

## **Strengthening health emergency preparedness for disasters resulting from natural hazards**

**Draft resolution proposed by Australia, Austria, Bangladesh, Belgium, Botswana, Brazil, Bulgaria, Costa Rica, Chile, Croatia, Czech Republic, Denmark, Estonia, Fiji, Finland, France, Georgia, Germany, Greece, Hungary, India, Ireland, Italy, Latvia, Lithuania, Luxembourg, Maldives, Malta, Marshall Islands, Monaco, Mozambique, Nepal, Netherlands (Kingdom of the), Pakistan, Peru, Poland, Portugal, Cyprus, Romania, Samoa, Slovakia, Slovenia, Spain, Sweden, Türkiye, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, United States of America and Zambia**

The Seventy-seventh World Health Assembly,

(PP1) Having considered the report by the Director-General;<sup>1</sup>

(PP2) Recalling the International Health Regulations (2005), the Sustainable Development Goals 2030, the Sendai Framework for Disaster Risk Reduction 2015–2030 and the Bangkok Principles on the implementation of the health aspects of the Sendai Framework, the Paris Agreement on climate change and the United Nations Framework Convention on Climate Change, the Addis Ababa Action Agenda on Financing for Development, the New Urban Agenda of the Third United Nations Conference on Housing and Sustainable Development (Habitat III), and WHO's Thirteenth General Programme of Work, 2019–2025 with its strategic priority of one billion more people better protected from health emergencies;

(PP3) Recalling further Health Assembly resolutions WHA64.10 (2011) on strengthening national health emergency and disaster management capacities and the resilience of health systems, WHA65.20 (2012) on WHO's response, and role as health cluster lead, in meeting the growing demands of health in humanitarian emergencies, WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage, WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005), WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies, WHA75.17 (2022) on human resources for health, WHA76.2 (2023) on integrated emergency, critical and operative care for universal health coverage and protection from health

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<sup>1</sup> Document A77/4.

emergencies, and the report of the Director General on strengthening WHO preparedness for and response to health emergencies;

(PP4) Recalling United Nations General Assembly resolutions 75/124 (2020) on international cooperation on humanitarian assistance in the field of natural disasters, from relief to development, and 77/28 (2022) on strengthening of the coordination of emergency humanitarian assistance of the United Nations;

(PP5) Noting with concern that the increasing frequency and intensity of climate-related extreme weather events, and their impacts on health, put additional pressure on health systems, and require progress on adaptation, risk reduction and preparedness efforts to protect populations, in particular those at high risk of the devastating consequences of extreme weather events;

(PP6) Noting also with concern the continued risk of the occurrence of natural hazards, intersecting health emergencies, their multiple and long-term public health consequences and their negative impact on the well-being of people around the world, particularly among those living in vulnerable and fragile situations;

(PP7) Recognizing that countries continue to face emergencies resulting from natural hazards, according to the WHO classification of hazards in Annex 1 of the WHO Health Emergency and Disaster Risk Management Framework;<sup>1</sup>

(PP8) Recognizing also that the devastating health, social, and economic impacts of the COVID-19 pandemic, and the lessons learned from the responses to it, have highlighted the need to strengthen health emergency preparedness, response, and resilience for disasters resulting from natural hazards, as concurrent and converging emergencies challenge communities and health systems;

(PP9) Underlining that preparation for, and responses to, health emergencies are primarily the responsibility and role of governments, and recognizing the importance of integrating health preparedness, response, and resilience into wider emergency preparedness for disasters, as well as recognizing the role of international cooperation in supporting national efforts and addressing cross-border risks;

(PP10) Recognizing that the health sector plays a fundamental role in emergency preparedness, prevention, response and recovery, and that timely and efficient attention to the health care needs of those living in vulnerable and fragile situations is one of the priorities in the overall management of major emergencies and disasters;

(PP11) Emphasizing the importance of trained, equipped and diverse health and care workers at the forefront of emergency preparedness, prevention, response and recovery, including but not limited to community health workers and capacitated community volunteers, and their key role in terms of whole-of-society engagement and in strengthening efforts towards comprehensive community resilience-building for disasters resulting from natural hazards;

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<sup>1</sup> Health Emergency and Disaster Risk Management Framework (pp. 22–36). Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/326106/9789241516181-eng.pdf?sequence=1&isAllowed=y>, accessed 17 January 2024).

(PP12) Recognizing the multidimensional aspects of disasters, the complex interdependencies between different stakeholders and the critical role that communities and civil society play in prevention, preparedness, response and recovery from disasters resulting from natural hazards;

(PP13) Recognizing also that with advances in technology and forecasting capabilities, it is increasingly important to anticipate, prioritize and mobilize risk reduction and readiness actions to mitigate the impacts of the adverse health consequences of disasters resulting from natural hazards, including through multi-hazard early warning systems that enable countries to be ready to respond rapidly and effectively;

(PP14) Recognizing further the immediate, shorter-term, and permanent health impacts of disasters resulting from natural hazards, including those due to injuries, diseases, and death, health infrastructure destruction and services disruption, as well as longer-term health impacts due to the interruption of the prevention and control of communicable and noncommunicable diseases, including the management of mental health and psychosocial conditions, and other public health programmes;

(PP15) Recognizing that an adequate response to health emergencies due to disasters resulting from natural hazards requires a resilient and functional health care system, including primary, integrated emergency, critical, surgical and anaesthesia care services, rehabilitation, assistive technology, sexual and reproductive health care services, and mental health and psychosocial support, including equitable and timely access to water, sanitation and hygiene, health products and technologies, which are a critical part of both integrated health care and a robust emergency health care system;

(PP16) Recognizing also that building resilient public health systems at the local or community, subnational, national and regional levels, is essential for preparedness for and response to disasters resulting from natural hazards;

(PP17) Recognizing further the importance of risk communication, addressing misinformation and disinformation and ensuring community engagement to drive more community centred and equitable approaches for disasters resulting from natural hazards, including informing, engaging and empowering communities to take proactive action and build resilience;

(PP18) Recognizing the significant potential of digital technologies and innovation to increase the accessibility, safety and cost-effectiveness of health services, especially during emergencies;

(PP19) Noting with concern that persons facing vulnerability and marginalization are often disproportionately affected by the impacts of disasters resulting from natural hazards and are under-represented in emergency preparedness decision-making,

(OP)1. URGES Member States, taking into account their own national contexts and priorities:

- (1) to ensure that efforts to strengthen health emergency preparedness and response for disasters resulting from natural hazards are based on systematic and regular evidence-based cross sectoral risk assessment;
- (2) to ensure that health emergency preparedness and response efforts are firmly grounded in risk reduction, risk-mitigation and health system resilience building approaches that advance progress towards Universal Health Coverage and are oriented towards primary health care, enabling the sustained provision of essential health services during and after disasters resulting from natural hazards;

- (3) to sustain political commitment and provide human and financial resources, as appropriate, and follow systematic and comprehensive approaches to strengthening and sustaining capacities for health emergency prevention, preparedness, response and recovery for resilience and strengthening health security, including through: strengthening and development of emergency risk management policies/strategies; planning and coordination of essential health and related services; training of health and care workers; information, education and knowledge management; building community capacities; and the provision of safe, accessible and resilient health infrastructure and logistics;
- (4) to strengthen risk-informed operational response, coordination and management at all levels, including cross border cooperation, to ensure timely, safe, accessible and effective understanding of health risks, impacts and delivery of health services to affected persons and populations that adequately addresses their urgent health and recovery needs, to incorporate technical standards, best practices, clear incident management systems and regularly evaluated and updated gender and age- responsive and disability-inclusive multi-hazard health sector emergency response plans for disasters resulting from natural hazards;
- (5) to engage as appropriate at local or community, subnational, national, regional and global levels to advance risk reduction, prevention, preparedness and response efforts for health emergencies from disasters resulting from natural hazards and recovery of communities and health systems;
- (6) to facilitate effective collaboration between national and international partners, experts and key stakeholders to ensure that knowledge and expertise are up to date and relevant, and to disseminate this knowledge and provide appropriate technical support to international and national health preparedness, response and mitigation programmes to shape the global health emergency preparedness landscape towards greater readiness for response;
- (7) to develop, implement and monitor policies and programmes that prioritize investments to improve the safety, accessibility and resilience of health facilities, including through ensuring that they are safely located, properly constructed and able to continue functioning during and after emergencies, minimize disruptions to essential health service delivery, and protect the lives of patients, the health and care workforce and the community;
- (8) to coordinate action across the whole of government and whole of society, in an inclusive manner, and with the WHO Secretariat and the international community before, during and after disasters resulting from natural hazards, to ensure that the health sector is fully embedded into multisectoral coordination mechanisms based on participatory, community-centred and gender and age- responsive disability-inclusive approaches;
- (9) to leverage existing communication and collaboration networks, including communities and networks established through multisectoral approaches, to strengthen and streamline mitigation and response efforts before, during and after disasters resulting from natural hazards;
- (10) to facilitate timely access for affected persons and populations to medicines, diagnostics, vaccines and other medical products needed in emergency response as part of a comprehensive package of prioritized and essential health services, including adequate access to primary, integrated emergency, critical, surgical and anaesthesia care services, rehabilitation, assistive technology, sexual and reproductive health care services, gender-based violence services and mental health and psychosocial support services, during and after disasters resulting from natural

hazards, including through existing operational partner networks, such as the Global Health Cluster, the WHO Emergency Medical Teams Initiative, and the Global Outbreak Alert and Response Network and Standby Partnerships;

(11) to facilitate and promote the production, supply and distribution of essential products needed for emergency preparedness and response to disasters resulting from natural hazards, by means that include, when necessary, supporting strategic stockpiling and equitable access to medical products based on epidemiological data, vulnerability situation and other scientific evidence;

(12) to regularly and systematically conduct evidence-based risk assessments to inform actions, engage all key stakeholders, including local communities, and establish a clear leadership for preparing for health emergencies and disasters resulting from natural hazards;

(13) to improve the support of health and care workforce, including community health workers and capacitated community volunteers, by providing relevant technical health and safety training and supporting lifelong learning in coordination with academic, research and training institutions, including training provided by the WHO Academy and WHO collaborating centres;

(14) to enable health and care workers to update and adjust their technical skills, and to better prepare for prevention, the immediate rescue of victims, to prevent deaths, prevent and minimize injuries, mental health impacts and other illnesses among communities, and prevent and respond with a survivor-centred approach to sexual exploitation and abuse;

(15) to support, as appropriate, the strengthening of data collection, disaggregated data, including by sex, age and disability, and research in a systematic manner for continuous improvement of the evidence base and outcomes of health emergency preparedness and response;

(OP)2. REQUESTS the Director-General:

(1) to provide technical guidance, including supporting tools outlining evidence-based requirements, for mechanisms and capacities to strengthen health emergency preparedness for disasters resulting from natural hazards and help facilitate access to financing for national health emergency and disaster risk management capacity;

(2) to provide support to the Member States, upon their request, where possible, to address challenges in the health sector due to climate change, including support for small island developing States, other climate vulnerable countries, urban settings and other geographical areas that are prone to disasters resulting from natural hazards and face similar challenges in terms of risks, vulnerabilities and capacities, and require dedicated, context-specific approaches;

(3) to provide support to Member States, upon their request, to develop, strengthen and operationalize their local, subnational and national emergency rapid response capacities, including emergency medical teams, specialized care teams, public health rapid response teams, mobile laboratories, and community-based interventions and resources, in coordination with relevant response actors;

(4) to enhance the capacity, resources and expertise at all levels of WHO, to provide the necessary technical guidance and support to Member States, upon their request, to strengthen sustainable local, subnational, national and regional capacities gender and age- responsive, and

disability-inclusive health emergency preparedness and response for disasters resulting from natural hazards;

(5) to mobilize timely, adequate, sustainable and flexible financial and human resources at all levels of WHO, including through the WHO Contingency Fund for Emergencies, to support Member States to strengthen their health systems, including the safety and resilience of health facilities;

(6) to include updates on efforts to implement this resolution in appropriate preparatory documents and briefings to the Standing Committee on Health Emergency Prevention, Preparedness and Response and to report to the Health Assembly, on progress made, lessons learned and best practices in implementing this resolution in 2026, 2028 and 2030 as part of the consolidated report on WHO's work in health emergencies.

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