

## WHO Thematic Platform for Health Emergency and Disaster Risk Management<sup>1</sup>



Health



Emergency  
and Disaster



Risk



Management

### Introduction

The Thematic Platform<sup>2</sup> was launched by WHO and UNISDR on the International Day for Disaster Reduction, 14 October 2009. The impetus came from both the 2008-2009 World Disaster Reduction Campaign on Hospitals Safe from Disasters and the 2009 Global Platform for Disaster Risk Reduction when participants supported a proposal to establish a thematic platform dedicated to protecting public health from the risks and consequences of emergencies and disasters and in support of the Hyogo Framework for Action 2005-2015.

Fast forward to 2015, the Thematic Platform has provided advice and recommendations on health issues to Member States for the development and agreement of the Sendai Framework for Disaster Risk Reduction 2015-2030 which puts health at the centre of local, national and global action on managing risks associated with emergencies in the overall goal, expected outcome, targets and priority actions. The Thematic Platform is guided by, and supports the implementation of, the Sendai Framework, the Sustainable Development Goals and the Paris Agreement on climate change, along with the International Health Regulations (2005), WHO resolutions and other regional and global frameworks. The Sendai Framework not only gives focus to health but also recognises it is important for countries and stakeholders “to actively engage in ... the thematic platforms in order to forge partnerships, periodically assess progress on implementation and share practice and knowledge on disaster risk-informed policies, programmes and investments, including on development and climate issues, as appropriate, as well as to promote the integration of disaster risk management in other relevant sectors” (paragraph 28c); and “to promote the use and expansion of thematic platforms of cooperation, such as global technology pools and global systems to share know-how, innovation and research and ensure access to technology and information on disaster risk reduction.” (paragraph 38).

The Thematic Platform was established in order for local, national and international partners to collaborate on actions to reduce deaths, injuries, illness, disability and other health consequences from emergencies, disasters and other crises, and to building the resilience of health systems. A key goal of the Platform is to improve the health and well-being of millions of people at risk through enhanced health emergency and disaster risk management, embracing prevention, preparedness, response and recovery measures and enabling capacities in health and other sectors at all levels of society.

This document describes the Platform’s rationale and terms of reference to facilitate these actions on health emergency and disaster risk management.

### The problem: it is not possible to replace millions of lost lives and long-lasting health impacts from emergencies and disasters

Today we face enormous challenges from the risks associated with natural hazards, technological hazards, conflicts, food crises, and biological hazards including disease outbreaks

<sup>1</sup> First published October 2009

<sup>2</sup> The thematic platform was launched as the Thematic Platform for Disaster Risk Reduction for Health and was renamed to take account of the broader application of risk management and the common usage of both emergency and disaster in health and other sectors.

and pandemic influenza. The historical record should be sufficient reason to increase investment in health emergency and disaster risk management, however, risks are expected to increase due to factors such as climate change affecting the frequency and severity of hazards, the settlement of hazard-prone areas due to urbanization pressures and continuing inequity of access to services.

The tragic impact of emergencies, disasters and other crises on people's health and well-being is a major imperative for action on health emergency and disaster risk management. A global assessment of national health sector preparedness and response found that most countries had experienced a major emergency or disaster within the previous five years (WHO 2007).

Communities are confronted by emergencies of varying scales.<sup>3</sup> Large-scale disasters have killed thousands of people and affect millions more. Countries also experience numerous small-scale hazard events that have significant impacts and cumulative effects on communities. Economic losses from all these events run into the billions of dollars, setting back social development and hard-earned health gains. The combination of hazards, community vulnerabilities and limited capacities result in an uneven distribution of risk among and within countries, with the poor often the most affected.

The true impact of emergencies and disasters is often hidden by statistics that describe how many people have died or been injured. But these dry details fail to depict the full health impact or the depths of human suffering felt during such emergencies. Millions of people have experienced great personal pain and suffering from injuries, illness, exacerbation of chronic diseases and long-term disabilities. They also may suffer the mental stress and emotional anguish from loss of loved ones and haunting memories of traumatic events. It is a huge burden for individuals, families, communities and society to bear.



For the sake of people's health and well-being we need to take a holistic risk management approach that emphasises prevention but also takes account of the need to prepare, respond and recover from emergency and disasters, and continues to build the resilience of health and other societal systems on the path to sustainable development including Universal Health Coverage. It may be possible to build back better, but it is not possible to replace lost lives and long-lasting health impacts.

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<sup>3</sup>There has been a significant increase in the total number of natural and technological disasters worldwide during the past 50 years. The annual average number of disasters was 609/year for the decade 2006-2015. (*IFRC*) An estimated 100 epidemic-prone events occur each year, including those due to new or re-emerging infectious diseases. (*WHO*) Approximately 190 million people are affected annually by emergencies due to natural and technological hazards, with over 77,000 deaths. (*IFRC*) There was a wide annual range (14389 in 2014 to 314503 in 2010 due to the Haiti earthquake and the Russian heatwave). Many thousands of people have been killed directly in conflicts with further deaths due to other causes linked to the deterioration in the health system; over 172 million are affected by conflict. (*IFRC*) Forty-nine on-going conflicts were identified on five continents in 2016 (Uppsala Conflict Database). As of December 2017, it was estimated that 135.6 million people require humanitarian assistance – the highest on record (*OCHA*).

On a per capita basis, small island developing states (SIDS) and other small countries have higher levels of relative risk. For example, in the case of tropical cyclones, Vanuatu has the highest mortality risk per million inhabitants in the world. (*UNISDR*).

Emergencies caused by natural hazards can cost up to \$160 billion annually,<sup>3</sup> while the cost of armed conflicts can run into trillions. Estimates suggest that a severe influenza pandemic could cost the global economy more than \$3 trillion,<sup>3</sup> through its effects on productivity, trade, and travel. (World Bank)

## The action needed: Proactive action through strengthening and implementing capacities for health emergency and disaster risk management

Reducing health risks from emergencies, disasters and other crises is achievable. Progress has been made at global, regional, national and community levels, but the capacity of countries for prevention, emergency preparedness, response and recovery is extremely variable. The 2007 WHO global assessment found that less than 50% of national health sectors had a budget for emergency preparedness and response.

Factors affecting capacity include:

- weak health systems and disaster risk management systems
- lack of access to resources and know-how
- continuing insecurity due to conflict.

But a number of high-risk countries have strengthened their disaster risk management systems, and in some countries, the health sector has been a leader by initiating the development of multi-sectoral approaches.

At community level, local governments, non-governmental organizations and the Red Cross and Red Crescent movement have built local capacity through the training of community representatives and implementation of risk reduction measures, such as risk assessment and contingency planning, early warning systems, safer water and sanitation, and epidemic and pandemic preparedness. The fact that millions of people have also survived emergencies,



disasters and other crises is a tribute to their resilience, courage and to the support of communities, health workers and all partners who have helped to reduce risk and respond to these events.

The Safe Hospitals Initiative sets the goal that safe hospitals continue to provide health-care services in times of emergencies and disasters. This means ensuring that new and existing hospitals are built with a level of protection, their critical systems

(such as water and waste) are functional and there are emergency risk management capacities in place that better guarantee hospitals will withstand hazards and deliver health services in crisis situations.

Many factors, in combination, determine how many people die, fall ill, and suffer physical and psychological trauma and other health outcomes from disasters and other emergencies. These include the location of settlements, the quality of building construction, advanced hazard warnings, availability of evacuation shelters, the level of community know-how to take action, availability of food and water, medical, health and social services and emergency response systems. In communities and governments, the responsibility for some of these factors is in the health sector. But other sectors have responsibilities for factors which contribute to health outcomes. This makes it imperative for many disciplines in the health sector to work with others to improve health outcomes from the risk of disasters.

Taking the example of a health facility, it needs health and non-health sectors to work closely together to ensure it is structurally and functionally safe. Planners, architects, engineers, educators, government policy makers, doctors, nurses and hospital managers form a team whose efforts make a health facility that is safe and prepared to respond in times of crisis.

## Collaborative action facilitated by the Thematic Platform for Health Emergency and Disaster Risk Management

The Thematic Platform facilitates new and existing collaboration and partnerships among stakeholders whose actions in health emergency and disaster risk management contribute to healthier and safer communities. These initiatives have included the Thematic Platform for Health Emergency and Disaster Risk Management Research Network, the Thematic Platform's subgroup on sexual and reproductive health and emergency and disaster risk management, and the collaboration on disaster education for medical studies among WHO, International Federation of Medical Students Associations and the Centre for Research Disaster and Emergency Medicine at the University of Eastern Piedmont in Italy.

The Thematic Platform has facilitated inputs from more than 50 experts, primarily in Public Health England and WHO, for the development and revision of a series of 17 fact sheets on various aspects of health emergency and disaster risk management, organised forums at Global Platforms for Disaster Risk Reduction and the World Congress for Disaster and Emergency Medicine, provided inputs to UNISDR reports and thematic conferences (e.g. science and technology); and provided advice on health to Member States for the negotiations of the Sendai Framework for Disaster Risk Reduction.



Against the backdrop of increasing risks and public health impacts of disasters and emergencies, increased cooperation, investment and action towards risk management is needed to achieve better health outcomes and well-being for at-risk communities, as well as to make communities, countries and their health systems safer and more resilient.

Partnerships within the health sector and between health and other sectors are vital for developing the field of health emergency and disaster risk management. By working together, country and community partners can deal with these risks, particularly by reducing hazards, exposures and vulnerabilities and building capacities to mitigate, prepare for, respond and recover from all emergencies which they face.

Leadership is also critical to provide the necessary policy direction and mechanisms for consistent and predictable levels of funding for national and community risk management initiatives and programmes for health and other sectors.

We possess most of the know-how to make a safer tomorrow, but further political commitment at the highest level will help to provide the necessary investment for better health outcomes for millions of people at risk of emergencies, disasters and other crises.



# Terms of Reference for the WHO Thematic Platform on Health Emergency and Disaster Risk Management

## Rationale

Disasters and other emergencies often result in significant impacts on people's health and well-being, including the loss of many lives. Every new threat reveals the challenges for managing health risks and effects of emergencies and disasters. Deaths, injuries, diseases, disabilities, psychosocial problems and other health impacts can be avoided or reduced by effective health emergency disaster risk management, including prevention, preparedness, response and recovery measures. As many factors contribute to health outcomes in emergencies and disasters, concerted multi-disciplinary and multisectoral partnerships are needed in order to improve health outcomes for people at risk of emergencies, disasters and other crises.

## Vision

Improved health and well-being for people at risk of emergencies, disasters and other crises due to people and organizations from all sectors working effectively together in health emergency and disaster risk management.

## Goal

Better health outcomes and reduced physical, mental and social health consequences for people at risk of emergencies and disasters through more effective health emergency and disaster risk management and more resilient health systems.

## Objectives

The WHO Thematic Platform on Health Emergency and Disaster Risk Management (hereinafter referred to as "Platform") has been established with the intention to build a multi-disciplinary and multi-sectoral community to advocate, share information and catalyse action on health emergency and disaster risk management, and implement the Sendai Framework for Disaster Risk Reduction and allied frameworks through the health sector.

The Platform aims to work together with UN system and Sendai Framework partners, the United Nations Office for Disaster Risk Reduction (UNISDR) Scientific and Technical Advisory Group and other platforms, and to foster linkages with the Inter-Agency Standing Committee (IASC), UNISDR and WHO programmes, including the Safe Hospitals Initiative, entities that support the implementation of the International Health Regulations, the Global Health Cluster and other clusters, and the Emergency Medical Teams (EMT) initiative. The Platform aims to provide a forum to build partnerships and collaborations to harness the collective influence and strengths of relevant actors to ensure that the health impacts of emergencies and disasters are reduced.

The Platform will be guided by the following principles and approaches:

- Multi-agency: the Platform will facilitate partnerships among agencies, institutions and individuals which contribute to health emergency and disaster risk management.
- Multi-sectoral: the work of the Platform will reflect that health and other sectors work together to manage the health emergency risks caused by the interaction of hazards or agents, vulnerabilities, capacities and resilience of people, and their social, cultural, natural and built environments.
- Multi-disciplinary: the Platform will take into account the contributions of many disciplines in health and other fields required to manage the risks to health and well-being.
- All-hazard: the Platform will address risks of emergencies from all sources, including natural, technological, biological and societal hazards.
- Risk management: the Platform will adopt a risk management approach, with a focus on proactive measure to manage risk, including risk assessment, prevention, and preparedness

and associated functions such as policy development, communication, monitoring and evaluation, and capacity development. Risk management approaches should also be integrated into disaster response, recovery and rehabilitation by strengthening communities, institutions and systems to manage existing risks and reduce future risks.

### **Status**

The Platform is not an independent legal entity but a collaborative mechanism between WHO and other Platform participants.

For this reason, the Platform cannot conduct any action in its own name or in the name of WHO.

The operation of the Platform shall in all respects be administered in accordance with the WHO Constitution, WHO's Financial and Staff Regulations and Rules, Manual provisions, and applicable policies, procedures and practices.

### **Functions and activities**

The Platform's role is to advocate, share information and catalyse action on health emergency and disaster risk management, focusing on the following areas of activity:

- Actions to support the development of health emergency and disaster risk management across health and related disciplines at community, national and international levels. These actions may include: sharing information about national policies and strategies for health emergency and disaster risk management; sharing good practices and risk assessments; education and training programmes; development of research strategies and projects; database development and evaluations; and linking evidence and practice to policy and systems development for health emergency and disaster risk management.
- Actions to raise awareness of the imperative for health emergency and disaster risk management due to the widespread immediate and long-term impacts of emergencies, disasters and other crises on health and well-being. The dynamic nature of risk due to changing hazards, vulnerabilities and capacities will be taken account, including reducing the risks associated with climate change.
- Advocacy for greater investment of resources in all aspects of health emergency and disaster risk management by the public, private and community health sector, by other sectors, and the international development and humanitarian community, including donors and financial institutions.
- Advocacy to promote and support the development of national policies and programmes on health emergency and disaster risk management.
- Actions to build partnerships and a health emergency and disaster risk management community, including representatives of disciplines and sectors contributing to health and well-being. Such actions may include web-based communications, virtual and face-to-face conferences and publications.
- Advising on the development of a pool of health emergency and disaster risk management experts who can contribute to the development of health emergency and disaster risk management at global, national and community levels.
- Actions to ensure that the health sector contributes effectively to disaster risk management, especially with respect to implementation of the Sendai Framework for Disaster Risk and



related global and regional frameworks, forums such as the National, Regional and Global Platforms for disaster risk reduction, other thematic platforms, PreventionWeb and UNISDR system reports, publications and International Day for Disaster Reduction campaigns.<sup>4</sup>

- Contributions to monitor, evaluate and report on the implementation of health emergency and disaster risk management.
- Advice to the WHO, UNISDR and Thematic Platform partners about future directions and priorities to address continuing and emerging challenges for health emergency and disaster risk management.
- Actions to promote the integration of health emergency and disaster risk management with the plans and activities of other groups such as Global Health Cluster, Emergency Medical Teams Initiative and entities that support the implementation of the IHR.

The Platform participants will work with WHO to develop a work plan and report on activities and contributions on a biennial basis to WHO, normally to coincide with the meetings of the Global Platform.

The Platform may advise the creation of ad hoc subgroups to address specific issues, as needed.

## **Participation**

The Platform is open to participation by representatives from relevant national authorities, UN organizations, other intergovernmental organizations, non-State actors, academic and research institutes.

In addition, WHO may also invite individuals with proven experience, expertise or interest in the field of health emergency and disaster risk management. These individuals are subject to conflict of interest assessment as per the relevant WHO rules and policies.

Those participating in the Platform will be known as “Participants”.

Participation in the Platform shall not be considered as an engagement with WHO, nor should it be considered as endorsement by WHO of the Participant, or its name, brand, products, views or activities.

A Participant may not use the fact that it is a Platform participant for commercial or promotional purposes.

Participants will promote the objectives of the Platform and abide by these Terms of Reference.

## **Secretariat**

Subject to the availability of sufficient human and financial resources for this purpose, secretariat and planning support for the Platform is provided by WHO, acting through the WHO Health Emergencies Programme (“WHE”). WHO may seek the assistance of Participants to support WHO in fulfilling the role of Secretariat.

The WHO focal point for disaster risk management facilitates the operation of the Platform and serves as the focal point for external contacts.

## **Meetings**

The Participants of the Platform may utilize face-to-face meetings and electronic communication methods for the exchange of information related to the work of the Platform. The need for face-to-face meetings of the Platform will be determined by the Secretariat that will, in its discretion, convene such meetings and develop the related meeting agenda.

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<sup>4</sup> The Sendai Seven Campaign (2016-2022) focuses on the seven targets of the Sendai Framework for Disaster Risk Reduction.

Forums, such as the Global Platforms for Disaster Risk Reduction, other related meetings and web-based interaction, may also be used by Participants to share their views, experience and initiatives with the health emergency and disaster risk management community.

The outcome of Platform discussions shall be of an advisory nature and shall not be binding on WHO or any other Participant.

## **Publications**

Any publication on the work of the Platform is subject to WHO's rules on publication.

As a general rule and subject to its discretion, WHO shall be responsible for issuing publications about Platform activities. Dissemination of Platform materials will only be made by WHO or as may be decided by WHO on a case-by-case basis.

Copyright in any publication made by WHO shall be vested in WHO. This also applies if the work is issued by WHO and is a compilation of works by Participants or is otherwise work prepared with input from one or more Participants. Copyright in a specific separable work prepared by a Participant shall remain vested in that Participant (or remain in the public domain, if applicable), even if it forms part of another work that is published by WHO and of which WHO owns the copyright as a whole.

Copyright in a publication prepared and issued by a Participant shall remain vested in that Participant or shall be put in the public domain if such Participant so chooses.

"Publications" include any form, whether paper or electronic, and in any manner. Participants are always allowed to cite or refer to Network publications, except for purpose of promoting any commercial products, services or entities.

Any publication about Platform activities issued by a Participant other than WHO shall contain appropriate disclaimers as decided by WHO, including that the content does not necessarily reflect the views or stated policy of the participating organizations, agencies and institutions (including WHO, acting as the Secretariat for the Platform).

## **Financing**

Each Participant is, in principle, responsible for meeting its own expenses in relation to the Platform (including, but not limited to, travel and subsistence for the attendance of Platform meetings).

## **Termination**

WHO may at any time decide not to continue the work of the Platform, in which case all reference to activities as being conducted under the auspices of the Platform shall cease upon communication to Participants to that effect.

WHO will maintain an updated list of Participants. Participants who do not wish to remain participants shall notify WHO accordingly. In addition, WHO, in its sole discretion, may terminate the participation in the Platform of any Participant.

## **Liability**

Under no circumstances shall WHO assume any liability for acts carried out by Participants regardless of whether such acts were carried out in the name of the Platform. Furthermore, WHO in its sole discretion, may refrain from implementing any decision of the Platform if in the view of WHO, such decision gives rise to undue financial, legal or reputational liability or is contrary to WHO Rules, Regulations Administrative practices and programmatic and technical policies.

## **Amendments**

WHO may at any time review and amend, if needed, these Terms of Reference. Participants shall be informed of such amendments.