

Bangkok Principles for the implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030

The International Conference on the Implementation of the Health Aspect of the Sendai Framework for Disaster Risk Reduction 2015-2030, held on 10-11 March 2016, in Bangkok, Thailand, recommended the following measures that could assist countries in implementing the health aspects of the Sendai Framework for Disaster Risk Reduction:

1. Promote systematic integration of health into national and sub-national disaster risk reduction policies and plans and the inclusion of emergency and disaster risk management programmes in national and sub-national health strategies
2. Enhance cooperation between health authorities and other relevant stakeholders to strengthen country capacity for disaster risk management for health, the implementation of the International Health Regulations (2005) and building of resilient health systems.
3. Stimulate people-centered public and private investment in emergency and disaster risk reduction, including in health facilities and infrastructure.
4. Integrate disaster risk reduction into health education and training and strengthen capacity building of health workers in disaster risk reduction.
5. Incorporate disaster-related mortality, morbidity and disability data into multi-hazards early warning system, health core indicators and national risk assessments
6. Advocate for, and support cross-sectoral, transboundary collaboration including information sharing, and science and technology for all hazards, including biological hazards.
7. Promote coherence and further development of local and national policies and strategies, legal frameworks, regulations, and institutional arrangements.



1. Promote systematic integration of health into national and sub-national disaster risk reduction policies and plans and the inclusion of emergency and disaster risk management programmes in national and sub-national health strategies.

Key actions include:

- Promote a whole-of-government, a whole-of-society approach, with population at risk and communities at the centre of emergency and disaster risk management measures, led by strong political commitment of Governments.
- Develop, or revise multi-sectoral policies, integrated plans and programmes for emergency and disaster risk reduction to include the health sector component, and manage health risks of emergencies and disasters with appropriate levels of resources to support implementation.
- Increase the participation of health sector representatives in multi-sectoral emergency and disaster risk management committees and platforms at all levels
- Strengthen the integration of biological hazards, including epidemics, pandemics, and diseases at the human-animal-ecosystem interface, into all-hazards multi-sectoral disaster risk management
- Adapt and apply monitoring and reporting frameworks, as appropriate, for disaster risk reduction to track the progress of implementation of plans at all levels including health components.
- Integrate health needs fully into post-disaster needs assessment and recovery planning.
- Strengthen the design and implementation of gender-responsive and inclusive disaster risk reduction policies and plans, with community involvement, to address the vulnerabilities and capacities of women and children, people with disabilities, older persons, migrants, and other population at risk and protection needs before, during and after disasters.

2. Enhance cooperation between health authorities and other relevant stakeholders to strengthen country capacity for disaster risk management for health, the implementation of the International Health Regulations (2005) and building of resilient health systems.

Key actions include:

- Integrate disaster risk management into primary, secondary and tertiary health care and related services.
- Strengthen the essential capacities for emergency and disaster risk management for health and building resilience of health systems at all levels, including in policies and legislation, planning and coordination, human and financial resources, monitoring and evaluation, information management, health infrastructure and logistics, health and related services, risk communication and community capacity development.
- Strengthen coordination bodies, committees and platforms at all levels for emergency and disaster risk management for health, including multisectoral and multistakeholder participation.
- Strengthen multisectoral planning and action to manage health risks from all types of hazards, including the implementation the International Health Regulations (2005)

3. Stimulate people-centered public and private investment in emergency and disaster risk reduction, including in health facilities and infrastructure.

Key actions include:

- Enhance the safety functionality and resilience of critical health infrastructure and facilities by conducting safety assessments, strengthening the implementation of the Safe Hospital Initiative, and applying the principles of “Building back better” in recovery and reconstruction, in coordination with communities.
- Promote investment in research and development and enhance innovation and the use of modern technologies and modelling for managing disaster risks including for biological hazards.

4. Integrate disaster risk reduction into health education and training and strengthen capacity building of health workers in disaster risk reduction.

Key actions include:

- Promote collaborative multidisciplinary training on multi-sectoral action to reduce the risks of diseases and disasters.
- Strengthen the integration of emergency and disaster risk management into education and training of health workers at all levels, including those providing basic health services at the community level.

5. Incorporate disaster-related mortality, morbidity and disability data into multi-hazards early warning system, health core indicators and national risk assessments

Key actions include:

- Collect and integrate disaggregated data on exposures, and vulnerabilities and capacities, for all hazard risk assessment, including base-line data for planning and monitoring purposes.
- Include biological hazards and zoonotic diseases as well as chemical and radiation hazards in disaster risk assessment and multi-hazard early warning systems.
- Include health-related disaster losses (illness, injury, psychosocial effects, as well as damage, and disruption of health facilities and services) and other relevant disaggregated data by sex, age and disability in disaster loss databases.
- Include indicators for disaster risk management in minimum health core indicators.

6. Advocate for, and support cross-sectoral, transboundary collaboration including information sharing, and science and technology for all hazards, including biological hazards.

Key actions include:

- Compile and disseminate best practices and case studies on mainstreaming disaster reduction in health.
- Promote the use of innovative communication approaches for dissemination of early warning messages, including outbreaks and emergencies, particularly to at-risk communities.
- Strengthen cross-border and intersectoral mechanisms for assessing and managing risks, such as coordinated vaccination campaigns and disease surveillance.
- Promote the development and application of evidence-based practices through health science and technology and targeted operational research for all-hazards emergency and disaster risk management.

7. Promote coherence and further development of local and national policies and strategies, legal frameworks, regulations, and institutional arrangements.

Key actions include:

- Create enabling environment for coherence of policies and strategies of the Sendai Framework for DRR, SDGs, climate change adaptation and other relevant instruments.
- Ensure coherence and alignment of national, regional and global DRR frameworks and those related to emergency and disaster risk management for health such as International Health Regulations (IHR 2005) and the Global Health Security Agenda.
- Integrate DRR into national and local development plans and address financing for DRR, including in the health component.

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