

# Disaster Risk Reduction and Health in COVID-19 Pandemic: The Bangkok Principles

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Mr Timothy Wilcox  
Regional Office for Asia and Pacific  
UNDRR

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# UNDRR

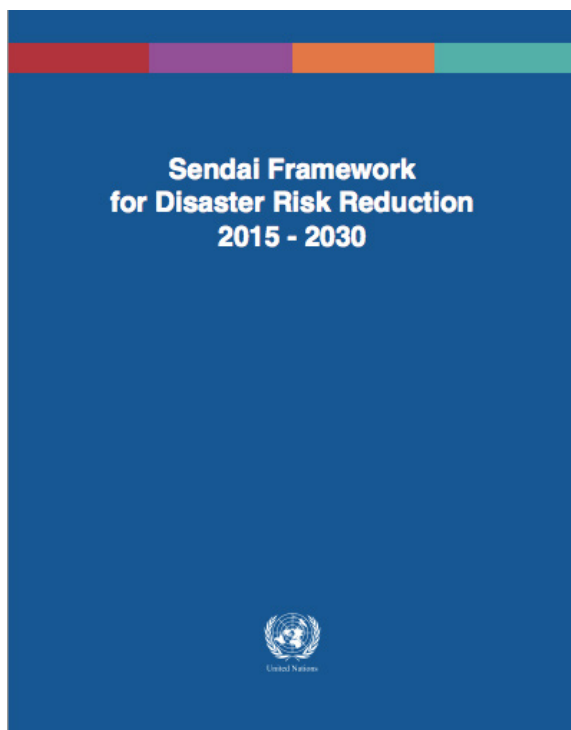
UN Office for Disaster Risk Reduction



## SENDAI FRAMEWORK

FOR DISASTER RISK REDUCTION 2015-2030

# Health in the Sendai Framework (2015-30)



- Adopts an **All-Hazards approach** including Health Emergencies (e.g. Pandemics);
- Highlights importance of **preparedness and building resilient health systems**;
- **Integration/mainstreaming DRR into the health sector at all levels**
- The **development of the capacity of health workers** in understanding disaster risk and applying and implementing disaster risk management approaches in their health work

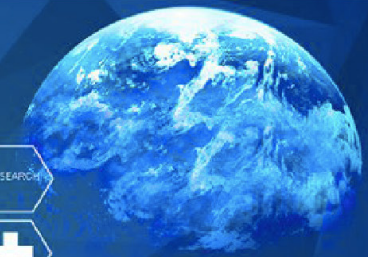
# Adoption of Bangkok Principles (2016)

- Conference organized by Government of Thailand, UNDRR and WHO in March 2016 with around 300 participants from 50 countries and organizations;
- Agreed that Health and Disaster sectors cannot work separately to tackle all challenges posed by disasters;
- Importance of multi-sectoral approach for implementing disaster risk reduction; and
- Adopted the “**Bangkok Principles**”:

*Recommended measures for implementation of a comprehensive, multi-disciplinary, multi-sectoral and all-hazards approach for DRR*

INTERNATIONAL CONFERENCE ON THE  
IMPLEMENTATION OF THE HEALTH ASPECTS  
OF THE SENDAI FRAMEWORK FOR  
DISASTER RISK REDUCTION 2015 – 2030

10 - 11 MARCH 2016 | BANGKOK, THAILAND



# **Bangkok Principles**

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- 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 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. Strengthen public and private investment in emergency and disaster risk reduction, including in health facilities and infrastructure***

# **Bangkok Principles**

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- 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***

# Asia Pacific - Current Integration of Health/DRR

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- COVID-19 Pandemic has highlighted the ongoing need to strengthen:
  - Health emergencies into Disaster Management Systems; and
  - DRR into Health systems.
- UNDRR 2020 desk-review of national DRR strategies in 22 countries in Asia and Pacific findings revealed:
  - Most national DRR strategies still do not reflect biological hazards and health emergencies into their planning efforts;
  - Mention of health is mostly limited to disaster response;
  - Need All-Hazard Focus – still focus on traditional hazards (e.g. earthquakes, cyclones, floods etc); and
  - Integration of DRR into national health programs and plans needs strengthening.

# Implementation

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- Bangkok Principles are complementary to WHO-Health EDRM Framework
- Support available to member states in implementing Bangkok Principles through the regional United Nations Issues-Based Coalition (IBC) based in Bangkok.
- Ideas for possible future assistance from UN and partners could include:
  - Develop joint training packages to educate and train DRR Focal Points on health emergencies /and Health officials in DRR;
  - Enhance data sharing between Ministry of Health and NDMOs on disaster risk; and disaster damage to health sector (Sendai reporting); and
  - Technical assistance to help integrate health emergencies into DRR strategies and plans through all-hazards approach.

# Thank You

**Mr Timothy Wilcox**  
**Program Management Officer (Asia & Pacific)**  
**Regional Office for Asia Pacific**  
**UNDRR**  
**Bangkok, THAILAND**

**Phone: +66 2288 2864**  
**Email: [wilcoxt@un.org](mailto:wilcoxt@un.org)**

