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Executive summary

The range of threats to public health faced by countries worldwide is broad and highly diverse, and includes infectious disease outbreaks, unsafe food and water, chemical and radiation contamination, natural and technological hazards, wars and other societal conflicts, and the health consequences of climate change. To help meet these and other challenges, countries are encouraged to strengthen their national capacities for emergency risk management incorporating measures for prevention, mitigation, preparedness, response and recovery. As the leading global agency for health, WHO actively supports its Member States in moving towards the implementation of international frameworks and conventions in this area.

To strengthen emergency risk management in the specific context of public health, WHO is developing a Health Emergency Risk Management (HERM) Framework. This framework will outline the guiding principles of health emergency risk management based on a multisectoral whole-of-government, whole-of-society approach across all-hazards. In addition, the framework will also identify the essential components of such an approach; map the roles and responsibilities of both the health and non-health sectors; and propose a number of performance measures for assessing progress towards strengthened country and community capacities and competencies.

In order to promote consistent approaches in Member States, and to obtain the guidance and other inputs now required from a wide range of experts and stakeholders, WHO invited representatives of the health and disaster risk reduction communities, including a number of partner United Nations agencies, to a consultation on the further development and implementation of the HERM Framework. The objectives of the consultation were:

- to share a draft HERM Framework for review and discussion with the goal of reaching agreement on its purpose, content and next steps for development and implementation, while ensuring alignment with existing regional and global frameworks;
- to agree on the capabilities needed to implement a multisectoral all-hazards approach, including the essential components of health emergency risk management;
- to explore elements of an internet-based “One-stop shop” information and support system, and a toolkit, for assisting Member States in strengthening their health emergency risk management capabilities;
- to discuss the roles and responsibilities of Member States, WHO, other international agencies and nongovernmental organizations in strengthening health emergency risk management.

The outcomes of working-groups and plenary discussions in all of these areas are reported upon in each of the sections of this report.

Following a global review of emergency risk management and its future directions, there was widespread acknowledgement of the crucial and long-recognized role of the health sector in positioning health far more clearly on the multisectoral emergency and disaster risk management agenda. After decades of only partial success in this area, the increasing emphasis now being placed on health in this context was both
timely and strongly welcomed.

Selected regional and national presentations were then given to illustrate some of the efforts already under way, and to provide examples of the progress being made in specific settings. Following this, a proposed health emergency risk management (HERM) Framework was described and acknowledgement made of the collaborative process that had led to its current stage of development. It was emphasized that this consultation represented an important opportunity to discuss the associated draft framework document and to receive guidance and other inputs on the direction that its further development and revision should take.

Meeting participants expressed broad appreciation of WHO efforts in this area and of the stage of development reached by the draft framework document under discussion. During early plenary discussions, the concept of the strategy was widely accepted, with a feeling that an all-inclusive approach has long been required. Detailed feedback was then obtained through a working-group process refined by subsequent plenary discussions, and key areas identified for further development of the HERM Framework and associated documents. Careful consideration was also given to the structuring and potential benefits of a proposed web-based information and resource portal (“One-stop shop”) to support planning and other activities by the health community and others during non-emergency periods.

It is intended that further development of the HERM Framework will now take place supported by a programme of engagement both within WHO and with the broader health emergency risk management community. Agreement was reached that the corresponding framework document should be sufficiently detailed for use by those involved in leading health emergency risk management efforts, and that a separate high-level advocacy document should also be developed to promote ministerial and other political-level engagement.
Introduction

The world is increasingly being faced with the risks and severe consequences of emergency situations resulting from a wide range of natural and man-made hazards. Such emergencies can have truly global and long-lasting social, economic and development impacts, particularly when inadequate attention is given to the complex interplay of factors which determine risk. These factors include the nature of the hazard itself, the vulnerabilities of communities, and the capacities put in place for prevention, preparedness, response and recovery activities. In addition to the obvious threats to life and well-being, the true economic costs of emergencies are becoming clearer. Advocacy arguments originally based on life lost are now increasingly incorporating assessments of the economic consequences of poorly managed emergencies and of the failure to properly reduce risk. In some parts of the world it is clear that economic growth and trade, gross domestic product and the likelihood of attaining the United Nations Millennium Development Goals are all undermined by a process of “risk accumulation” – especially in the older basic infrastructures of less-wealthy emerging and often rapidly growing economies. Without proper management of processes such as urbanization and full recognition of the potential impact of climate change, the range and potential severity of threats to national economic development and national security will continue to increase.

However, even economic arguments are ultimately based upon protecting the health and well-being of individuals and communities. During opening presentations by the Special Representative of the Secretary-General for Disaster Risk Reduction, by the WHO Assistant Director-General for Health Security and the Environment and by the WHO Assistant Director-General for Polio, Emergencies and Country Collaboration, the crucial and long-recognized role of the health sector in positioning health far more clearly on the emergency risk management agenda was highlighted. Attention was also drawn to a number of key related concepts and issues, including the need to harness existing capacity development and other international initiatives in this area such as the Hyogo Framework for Action 2005–2015 and the 2005 revision of the International Health Regulations (IHR).

In 2005, very shortly after the devastating 2004 South Asian tsunami, the Hyogo Framework for Action 2005–2015 was widely adopted, representing the culmination of long-standing efforts to strengthen emergency preparedness and response efforts. Among its objectives, this voluntary but strongly supported framework called upon countries to:

integrate disaster risk reduction planning into the health sector; promote the goal of hospitals safe from disasters by ensuring that all new hospitals are built with a level of resilience that strengthens their capacity to remain functional in disaster situations and implement mitigation measures to reinforce existing health facilities...

In addition, even relatively confined events such as the 2003 SARS outbreak have had significant economic repercussions – with such events driving a push for a revised IHR (2005) that incorporated a number of key paradigm shifts in the overall approach to dealing with communicable diseases. These included moving away from efforts to control borders and towards containment efforts at source; from a prescribed
set of diseases towards an emphasis on all public health threats; and from the use of preset measures towards the use of adapted responses. Such shifts were driven by the recognition that if the range of potential public health threats were identified and risks addressed early, then adverse outcomes could be more readily prevented or managed. The IHR can then be viewed as an event-management “vehicle” based upon the twin approaches of global event management and strengthening of national core surveillance and response capacities and activities. Although the deadlines for putting in place such national capacities are approaching and progress has been made in specific areas such as “preparedness” and global information-sharing, a self-reported survey of national IHR core capacities conducted in 2012 indicated that significant weaknesses persist.

In order to help countries improve the management of health risks from all types of hazards and protect the health of their communities before, during and after emergencies, WHO is fully committed to driving forward and guiding a process of strengthening preparedness and response capacities and capabilities at all levels – local, national, regional and global. In response to guidance from its Member States, and as part of a process of internal reform, WHO is revising the ways in which it works in this crucial area. Following the development of the WHO Emergency Response Framework (ERF) to guide WHO’s arrangements for emergency response, there is a need to develop and reach agreement upon an approach to promote the greatly improved management of health emergencies. The Health Emergency Risk Management (HERM) Framework under development is intended to build upon existing IHR, disaster risk reduction and other capacities that have proved to work well, and which are increasingly in place, while also helping to develop or strengthen other core capacities.

Decades of experience in dealing with health emergencies, including the recent influenza A(H1N1) 2009 pandemic, have demonstrated that the key to successful and coordinated responses is preparedness. However, the world remains unprepared in many respects, especially in the face of events requiring the coordinated efforts of multiple countries and sectors working together with international organizations and other stakeholders. This case now needs to be developed and key partners and stakeholders need to be fully engaged in understanding the real value of targeted efforts to strengthen health emergency risk management.

Analyses of recent events have also emphasized the need for an approach in which essential country capacities and capabilities provide the foundation for managing the risks associated with all types of hazards. Broad commitment now needs to be secured for a multisectoral whole-of-government, and truly whole-of-society approach to health emergency risk management that places the health of individuals and communities at the centre.
Regional and national perspectives

In order to provide examples of specific regional and national initiatives already under way and to stimulate discussion of similar experiences and lessons in other parts of the world, presentations were given by a number of invited speakers.

It was highlighted, for example, that over the last 10–20 years, the WHO African Region has experienced a dramatic increase in both the frequency and magnitude of natural and man-made emergencies, often leading to humanitarian disasters. As the demands placed on health services increase, health systems are frequently being severely overstretched. Although multiple agencies, donors and partners are active in the region there is no single coherent approach at present, and a lack of agreement between donors has often led to funding gaps during the vital transition and recovery phases of an event.

A recent assessment in 32 countries in the African Region revealed weak health systems that lacked relevant policies and strategies on health emergency and disaster risk management, with only 14 countries having a unit in the Ministry of Health with responsibilities in this area. In most cases, the health emergency and disaster management units are not sufficiently prominent within national disaster management decision-making processes.

In the face of such institutional and other challenges and given the emerging trends in this region, it is broadly recognized that the traditional role of WHO will need to evolve, based upon the strengthening of WHO and country institutional capacities. In support of these and other aims, a Regional Health Sector Strategy for Disaster Risk Management has been developed in the WHO African Region with associated capacity-building and other efforts now under way in countries of the Region. Needs and next steps have been identified in a range of activity areas, including in the strategic areas of strengthening institutional capacity and individual competencies as part of the overall goal of building up community resilience in the face of emergencies.

Progress has also been made in the WHO Region of the Americas in which the lessons of recent decades have led to an accumulation of knowledge and common acceptance of the importance of preparedness, and risk reduction more broadly. Specific recent advances include the establishing of IHR focal points and disaster management programmes in every country of the Region and the setting up of Joint Emergency Operation Centres. It was highlighted that small disaster-prone countries have played an important part in helping to learn the lessons of disaster risk management. Current obstacles include the absence of multi-hazard team-based approaches with multi hazard operational plans instead being hazard specific and reliant on individuals for their implementation; the absence of a small number of shared indicators for assessing preparedness and response; and only a very preliminary stage of health emergency risk management in areas such as risk identification and prioritization, and institutional self-assessment. Priorities in the Region include identifying activities that will collectively bring significant steps forward with limited funding, overcoming the main challenges in instituting a common multi-hazard approach within ministries of health, and ensuring that health priorities are incorporated into national disaster risk reduction efforts. In Indonesia, progress has been made in providing leadership and securing government commit-
ment to strengthening emergency and disaster preparedness, management and response with guidelines produced for all government agencies. A change in the strategies and policies of emergency and disaster management is being supported by activities such as the increasing integration of efforts across programmes and sectors with strengthened community involvement and empowerment – from the family and village level to national, public and private sectors, civil society (including faith-based groups) and the academic community. Associated efforts to optimize the national Health Crisis and Disaster Information System and strengthen the national health system are also under way. A framework for implementing community-based emergency and disaster risk reduction has been developed, and a series of needs and next steps set out based upon enhanced regional and global cooperation in emergency and disaster management.

In Oman, an all-hazard National Disaster Management System organized according to functional areas rather than the individual roles of government agencies has been established based upon disaster-management experience and current best practices. This approach is intended to avoid duplication of efforts and promote the optimal use of available resources and capabilities. Advances include the establishment of a modern centralized Emergency Information Management System to strengthen assessment, decision-making and information-sharing activities. In addition, by dividing disaster management into a number of functional areas, the lead authority under whose jurisdiction the crisis falls can then head a working team comprising other institutions and supporting agencies concerned with all aspects of the event. Following a series of exercises and increased intersectoral efforts, progress has already been made in better positioning health in the context of national policy and strengthening communication between sectors. The next steps to be taken will specifically focus on training, budget allocation and implementation of the new approach.

Discussions then highlighted specific activities in a number of other countries. Common themes which emerged included the importance of leadership and of moving towards an all-hazards, multisectoral and more proactive approach to reducing the health consequences of all events, and supported by long-term capacity development. In addition, increasing emphasis is being placed on ensuring the interoperability of diverse systems at all levels – local, national, regional and global. Although the meeting heard examples of efforts to integrate these and other aspects of health emergency risk and disaster management into broader national emergency risk management there was recognition that this process is at an early stage in many countries.
Proposals for further framework development

The proposed HERM Framework shown in Figure 1 is the basis of the draft discussion document provided to meeting participants for their review and inputs, and was carefully developed by WHO based upon known aspects of health emergency risk management and best practices. It is intended that the ongoing collaborative development of the framework will result in a high-level policy document that provides a focus and agreed structure for moving forward in line with recent World Health Assembly (WHA) and other international body recommendations.

FIGURE 1
Schematic overview of a proposed HERM Framework

Following an overview of the HERM Framework and its major features, meeting participants were invited to provide their inputs into the draft discussion document as part of an open and transparent process of further development. It was reiterated that the development of this key resource is intended to result from a truly collaborative and open process of improvement, and that a robust set of inputs was now needed
and envisaged, for example in order to improve clarity around the essential components and to more clearly map out the roles and responsibilities of different stakeholders. Following consolidation of the outcomes of individual working groups and plenary discussions, suggested improvements emerged in the following areas.

3.1 Overarching issues

Although there was agreement that the framework document has to be sufficiently detailed for use by those involved in leading emergency management efforts, it should also be at a sufficiently high level to influence policy-makers and other decision-makers. This raises the possibility of developing a package of related documents to meet the needs of different audiences. It was suggested that in addition to the more-technical framework for primary use by the health and partner sectors that a shorter advocacy document to promote ministerial and other political-level engagement be developed. Other documents in such a package could include a communication brief; educational materials on risk management; materials for national disaster management authority (NDMA) engagement; further technical documents, guidelines and checklists; and information products for use by communities.

Efforts should be made to simplify the language in places, and ensure the use of culturally appropriate wordings. Content should also be reviewed to ensure that key concepts such as community resilience and empowerment are adequately addressed, with a strong emphasis placed on building upon what exists rather than creating entirely new systems.

There is also perhaps a need to more clearly define key terms such as “risk management”, “emergency” and “disaster” which can vary widely in their meanings between different countries and different sectors. For instance, discussions highlighted that within the public health sector, a disaster represents a failure to properly manage an emergency. Definitions should be used that are commonly accepted by all sectors. No attempt was made to reach consensus during the meeting but further attention to this issue could be considered. The current annex on working definitions in the draft framework document is a useful basis for common understanding, though such concerns should not distract from the need to emphasize the shared overall goals of efforts in this area.

In several places, diagrams and other graphics could very helpfully be used to more concisely convey some of the complex issues and interactions already highlighted by the text or suggested for inclusion.

3.2 Strengthening key concepts

Crucial concepts such as “sustainable development” and the “resilience” of systems, communities and individuals should be strengthened, and the roles of various stakeholders and partners in these and other areas need to be better articulated. In particular, improved emphasis should be given to the key importance of community resilience and community-centred approaches, including through the addition of the roles and responsibilities of individuals and communities. It is highly appropriate to emphasize individual and community empowerment as part of a “local level up” approach. Community resilience should also incorporate the concept of vulnerability reduction, which is central to the management of risk, and should thus be brought to the fore in the framework document. Related issues include an increased emphasis on primary health care as the first entry point to the health system, and the vital role of risk communication both within governments and in influencing public risk perception.

The concept of sustained approaches should be made more explicit, along with the associated need for long-term decision-making and commitment. There is a need to clarify this principle as it links to the Millennium Development Goals and the evolution of the post-2015 development agenda.

The principle that “health is a right” could be added to the section on Ethical considerations. The current wording regarding the moral obligation of health care workers is however too strong and a focus should instead be placed on their responsibilities. Health care workers must also be empowered if they are to be
effective in emergency risk activities. The needs and rights of vulnerable groups is included but could be better emphasized.

There is a need for a stronger emphasis on partnerships and on articulating how the HERM Framework can promote both intrasectoral and intersectoral linkage and integration. This includes ensuring that core surveillance and response capacity-building and other efforts are aligned with IHR, the Hyogo Framework for Action and other national, regional and international initiatives to ensure their mutual implementation. The principles underlying multi-level activities in a country and multi-jurisdictional and cross-border initiatives and actions should also be added, as these are key aspects in all Regions. This would include ensuring the interoperability of plans and cross-border actions, and the continuity of care provision across borders.

Consideration could be given to further clarifying that the health sector is one player in broader emergency and disaster management. Frequently, the health sector is not the lead authority but its role can vary. No consensus could be reached on whether the framework document should avoid the use (and potential complexity) of “leading ministry” altogether and be very generic or if there may be value in developing a gradated scale of responsibility according to the nature and gravity of the event (for example, local versus national management, or health sector management versus multisectoral management in different scenarios). Improved incorporation of the roles of the private sector and local government could also be considered. The text on multidisciplinary approaches appropriately covers health disciplines but should also include examples of non-health disciplines in the social, economic, political and other domains.

### 3.3 Finalizing scope and purpose

A clear indication is needed of whether the scope of the framework is confined to health “emergency risk management” or extends to the broader concept of health “risk management” which incorporates the concept of risk reduction. A number of possible changes to the title of the framework were entertained, including “improving public health preparedness – a risk management approach” and “emergency and disaster risk management for health”, but no attempt to reach consensus on either the preferred scope or title of any revised document was made.

Clarification is also needed on whether the framework is intended for health emergency and disaster risk management in accordance with the language used in the WHA Resolution 64.10. Depending upon the agreed scope, there may be a need to change the overall title of the document.

It was felt that the overall purpose of the framework should be to serve as a high-level umbrella resource and guide for framing health in the context of national emergency risk management activities. The specifically stated purposes of the framework could perhaps be further clarified and more consistently worded between the different sections of the framework document, based upon the following approach or similar:

- provide guidance to Member States and their ministries of health, national disaster management authorities, other government departments and non-governmental organizations in the health and non-health sectors, on the key capacities required for an integrated and coordinated approach to health emergency risk management;

- assist ministries of health in fulfilling their role in a multisectoral emergency management approach, for example by setting out the ways in which the health sector can best interact with the NDMA and other members of the disaster risk management community;

- describe the roles and responsibilities of WHO and local, national, regional and global partners in the development and implementation of health emergency risk management capacities.

As part of outlining the scope and purpose of the framework document, its intended linkage to existing international frameworks and agreements, and the opportunities for alignment with these, should also be more clearly described.
3.4 Defining target audiences

There was widespread agreement that the framework document should aim to highlight as far as possible the full range of major health and non-health sector stakeholders in an attempt to bring inclusivity. NDMAs should thus be incorporated in the target audience text and in the section on stakeholder roles in implementation.

The primary focus on the role of the health sector is appropriate, enabling it to better engage relevant partners in a multisectoral emergency management approach – whether the health sector acts as the lead or not. However, the importance of other partners should be more clearly signalled up front. A summarized list of principal non-health-sector target audiences could therefore be added to the currently unclear target audience text, linked perhaps to the non-health-sector stakeholders already outlined in Annex 3 of the draft document.

3.5 Establishing overall structure and content

Although the six major categories of essential components are comprehensive, consideration might usefully be given to revisiting the current content which, at present, appears to consist of a mixture of strategies, required capacities and capabilities, risk-management processes and other aspects of emergency risk management. In general, there is a degree of mismatch between some of the main headings and the associated content, with a number of gaps also needing to be addressed – for example, by moving and further developing already existing content. Examples of items that should be considered for addition or further development include:

- a new opening paragraph in the Introduction and rationale on emergencies and their widespread impact on society, which require whole-of-government and whole-of-society approaches for their successful management;
- goals and objectives to be added using key desired outcomes including the reduction of risks hazardous to health, and reduced community vulnerability and subsequent health impact;
- a financial management component highlighting the importance of issues such as cost analysis, based perhaps upon a new standalone Resource management group of essential components;
- strengthening of the risk-assessment component, emphasizing the need for risk-assessment capacities to garner political support and strengthen advocacy for evidence-based risk management;
- a new section on Strategies and approaches should be developed, incorporating the strategy-related text already present in the current essential components section, to support countries in implementing the HERM Framework (see section 3.8).

The section on health and related services should encompass the whole range of health emergency risk management – not only response actions. The application of a risk-management approach to emergency management aimed at mitigating and reducing risks should be highlighted. A schematic could be added in accordance with the International Organization for Standardization ISO 31000 Risk Management standard that shows risk identification, risk assessment and risk treatment as part of a prevention, preparedness, response and recovery (PPRR) approach which defines risk in terms of hazard, vulnerability and capacity. Such a shared approach could greatly enhance cross-sectoral linkages.

An introductory paragraph could be added indicating that the HERM Framework addresses emergency management across all aspects of emergencies. This would helpfully highlight that situations can be complex, and that PPRR is not a straight continuum. In general, the need for prevention, mitigation and preparedness activities should be more clearly emphasized in the document, along with the importance of action at the local and national level, and the opportunities for strengthening recovery capacities.

Similarly, the need for an all-hazards approach should be stressed based upon the development of capaci-
ties and capabilities to manage any hazard that can adversely impact health. This could include listing the six key categories of hazards and highlighting the potential need to deal with complex and simultaneously occurring hazards.

### 3.6 Setting out the role of WHO in health emergency risk management

Concerns were expressed that the current section on the role of WHO may be too ambitious in terms of meeting the expectations raised, and far too detailed in such a high-level document. Although consensus could not be reached among all participants, there was broad support for setting out WHO contributions according to its core functions, with improved articulation of specific emergency risk management activities illustrated with success stories or other case studies. Examples of the things that are being done well by WHO could thus be showcased, and some of the excellent work already done – for example in response to earlier WHA Resolutions – could be highlighted.

Other WHO responsibilities could include the development of a credible communication strategy for the HERM Framework concept and its implementation; developing systems and capacities for operational research; disseminating and managing the evidence base derived from research to integrate into guidance for countries and other partners; further disseminate available evidence; and actively engage and support the scientific and technical communities in developing the research agenda needed to inform decision-making. WHO roles outlined in the HERM Framework document which already exist should be noted and any proposed new roles should be highlighted and concise additional details provided when needed.

There was some agreement that less emphasis could be placed on the role of WHO in the framework and more on the roles of other stakeholders. Conversely, from the perspective of ministries of health, thoroughly defining the range of WHO responsibilities was considered helpful. To avoid overloading the framework document, the development of a separate internal detailed guidance document on what WHO should be bringing to efforts in this area could also be considered.

### 3.7 Mapping other stakeholder contributions and roles

There should be a greater emphasis placed on the language of partnership. At present, the document is too WHO centric and provides inadequate guidance to other stakeholders. An indication should be given of the ways in which other partners can be engaged, and how they can contribute to, and mutually benefit from, efforts to take forward the HERM Framework. This includes setting out what expertise all the various stakeholders can offer in reducing risks, perhaps through encouraging capacity assessments and articulation of what they can contribute to improved health outcomes. Consideration could also be given to the development of a matrix showing the links between various stakeholders.

Government stakeholders that need to be explicitly defined include NDMAs, the ministries of health, planning and finance, and regional and local government bodies. Others with a direct or indirect relationship with health outcomes include organizations and agencies working in social welfare, essential services, water, electricity, education, communications, early warning and related scientific research.

Ministries of health must play a central role in implementing the HERM Framework by providing leadership and mobilizing health partners in accordance with clear health strategies and technical guidance, by promoting risk management and a “risk-awareness” approach, and by collaborating in the efforts of other sectors to ensure the input and active participation of the health sector. Experience from countries indicates that implementing health emergency risk management approaches also requires proper consideration of how to acquire human and financial resources, and related guidance in the form of frameworks, training materials and locally relevant standard operating procedures.

The role of the private sector, including insurance companies, should be expanded upon as it has an essential role to play in a wide range of activity areas. At present, this sector is frequently dealt with on an ad-hoc basis and in the absence of clearly set out principles as used in other areas, such as public-private
partnerships, which explicitly define roles and potential conflicts of interest.

The role of individuals and communities should be added and an emphasis placed on viewing the community at the centre of activities rather than implying a hierarchical relationship. Although not all of the international, regional, national, sub-national and local stakeholders need to be individually articulated in the framework, there may be some utility in categorizing stakeholders involved in the different areas (“clusters”) of preparedness and response activities. The development of a graphic which maps all the different categories of stakeholders showing the community at the centre might also usefully be developed.

### 3.8 Developing implementation approaches

As the HERM Framework is intended to act as an inclusive high-level policy resource with broad applicability, overly prescriptive steps for its implementation should be avoided. Focusing instead on the broad generic principles and considerations in implementation would avoid issues arising from the differential use of terminology (such as “risk assessment”) while also accommodating various stages of country development and resource availability.

Overall strategic development should be based upon the framework with any proposed new Strategies and approaches section for supporting framework implementation developed accordingly. Potential key implementation areas could include planning and coordination; capacity development; financial and human resources strategies; technical guidance development; information dissemination; and crisis management, including surge capacity.

Countries should be encouraged to assess their own capacities – where their areas of expertise and commitment lie – and national implementation activities should be framed in these terms. To assist in this, a prioritization process could be incorporated into any new implementation section to guide countries in this process. Additional technical guidance, key tools and toolkits for strengthening emergency risk management in countries, for example guidance on how to develop an all-hazards national emergency plan, could then be developed and maintained by WHO. One approach to this would involve the step-wise development and maintenance of the proposed web-based “One-stop shop” (see section 4.3).

Additional implementation resources could also be leveraged from the broad range of existing national, regional and international initiatives now under way. Examples of relevant international initiatives include the Safe Hospitals programme, the work of partner agencies working in disaster reduction, such as the WMO/UNEP Intergovernmental Panel on Climate Change (IPCC) and the IHR. It was suggested that the IHR web site could serve as an entry point to the One-stop shop, thus promoting synergies between these two undertakings.
Next steps

4.1 Further development of the HERM Framework

Revision of the HERM Framework document will continue, and further consideration given to the development of supporting documents, communication strategies and roll-out approaches. This will include responding to the wide range of suggestions and other inputs provided by meeting participants and presented in this report. The possibility of a second potentially broader round of consultation was raised which could be based on the revised framework document containing the requested diagrammatic concepts and other proposed changes.

Within WHO, it is intended that the framework will be highlighted during a range of upcoming Governing Body and other events including the WHO Executive Board meeting in January 2013 and subsequent 2013 World Health Assembly in May. Other priority WHO actions could include consultations with Member States – possibly on a regional basis – on the HERM Framework approach, and the associated development of global and regional level risk assessments for inclusion in the One-stop shop. Tools for country level situation analysis – for example in the form of checklists – could also be developed and the approach tested in pilot projects.

The utility of setting up a network of experts to guide further framework development and implementation, and of related approaches such as crowd sourcing and establishing contact points within ministries of health and other settings might also usefully be explored.

4.2 Opportunities for future consultation and integration of the HERM approach

A number of ongoing or upcoming opportunities were identified including:

- IHR stakeholder meetings convened by the WHO Regional Office for Africa and the WHO Regional Office for the European Region;
- WHO internal consultations, such as hazard-specific group meetings in WHO Headquarters and regional offices, and meetings of WHO Representatives;
- active participation in the post-2015 Hyogo Framework for Action process and preparations, including during regional and global consultations of the United Nations International Strategy for Disaster Reduction (UNISDR);
- Global Platform for Disaster Risk Reduction (19–23 May 2013) which will include a meeting of the thematic platform on disaster risk management for health;
- World Congress on Disaster and Emergency Medicine (28–31 May 2013);
- consultations on Sustainable Development Goals (SDGs).

Participation in current health sector dialogues (for example, in areas such as pandemic influenza guidelines and radiation emergency guidelines) as well as discussions with non-health sector partners (for example, UNISDR, IASC, World Bank, GFDRR, IAEA, donors and CADRI) are also likely to offer opportunities for integration.

Strengthening and promoting partnerships and integration at all levels – local, country, regional and global – could also be achieved by efforts to incorporate country and regional mandates and implementation
initiatives. In the WHO European Region, for example, there is a cross-border initiative under way which is being carefully implemented to avoid overlap with the IHR, while in Latin America a disaster management plan that includes activities across borders has been put in place. Other highly relevant initiatives include the WMO/UNEP Intergovernmental Panel on Climate Change (IPCC) and the WHO-OIE-FAO tripartite agreement on sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystems interfaces.

The development of specific WHO guidance leading on from the HERM Framework would allow for detailed consideration to be given to the range of stakeholders needed, strengthen WHO Country Office support for ministries of health in developing health emergency risk management capacities and promote active participation in multisectoral coordination mechanisms. Evidence-based approaches based upon scientific findings also need to be promoted and advocated for by WHO in order to properly inform and guide national policies and decision-making processes.

There is an expectation that WHO will continue to identify regional and international platforms and other fora where the full inclusion of health in emergency risk management activities can be advocated. WHO should also promote linkages between such fora to allow further opportunities for collaboration. WHO is uniquely placed to act as an advocate between all parties, and to provide the seminal policy and guidance documentation needed to go forward. Working with all relevant sectors and stakeholders to develop strategies and plans for health emergency risk management will be key, along with a clear articulation of how international agreements can work together to improve health at country level.

4.3 Development of a One-stop shop for health emergency risk management

The One-stop shop concept is envisaged as an easily navigable web-based information “portal” to support planning and other activities by the health community and others during non-emergency periods. It is primarily intended for use by public health risk managers in a Ministry of Health, others in the health domain concerned with the health outcomes of an emergency, and by health and other sector partners, including disaster risk managers. All users will be able to access available guidance and tools for planning and responding to emergencies and disasters in a format that is easily understandable.

The resource is intended to cover all the various elements of risk assessment and management in order to improve the management of health emergency events (and the health components of disasters) by reducing the risk of adverse health outcomes. It was suggested that the One-stop shop could provide a global risk assessment in addition to providing countries with the means to assess their national risks and to plan their actions accordingly. A global risk assessment could take into account major global and regional trends and emerging issues in areas such as politics, trade and the environment.

Initially the One-stop shop could be developed iteratively, starting with a relational database of available tools and resources and building from there in a step-by-step manner. It could then be augmented with algorithms to guide different users to what they need to help make planning and other decisions. Further resources such as a helpline, access to online fora and wikis and to the benefits of crowd-sourcing could then be incorporated. It was also suggested that the One-stop shop could be structured in accordance with the process of core capacity assessment and development set out in the IHR core capacity monitoring tool. Adaptation of the available resources to specific country circumstances could be facilitated through WHO Regional and Country Offices.

There was broad agreement on the potential benefits of this concept as outlined in the background paper provided to meeting participants. As a tool for supporting the implementation of the HERM Framework, it was agreed that the concept was both ambitious and necessary, with the most appropriate name likely to become apparent in due course. However, while the concept of a single source for all relevant resources is potentially highly useful, it was highlighted that reducing levels of mortality and other adverse health outcomes will still require the development by WHO of a more-institutionalized “programme” of HERM Framework implementation.
Conclusions

The increasing emphasis now being placed on health in the context of emergency risk management was considered timely by meeting participants and was strongly welcomed.

Making the case for health will mean demonstrating to others that health lies at the heart of sustainable social and economic development efforts, and that strengthening the resilience of health systems, individuals, communities and populations in the face of emergencies will be the key to this.

Common themes which emerged during discussions of national and regional initiatives included the importance of leadership and of moving towards broad-based approaches supported by long-term capacity development. Although efforts to integrate health emergency risk management into broader national emergency risk management have been made in a number of settings, there was recognition that this process is at an early stage in many countries.

There was broad appreciation of the WHO efforts under way in this area, in particular the development of a Health Emergency Risk Management (HERM) Framework and associated draft document. The concept of such a framework was widely accepted with its emphasis on a multisectoral whole-of-government, whole-of-society approach across all-hazards.

In addition to the sufficiently detailed framework document for use by those involved in leading health emergency risk management efforts, a separate high-level advocacy document should be developed to promote ministerial and other political-level engagement.

Further refinement of the HERM Framework and the draft document will take place with consideration given to the development of supporting documents, communication strategies and roll-out approaches. These approaches will include the potential step-by-step development of the One-stop shop to support health emergency risk management activities during non-emergency periods.

It is intended that the further development of the HERM Framework and related documentation will be supported by a programme of full and open engagement both within WHO and with the broader health emergency risk management community.
ANNEX 1
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