



Science and Technical Advisory Group

IRDR Networking and Partnership Meeting
- ICSU Paris 13 November 2014

UNISDR Science and Technical Advisory Group

Professor Virginia Murray.

Vice-chair UNISDR Science and Technical Advisory Group

***Public Health Consultant in Global Disaster Risk Reduction, Public
Health England***

Outline

- Development of the UNISDR Science and Technical Advisory Group
 - Development of the science outputs from the Global Platforms 2009, 2011 and 2013
 - Examples of UNISDR STAG science inputs UNISDR and related UNISDR activities
 - 2014 activities
-





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The United Nations Office for Disaster Risk Reduction

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WHO WE ARE ▾

WHAT WE DO ▾

WHERE WE WORK ▾

WHO WE WORK WITH ▾

HOME

WHAT WE DO

WE INFORM

UNISDR PUBLICATIONS

Establishment of an Advisory Scientific and Technical Group for the ISDR



Inter-Agency Task Force on Disaster Reduction, third meeting, Geneva, 3-4 May 2001

The purpose of this paper is to briefly examine the main lessons learnt from the IDNDR Scientific and Technical Committee (STC) experience and to formulate proposals for the establishment of a scientific advisory structure for the ISDR.

Throughout the IDNDR and during the first year of the establishment of the ISDR, science and technology have been explicitly recognised as a key input in the strategy aimed at promoting successful risk reduction. The Inter-Agency Task Force

includes a number of scientific organisations such as UNESCO, WMO and ICSU while the ISDR Secretariat



International Strategy for Disaster Reduction

HFA



Hyogo Framework for Action 2005 - 2015: Building the Resilience of Nations and Communities to Disasters

<http://www.unisdr.org/eng/hfa/docs/HFA-brochure-English.pdf>



International Strategy for Disaster Reduction

Reducing Disaster Risks through Science

Issues and Actions

The Full Report of the ISDR Scientific
and Technical Committee 2009



United Nations

Establishment of UNISDR Scientific and Technical Committee 2008

<http://www.unisdr.org/we/inform/publications/11543>

Selected topics of current policy concern

- Climate change
 - Changing institutional and public behaviour to **early warnings**
 - Incorporating knowledge of the wide **health impacts of disasters**
 - Improving **resilience** to disasters through social and economic understanding
-





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Programme

▶ **Plenary**

▶ **Informal Plenary**

▶ **Pre-session Events**

▶ **Special Events**

▶ **Round Tables**

▶ **Market Place**

▶ **Media Events**

▶ **Statements**

▶ **Videos**

Key Documents

Registration

Practical Information

Press Centre

Media Coverage

Photo Gallery

Contact

Welcome to the second session of the Global Platform for Disaster Risk Reduction website

This website documents proceedings and outcome of the second session of the Global Platform. The meeting took place at the Centre International de Conférences de Genève (CICG), Geneva, Switzerland from Tuesday to Friday, 16-19 June 2009.

Proceedings: Second Session of the Global Platform for Disaster Risk Reduction

4 December 2009

Conference proceedings released:

Please find the proceedings of the second session of the Global Platform for Disaster Risk Reduction available for download below.

The Chair's Summary may also be found below in addition to further information documents on the outcomes, including recommendations from National Platforms, Parliamentarians, the ISDR Management Oversight Board and on climate change adaptation, gender, and youth engagement in disaster risk reduction on the [Closing Plenary](#) page.

A [summary report of the second session of the Global Platform for Disaster Risk Reduction](#) produced by the International Institute for Sustainable Development (IISD) is available in PDF format and provides an excellent overview of all discussions that took place during the Global Platform, including the Opening and Closing debates, High Level Panels, round tables and Informal Plenary sessions.

> [View all announcements](#)



Outcome Document: Chair's Summary of the Second Session Global Platform for Disaster Risk Reduction

This summary provides the Chair's assessment of the main thrusts of the deliberations at the second session of the Global Platform for Disaster Risk Reduction, which was attended by 152 Governments, 137 organizations, and 1688 participants in total. A draft of the summary was discussed in the final informal plenary and thereafter a revised draft was made available to participants for two weeks for further feedback, which has been considered in this final summary. More information on the meeting can be found at <http://www.preventionweb.net/globalplatform/2009/>

- The Global Platform stressed for the **more effective integration of science and technical information into policy and practice.**

Evacuation and Sheltering of Hospitals in Emergencies: A Review of International Experience

Dr. Jayshree Bagaria, MB ChB, MRCP, DTM&H, MSc PH, MFPH;¹

Dr. Caroline Heggie, MB ChB, BSc Hons, MRCP;¹ Jonathan Abrahams, BSc, MPH;²

Professor Virginia Murray, FFOM, FRCP, FRCPath, FFPH¹

Review of five London hospital fires and their management

JANUARY 2008 – FEBRUARY 2009



World Health Organization



International Strategy for Disaster Reduction

Thematic Platform: Disaster Risk Reduction for Health

Introduction

At the 2009 Global Platform for Disaster Risk Reduction, participants supported a proposal to establish a Thematic Platform for Disaster Risk Reduction for Health. The launch of this platform, dedicated to protecting public health through disaster risk reduction, coincides with the International Day for Disaster Reduction on 14 October 2009.



Disaster

Abstract

Objective: A scoping exercise to establish how common hospital evacuations are, identify hospital evacuation policies and review case studies to identify triggers, processes and challenges involved in the evacuation of hospitals globally.

Design: A systematic search of PubMed and disaster agency online resources, search of grey literature and media reports.

Results: This study showed that hospitals are vulnerable to both natural and man made disasters and that hospital evacuations do occur globally. It highlighted the paucity of published data and policy on hospital evacuation and emphasised the vital need to collect data on triggers, reasons for evacuation, sheltering facilities and the process of evacuation.

1. Specialist Registrar Public Health, Oxford Post Graduate Medical Deanery, seconded to Chemical Hazards and Poisons Division, Health Protection Agency, London
2. Emergency Medicine Trainee on secondment to Chemical Hazards and Poisons Division, Health Protection Agency, London
3. Coordinator, Risk Reduction & Emergency

2013 Global Assessment Report on Disaster Risk Reduction
Risk and priority in a changing world

United Nations World Water Development Report 2012



Revealing Risk,
Redefining
Development



GVR

**Global Assessment Report
on Disaster Risk Reduction**

2013

 HFA

http://www.unisdr.org/files/18197_midterm.pdf

HYOGO FRAMEWORK

As noted in the study commissioned for the Mid-Term Review Report on the **use of databases for disaster risk reduction**: “much of the existing operational research related to emergencies and disasters lacks consistency, is of poor reliability and validity and is of limited use for establishing baselines, defining standards, making comparisons or tracking trends.”⁸⁵

3RD

GLOBAL PLATFORM for Disaster Risk Reduction

Invest Today for
a Safer Tomorrow
Increase Investment
in Local Action



WRC High L

FDRR





Global Platform for Disaster Risk Reduction

Third Session, Geneva, Switzerland
8 - 13 May 2011



Statement on Science and Technology for the Third Session of the Global Platform for Disaster Risk Reduction

This statement presents recommendations related to science and technology in support of the outcomes of the Third Session of the Global Platform for Disaster Risk Reduction. It includes emerging priority issues in support of the implementation of the Hyogo Framework for Action (Annex 1) and a report on the work of the ISDR Scientific and Technical Committee (STC) (Annex 2).

The statement is prepared by the ISDR Scientific and Technical Committee (STC) based on work with scientific, technical and thematic networks, the Global Assessment Report 2011 (GAR), the Mid Term Review of the Hyogo Framework for Action, the Intergovernmental Panel on Climate Change Special Report on Managing the Risks of Extreme Events and Disasters to Advance Climate Change Adaptation (SREX), the outcomes of the International Disaster Risk Conference (IDRC, Davos 2010), the work of the Integrated Research on Disaster Risk (IRDR) programme and many other scientific and technical partners. A preparatory workshop for the Global Platform for Disaster Risk Reduction Third Session on



Global Platform for Disaster Risk Reduction

Third Session, Geneva, Switzerland
8 - 13 May 2011



Chair's Summary

Third Session of the Global Platform for Disaster Risk Reduction
and World Reconstruction Conference, Geneva, 8-13 May 2011

<http://www.preventionweb.net/globalplatform/2011/>

1. The Third Session of the Global Platform for Disaster Risk Reduction and the World

7.8 Actively engage and support scientific and technical communities to inform decision-making

committed to building resilience – including several Heads of State, Ministers, a Managing Director of the World Bank, over 2,600 delegates representing 168 Governments, 25 inter-governmental organizations, 65 non-governmental organizations, Parliamentarians, private sector, local government, academic institutions, civil society and international organizations.

3. Half of humanity is now living in cities. By 2050 urbanization will rise to 70 percent and urban risk will increase as well. Risk is further driven by factors such as rural and urban poverty, climate change, declining ecosystems, and development choices including in energy infrastructure. Commitment to resilience is urgently needed particularly in vulnerable groups,



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Towards a Post-2015 Framework for Disaster Risk Reduction

The *Hyogo Framework for Action 2005-2015 (HFA) – Building the Resilience of Nations and Communities to Disasters*, is the inspiration for knowledge, practice, implementation, experience and the **science** for disaster risk reduction.

continuation to be considered at the world Conference on Disaster Reduction in 2015.

Other consultations with specific stakeholders' groups to explore their views on a post-2015 framework for disaster risk reduction.... include, but are not limited to the **scientific community**.....

Towards a post-2015 framework for Disaster Risk Reduction

BUILDING THE RESILIENCE OF NATIONS AND COMMUNITIES TO DISASTERS



Latest Updates

News and information updates from UNISDR

- [Online Dialogue now open](#)
- [June 2012 Update](#)

Post-2015 Consultations

As the disaster risk reduction community heads toward the end date of the Hyogo Framework of Action 2005-2015

- [Background paper](#)
- [Join the Online Dialogue](#)
- [Post-HFA Consultative Events](#)

Advisory Group

Appointed by the SRSG for Disaster Risk Reduction to provide advice on the process leading up to a post-2015 framework and the Global Platform

- [Members](#)
- [Key messages](#)

Timeline





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WHO WE ARE ▾

WHAT WE DO ▾

WHERE WE WORK ▾

WHO WE WORK WITH ▾

HOME

WHAT WE DO

WE INFORM

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Proposal for an IPCC special report on managing the risk of extreme events to advance climate change adaptation

Proposed by Norway and the Secretariat of the International Strategy for Disaster Reduction (ISDR) System

This paper lays out policy linkages of climate change adaptation and disaster risk reduction. Norway and the United Nations International Strategy for Disaster Reduction system propose that the IPCC undertake a Special Report to assess policies, measures, tools and practices for managing extreme events risk to advance effective adaptation.

Norway offered at the IPCC Twenty-Eighth Session to host a scoping workshop to assess whether a Special Report to the IPCC should be undertaken on the





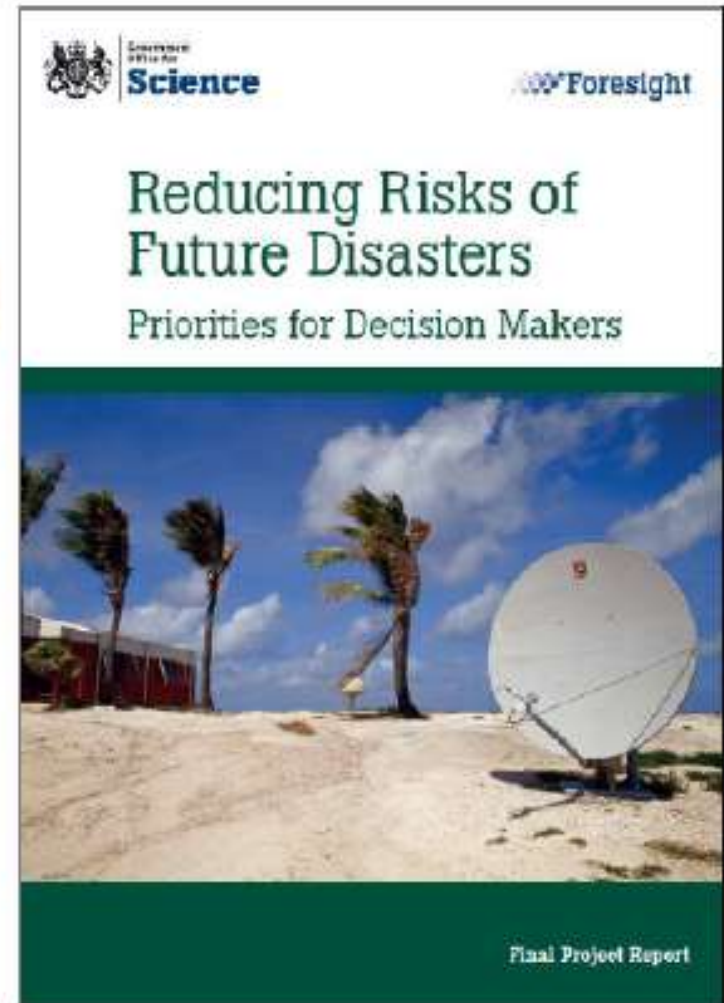
The IPCC Special Report on Managing the Risks of Extreme Events and Disasters to Advance Climate Change Adaptation



Reducing Risks of Future Disasters: Priorities for Decision Makers

Professor Sir John Beddington

Chief Scientific Adviser to HM Government





Global Platform for disaster risk reduction

Fourth session
Geneva, Switzerland
19-23 May 2013

 Recommend 256

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Home »

About

Preparatory Process

Programme

Official Statements

High Level Dialogue

Consultation Days

Ceremonies & Receptions

Plenaries

Featured Events

Informal Plenaries

Side Events

Market Place

IGNITE Stage

Global Platform in Action

Highlights - 2013 Global Platform for Disaster ...



Playlist: GPDRR13 - Highlight Videos (14 videos)



GP 2013 in the news

Nigeria: adherence to planning reduces disaster



Latest Announcements

The Chair's Summary - DRAFT FOR COMMENT

posted: 23/5/2013 - [read more »](#)

Global Platform Highlights - Thursday, May 23

posted: 23/5/2013 - [read more »](#)

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Report of the UNISDR Scientific and Technical Advisory Group – 2013



Using Science for Disaster Risk Reduction

REPORT OF THE UNISDR SCIENTIFIC AND
TECHNICAL ADVISORY GROUP – 2013

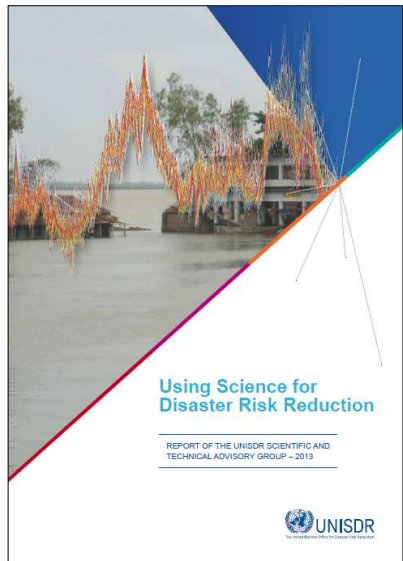


Southgate RJ, Roth C, Schneider J, Shi P, Onishi T, Wenger D, Amman W, Ogallo L, Beddington J, Murray V. Using Science for Disaster Risk Reduction. 2013.

<http://www.unisdr.org/files/32609stagreport2013assembled.pdf>

Case Studies: Objectives

- The disaster risk reduction problem
 - The science
 - Application to policy and practice
 - Did it make a difference?
-



CASE STUDY 1:

Tsunami Warning and Mitigation for the Indian Ocean Region



Image 1: The 11th March 2011 Tohoku tsunami striking the western coast of Japan.
Source: [News.com/yodanews.com](http://news.com/yodanews.com)

The Problem

On 26th December 2004, the Indian Ocean was struck by a massive earthquake and tsunami which killed 230,000 people and caused widespread destruction¹. Although we cannot prevent tsunamis, early warning of their approach combined with physical defences and well-practiced evacuation procedures can save many lives.

Prior to 2004, tsunamis were not considered a high-risk hazard, certainly not outside the Pacific Ocean. Tsunami science was a niche scientific field, with little translation of knowledge into practice, even though scientists published work on a possible ocean-wide tsunami in the Indian Ocean just months before the 2004 event². This combined with rapid population growth of coastal communities in the region set the scene for catastrophic consequences for the Indian Ocean rim in 2004.

The science

The early 1960s saw the development and acceptance of plate tectonic theory, wherein earthquakes and volcanoes were first recognised to be the direct manifestation of the forces that create oceans and build continents³. The first global seismographic network was established in 1961⁴, allowing earthquakes to be monitored worldwide.

By the 2000s, great advances had been made in earth observations, computer modelling of hazards and telecommunications. Electronic sensors were developed that could rapidly detect earthquake shaking on land and tsunami waves at sea. For instance, the United States National Oceanic and Atmospheric Administration (NOAA) developed the Deep-Ocean Assessment and Reporting of Tsunamis system, known as DART II, in which a

sensor on the ocean floor detects tsunami waves and communicates these to a surface buoy with satellite telecommunications capability⁵ (Figure 1).

Computer models were developed that simulate tsunami impacts on communities^{6,7}; and satellites could now transmit signals to high-speed computers, empowering humans to issue local and pan-oceanic tsunami warnings in minutes^{8,9}.

The application to policy and practice

In less than three months following the devastating Indian Ocean tsunami, scientists worked together with policymakers to form an international commitment to develop an Indian Ocean Tsunami Warning & Mitigation System (IOTWS). The IOTWS is now fully operational, comprising a set of Regional Tsunami Service Providers (India, Australia, and Indonesia) issuing tsunami advisories to all National Tsunami Warning Centres of the Indian Ocean rim countries¹⁰. The IOTWS also developed the first international guidelines for tsunami hazard and risk assessment¹¹.

The most heavily affected nations of Indonesia, Sri Lanka and India developed new disaster management policy frameworks, governance structures and national disaster management plans to address tsunami and other natural disaster risks. For instance, the Indonesian Government developed the Presidential Tsunami Master Plan for Reducing Tsunami Risk¹², which is underpinned by national-scale tsunami hazard mapping to establish tsunami shelters and strengthen warning systems for at risk coastal communities.

Did it make a difference?

The IOTWS now provides warnings to all Indian Ocean country members, reaching millions of people who had no warnings in 2004. Furthermore, tsunami hazard mapping and evacuation planning has been carried out for hundreds of coastal communities.

Gains in tsunami preparedness were demonstrated during the 12 April 2012 magnitude 8.5 earthquake offshore of northern Sumatra, Indonesia. Although no tsunami eventuated, due to the large magnitude and location, a tsunami warning was issued in several countries. In Banda Aceh, where most of the tsunami-related deaths occurred in 2004, over 75% of the population started to evacuate soon after the earthquake¹³. Despite this, traffic jams slowed the evacuation considerably¹⁴, demonstrating that challenges still remain in getting dense populations to safety within very short warning timeframes.

Meanwhile, the 2011 Tohoku tsunami severely tested Japan's highly advanced warning system, seawalls and evacuation plans (Image 1). Tragically 18,000 people lost their lives¹⁵, totalling 4% of the population located in the inundation area. In comparison, the 2004 Indian Ocean Tsunami resulted in over 20% fatalities in the inundation area¹⁶. While any fatalities are shocking, it is clear that the application of science and technology can save lives.

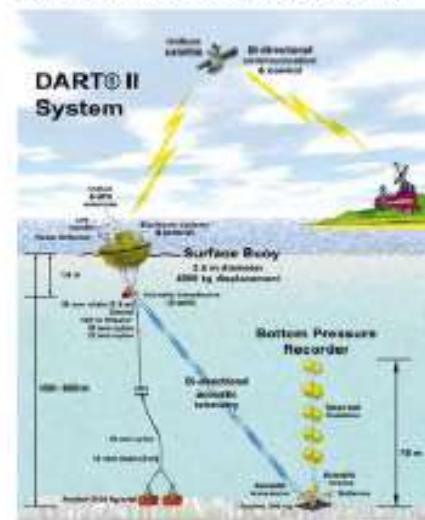


Figure 1: Overview of the DART II System for tsunami detection.
Source: National Oceanic and Atmospheric Administration¹⁷.

1 Doocy B, Roth A, Woodie C, Spring E, Bradley S, Burnham G, Robinson C. Tsunami: study in Aceh Province, Indonesia. *Bulletin of the World Health Organization*. 2007; 85(1):219-218.

2 Cochran P, Harbridge G. Serial threat, but warning sounded for tsunami research. *Australian News*. 2004; 35:4-7.

3 Dewey JF, Reid JH. Mountain belts and the new global tectonics. *Journal of Geophysical Research*. 1970; 75:47-206.

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6 Shoji N, Goto T. Numerical simulation of tsunami run-up. *Coastal Engineering, Japan*. 1979; 21:5-9.

7 Tani Y, Yoshida C. Numerical modeling of tidal wave run-up. *Journal of Waterway, Port, Coastal and Ocean Engineering*. 1981; 107:102-117.

8 Radhakrishnan A, Leung J, Minon G, Tett S. The IOTWS Project (Indian Ocean Tsunami Early Warning System). *Nature Hazards and Earth System Science*. 2008; 9:1281-1302.

9 Clifford G. 2002. NOAA Weather Radio (NWR) - a coastal indicator to tsunami alert and confirmation. In: Bernard S (ed.). *Developing Tsunami-Resistant Communities*. Lancaster: Springer; 2002:163-172.

10 United Nations Educational, Scientific and Cultural Organization (UNESCO). Indian Ocean Tsunami Warning System (IOTWS) Project (German-Japanese Tsunami Early Warning System). *Nature Hazards and Earth System Science*. 2008; 9:1281-1302.

11 Intergovernmental Commission on Oceanographic Data and Assessment and Allocation for the Indian Ocean: knowing your tsunami risk - and what to do about it. IOC Manual and Guidelines No. 50. Paris: UNESCO; 2008.

12 Indonesian National Geospatial Information Agency. *Presidential Master Plan for Tsunami Risk Reduction*. 2012.

13 Goto Y, Allen M, Field H. Quick Report No. 2: Response of the people in Banda Aceh just after the 2012 April 11 05:48:40 earthquake (M8.5). 2012. Available at: <http://www.volcanodiscovery.com/2012/04/11/quick-report-no-2-response-of-the-people-in-banda-aceh-just-after-the-2012-april-11-054840-earthquake/> [Accessed 29 April 2013].

14 IAO.

15 National Police Agency of Japan. 2012. Countermeasures for the Great East Japan Earthquake: Damage Situation and Police Countermeasures (page 6). 2012. Available at: http://www.npa.go.jp/text/keisaku/daijishu/1204_1_1.htm [Accessed 29 March 2013].

16 Doocy B, Roth A, Woodie C, Spring E, Bradley S, Burnham G, Robinson C. Tsunami: study in Aceh Province, Indonesia. *Bulletin of the World Health Organization*. 2007; 85(1):219-218.

17 National Oceanic and Atmospheric Administration (NOAA). DART II System. Available at: <http://www.ncei.noaa.gov/data/dart/> [Accessed 29 April 2013].



Image 2: A child receives a rubella vaccination.
Source: Wellcome Images.

CASE STUDY 7:

Preventing Congenital Rubella Syndrome: Health disaster risk reduction through Rubella vaccination

The problem

When a woman contracts the disease rubella (or German measles) in early pregnancy, her unborn baby also becomes infected. While the woman may experience only a mild illness, the unborn baby will suffer major birth defects such as deafness, blindness, heart defects, and blood disorders. Severe learning disabilities can also occur; these may worsen throughout life and may also be associated with deformities of the skull (such as a small head size, as seen in Image 1). In some cases the unborn baby will die from the infection¹⁻³.

Rubella is an infectious disease caused by a virus. It spreads from person to person through sneezing and coughing. Outbreaks of rubella are public health disasters. In the 1960s a rubella epidemic swept through the world. In the United States alone, approximately

11,000 babies died and 20,000 babies were born with birth defects¹⁻⁴.

The science

In the first half of the twentieth century, the link between rubella and birth defects was not known. At that time, the fact that intrauterine infections could cause fetal damage, birth defects and fetal loss was largely unrecognised. Rubella was a fairly common infectious disease, mostly occurring in children but also in adults, including pregnant women.

In 1941, an Australian eye doctor called Norman Gregg was treating babies born with eye problems. He noticed that there were many more such infants that year than in the preceding years. One day he overheard two mothers talking about how they had both suffered from rubella when pregnant⁵. This led him to review the medical records of many mothers and babies. He connected the increased numbers of such damaged infants he had observed to a large epidemic of rubella which had recently occurred⁶.

Gregg went on to show that rubella in early pregnancy could be linked to many serious birth defects in children⁷.

This was a new discovery and, at first, even the possibility that such an apparently trivial illness could be so destructive was dismissed by some influential medical voices. It took some time - and further proof from scientists in other parts of the world - before doctors and policy-makers were convinced Gregg's findings were correct. The birth defects seen in babies infected with rubella while in the womb were later named Congenital Rubella Syndrome (CRS).

The application to policy and practice

A vaccination to prevent rubella first became available in 1969. The world now had a way of preventing the harm caused by rubella infection.

Since that time, increasing numbers of countries around the world have introduced the vaccine into their national immunisation policies. This is mostly done by vaccinating all the children in a population when they are still young (Image 2).

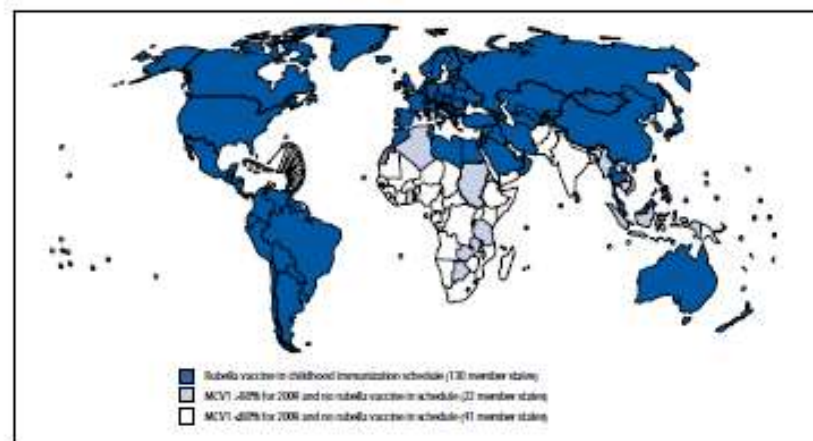


Figure 1: Countries using rubella vaccine and countries meeting WHO criteria for rubella vaccine introduction, 2009. Source: CDC, 2010⁸.

Following good progress in rubella immunisation in the 1990s, the Pan-American Health Organization (PAHO) resolved in 2003 to eliminate rubella and CRS from the region by 2010⁹.

Did it make a difference?

The number of World Health Organization (WHO) Member States using rubella-containing vaccine in their national immunisation programmes is continuing to grow, increasing from 83 of the 190 Member States (44%) in 1996 to 130 of 194 (67%) in 2009¹⁰ (Figure 1).

Rubella has been eliminated in the WHO Region of the Americas¹¹; this means less than 1 case of CRS per 100,000 births. Their experiences have been turned into guidance to support elimination in other regions of the world. Lessons identified include: high-level commitment and partnerships are essential; link political commitment with technical strategies; use proven surveillance tools; recognise outstanding performance by individual countries; provide on-going training for surveillance staff¹².

The WHO Regional Office for Europe has now set a target for elimination of CRS in its Member States^{13, 14}.

Gregg's scientific work has saved countless lives and prevented much disability, family tragedy and economic loss around the world. However, CRS still affects an estimated 110,000 infants in developing countries each year^{15, 16}, meaning the full benefits of his work are yet to be realised.



Image 1: A newborn baby with 'microcephaly' or small head size. Source: mednetnz.healthcare.net.

1. US Centers for Disease Control and Prevention (CDC). Rubella: Make Sure Your Child Gets Vaccinated. <http://www.cdc.gov/health/immunization/> (accessed 4 April 2013).

2. CDC. Progress Toward Control of Rubella and Prevention of Congenital Rubella Syndrome - Worldwide, 2006. *Morbidity and Mortality Weekly Report*. 2010; 59(40): 1307-1310.

3. US Centers for Disease Control and Prevention (CDC). Rubella: Make Sure Your Child Gets Vaccinated. <http://www.cdc.gov/health/immunization/> (accessed 4 April 2013).

4. Wylie JJ, Nathaniel AW. Epidemiology of rubella. *American Journal of Diseases of Children*. 1963; 118:102-112.

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8. Frerking MR. Elimination of Rubella and Congenital Rubella Syndrome: We Can Do It Together. *The Journal of Infectious Diseases*. 2011; 204 (Suppl 2): S1.

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12. Jones M, Morris-Waggoner V, Andreu J, Castillo-Healyman C, Dobson JJ and the Caribbean Surveillance Group. Lessons Learned From Integrated Surveillance of Measles and Rubella in the Caribbean. *The Journal of Infectious Diseases*. 2011; 204(Suppl 2):S20.

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14. British Paediatric Surveillance Unit. 2010 Annual Report 2009-2010. London: Royal College of Paediatrics and Child Health; 2010.

15. CDC. Progress Toward Control of Rubella and Prevention of Congenital Rubella Syndrome - Worldwide, 2006. *Morbidity and Mortality Weekly Report*. 2010; 59(40): 1307-1310.

16. Catta PT, Vinyakovsky E. Modeling the incidence of congenital rubella syndrome in developing countries. *International Journal of Epidemiology*. 1996; 25:1170-84.

CASE STUDY 10:

Building Resilience to Earthquakes in Chile



Image 1: Tie-column reinforced cages extending from foundations of a new building; these are a key feature of 'confined masonry' construction. Source: *Stacy, Astiza and Yedlin, 2010*¹.

The problem

Hundreds of thousands of people have lost their lives due to the collapse of buildings during earthquakes in the last two decades; billions of dollars of financial loss have also been sustained. Building vulnerability generally results from a lack of understanding of engineering science and poor enforcement of building codes. The problem is most severe in developing countries where populations are growing, towns and cities are expanding and buildings are more vulnerable to damage¹⁻⁴.

The science

Scientists have studied the ways in which materials and structures are affected by strong shaking as experienced

in an earthquake. By exposing structures to physical forces in the laboratory, and by studying the effects of real-life earthquakes, scientists can see how structural elements like beams, columns and walls behave under earthquake ground shaking, what type of damage they experience and how collapse takes place. This has brought an understanding of how to construct buildings to better withstand earthquakes.

For instance, buildings constructed in the 'confined masonry' style, have been designed to withstand earthquakes better than buildings built with other, more traditional building techniques⁵. 'Confined masonry' buildings are characterized by masonry walls combined with reinforced concrete confining elements, such as tie-column and tie-beam reinforcement cages (Image 1), and, in some cases, concrete bands through walls⁶⁻⁸.

Building codes with seismic provisions are the most common tool used to put this scientific knowledge into practice. If adequately enforced, seismic building codes result in earthquake-resistant buildings that are less likely to collapse even in severe earthquakes, thus ensuring the safety of inhabitants.

Seismic code provisions are generally based on earthquake hazard maps and are more stringent in high hazard regions and for structures with high importance such as schools, hospitals, fire and police stations, and critical facilities. Building codes are generally updated regularly to incorporate new knowledge and experience gained from major earthquake events.

The application to policy and practice

The South American country of Chile experiences frequent earthquakes which have claimed many lives⁹. Chile has a long history of regulated 'confined masonry' construction practice, starting in the 1930s, after the 1928 Talca earthquake of magnitude 8.0¹⁰.

Seismic design provisions for buildings were first formally laid out in 1940¹¹. From the 1960s onwards, the Chilean

government funded research work into seismic design codes for the country¹² and, in 1997, new building regulations were introduced which gave provisions for all new buildings to be designed and constructed in the 'confined masonry' style¹³. The regulations specify how buildings should be constructed and include standards such as the required strength for clay and concrete masonry units such as bricks and blocks. The regulations include the newest methods and techniques available¹⁴.

The 1997 building regulations have been enforced well, with local authorities requiring that seismic and structural computations in the design of new buildings are verified by an independent professional¹⁵.

Similar examples are seen in other areas of the world, particularly in Pakistan, which is also heavily affected by earthquakes. The new Building Code of Pakistan¹⁶ was prepared after the 2005 Kashmir earthquake; these guidelines move away from the use of traditional adobe structures and adopt 'confined masonry' as the main building typology¹⁷⁻¹⁹. More than 400,000 buildings were reconstructed in the affected areas after the 2005 earthquake, using the new code and with the aim to 'build back better'¹⁸. Other examples include the introduction of the Dhaji Diwari building typology (clay brick confined by small timber elements) in Kashmir¹⁹.

Internationally, 'confined masonry' technology is being promoted by earthquake engineering experts. For instance, the Confined Masonry Network²⁰ has developed guidelines on seismic design for low-rise constructions, targeting countries where 'confined masonry' is not yet used²¹.

Did it make a difference?

Over 200,000 people died in the magnitude 7.0 Haiti earthquake in January 2010 but when a magnitude 8.8 earthquake struck central Chile the next month, on 27th



Image 2: A building with a collapsed ground floor as a result of the February 2010 earthquake in Chile. Source: *Stacy, Astiza and Yedlin, 2010*¹⁴.

February 2010, only around 300 people lost their lives due to collapsed buildings²² (Image 2). Well-enforced, science-based seismic building codes have been suggested as a major reason for the low number of casualties in the Chile earthquake^{14, 23}. The earthquake was the most severe since the 1930s and produced significant ground-shaking over a large area of the country. Despite this, 'confined masonry' buildings of all sizes performed very well and it is estimated that only about 1% of the total building stock in the affected area was damaged²⁴. Similarly in Pakistan, buildings constructed in line with seismic codes have survived several moderate and strong earthquakes over the past five decades with no or only minor damage^{18, 19}. In this way, integration of science into building practice can and does save lives and livelihoods.

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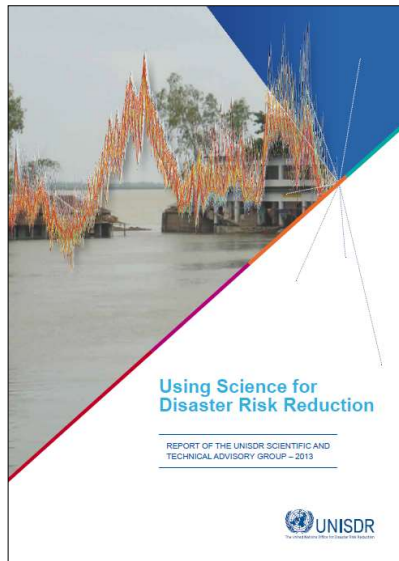
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RECOMMENDATIONS

- 1. Encourage science to demonstrate that it can inform policy and practice**
- 2. Use a problem-solving approach to research that integrates all hazards and disciplines**
- 3. Promote knowledge into action**
- 4. Science should be key to the Post-2015 Hyogo Framework for Action**





Prof. Takashi Onishi
Science Council Japan



Chair's Office
for Disaster Risk Reduction

Chair's Summary

Submit comments by 31 May 2013
globalplatform@un.org

Global Platform
for Disaster Risk Reduction
Fourth Session, Geneva, Switzerland
19-23 May 2013

UNISDR

RESILIENT
PEOPLE
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LIVES





Global Platform for Disaster Risk Reduction

Fourth session, Geneva, Switzerland
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It is expected that the HFA2 will recognize the need to govern disaster risk reduction and resilience through clear responsibilities, strong coordination, enabled local action, appropriate financial instruments and **a clear recognition of a central role for science.**

and science. The session builds on regional platforms for disaster risk reduction convened in Africa, the Americas, Asia-Pacific, Arab States and Europe as well as many consultative and preparatory meetings convened by civil society, national and local governments and Red Cross and Red Crescent national societies.



Plataforma Regional para la Reducción del Riesgo de Desastres de las Américas

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**The 6th Asian Ministerial Conference on Disaster Risk Reduction
Bangkok, Kingdom of Thailand 22 – 26 June 2014**



مخاطر الكوارث

14 – 16 ايلول / سبتمبر 2014

مخاطر الكوارث

2014

ون ويمثلو المنظمات الإقليمية والدولية الحكومية وغير
في مدينة شرم الشيخ، جمهورية مصر العربية خلال
هورية مصر العربية قيادةً ودولةً وشعباً ولحفاظة جنوب



EFDRR
EUROPEAN FORUM
FOR DISASTER RISK REDUCTION
Spanish Chairmanship

5th EUROPEAN FORUM FOR DISASTER RISK REDUCTION

Madrid Outcomes

6-8 October 2014

We, the participants of the European Forum for Disaster Risk Reduction (EFDRR), present at the Madrid Session hosted and Chaired by Spain and Co-Chaired by France;

1. Recognize the importance of the upcoming Third United Nations World Conference on Disaster Risk Reduction (WCDRR) (14-18 March 2015, Sendai, Japan). Acknowledge the European Union Council conclusions of 5 June 2014 on the post 2015 Hyogo framework for action: managing risks to achieve resilience, and the Outcome Document of the European Ministerial Meeting on disaster risk reduction held in Milan, Italy, on 8 July 2014. Contribute



Current members of STAG

UNISDR Margareta Wahlstrom, Pedro Basabe

STAG Chair Dennis Wenger US

- Vice-Chair Virginia Murray, UK
- Delilah Al-Khudhairy, Joint Research Centre, EU
- Walter Amman, GRF, Switzerland
- David Johnston, IRDR, New Zealand
- Laban Ogallo, ICPAC, Kenya
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- Aromar Revi, India
- Cathy Roth, WHO
- John Schneider, Australia
- Peijun Shi, Beijing Normal University, China

Observers: Brett Schothorst, US; Wang Ming, China; Toshio Koike, Japan; Julie Calkins, UK; Amina Aitsi-Selmi, UK.

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In summary

- The role of UNISDR Science and Technical Advisory Group has grown over the last years
- Call for case studies continues
- Opportunities exist for greater collaboration and partnership

