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

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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
Bangkok Principles

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

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.**
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

- 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

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