Health, Disability Unit, Neurological Institute Carlo Besta IRCCS Foundation, Milan, Italy. 2) WHO Emergency and Humanitarian Action, Division of Health Security and Emergencies, World Health Organization, Regional Office for the Western Pacific, Manila, Philippines. 3) WHO, Department of Health Statistics and Information Systems (HSI), World Health Organization, Geneva, Switzerland

Matilde Leonardi, MD
Neurology, Public Health, Disability Unit.
Neurological Institute Carlo Besta IRCCS Foundation
Via Celoria 11, 20133 – Milan (Italy)
Phone: +390223942521
Fax: +390223942442
e-mail: leonardi@istituto-besta.it

Key-Words
Disability Evaluation; Natural Disaster; WHO Disability Assessment Schedule

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) Article 11 (on situations of risk and humanitarian emergencies) calls upon States Parties to take "all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters"[1]. Much attention was given to the economic and health consequences of typhoon Haiyan: two reports published in *The Lancet* addressed the critical situation of health systems, the need for infectious diseases surveillance, malnutrition and, more recently, homelessness, economic problems, mental health issues and drugs supply [2,3]. Activities of relief and reconstruction that follow a disaster are also intended to rebuild physical and social structures and care for populations as mentioned in the Hyogo Framework for Action 2005-2015: Building the Resilience of Nations and Communities to Disasters" [4].

The Sendai Framework for Disaster Risk Reduction 2015-2030 was adopted by UN Member States on March 18, 2015: it builds on the solid achievements of the last decade of "Hyogo Framework" implementation, and focuses on the need to switch emphasis from disaster management to risk management [5]. Disaster risk reduction is not just about survival in the face of calamities such as a typhoon or a strong earthquake, it is about building resilience in the fullest sense of the term. This means developing resources and coping capacities of communities to manage the specific risks connected to the environment in which they live, so to keep them safe from harm and improve their quality of life.

The Sendai Framework is the first major agreement of the Post-2015 development agenda, with seven targets and four priorities for action and also specifies the Role of stakeholders which complements the role of States, that have the overall responsibility for reducing disaster risks. The Sendai declarations states that *"..When determining specific roles and responsibilities for stakeholders, and at the same time building on existing relevant international instruments, States should encourage actions on the part of all public and private stakeholders"*.

We believe that the identification of what action is needed, however, has to begin from people's difficulties and needs informed by high quality information on health and disability. Data on disability as an outcome of natural disasters are sparse, indeed disability in populations affected by natural disasters is an important indicator of needed interventions on the environment and on the health of populations. Typhoon Yolanda struck the Philippines on November 8, 2013 with strong winds of over 300 km/h. It was one of the strongest tropical cyclones ever recorded. The death toll has reached 6.300 and many provinces were affected. In response to this massive devastation, the WHO Regional Office for the Western Pacific, in consultation with the UN Humanitarian Inter-Cluster Coordination Group decided **to conduct a survey on post-typhoon disability and health profiles of people affected.**

We briefly report the results of a disability survey on 1982 adult survivors of typhoon Haiyan in the Philippines (80.6% females, mean age 42.9) that was conducted in May-June 2014, using the WHO Disability Assessment Schedule (WHODAS 2.0) [6] to measure disability levels and distributions. The comparison of our data with those of the WHO Multi-Country Survey Study shows that average WHODAS score in the MCSS was 7.2, while results of this study show an average of 17.1, which is indicative of a considerably higher disability level. Results also show that the domains with higher disability were mobility, participation in social activities, and cognition. This provides valuable information on health and social interventions needed in the reconstruction phase after typhoon Haiyan. Our survey confirms the need to start from good and realible health and disability data when planning after a natural or man made disaster.

We believe in fact that data collected in the Post Typhoon Haiyan survivors with WHODAS 2.0 represent a reply to what is expressed in point 34 of the Sendai declaration where it is written that: *"Academia, scientific and research entities and networks have to focus on the disaster risk factors and scenarios, including emerging disaster risks, in the medium and long term; increase research for regional, national and local application; support action by local communities and authorities; and support the interface between policy and science for decision-making."*

Measuring disability in emergencies and having reliable and consistent data on disability after a disaster can play a crucial role in achieving the result of *building back better* that after every disaster is what everybody has to reach.

As Sendai declarations states *"In order to reduce disaster risk, there is a need to address existing challenges and prepare for future ones by focusing on monitoring, assessing and understanding disaster risk and sharing such information and on how it is created; strengthening disaster risk governance and coordination across relevant institutions and sectors and the full and meaningful participation of relevant stakeholders at appropriate levels; investing in the economic, social, health, cultural and educational resilience of persons, communities and countries and the environment, as well as through technology and research; and enhancing multi-hazard early warning systems, preparedness, response, recovery, rehabilitation and reconstruction. To complement national action and capacity, there is a need to enhance international cooperation between developed and developing countries and between States and international organizations"*.

Council regulations, UNCRPD, EU Disability strategy, WHO instruments and national Disability Action plans should provide an international framework with common humanitarian aid principles.

The EU Disability Strategy commits the EU to raising awareness of the CRPD and the needs of people with disabilities, including accessibility, in the area of emergency and humanitarian aid. In responding to humanitarian need, particular vulnerabilities must be taken into account and special attention has to be given to women, children, the elderly, sick and disabled people, and to addressing their specific needs.

DISABILITY can and <u>should</u> enter as an indicator in emergency monitoring and relief plannig.

The innovative approach used in the Philippines, that considers functioning and disability profiles together with tailored socio demographic information, allows better public health planning and improvement in policies and interventions and should be considered for future international interventions..

References

1. United Nations. Convention on the Rights of Persons with Disabilities. New York, United Nations, 2006.
2. Barmania S. Typhoon Haiyan recovery: progress and challenges. *Lancet* 2013;383:1197-99
3. McCall C. Scars of typhoon Haiyan still run deep 1 year on. *Lancet* 2014;384:1656-57
4. Hyogo Framework for Action 2005-2015: ISDR-International Strategy for Disaster Reduction International Strategy for Disaster Reduction Building the Resilience of Nations and Communities to Disasters. Available at: http://www.unisdr.org/eng/hfa/docs/Hyogo-framework-for-action-english.pdf [Accessed 04/11/2015]
5. United Nations Office For Disaster Risk Reduction. Proceedings of the Third World Conference on Disaster Risk Reduction: Sendai, Japan: 14-18 March 2015. New York, United Nations, 2015. Available at: http://www.preventionweb.net/files/45069_proceedingsthirdunitednationsworldc.pdf [Accessed 04/11/2015]
6. Ustün TB, Chatterji S, Kostanjsek N, et al. Developing the World Health Organization Disability Assessment Schedule 2.0. *Bull World Health Organ* 2010;**88**:815-23.