**MAINSTREAMING CLIMATE CHANGE DISASTERS INTO HEALTHCARE DELIVERY: A KEYNOTE ADDRESS BY PASTOR PETERS OMORAGBON-EXECUTIVE PRESIDENT, NURSES ACROSS THE BORDERS INTERNATIONAL AT THE UNFCCC COP 29 SIDE EVENT HELD AT BAKU STADIUM, AZERBAIJIAN ON FRIDAY NOVEMBER 15, 2024.**

**Protocols**

1. **Introduction:** The year 2024, witnessed one of the world’s worst flood disasters of our time. From the Americas to Central Europe and the Sahel. Even though some people including elected Presidents and public officials are in a state of denial about the reality of the increasing impact of the changing climate, but those of us who are discerning are wise enough to meet every year to review and take stocks on the successes or failures of all our activities in combating the hydra-headed monster known as climate change. This monster is borderless and no respecter of whether a country is developed or underdeveloped, whether its targets are black or white or brown. It is like the Black Death-the bubonic plague pandemic that occurred in Europe from 1346-1353. It was one of the most fatal pandemics in human history; as many as 50 million people perished, perhaps 50% of Europe’s 14th century population! Climate Change disasters are worse than any pandemic to confront mankind.

**Such is the reality of the climate change disasters humanity is faced with today.**

1. **Main Body:**

Today, Nurses Across the Borders as it has done since 2004, when we were granted Observer Status will attempt to draw attention to the health implications of these disasters and interrogate the intellect and expertise of all of us here to formulate and proffer suggestions/solutions as efforts in mitigating these impacts on our health. This side event will attempt to address the disparity between disaster risk management between developing countries and developed countries in terms of capacity. The goal is to strengthen the limited capacity of the health sector for disaster prevention, preparedness, response and recovery.

1. Disasters are first and foremost, considered in terms of their human consequences. People’s health is a key imperative for reducing disaster risks and building community resilience. The Hyogo Framework for Action 2005-2015 recognises health in the Expected Outcome: which was to be a: Substantial reduction of disasters losses, in lives and the social, economic and environmental assets of communities and countries.
2. Effective implementation of risk management measure by all sectors will achieve improved health outcomes, in terms of saving lives reducing injury, illness and disability, and improving quality of life for people at risk.
3. **Health indicators measure the impacts of disasters and the effectiveness of Disaster Risk Management by all sectors.** The impact of emergencies and disasters on individuals, families, communities and countries, and the progress made on Disaster Risk management, is often measured, at first, in terms of health: lives lost or saved, the number of people with injuries, illness from diseases, disability and psychosocial effects, and the total numbers of people affected in general. **Health is vital to the measurement of well-being, resilience and development.**
4. Health facilities, especially hospitals, are critical assets for communities, including in response to emergencies, disasters and other crises. Yet hospitals and health workers are often among the major casualties of emergencies, meaning that health services cannot be provided to affected communities when they are most needed. The vast investment in health infrastructure can be lost when poorly constructed hospitals can absorb up to 70% of ministry budgets, critical to public health and are an important symbol of social well-being. Destruction of or damage to a hospital may result in a loss of connectivity and trust in local authorities as well as exposing patients and health workers to further vulnerabilities. Acts of violence, including direct attacks, have increased the threats to the security of hospitals, workers, patients and health services.
5. Communities and countries need to take measures to ensure the safety, security and functionality of their health infrastructure. They should prioritise the protection of new and existing hospitals and other health facilities from identified hazards and ensure the physical integrity of buildings, equipment and critical hospital systems. In addition, they should provide for the security and well-being of health workers and patients, and ensure that hospitals are capable of continuing to function and provide life saving services in the immediate response to emergencies and in their aftermath. **A SAFE HOSPITAL PROGRAM is an essential component of emergency and disaster risk management for health.**
6. **The Hyogo Framework for Action 2005-2015** makes reference to “ *promoting the goal of hospitals safe from disaster”* by ensuring that all hospitals are built with a level of resilience that strengthens their capacity to remain functional in disaster situations and implementing mitigation measures to reinforce existing health facilities, particularly those providing primary health care” The World Health Assembly and WHO Regional committee resolutions have been passed with member states pledging to make their hospitals safer.
7. In the context of this framework, “ Safe Hospital” refers to all types of health facilities and their functionalities. “Safe Hospital” is a widely used term, but this framework takes into account the critical role that different types of health facilities play in ensuring a safer health system, including health centres, laboratories, clinics including those that provide prevention and health promotion, small and medium size hospitals, and referral hospitals.
8. **The scale of damage to health facilities ranges from a single critical hospital to many health facilities.:**
* In September 2009, floods caused the evacuation of patients and shut down critical services in Bukna Faso’s main hospital in the capital Ougadougou.
* National and local health systems that provide health services for millions of people have been affected by damage and destruction to thousands of health facilities in Gujarat, India 2001, in Indonesia’s northern Acceh province, 2004, Pakistan, 2005 and in Myanmar 2008.
* More than 11,000 health facilities were damaged or destroyed by the earthquake that struck China on May 12 2008.
* 432 health facilities were damaged by Typhoon Haiyan in the Philippines including Barangay health stations (296), ruralhealth units (97), hospitals (38), and DOH Eastern Visayas regional office.
* **Total damages were estimated at P1.17billion (approximately USD 26M)**
* During the three week Gaza strip emergency in 2008-2009 16 health staff were killed and 25 injured while on duty, 15 hospitals and 41 primary health centres and 29 damages.