

The 13 ASEAN & Japan High Level Officials Meeting on Caring Societies
**“People-Centered Disaster Risk Reduction and
Restoration”**
20 October – 22 October 2015, Kobe

Overall Summary

The 13th ASEAN and Japan High Level Officials Meeting on Caring Societies under the theme of “People-Centered Disaster Risk Reduction and Restoration” was held from 20 to 22 October 2015, in Kobe, Japan, hosted by the Ministry of Health, Labour and Welfare, the Government of Japan (MHLW).



With the aim of enhancing close collaboration between ASEAN countries and Japan in the health and social welfare fields, participants shared views and had a valuable exchange of ideas, experiences, lessons learnt and good practices, especially related to the need to learn how to address the special needs of those who are affected by disaster, reduce risk to people and society caused by disasters, contribute to the quick recovery from the disasters in all aspects, and enhance the capabilities of social systems in health, welfare and labour sectors that directly affect people’s lives and livelihoods.

The proceedings and outcomes of this meeting are shown in the ANNEX as agreements and recommendations.

Day 1: Tuesday, 20 October 2015

Opening Address

Mr. Hiroyuki Yamaya, Director of International Cooperation Office, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, opened the meeting by offering a cordial welcome to all participants and introduced the opening speakers.



His Excellency Mr. Yuzuru Takeuchi, State Minister of the Ministry of Health, Labour and Welfare expressed his gratitude to all participants who travelled great distances to participate in the meeting, on behalf of the Ministry of Health, Labour and Welfare. Japan has been endeavoring to strengthen collaboration with ASEAN countries on matters of social welfare and people-centered

disaster risk reduction. In recent years, the Asia-Pacific region has incurred significant damage from a variety of natural disasters. Establishing disaster-resilient communities is important, and in this meeting, Japan would like to share its lessons learned from rebuilding from the major earthquake disasters that it has experienced in Kobe and Tohoku. Building back better is key. He expressed hope that progress can be made on exchanging information and expertise on engaging all members and stakeholders in society in this endeavor, with the support of the international community. He expressed hope that all participants have a fruitful meeting.



Mr. Tomoyuki Yoshimoto, Vice Governor, Hyogo Prefectural Government, then took the stage, and thanked all members for their participation. Twenty years have passed since the Great Hanshin-Awaji Earthquake, which took many lives and destroyed much property. Key to recovery efforts was the coordinated efforts of both volunteers and the local and international community. Looking beyond the

immediate needs of infrastructure and housing restoration, when rebuilding the region,

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there were opportunities to address a number of social issues and create a more people-oriented, safe and secure society. He was confident that this three-day meeting would be an invaluable opportunity to share ideas and lessons learned on these issues.

Mr. Toshiro Tamada, Vice Mayor of Kobe City then took the stage and expressed his heartfelt welcome to all who have traveled from throughout the region to attend. Disasters occur frequently, both in Japan and in the ASEAN region. Taking the opportunity of this meeting, it is necessary to deepen collaboration and communication on the issues of disaster risk reduction, disaster



prevention and healthcare to ensure people's safety and security. Japan, and Kobe in particular, is the source of a variety cutting-edge technologies which can contribute to the improvement of the welfare of the world's citizens and the betterment of healthcare for the world's citizens. He closed by wishing for the continued success of the meeting.

A commemorative photograph was taken.

Mr. Yamaya then reconfirmed the purpose of the meeting – to discuss social welfare, healthcare and labor & human resources, aiming for cooperation and understanding between all countries in the region. The theme of this year's meeting is disaster response and disaster risk reduction. The Asia-Pacific Region is often visited by disasters, including earthquakes, tsunamis



and hurricanes. With the input of the expert participants gathered, he expressed his hope and confidence that progress can be made on disaster risk management and reduction cooperation, as well as the creation of a resilient Asian society.

At the meeting, discussion will center around five topics: “Provision of medical care at the time of disaster,” “Living support for the affected people by disaster from the viewpoint of community welfare,” “Employment support and creation for the affected people during the reconstruction phase,” “Community-based disaster preparedness to

support vulnerable people,” and “Cooperation and collaboration between Japan and the ASEAN region on disaster risk reduction and preparedness in the fields of health, welfare and labor.”

He called on Dr. Yoshiaki Kawata to give the keynote speech.

Keynote Speech:

Characteristics of Disaster Occurrence and Their Resilient Strategy in ASEAN Countries

Dr. Yoshiaki Kawata, Executive Director, Disaster Reduction and Human Renovation Institution



There is much anxiety about the occurrence of disasters, both in Japan and ASEAN countries. There are three trends in the recent occurrence of Natural Disasters in ASEAN countries: the intensification of typhoon and river flood disasters in urban areas due to global warming, an increase of storm surge and tsunami disasters in densely populated lowland areas, and projected frequent earthquakes and volcanic eruptions with geo-hazards until around 2100. Exacerbating the risk of disasters is the rapid urbanization occurring in the region. In 2015, it is estimated that over 250 cities have a population greater than 1 million.

In Japan, there is the vicious cycle of population concentration in Tokyo and local impoverishment as the population decreases. There is growing fear of the occurrence of a “Super-Urban Disaster” in Tokyo, where the population is over 35 million. Similar trends are occurring in developing countries in the region. Japanese society has become vulnerable against natural disasters, as the population is aging and the diversification of damage increases in the dense societies of urban areas. Last year, 25 of the 47 of Japan’s prefectures had natural disasters resulting in death. Disaster resilience efforts have seen a delay because of political heel-dragging. Many political leaders cannot believe that social security has a top priority in government. Also Japanese society is immature because people do not understand that democracy depends on the principle of self-responsibility.

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Achieving a resilient society in Japan would involve disaster reduction, for example mitigation and preparedness, the control of damage enlargement and shortening of recovery/rebuilding time, and the intensification and maintenance of social infrastructure, such as healthcare, energy and ICT, at the time of disaster.

He then discussed a theoretical model of a hypothetical Tokyo Metropolitan Earthquake of M7.3. According to this model, about 610,000 buildings would collapse, and about 23,000 people would die, with an economic loss of 9.5 billion JPY. He furthermore introduced a model of a Nankai Trough Earthquake of M9.0, where 60 million people would be affected and an economic loss of 22 billion JPY would be incurred. The Government has established basic resilience strategies to address these issues, such as raising the awareness of large-scale disasters at the “national crisis” level, making every possible effort for preparation through mainstreaming disaster risk reduction, provision of resources, and, central to this meeting, sharing experiences and lessons learned with regional experts.

Panel Discussion 1:
Provision of Medical Care at the Time of Disaster

Mr. Alex Ross, Director, WHO Centre for Health Development, acting as Facilitator for the Panel Discussion, said that this was a unique meeting, as there are participants from many different sectors and countries. In introducing the speakers and panel, he noted that when considering medical care, it is important to bring in a broader perspective of public health, including many health professions that form teams. He invited Dr.



Shinichi Nakayama, Director, Hyogo Emergency Medical Center, to give a presentation.



Dr. Nakayama spoke on Essentials for Prompt Emergency Medical Response in Catastrophes: Lessons learned from the Great Hanshin-Awaji Earthquake in 1995, including the progress made in the recognition of the necessity of preparedness.

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Twenty years ago, at the time of the earthquake disaster, Kobe was not prepared for such an occurrence. There were many patients with crush syndrome. Hospitals were also damaged, and medical personnel numbered among the victims. There was also uneven distribution of patients, with some hospitals treating more than double the amount of patients than others – some hospitals had about 3 patients per MD, but some had over 150. Mathematically, the response to this situation may be obvious – to distribute patients and medical teams more evenly. However, there was no information available at the time, so this decision could not have been made. This communication gap compounded the damage of the earthquake, and preventable deaths occurred because the medical infrastructure was unable to meet the needs of patients and victims during the acute phase of the disaster.

The information system has progressed in Japan since 1995, with the introduction of the EMIS (Emergency Medical Information System), which uses internet technology for nationwide communication and information sharing between health offices, disaster headquarters, fire departments, police departments and hospitals. One of its main functions is to notify hospitals and disaster response teams of the occurrence of a disaster. Hospitals can also send an “SOS” in the event that they have reached full capacity, or have suffered damage. Hub hospitals have also been introduced, to receive transported patients and dispatch emergency response teams. In addition, a JDMAT (Japan Disaster Medical Assistance Team) training course was established in 2005, funded by a national budget with a standardized, national curriculum to train and prepare valuable human resources.

Dr. Muy Seang Lak, Vice Chief of Bureau Disaster and Environmental Management Preventive Medicine Department, Ministry of Health, shared information on the provision of medical care at the time of disaster in Cambodia. The National Strategic Action Plan for Disaster Risk Management 2015-2019 ensures the lives and wellbeing of Cambodia’s citizens are protected from the impact of disasters by appropriate public health activities of mitigation, response and recovery actions.



Storms and floods cause significant damage in Cambodia and can result in the injury or death of many victims. To ensure preparedness, being certain that necessary equipment

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and drugs are stocked is key, as well as maintaining the distribution infrastructure to send equipment to the affected regions. It is necessary to provide instruction to local leaders and encourage communication and community participation in risk mitigation efforts.

Lessons learned include the importance of providing training to advance medical and life support staff, as well as reinforcing all hospitals.

Dr. Soulivanh Pholsena, Secretary to Minister and Director of Foreign Affairs Division, Cabinet Office, Ministry Office, Ministry of Health of the Lao People's Democratic Republic (Lao PDR) spoke next. The Lao PDR has seen 30 natural disasters since 1980. The most commonly encountered disasters are storms and floods. These disasters tend not to have high human casualties, but can cause



significant damage to property and infrastructure. A flood disaster in 2011 affected almost 430,000 individuals, killing 42 and severely damaging housing, infrastructure, agriculture, public works and transportation, and others.

To better respond to disasters, a Disaster Management Committee under the Ministry of Health was established in 2013. Part of its responsibilities are to provide trainings for provincial and district-level leaders and citizens on an annual basement, and assess health facilities. Ensuring the preparedness of the healthcare system is also important – by training staff, designating experienced, core teams and hub hospitals to respond to situations when they arise.

One good practice that was learned was to bring EOC management directly under Ministry leadership and give contracts to suppliers with an eye on the future. Challenges include a limited number of staff, especially those with technical experience and competence. Also, there are limited operational costs, resources, funds for training, and the fact that a monitoring and evaluation system for response is not in place.

Mr. Ross opened the floor to discussion by sharing some ideas of lessons learned that could be shared across national borders, such as the needs for issue of continuity of care

for chronic diseases at the time of disaster, the need to immediately share information, and others.

Dr. Jirotsindhvananda, Senior Advisor on Internal Medicine, Advisory Level, Office of the Permanent Secretary, Ministry of Public Health of Thailand said that in developing the post-2015 public health development agenda, they have been closely collaborating with Viet Nam. Every country must cooperate on establishing shared best practices for mobilizing response teams. A representative from Viet Nam said that when natural disasters occur, time is required for search and rescue, and often no information is available. More support is needed from the community base to provide effective medical care.

Dr. Min Zaw Oo, Associate Professor, Department of Medicine, University of Medicine 1 Yangon, Ministry of Health, Myanmar, shared that Myanmar has suffered a number of natural disasters in recent years, including serious flooding. From past experience, they established medical response centers to ensure appropriate treatment can be provided. However, training is required for the operation of these centers, and short-term consultations may be a solution, in addition to the provision of logistics support.

A participant from the Philippines addressed a question to Dr. Pholsena about the supplier bidding process he mentioned. Dr. Pholsena said that there are two bidding systems, a standard one, conducted periodically, and future-oriented contracts. For the latter, terms are agreed beforehand, and in the event of a disaster, the contract is triggered. The Government asks the private supplier to have certain inventory available, and if it is not needed, then the contract is brought forwards.

Mr. Ross asked the participants about examples of collaboration between government and industry, as well as establishing coordination mechanisms between medical teams. He also asked for examples of the local-national dynamic in collaboration.

Dr. Noriko Katada, Professor, College of Nursing Arts & Science, University of Hyogo, said that through the sharing of information, it can be decided which experts or what teams would be the most effective in different situations. Of course technical advances had contributed significantly to preparedness, but the people are also key.

Mr. Billy Gabriel Toar Sumuan, Senior Officer, Disaster Management and Humanitarian Assistance, ASEAN Secretariat, introduced the AHA Centre, the ASEAN Coordinating

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Centre For Humanitarian Assistance, which has a mandate to establish coordination from each member state. They can also help with the coordination of resources and local offices.

Mr. Ross said that given the increase in frequency and severity of disasters, he asked for specific ideas about broadening collaboration in the region.

A participant from the Philippines said that one of the key drivers would be public-private partnerships. Dr. Pholsena concurred, and said that ASEAN member states could consider an inter-country mechanism for both coordination and response as well as establishing these public-private partnerships.

Ms. Shukuko Koyama, Disaster and Employment Specialist, Decent Work Team in Bangkok, International Labour Organization (ILO), said that response reconstruction timelines can be relatively short, but they can also last up to one year. But it should be considered in a longer timeframe – even up to five years. One key issue is that some victims can develop physical or mental disabilities as a result of earthquakes, but symptoms or patient acceptance can take many years. She challenged the participants to consider the long-term effects of disaster as one aspect of future discussions.

A representative from Indonesia stated that in developing collaboration between ASEAN and Japan, one possibility is developing teams together. Sharing practical knowledge, between sectors, is very effective in the field. He asked Dr. Nakayama for his experience in this field. Dr. Nakayama responded that not only in the acute phase, but in the long-term phase, many patients suffer – and therefore many kinds of professionals should be involved. Many doctors have specialties and weaknesses or gaps in their knowledge – by working in teams, balanced teams could be established. Therefore, coordination among various medical teams over a longer period of time is necessary.

Dr. Nakayama continued by touching on a recent flooding disaster in the Kanto region of Japan. There was collaboration between the Japanese Red Cross and other teams. Collaboration in domestic disasters in Japan is progressing.

Ms. Alautiah Miftahayati Rahmunanda, Technical Officer, ASEAN Socio-Cultural Community, ASEAN Secretariat, said that ASEAN is undertaking the One ASEAN, One Response program, and considerations of long-term effects perhaps should be included

in the recommendations to be developed on the final day of the meeting. Mr. Ross indicated that he would present on the WHO frameworks later in the day.

Mr. Ross said that pooling of resources in a country, and across countries such as human resources and vaccines is worthy of advance planning, as well as to recognize the necessity of addressing not only the acute phase of care but the long term care post-disaster for survivors. National coordination and international coordination is key. Within Japan as with many other countries, Mr. Ross commented that finding ways to bring diverse teams together, and to ensuring dialogue and joint coordinated disaster risk management plans are key. On the international scale, the glue that helps bring together the humanitarian system is the InterAgency Standing Committee and related networks bringing together health, disaster response, nutrition and other sectors.

Panel Discussion 2:

Living Support for the Affected People by Disaster from the Viewpoint of Community Welfare

Dr. Noriko Katada, Professor, College of Nursing Arts & Science, University of Hyogo, acting as facilitator, introduced the theme of the second panel discussion. There is often a long life-span to these initiatives with many phases, involving the support and care for people affected by disasters. This includes acute medical care, long term care and therapy, as well as temporary housing and other issues.



Dr. Aiko Yamamoto, Professor and Executive Director, Research Institute of Nursing Care for People & Community (WHO Collaborating Centre for Nursing in Disasters and Health Emergency Management), University of Hyogo, gave a speech on a proposal for maintaining the health and lives of people based on Sendai Framework for Risk Reduction from 2015 to

2030. One important aspect of the Sendai Framework is that it focuses much more on health than previous documents. It also uses words like “women,” “gender,” “empower” and “mental health,” showing an evolved perspective on the issues of living support for people affected by disasters.

Of the Sendai Framework’s Priorities for Action, she drew participants’ attention to Priority 4, about “building back better” in the recovery efforts. She gave seven of her own proposals for strengthening both disaster preparedness and making response better. For example, developing concrete strategies based on daily living that are people-centered, and involve community participation in mutual care, gender-sensitive disaster mitigation, universal health coverage (UHC), and identifying outcome indicators will be of key importance.

The importance of a gender-sensitive response can be seen in the fact that there were many symptoms observed in patients after the Great East Japan Earthquake, including the aggravation of chronic diseases such as hypertension and asthma, and infectious diseases such as pneumonia and influenza. However, there were also some women-specific symptoms, such as conditions or infections due to lacking feminine sanitation resulting from a lack of supply of hygiene products. Also, it has been shown that females need more mental care than males.

From Indonesia, Dr. Mu’man Nuryana, Head, Board of Education and Research on Social Welfare, Ministry of Social Affairs of the Republic of Indonesia, introduced the TAGANA Program in that country. This program educates people about disaster awareness and preparedness, and trains them in basic disaster response skills. There are over 25,000 volunteer personnel from 33 provinces involved in this program. All equipment is provided by the Government.



Logistics for emergency response are distributed by TAGANA, including food, drugs, water, and tools. It mobilizes a fleet of transportation entities, including trucks and boats, and also provides a Shelter Tool Kit for those that cannot return home.

In the pre-disaster response phase, TAGANA conducts training both for members and the local community, and designs evacuation plans and conducts drills. In the post-disaster response phase, TAGANA implements psychosocial support and referral. TAGANA is effective across all scales of disaster including traffic accidents and single-alarm fires, and all the way up to events of mass destruction, both man-made, like social conflicts, and natural, like earthquakes and tsunamis. It is an invaluable pillar of Indonesia's disaster response programs, and acts in coordination with governments at both the municipal and national levels.

Ms. Nwet Yin Aye, Director, Policy and Legal Analyses Division, Minister Office, Ministry of Social Welfare, Relief and Resettlement, spoke about living support for people affected by disaster from the viewpoint of community welfare. She started by speaking about a recent disaster in Myanmar; torrential rains starting from 16 July caused major flooding all over the country. Over 1.5 million people were affected, and there was significant damage to property and economic loss.



In Myanmar, the Disaster Management Law enacted in 2013 gives priority to providing food safety and protection to infants, the elderly, the disabled and women. Rehabilitation and reconstruction initiatives are to be conducted through the steady provision of sufficient food, and financial funding to those affected. In addition, Myanmar has learnt human trafficking and migration problems happens if proper mechanism for sustainable livelihood could not be created for those who lost their livelihood and encountered post-traumatic stress disorder as effects of disasters. Responding to these issues as well is of vital importance. Therefore, the government provides in addition to food rations, psychological support, health care services, social assistance programs, and livelihood assistance. These programs are indicative of a new approach for living support from the viewpoint of community welfare.

Dr. Katada opened the floor for discussion.

A participant from the Philippines asked Dr. Nuryana about what sorts of support from the government has been provided to TAGANA. Dr. Nuryana responded that the central government provides support for TAGANA to recruit qualified and passionate human

resources. Provincial and municipal governments provide support in terms of infrastructure, by providing logistical warehouses, for example. Government support is essential for TAGANA. Team members and leaders are made up of volunteers and government officials and professionals.

A participant from Viet Nam asked Dr. Nuryana about how TAGANA's work is supervised. He also asked Ms. Nwet Yin Aye about Myanmar's psychological welfare supports.

Dr. Nuryana answered that guidance of TAGANA from the governments at all levels is very importance. Annual updates are required annually to ensure that TAGANA understands various situations. Local affiliates follow national activities very closely. He emphasized the importance of TAGANA members feeling pride and consciousness about their uniforms and roles. Some members are visiting Japan and exchanging information and lessons learned with their Japanese counterparts. Local people are more often selected to be a part of TAGANA because they have the closest links to affected areas – they are the most invested stakeholders. Most have full time jobs in the medical sector, ICT sector or education sector. These kinds of diverse and passionate human resources are invaluable.

Ms. Nwet Yin Aye answered that the provision of psychosocial support began in 2011 after a major disaster. There are various mental health professionals who are ready to be dispatched in times of needs. In addition to individuals, some communities also have experience trauma as the results of major flooding or landslides.

Dr. Sindhvananda asked about the division or responsibilities between local and national governments. Working together with these two levels of government is of key importance. This is because the budget often comes from both levels, as do the human resources. Local-level stakeholders are often in the best position to respond logistically, but they lack the resources of national-level stakeholders. He asked both speakers whether funding comes chiefly from the local level or the national level.

Dr. Nuryana said that one of the first decisions that must be made is whether the scale of the disaster requires a mainly national-level, prefectural-level, or municipal-level response. Larger-scale disasters obviously require a more coordinated response from more stakeholders. On the other hand, smaller-scale disasters would have budgets

provided by local governments. This kind of incident command system is important to ensure clear understanding and coordination.

Ms. Nwet Yin Aye explained that in Myanmar there are two levels to response – the municipal and national level. The community is always encouraged to get involved, and both levels of response involve the coordination of many government agencies at different levels.

A representative from the Philippines asked about how the government of Myanmar prioritizes the allocation of benefits such as grants and handouts. Ms. Nwet Yin Aye answered that allocations are made after the data is collected and analyzed. The decision that is made is quite situational.

Mr. Ross asked about measures to address care for the elderly in the long term after a disaster. As many countries in the region have aging populations, care for the elderly in the community welfare development phase is important.

Dr. Nuryana answered that TAGANA members give priority to the elderly or the otherwise vulnerable, as per their annual training programs.

Dr. Yamamoto said that in the temporary housing provided after the Great East Japan Earthquake, some NGOs are providing community outreach to residents who have been forced to live there, whether through exchanges or music programs.

Dr. Katada brought the session to a close by emphasizing some important points raised during discussion. For example, developing community human resources is key. If a community is able to help itself, then they will not need other communities to help or rescue them. International collaboration is also key in ensuring human resource development. She thanked the participants for their input and wisdom.

Panel Discussion 3:

Employment Support and Creation for the Affected People During the Reconstruction Phase

Ms. Shukuko Koyama, Disaster and Employment Specialist, Decent Work Team in Bangkok, International Labour Organization (ILO) introduced the theme of the third panel discussion by reiterating the importance of the focus on people-centered response to disasters.



Mr. Sho Sudo, Deputy Director, International Affairs Division, Minister's Secretariat, Ministry of Health Labour and Welfare introduced some of the experiences and actions the Ministry of Health, Labour and Welfare (MHLW) has taken in response to the occurrence of disasters. Even after the occurrence of disasters, local residents must work and live in society, which is a

hard struggle. In this light, major actions taken after the Great East Japan Earthquake by MHLW include support for the re-creation of jobs and employment, unemployment benefits, implementation of vocational training, and worker's accident compensation, among others. Safety and job security are key, as well as special support for vulnerable people.

Natural disasters threaten employment and livelihood by crushing the basis of business, he said. Providing subsidies for employment and ensuring the flexible application of unemployment benefits is very important. As a result of disasters, many people will have to change their jobs or move to other cities or regions. Therefore, vocational training, which provides workers with the necessary skills for reconstruction, is a key initiative. One other initiative which may be controversial is that in order to prioritize payment of salary to workers, payment of employment insurance premiums and worker's accident compensation insurance by business owners are exempted in certain cases.

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In addition, mitigating the risks of accidents is key – occupational health is often overlooked by the international community. Careful planning for demolition and construction work is necessary to prevent accident and injury. Provision of protective equipment, and sufficient training for workers is something else that should not be overlooked.

Also, in the case of disasters, officials working and living in the affected area themselves are also victims, and careful attention should be paid to their work loads and stress levels. It is important to dispatch help from diverse organizations and ministries to respond to both the increased needs of manpower, and lighten the burden on local officials.



Mr. Nestor Briones Ramos, Regional Director, Department of Social Welfare and Development, Field Office No. 8, spoke about the Philippine Government's employment support for reconstruction after Typhoon Yolanda. It was one of the strongest tropical cyclones ever recorded, devastating portions of Southeast Asia, and in particular the Philippines, in November 2013. It affected

nine regions throughout the country, and over 12 million individuals. Total damage totaled 12,940 million USD.

To combat the employment-related effects of this disaster, the Philippine government established the Accelerated and Sustainable Anti-Poverty Program (ASAP) through a convergence of public-private stakeholders at multiple levels in the agricultural, business, and labor sectors, among others. Emergency employment programs were provided as well, in partnership with local governments and unions.



Mr. Mohd Fazari Bin Mohd Salleh, Deputy Director General (Strategic) Department of Social Welfare, Ministry of Women, Family and Community Development of Malaysia spoke about employment support and job creation during the reconstruction phase, for

people affected by disasters. Malaysia is generally considered safe from severe disaster threats such as earthquakes, hurricanes and volcanic eruptions. However, a fair amount to threats such as urban flooding, landslides, haze and others have been a problem in the past. The potential risks of such hazards would result in the loss of existing national assets in various forms and the diversion of national resources away from ongoing subsistence and development efforts.

In response, the National Security Council Directive No. 20 was established, outlining the four stages of the disaster management cycle – preparation – response – recovery – mitigation. The recovery phase is the most important when ensuring employment security after a disaster. The application of federal resources and implementing available programs to meet community recovery needs are key. It has also been found that incorporating mitigation measures into redevelopment following a disaster to build the community minimizes future risk and also offers employment opportunities. Through this, they mainstream community needs in disaster response.

A participant from the Lao PDR asked Mr. Sudo about support for ex-farmers after disasters. Mr. Sudo answered that this support is not exactly through subsidies, but rather through finding new or different jobs. Their livelihoods have been damaged the disaster.

A participant from Japan commented that after the Great East Japan Earthquake, a committee about community-based employment issues was established, comprised of members from public and private organizations. An all-stakeholder consensus is key. Deciding which stakeholders should be involved depends on the scale of the earthquake. Labor issues are not emergency or acute issues – they become a concern for victims after the first week. We must understand that labor issues are not an emergency, but they should be addressed after ensuring the survival and health of victims.

Mr. Ross asked whether countries had established evaluations for their programs, and whether the disabled had been accounted for. The speaker from the Philippines agreed that special attention must be paid to the vulnerable, in partnership with different agencies. The speaker from Malaysia said that involving people with many skills is key in addressing these issues. The speaker from the Philippines added that after Typhoon Yolanda, many farmers and fishers were not ready to return to those professions as the infrastructure was devastated. Therefore, they were provided with training with masonry

and construction, for example, to give them a profession to last them until the infrastructure had been reestablished.

Ms. Koyama added that the importance of the maintenance of the minimum wage, such as in the Philippines after Typhoon Yolanda, was very good. She asked the speaker from the Philippines about ensuring livelihood opportunities after disasters. He answered that one of the key factors contributing to this in his country was the economic clusters. The goal is not to provide people with temporary employment, but rather permanent jobs.

Ms. Koyama asked the speaker from Malaysia about how they establish local needs in direct response to disasters. A participant from Malaysia spoke about the committees established at the district level, where members are community based, and they can plan what to do and what the local community wants. Officers are appointed by the federal government – the federal government will fund any programs needed at the local level. For better coordination and oversight, a national committee overseeing the district-level committees will be established, hopefully by early next year.

Ms. Koyama shared some common challenges she has observed in her work at the ILO as a Disaster and Employment Specialist. One chief challenge would be the lack of recognition of the importance of job creation in the recovery process. She asked the participants about measures taken by each of their countries to ensure that job creation is considered.

A participant from Malaysia said that, as part of the recovery process, the Human Resources Ministry becomes involved. One big challenge is that bureaucrats want to establish programs based on ones that are already existent, rather than pioneering new programs, based on what the community needs.

A participant from Japan said that sustainable employment is not created by the job market, but rather by economic activity. Therefore public ministries should collaborate with private stakeholders. Furthermore, skilled human resources to fit into new jobs must be fostered. After the Great East Japan Earthquake, an employment support office was established the very next day. Inter-ministry efforts and speedy actions are required.

The ASEAN Secretariat asked the representatives in attendance from labor ministries to share strategies they may have to ensuring a stable employment market. In this way,

common strategies may emerge, and this information could be leveraged when it is time to propose recommendations.

Presentation 1:

WHO (World Health Organization) Kobe Centre

WHO Frameworks and Strategies for Comprehensive Disaster Risk Management for Health Security Threats

Mr. Alex Ross, Director, WHO Centre for Health Development



Mr. Ross opened by saying that when a disaster happens, it is too late to institute systems for response, communication, safety and security. He presented key international and WHO frameworks and strategies to support countries plan and build resilient health systems for disaster risk management, including using major international collaboration platforms. The

WHO Regional Offices for the Western Pacific in Manila and for Southeast Asia in New Delhi, along with WHO Headquarters and the WHO Kobe Centre are central to supporting the countries represented here, as well as are key collaborators with ASEAN. Mr. Ross distributed copies and discussed the new WHO Western Pacific Regional Framework for Action for Disaster Risk Management for Health. This Framework covers governance, policy planning, coordination; information and knowledge management; health and related services; and human and financial resources.

Collaboration within the healthcare sector, and outside of it as well, will be important in addressing all hazards – communicable disease outbreaks, natural disasters, and so on. Vulnerability is universal, affecting developing and developed nations alike. Thus, vulnerability assessment is important to plan for all stages of disaster risk management. We learned from the Great East Japan Earthquake and from Hurricane Sandy in New York how ill-prepared everyone was to manage continuity of care for persons being evacuated, especially for older populations with chronic diseases, and the disabled. Another major lesson was for cities and communities to know where the most vulnerable people live to assist first responders. Thinking about the impact of hazards in a broad way is key as well – as has been discussed in the sessions today, psychosocial stress and job creation must be addressed. Shifting paradigms is another key approach.

It is important to consider “disaster risk management,” not just “disaster preparedness and response.”

In developing national capacity, functioning and resilient health systems are of vital importance. In order for countries to advance their planning, implement the core capacity requirements of the IHR(rev 2005), and build resilient health systems, the WHO has developed a number of strategies including the bi-regional (WPRO and SEARO) Asia Pacific Strategy for Emerging Diseases (APSED), a new WHO Emergency Response Framework, and a number of specific strategies targeted at a given communicable disease or phase of disaster risk management. A key tool is the WHO Hospital Safety Index. . Another is the strategic directions for Urban Health Emergency Management developed by the WHO Kobe Centre, is of central importance as urban-based epidemics are spreading faster than ever before.

He mentioned the many lessons learned from the recent control efforts for Ebola in West Africa, pointing to the need to consider coordination, epidemiology, clinical management, logistics, as well as risk communication, behavioural and social interventions, psycho-social support and the media.

A very positive development are the 35 references to health in the Sendai Framework, in many different contexts – including disaggregated data for vulnerability risk assessments, ensuring safe hospitals, a comprehensive disaster risk management approach, and including actions across sectors such as sexual and reproductive health and others. The development of Operational Action Plans to implement the Sendai Framework will be key going forward, and the WHO Kobe Centre is conducting research on resilient health systems/community based systems for health emergencies as well as long term impacts of disaster such as psycho-social impacts and disabilities.

Mr. Ross outlined a number of international coordination mechanisms, such as the Inter-Agency Standing Committee (IASC), the Global Health Cluster, and the Regional Health Cluster (coordinated by WPRO). Mr. Ross underscored that to ensure the future of health security and disaster risk management, learning from the past, sharing lessons learned and expertise, and anticipating the future will advance the preparedness of all in the region.

Presentation 2:

**ILO (International Labour Organization) Regional Office for Asia and the Pacific;
Decent Work Team in Bangkok**

**Employment Promotion in Disaster Settings: Reflection on Recent Experiences in
Asia**

**Ms. Shukuko Koyama, Disaster and Employment Specialist, Decent Work Team in
Bangkok, International Labour Organization (ILO)**



Ms. Koyama began by mentioning that she does not like the word “victims,” but rather finds “survivors” is more suitable. She introduced examples of survivors from different countries in the ASEAN region and Japan who began to work with dedication and an entrepreneurial spirit shortly after disaster struck. Disaster-affected people have resilience,

but it is necessary to leverage it and help and benefit them.

ILO assistance in post-disaster recovery involves an immediate response up to three months after a disaster. This phase included emergency job creation through infrastructure rehabilitation work, and provided short-cycle skills training and assisting in carrying out post-disaster needs assessment (PDNA). The second, and longest phase is the recovery phase which typically lasts from 4-24 months after a disaster. This involved providing practical skills and entrepreneurship training, and rebuilding local labor infrastructure and institutions. They also work to train local people to organize themselves.

ILO conducts ongoing research on post-disaster employment and livelihood recovery measures, and is working on case studies about India, Japan, Nepal and the Philippines. It was found that building a response mechanism is very important. Placing a labor ministry or agency in charge of the employment strategy allowed it to champion a job-based recovery with input from multi-sector committees. This also helps with social safety mechanisms, such as employment insurance. Comprehensive social security mechanics lead to a more disaster resilient society. Designing a scheme for livelihood recovery is also key. More diverse data is also important. Data must be disaggregated by gender, and data on people with disabilities should be available. This would ensure

enough opportunities for diverse stakeholders. Finally, businesses must be rebuilt in a speedy manner. Early recovery in key industries can drive revitalization of the local economy. Business Continuity Planning (BCP) is one key approach to ensuring gaps are minimized. Companies which have BCP are quicker to recover from disasters, because they have established contingency plans.

Challenges include ensuring effective cooperation between humanitarian actors and development actors. Inclusive reconstruction is key – including people with disabilities and of all genders and socio-economics backgrounds. Also, thoroughly understanding workers' roles and needs is very important. This is why the ILO is currently conducting fieldwork to gain this information. Ensuring the safety of workers – having evacuation plans and trainings, for instance, – also contributes to building resilient societies.

A participant from Brunei Darussalam asked how many people returned to work post-disaster. A participant from Japan commented that it is always the duty of the government to minimize unemployment, not just at the time of disaster. Ms. Koyama further commented that there are additional issues such as the loss of a family unit's chief breadwinner, which could cause some people to perform multiple tasks at home leading to economic and emotional stress. Also, as the speaker from Myanmar mentioned, human trafficking is a serious problem.

A participant from Cambodia asked about the specific needs of the survivors in the Philippines that the ILO found. Ms. Koyama mentioned that, among others, they want to learn about what ideas or initiatives survivors from other countries used.

A participant from Malaysia said that the participation of the private sector is very important and wondered about effective ways of encouraging public-private collaboration. Ms. Koyama encouraged the participants to read the ILO report. In Japan, one of the key issues was that private sector actors were new to disaster response yet they played significant roles in recovery.

Mr. Yamaya thanked the participants for their active discussion, and closed the session. He expressed anticipation for the next day's visits, which would be sure to provide valuable information.

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Day 2: Wednesday, 21 October 2015

Study visits to various facilities in Kobe city to study good practices proceeding with the construction of a resilient society against disasters. The trip to Disaster Reduction and Human Renovation Institution, Kobe Crisis Management Center and Minato no Mori Park involved studying disaster risk reduction and restoration in order to enhance countries' capabilities to respond to disasters.



Disaster Reduction and Human Renovation Institution



Disaster Reduction and Human Renovation Institution

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Kobe Crisis Management Center



Kobe Crisis Management Center



Kobe Crisis Management Center



Minato no Mori Park



Minato no Mori Park



Minato no Mori Park

Day 3: Wednesday, 22 October 2015

Mr. Hiroyuki Yamaya, Director, International Cooperation Office, International Affairs Division, Ministry of Health, Labour and Welfare, welcomed the participants to the final day of the meeting, and introduced the first presenter.

Presentation 3:

Japan International Cooperation Agency (JICA)

JICA's Assistance for Disaster Risk Reduction and Reconstruction

**Mr. Susumu Yuzurio, Director, Infrastructure and Peacebuilding Department,
Japan International Cooperation Agency (JICA)**



Mr. Yuzurio began by giving an overview of JICA operations. It implements Japan's ODA programs in over 150 countries. It gives many hundreds of millions of JPY in assistance related to its Technical Cooperation, Yen Loan, and Grant Aid, and about 26,000 participants from its Training Program. The majority of aid and personnel goes to Asian countries. Its guiding principles for intervening in disaster

risk reduction are “Building Back Better” and “Seamless Assistance” in all phases of the disaster management cycle, including Response, Recovery & Reconstruction, Prevention & Mitigation and Preparedness.

It has three concepts for Building Back Better – better investment, better reconstruction planning and better infrastructure and livelihood through “Quick Impact Projects.” They have found that every dollar invested in disaster risk reduction saves seven dollars at the time of disaster aftermath in the response and recovery process. Cooperation with national-level and community-level stakeholders is key to ensure both seamless assistance and the safety and security of affected people. It is important that efforts from local populations are encouraged and reflected in projects. As an example, he introduced JICA's response to the recent earthquake in Nepal, which is still ongoing. Information-sharing and seminars were especially key to involving local communities and experts in this case and assessing their needs.

In addition, JICA performed seamless intervention in value chains to ensure infrastructure and livelihood support after Typhoon Yolanda. Rebuilding essential facilities that have been destroyed, such as public markets, slaughter houses, provincial health offices, and fisheries and agricultural facilities, in addition to schools, to be more resilient and have more capacity. This allows communities to maintain and expand value chains, and contributes to economic improvements. JICA also works to promote local products.

When large-scale disasters occur, infrastructure and value chains come to a halt. Regional cooperation and collaboration is key in minimizing damage and ensuring that they are quickly reinstated. Further development of such initiatives will be needed.

A participant from Thailand asked how teams are chosen for JICA projects. Sometimes the team is not suitable. They require necessary background and expertise to be effective. Cooperation on establishing training programs is key, and JICA's assistance in this effort has been invaluable.

A participant from the Philippines said that in the process of building back better, there is a need for increased partnerships and collaboration to maximize effective use of resources.

A participant from Indonesia asked for JICA's continued support to Indonesia on sharing Indonesia's experience with community involvement in disaster risk reduction through programs such as TAGANA with other countries in the region.

Presentation 4:

Asian Development Bank (ADB)

Disaster Risk Management at ADB with Lessons from Yolanda

Mr. Tatsuya Kanai, Senior Adviser, Office of Cofinancing Operations, Asian Development Bank (ADB)



Mr. Kanai opened by encouraging participants to use the ADB in their respective countries for their respective programs. The ADB was established in 1966, and has diverse staff from 67 countries. Investment volume in 2014 totaled 22.9 billion USD, and it has presence in 48 economies in Asia.

After Typhoon Yolanda, the ADB undertook several community-driven development initiatives, including cash for work programs, school reconstruction in a more resistant manner, and disaster risk reduction and management workshops with people of all ages. Recent programs include social service delivery, such as day care centers for children of working mothers. This idea came from the region's mothers. Also, new water systems were implemented at the community's request.

The majority of the ADB's spending involves embedded disaster risk reduction, which demonstrates that it is committed to preparedness and prevention measures. It is also committed to putting disaster risk reduction elements in each project, ensuring capacity development and knowledge solutions among local communities, investing in disaster resilience on both the embedded and stand-alone levels, and investing in post-disaster assistance with an emphasis on building back better. Japan and the ADB can mutually support each other on building back better initiatives, institutional coordination and resilience to future disasters. The ADB is ready to work with ASEAN countries and regional organizations.

A participant from the Lao PDR how the ADB incorporates disaster risk reduction into its projects, and whether it has facility designs for schools, for example, which can be transferred to other countries and shared within the region. Mr. Kanai answered that the ADB team and the regional department work together to incorporate such ideas and measures in its projects. Learning from each other is necessary.

A participant from Indonesia observed that it may be necessary for a global standard for cooperation on disaster risk reduction. The idea of the UN Sustainable Development Goals should be incorporated. More support from organizations such as JICA and the ADB would be very helpful in accomplishing this.

Presentation 5:

Asian Disaster Reduction Center (ADRC)

Promoting Disaster Risk Reduction through Multi-National Cooperation in the Asian Region: ADRC Activities

Ms. Kyoko Kondo, Executive Director, Asian Disaster Reduction Center (ADRC)



Ms. Kondo introduced the ADRC and its mission of strengthening the disaster reduction capacity of member countries, developing a society where human beings can be safer and more secure, and creating societies capable of sustainable development. The ASEAN region is experiencing a special moment in that it is experiencing rapid economic growth and urbanization. New initiatives and missions

must be established to meet these evolving needs.

The ADRC has undertaken a number of initiatives for tsunami education and awareness, including the booklet “Inamura no Hi,” which has been translated into more than ten languages. This booklet shares best-practices about tsunami early warnings. The ADRC also undertakes people-centered and community-based disaster risk reduction by organizing “Town Watching,” which involves creating community-based hazard mapping, involving local residents and reflecting their opinions.

One key challenge the region faces is the onset of an aging society. Adapting strategies to this change is key. Creating a network which can identify and share necessary information is of vital importance, through the ADRC and Sentinel Asia. For example, after the flooding disaster in Myanmar in July 2015, a map of the affected area was requested and provided shortly after the disaster, which was possible due to collaboration and a strong people-centered network.

A representative from Viet Nam asked about how the ADRC is adapting to the Sendai Framework. Ms. Kondo answered that the ADRC is currently considering what the pillars for disaster risk reduction should be post-Sendai, and will decide them at its annual gathering of Asian countries to be held next year.

A representative from Indonesia asked how to ensure the efficient flow of expertise from Japan to countries in Asia without competition. Mr. Yamaya said that for well-coordinated collaboration it will be necessary to closely understand and identify the relevant resources and work closely to ensure that there is no overlap of competition. Ms. Kondo emphasized that there are many organizations, and their unique advantages and disadvantages should be considered.

Panel Discussion 4:

Community-Based Disaster Preparedness to Support Vulnerable People



Mr. Shintaro Nakamura, Senior Advisor on Social Security, Japan International Cooperation Agency (JICA), acting as facilitator, shared that among those who died in the Great East Japan Earthquake, those with disabilities died at a double the rate of those without disabilities. Ensuring the safety of all vulnerable persons, including the elderly and children, is of the highest

importance, and therefore inclusive preparedness programs are key.

Mr. Hiroshi Kawamura, Vice President, Assistive Technology Development Organization spoke on the proactive participation of high risk stakeholders in disaster risk reduction. As part of the 3rd World Conference on Disaster Risk Reduction, persons with disabilities played a significant role, alongside other stakeholders. It stressed “inclusive risk-informed decision-making” and the dissemination of disaggregated data by gender, age and disability. Information and knowledge must be available to anyone, anywhere and at any time, and its content and approach must adaptable, affordable, accessible and well-designed.



Involving people with physical disabilities and psycho-social disabilities, as well as children, the elderly, indigenous communities, migrants and other vulnerable people is

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key. People with disabilities should be thought of as “differently-abled.” As a team, they are able to accomplish things that they would be able to not alone – they would be able to accomplish anything. These kinds of approaches should be taken.

Training is very important. Mr. Kawamura introduced the example of two groups of students from Tohoku. One was trained about warning signs and evacuation methods, and one was not. The group that was trained was able to get to higher ground in a speedy manner, and the group that was not trained as effectively or extensively saw a great number of casualties. Key lessons learned from the disaster include the importance of timely decision making, and inclusive, accessible training.

Mr. Kawamura then introduced a librarians’ initiative that was taken in areas devastated by Typhoon Yolanda. In their roles as archivists and educators, they shared lessons through the “Sharing Stories of Survivors and Victims Project.”

Mr. Nakamura introduced the speaker from Brunei Darussalam.



Mr. Mohammad Johardi Hamdi, Acting Community Development Officer, Natural Disaster & Housing Support Unit, Department of Community Development, Ministry of Culture, Youth & Sports, introduced some of the population demographics of Brunei Darussalam, which, like other countries in the region, has been seeing the advent of an aging society. The

National Disaster Council, established in 2006, provides direction on the strategic, operational and tactical levels. Although disasters occur infrequently in Brunei Darussalam, flood and fire, in addition to strong wind and landslides, do happen.

Some good practices for disaster response in Brunei Darussalam include distribution of food rations and basic necessities, as well as temporary shelters, financial assistance, psycho-social counseling and free health and medical treatment. Low income families often live in older or poorly-made dwellings, which are especially vulnerable to collapse in the event of a disaster.

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In addition, to create a disaster-resilient community, the Community-Based Disaster Risk Management Program was introduced in March 2010. It is a collaboration between the relevant government entities at both the national and local levels. There are a variety of outreach programs, such as a national essay competition, and school-based disaster risk management training. Overall, it aims to identify the risks of disasters occurring in the area around villages, generate hazard maps, and train local people in basic first aid techniques and the use of fire extinguishers.

Some challenges and lessons learned include limited temporary shelter units, and lack of staff. Disasters are relatively rare in Brunei Darussalam, and it has been difficult to maintain sustained and focused buy-in from various agencies and the communities.



Dr. Thai Phuc Thanh, Deputy Director General, Social Protection Department, Ministry of Labor, Invalids and Social Affairs, stated that Viet Nam is highly vulnerable to disasters, and over 80% of the population may be affected by disaster. Vulnerable groups, including the elderly, persons with disabilities, children, pregnant women and internally displaced persons, are especially probable to be impacted.

To address this problem, it is important to improve awareness, knowledge and skills through engaging training programs and developing best practices that are community-based. It is also important to provide basic first-aid training and awareness so that there is some measure of community self-help. Also, weather forecasting and warning systems are key. This information must be accessible, and it can be distributed through television, radio, loud-speakers, gongs, as well as ICT-based methods.

In addition, raising awareness about the importance of evacuation before disasters, as well as setting up evacuation points, is key. Water and food reserves for both people and livestock must be maintained. The construction or improvement of safe shelters to protect people, property and livestock is also being considered in disaster risk management measures. Also at the community level, it is important to create task forces that include rescue teams, and people to distribute relief goods. Finally, hygiene and disease prevention is key in the process of recovering from disasters.

Although correctly forecasting disasters is difficult because of the changing climate, community-based preparedness for disaster prevention and mitigation is of the utmost necessity. Many local communities have restricted access to resources, and these limited resources must be effectively and efficiently leveraged.

A participant from Cambodia asked about the main factor that affects the elderly, children and women at the phase of recovery. Dr. Noriko Katada, Professor, College of Nursing Arts & Science, University of Hyogo, answered that children often experience disasters differently than adults do – it is often a very emotional response, with trauma remaining months after the occurrence of disasters. The participant from Cambodia then asked a question to Mr. Kawamura about DAISY Consortium’s involvement in Asia. Mr. Kawamura answered that it is involved in promoting accessible standards for multimedia and e-reading, allowing for the increased dissemination of disaster risk reduction materials to diverse stakeholders.

A participant from Lao PDR asked Mr. Kawamura about how to ensure training materials are accessible to persons with disabilities and their families. To support and empower people with disabilities, Mr. Kawamura answered, access to information is key. For example, sign language interpretation and closed captioning is very important. He introduced an online library for visually impaired people, which could be used as a key information channel at the time of disaster.

Mr. Nakamura added that this work should be done by communities and municipalities, but often there are limited resources and limited awareness among local policy-makers. It is necessary to further strengthen these programs.

A participant from WHO introduced the Urban HEART Program, which was developed by the Kobe Centre as a way to measure inequities in urban centers for disaster response and disaster risk reduction, and is used in over 60 countries and cities.

Mr. Nakamura asked the speakers from Brunei Darussalam and Viet Nam to comment on any programs in their countries to involve persons with disabilities. Mr. Mohammad Johardi Hamdi commented that people from his country like to help each other, and there are a variety of mutual support programs for both persons with and without disabilities, including CPR education programs. Dr. Thai Phuc Thanh said that involving persons with disabilities when developing disaster risk reduction plans is key, to ensure inclusiveness.

Mr. Kawamura added that persons with disabilities present specific requests at the time of disasters. These specific requests can make a checklist for survival after disaster. This can make evacuation plans, and so on, more simple and accessible to all people – including visitors who may not speak the same language.

A participant from Cambodia asked Mr. Kawamura about how to ensure mutual-help and self-help among persons with disabilities. Mr. Kawamura answered that training programs are very important. He encouraged participants to contact the training teams from the DAISY Consortium.

Mr. Nakamura brought the panel discussion to a close, by reminding participants that persons with disabilities are not liabilities, but assets, and ensuring their participation in decision making and planning is very important.

Panel Discussion 5:

Cooperation and Collaboration between Japan and the ASEAN Region on Disaster Risk Reduction and Preparedness in the Field of Health, Welfare and Labour



Mr. Yamaya, Director, acting as facilitator, began the final panel discussion by introducing the opening speakers, Ms. Alautiah Miftahayati Rahmunanda, Technical Officer, ASEAN Socio-Cultural Community, ASEAN Secretariat and Mr. Billy Gabriel Toar Sumuan, Senior Officer, Disaster Management and Humanitarian Assistance, ASEAN Secretariat.

Mr. Sumuan began by speaking about moving towards a united ASEAN response to disaster management. Since 2004, the organization within ASEAN have become more efficiently organized, and the ASEAN Agreement on Disaster Management and Emergency (ATMER) Response was initiated resulting from lessons learned from the 2004



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Indian Ocean tsunami and the 2008 Cyclone Nargis. This document provides lessons and input for improving regional disaster management mechanisms. AADMER is comprehensive, and covers the entire response process from risk identification and monitoring to rehabilitation and technical and scientific cooperation and research. It also established the AHA Centre.

At the 23rd ASEAN Summit in Brunei Darussalam, the ASEAN Declaration on Enhancing Cooperation in Disaster Management and the ASEAN Declaration on Strengthening Social Protection were established. These allowed for deeper and more comprehensive response to disasters, as well as better disaster risk management. A joint task force to promote synergy between ASEAN bodies was also established. In terms of disaster risk reduction, ASEAN issued a Declaration on Institutionalizing the Resilience of ASEAN and its Communities and Peoples to Disaster and Climate Change at the 26th ASEAN Summit in Malaysia.



The strategy ASEAN is now adopting is the “One ASEAN, One Response” strategy, to have a coordinated response to disasters. Large-scale disasters require the mobilization of resources from all relevant sectors from many different countries and organizations. It is also important to enhance ASEAN’s coordination role and capacity, as well as the capacity of the AHA Centre. In accomplishing this, ASEAN has been receiving aid from a variety of organizations and countries, such as Japan.

Ms. Rahmunanda spoke about the components of disaster health management under ASEAN. Proposed regional strategies include advocating the ASEAN collaboration network on disaster health management, developing a regional standard operation procedure, and strengthening regional response through capacity building. Through collaboration with Japan through JICA, they are working on initiatives both at the response and peace time phases. A tentative project framework has been proposed for strengthening ASEAN regional capacity for disaster health management. The overall project period will be three years, with the overall goal of strengthening collaboration mechanisms both among ASEAN and neighboring countries.

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The ASEAN Declaration on Strengthening Social Protection will be important to enhance the social welfare sector and implementing a social safety net, targeting system and social protection programs for vulnerable people. There are also a number of initiatives which target the defense and military sectors, to establish practical, effective and sustainable cooperation in both peace time and times of crisis.

The way forward for One ASEAN, One Response will be for guidance and direction from the ASEAN Summit, the finalization of the AADMER Work Programme 2016-2020, the implementation of a regional framework and action plan to implement the ASEAN Declaration on Strengthening Social Protection, as well as synchronizing and streamlining the ASEAN-related HADR exercises.



Dr. Jirot Sindhvananda Senior Advisor on Internal Medicine, Advisory Level, Office of the Permanent Secretary, Ministry of Public Health, began his presentation by describing two recent disasters which have affected Thailand – the 2004 Indian Ocean Tsunami, and the major 2001 flood. These disasters have caused much damage to property and loss of human life. In response,

the Thai government has developed an Integrated Action Plan on Disaster Prevention and Mitigation, which allows for the management of people affected by disasters.

Not only the general public, but also vulnerable groups and the industrial sector will be affected by disasters. When disasters occur, many people are concerned about individuals, but factories and industries are also affected, which can decimate some people's livelihoods. Therefore, disaster risk management must be undertaken before, during and after the occurrence of a disaster. Disaster management systems, including a Social Assistance System, the Basic Infrastructure System for Crisis/Disaster Management and the Assistance, Rehabilitation and Recovery for Affected Workers/Laborers Program.

He then introduced some of Thailand's best practices, beginning with smartphone apps about accessible places, where disabled persons can evacuate in the event of disaster, and a GIS which can be used to locate every disabled person in the system. To address labor issues, there are various programs which support survivors in the social security

sector. Regarding health, there is the National Food Safety Emergency Response Plan, the National Institute for Emergency Medicine and others, which provide a variety of supports. Thailand also has implements programs with support from the ASEAN side and the JICA side to conduct training and drills. The ASEAN ARCH Project also plays a key role. It aims at strengthening the regional coordination and cooperation on disaster health management during the acute stage of disasters in the ASEAN region.

A participant from the Philippines to Dr. Jirots Sindhvananda whether the Thai national insurance system covers unemployment. A representative from the Ministry of Labour answered that unemployed worker can receive benefits for 180 days following a disaster. Social security which protects workers after disaster.

Mr. Ross from WHO inquired to ASEAN how they have been cooperating with the WHO particularly given its responsibilities and actions to support countries on health emergency and disaster risk management and to avoid duplication, and how cooperation programs are being implemented. Ms. Rahmunanda answered that there is close cooperation between ASEAN and the WHO, and a new MOU was signed recently, among other points. The WHO has a worldwide network for ensuring people's health and welfare, which is key.

Dr. Aiko Yamamoto, Professor and Executive Director, Research Institute of Nursing Care for People and Community, University of Hyogo, discussed her resistance to the term "Disaster Medicine," and asked the ASEAN representatives to comment. Ms. Rahmunanda answered that the term "Disaster Health Management" is also widely used, and there may be possibility to adjust the term in the future. It provides for a broader concern, commented Dr. Jirots Sindhvananda. A representative from the WHO said that medicine is only one side of the health response to disasters; disaster risk management, including emergency response, is also important and has been widely used in WHO and in the Sendai Framework.

A representative from Thailand asked a representative from ASEAN to describe the AHA Centre further. Mr. Sumuan explained that the AHA Centre is based in Jakarta and founded in 2011. Its main function is to coordinate humanitarian assistance from ASEAN to the country that is affected by a disaster. It also provides capacity building training on disaster management. It also operates a warehouse which stores a variety of relief items which can be distributed in a speedy manner.

Mr. Yamaya closed the final panel discussion.

Developing Recommendations

Mr. Yamaya opened the discussion of the draft recommendations, which had been developed over the course of the meeting.

Mr. Yamaya began by asking whether the participants had any comments or proposals regarding the text of the preamble. There were none.



Mr. Yamaya asked whether the participants had any comments or proposals regarding the text of the agreements. There were none.

Mr. Yamaya then checked the text of the recommendations by reading it paragraph by paragraph. There were no comments about paragraph 1. There were no comments about paragraph 2.

Viet Nam commented that at the meeting, there was much discussion about natural disasters, not man-made disasters. What about man-made disasters? A representative from Lao PDR agreed that it was necessary to include man-made disasters as well to bring the document in line with the Regional Guidelines. Mr. Alex Ross, Director, WHO Centre for Health Development (WHO Kobe Centre) commented that the WHO's definition of disasters includes both natural and man-made disasters, so perhaps "natural" should be struck from the document. There was assent from participants and the word "natural" was struck from paragraph 3.

There were no comments on paragraph 4 and paragraph 5. There was a comment from Dr. Yamamoto to delete the mention of "disaster medicine" from paragraph 6 and replace it with "disaster health risk management." There were no objections. It was struck.

A representative from Indonesia commented that the example in paragraph 2 (International Health Regulations (2005)) should be struck as it was exclusive. Mr. Ross noted that the International Health Regulations is the only international treaty in this

field, and he proposed moving its mention to paragraph 6. He proposed a rewritten version of paragraph 6 which includes a mention of the International Health Regulations in a more inclusive manner. Mr. Yamaya commented that with the mention of the International Health Regulations, there should be mention of both international and regional networks. The paragraph was revised. There were some comments about changing the word “networks” to “collaboration.” The paragraph was so revised. “Use of the International Health Regulations” was revised to “implementation of the International Health Regulations.” There were no additional comments about paragraph 6.

There were no initial comments or proposals about paragraph 7, 8, 9, 10, 11 or 12.

A representative from Thailand proposed to add the phrase “decent work,” in addition to “sustainable jobs” to paragraph 7. There was assent. A representative from the Philippines asked for there to be mention of people with disabilities added to paragraph 7. There were no additional comments about paragraph 7.

A representative from the Philippines proposed that “climate change” be added to the list of the determinants affecting disasters in the ASEAN region. Mr. Yamaya commented that “climate change” is not a determinate, but it can worsen the impact of disasters. There was assent, and the paragraph was so revised. A representative from Indonesia requested a change from “in multiple countries” to “in many countries” as disasters are borderless. There were no additional comments to paragraph 10.

A representative from Brunei Darussalam commented that the word “drastic” should be struck from paragraph 8, as it could be interpreted in different ways. It was so struck.

A representative from Cambodia proposed to add “response and recovery” in addition to “preparedness” to paragraph 5. There was assent, and the paragraph was so advised.

Mr. Yamaya asked if there were any other comments. There were none. The recommendations were adopted.

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Closing Ceremony

Mr. Yamaya thanked each participant for their active participation, and invited the closing speaker to take the stage.

Mr. Masahiko Yamada, Deputy Assistant Minister for International Policy Planning, Ministry of Health, Labour and Welfare congratulated the adoption of the meaningful recommendations as a result of the meeting. We have reached a common understanding that people-oriented disaster response and disaster risk management plays a major role. It is necessary to promote these initiatives globally, and Japan would like to continue discussion on these topics in the ASEAN region. He wished that these recommendations would be beneficial in the region going forward.



Mr. Yamaya declared the conclusion of the 13th ASEAN & Japan High Level Officials Meeting on Caring Societies, thanking the participants again.

