

Disaster risk reduction; a cross-cutting necessity in the SDGs

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1. Interlinkages – DRR as a cross-cutting issue in the SDGs

The year 2015 presents an unparalleled opportunity to align landmark UN agreements through the convergence of three global policy frameworks: the post-2015 Framework for Disaster Risk Reduction (March 2015), The Sustainable Development Goals (September 2015; SDGs) and the Climate Change Agreements (December 2015: COP21). These major global policy instruments need to align urgently to facilitate and encourage better participation in disaster risk reduction (DRR), sustainable development and climate-change mitigation and adaptation from the science and technology communities.

Implicit in the SDGs, is the conviction that health is not just a matter of biology but also a product of societal architecture and is, therefore, amenable to human intervention - an approach with a large body of evidence behind it.¹ Similarly, disasters are not natural events. They are endogenous to society and disaster risk arises when hazards interact with the environmental, social, physical and economic vulnerabilities and exposure of populations.² Thus, the overall focus of disaster risk management has to shift from shielding social and economic development against what are seen as external events and shocks, to one of transforming development in order to accept and manage risks, as well as to strengthen resilience, thereby enabling development that is sustainable.

There is a recognition in the proposals for both the SDGs and the post-2015 DRR Framework that their desired outcomes are a product of complex and interconnected social and economic processes with overlap across the two agendas. As a reflection of this, important synergies exist between the proposed SDGs and post-2015 DRR Framework targets and indicators. For example, SDG 11 which addresses safe and resilient cities has self-evident cross-over with the post-2015 DRR Framework which aims to reduce the impact of disasters on urban and other populations and strengthen the resilience of communities and systems.

Furthermore, disasters and health outcomes (loss of life, injury and mental health impacts) are closely linked and, therefore, goals that can improve health can contribute to reducing disaster risk and vice versa. Population health outcomes have been identified explicitly within the SDGs in SDG 3, but this goal cannot be achieved without managing those risks that are so closely associated with disasters. Target 3d of SDG 3 focuses specifically on

DRR, however, a stronger alignment could be made with the five targets and indicators currently proposed for the post-2015 framework. This could be achieved through rephrasing target 3d of SDG 3 as:

“Strengthen the capacity of all countries, particularly developing countries, for early warning, risk reduction, and management of national and global health risks and increase the number of countries with national and local strategies. Specifically, reduce disaster mortality, reduce the number of affected people, reduce direct disaster economic loss, and reduce disaster damage to health and educational facilities”

In terms of sustainable economic activity as a point of convergence between DRR and the wellbeing of communities undergoing economic development, it is important to note that while the majority of destructive hazards are natural in origin, unmanaged exposure may impact unnecessarily on vulnerable populations. These hazards range from earthquakes, volcanic eruptions to extreme weather events such as floods and drought to pandemics and epidemics which may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage.

The Intergovernmental Panel on Climate Change (IPCC) demonstrated that it is possible to reduce the severity and frequency of extreme weather events caused by anthropogenic climate change through sustainable development practices.³ Therefore, SDGs that focus on sustainable practices to mitigate the impacts of human activity on the climate (including SDG 2, SDG 8, SDG 11, SDG 12, SDG 14) are synergistic with the emphasis placed on prevention activities in the proposed post-2015 DRR Framework.

An emerging approach to public health emergency preparedness and response, community resilience encompasses individual preparedness as well as establishing a supportive social context in communities that incorporate equity and social justice considerations in preparedness planning and response,⁴ for which there is clear alignment with SDG 4, SDG 5, SDG 10 and SDG 16. Addressing equity in access to services and fair participation in decision-making and economic activity can help to minimise risks of conflict, epidemics and food insecurity as well as strengthen the ability to cope with such shocks.

SDG17 focuses on partnership to strengthen the means of implementation of the SDGs, which echoes a sister approach in the post-15 DRR Framework. There is a golden opportunity in the post-2015 agenda to strengthen local, national, regional and international partnerships to implement the post-2015 agenda, working across institutions, disciplines and financing barriers to support communities in need of technical assistance. An important element of international partnerships to implement the post-2015 agenda knowledge sharing and capacity building to develop innovative and robust policies based on scientific evidence and as well as support monitoring activities in implementation.

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