

# Proposal for WFPHA Working Group on Public Health in Disasters and Emergencies

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# Public Health in Disasters and Emergencies

- Increasing impact and complexity of disasters is evident in last decade
  - Over 700,000 people lost their lives in disasters,
  - more than 1.4 million were injured,
  - 23 million displaced, and
  - Economic losses exceeded US\$1.3 trillion.
- Disaster risk is already undermining the capacity of many countries to make the capital and social investments and expenditures necessary to develop sustainably.
- Risk factors are growing: increasing global inequality, hazard exposure, rapid urbanization and the overconsumption of energy and natural resources.
- Scientific evidence have been discussed systematically
- The health impacts of climate change have been discussed systematically
- Impacts from extreme weather events including El Nino, such as heat waves, droughts, floods, cyclones, and wildfires include alteration of ecosystems, disruption of agriculture and food production and water supply, damage to infrastructure and settlements, morbidity and mortality, and consequences for mental health and human well-being, and increased vector-borne diseases.
- The growing number and scope of complex emergencies, including civil unrest, conflict and wars, has posed greater challenge to the humanitarian actors including frontline public health workers and have immense impact on a population's health particularly women and children

# Proposal for a working group on Public Health in Disasters and Emergencies under the (WFPHA)

The role of the Working Group to:

- Contribute to the creation of evidence-base for public health issues in emergencies,
- Advocate for the effective use of public health interventions, including local interventions, in emergencies,
- Advocate for, and support, cross-sectoral and transboundary collaboration for all hazards
- Support efforts to generating funds for public health interventions in emergencies
- Advocate for integration of public health in the preparedness and response efforts for disasters and emergencies,
- Advocate for the safety and protection for health care workers,
- Create awareness about public health issues in emergencies

# Membership

- After approval of the working group by the GC, members of the working group will be selected in a transparent manner.
- A call for interest will be circulated to all members of public health associations encouraging them to propose one representative from their public health association to serve as working group member.
- Members of the working group will be selected using an objective set of criteria approved by the GC.
- Membership of the working group will be for four years term, renewable on demonstration of achievements of agreed outputs.

# Frequency of Meetings

- During initial few months of establishment, the working group will meet via teleconference once a month to develop its scope of work and a roadmap for the working group.
- A plenary session of all members of the Working Group will be convened every two years coinciding with the GC meeting.

# Secretary and Reporting arrangements

- Once members of the Working Group are selected, they will discuss and vote a chair and co-chair for the group.
- The Secretariat will perform
  - Day-to-day management of the group,
  - Provide ongoing technical and logistical support to its members and the sub-working groups to undertake their respective functions.
  - Ensure coordination across themes, projects, regions and committees,
  - Liaise with key stakeholders,
  - Assist with mobilization of financial resources and
  - Assist in the facilitation of monitoring and evaluation of the group work.
- The working group will be reporting to GC on regular basis