

# Health Emergency and Disaster Risk Management Framework



### © World Health Organization 2019

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

**Suggested citation.** Health Emergency and Disaster Risk Management Framework. Geneva: World Health Organization; 2019. Licence: *CC BY-NC-SA 3.0 IGO*.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

**Sales, rights and licensing.** To purchase WHO publications, see <a href="http://apps.who.int/bookorders">http://apps.who.int/bookorders</a>. To submit requests for commercial use and queries on rights and licensing, see <a href="http://www.who.int/about/licensing">http://www.who.int/about/licensing</a>.

**Third-party materials**. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

**General disclaimers.** The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Design by Les Pandas Roux Front cover design by Freepik

Printed in Switzerland

# **TABLE OF CONTENTS**

FURI	EWURD	• V
ACKI	NOWLEDGEMENTS	• V
LIST	OF CONTRIBUTORS	• vi
ABBI	REVIATIONS	• viii
EXEC	CUTIVE SUMMARY	• ix
01.	INTRODUCTION	• 1
02.	CONTEXT: THE HEALTH CONSEQUENCES OF EMERGENCIES AND DISASTERS	• 2
03.	HEALTH EDRM: AN INTEGRATED APPROACH TO MANAGE HEALTH RISKS AND BUILD RESILIENCE  3.1 KEY CONCEPTS AND CHARACTERISTICS OF HEALTH EDRM	• 3
04.		• 6
05.	COMPONENTS AND FUNCTIONS OF HEALTH EDRM 5.1 POLICIES, STRATEGIES AND LEGISLATION 5.2 PLANNING AND COORDINATION 5.3 HUMAN RESOURCES 5.4 FINANCIAL RESOURCES 5.5 INFORMATION AND KNOWLEDGE MANAGEMENT 5.6 RISK COMMUNICATIONS 5.7 HEALTH INFRASTRUCTURE AND LOGISTICS 5.8 HEALTH AND RELATED SERVICES 5.9 COMMUNITY CAPACITIES FOR HEALTH EDRM 5.10 MONITORING AND EVALUATION	• 9 • 9 • 10 • 10 • 10 • 10 • 11 • 11
06.	WORKING TOGETHER TO IMPLEMENT HEALTH EDRM  6.1 KEY STEPS IN DEVELOPING HEALTH EDRM STRATEGIES AND IMPLEMENTING PRIORITY ACTIONS  6.2 AREAS FOR MULTISECTORAL ACTION AS A FOUNDATION FOR HEALTH EDRM	<ul><li>12</li><li>12</li><li>13</li></ul>

07.	ROLE	ES AND RESPONSIBILITIES FOR HEALTH EDRM	• 15
7.1 WHOLE OF GOVERNMENT, WHOLE OF SOCIETY		• 15	
	7.2 MI	NISTRY OF HEALTH	• 15
7.3 NATIONAL DISASTER MANAGEMENT AGENCY		• 16	
	7.4 CC	MMUNITIES AND COMMUNITY-BASED ORGANIZATIONS	• 16
	7.5 WI	HO	• 16
	7.6 IN	TERNATIONAL COMMUNITY	• 17
08.	CONC	LUSION	• 18
REFERENCES		• 19	
ANN	NEXES		• 21
	NEXES	WHO CLASSIFICATION OF HAZARDS	<ul><li>21</li><li>22</li></ul>
ANN		WHO CLASSIFICATION OF HAZARDS  COMPONENTS AND FUNCTIONS OF HEALTH EMERGENCY AND DISASTER RISK MANAGEMENT	

## **FOREWORD**



Emergencies and disasters take a profound toll on people's health, often well after the headlines fade.

Every year, over 170 million people will be affected by conflict, and another 190 million by disasters; yet the full impact on people's health is far greater than this. Some will be large national, regional or even global crises, from cyclones and drought to major outbreaks. Others will be more localized, like traffic collisions and fires, but can still be devastating in their collective costs to human life.

Too often these events set back development – sometimes for decades – and jeopardize universal health coverage along with other development agendas of a country. They shatter the aspirations of children and adults, and the communities they live in or call home. They can overwhelm health systems and decimate the economies that fund them.

Reducing these impacts is one of our most pressing priorities. It will be central to achieving the triple billion goals of the World Health Organization (WHO): for universal health coverage, for health security, and health for all.

This Health Emergency and Disaster Risk Management (EDRM) Framework is a substantial response to this challenge. It emphasizes the critical importance of prevention, preparedness and readiness, together with response and recovery, to save lives and

protect health. It outlines the need to work together – because EDRM is never the work of one sector or agency alone. It shows how the whole health system can and must be fundamental in all of these efforts.

The Framework also details the clear need for communities to be in the driving seat. While emergencies affect everyone, they disproportionately affect those who are the most vulnerable. The needs and rights of the poorest, as well as women, children, people with disabilities, older persons, migrants, refugees and displaced persons, and people with chronic diseases must be at the centre of our work.

WHO is fully committed to working with Member States and partners to ensure that the Framework is implemented effectively.

This document is the result of extensive consultations and inputs from Member States and partners, as well as WHO colleagues across offices and programmes around the world. I would like to thank each and every one of those who have contributed to its development.

Moreover, I encourage everyone to use this Framework: you should be able to see yourself and your role in these pages. Not all emergencies can be predicted, but they can be prepared for. Let us act together to reduce the risks they pose before, during and after emergencies, and achieve a safer, healthier world for all.

### Dr Tedros Adhanom Ghebreyesus

Director-General World Health Organization

# **ACKNOWLEDGEMENTS**

The Health FDRM Framework is the culmination of a process of face-to-face and virtual consultations among WHO and experts from Member States and partner organizations who have contributed to the development, review and revision of the document. It is derived from the good practices and achievements in many related fields such as humanitarian action, multisectoral disaster risk management, and all-hazards emergency preparedness and response, including for epidemics, health systems strengthening and community-centred primary health care. The Framework has drawn inspiration from World Health Assembly and regional committee resolutions, regional strategies, national policies, international and national standards and guidelines, the United Nations Sustainable Development Goals, the Sendai Framework for Disaster Risk Reduction 2015–2030, the Paris Agreement on Climate Change, guidance on implementing the International Health Regulations (2005), and activities of the WHO Thematic Platform for Health EDRM and its associated Research Network

The extensive process of developing this document was based on the evidence gained from WHO's work

with partners and countries led by WHO country and regional offices and their respective Regional Emergency Directors: Ibrahima Socé Fall (African Region), Ciro Ugarte (Region of the Americas), Roderico Ofrin (South-East Asia Region), Nedret Emiroglu (European Region), Michel Thieren (Eastern Mediterranean Region), and Li Ailan (Western Pacific Region).

The Health EDRM Framework was reviewed and finalized at a Technical Workshop on Concepts and Technical Guidance for Health EDRM (Geneva, 21–23 November 2018) with participation from countries, WHO leadership at all levels and experts, including from academia. The leadership of Mike Ryan, Jaouad Mahjour, Stella Chungong and Qudsia Huda at WHO headquarters were very instrumental in finalizing the Framework. The contributions of Rick Brennan and Rudi Coninx, and Jonathan Abrahams who coordinated the development process, are gratefully acknowledged.

WHO thanks the governments of Australia, Finland, Republic of Korea and the United Kingdom for their financial support.

预览已结束,完整报告链接和二维码如下:

https://www.yunbaogao.cn/report/index/report?reportId=5 25118

