Background
Increasing impact and complexity of disasters is evident from the preceding decade during which 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 investments and social expenditures necessary to develop sustainably. At the same time, growing global inequality, increasing hazard exposure, rapid urbanization and the overconsumption of energy and natural capital threaten to drive risk to dangerous and unpredictable levels with systemic global impacts.

The scientific evidence of health impacts of climate change has been discussed systematically in many reports including the IPCC reports on “Impacts, Adaptation and Vulnerability” (IPCC, 2014) and the IPCC report on “Managing the Risks of Extreme Events and Disasters to Advance Climate Change Adaptation” (IPCC, 2012).

Impacts from climate change and extreme weather events, such as heat waves, droughts, floods, cyclones, and wildfires – all types of hazard that can lead to disasters - include alteration of ecosystems, disruption of agriculture and food production and water supply, damage to infrastructure, including health centers and hospitals, and settlements, morbidity and mortality, and consequences for mental health and human well-being, in addition to increasing rates of infectious diseases and vector-borne diseases. The effects can be direct or indirect mediated by other risk drivers such as land use changes.

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 resulting in more than 33 million internally displaced people (IDPs) at the global level. In the 2007 edition of the World Health Report, WHO reports armed conflict as the 19th leading cause of loss of disability adjusted life years (DALY). Armed conflict has immense impact on a population’s health. Women and children are particularly vulnerable during armed conflict and bear the greatest burden of armed conflict and prolonged social unrest.

1 Number of potential years of life lost due to premature deaths and disability (WHO 2007)
Purpose
The Working Group on Public Health in Disasters and Emergencies will function under the auspices of Governing Council of the World Federation of Public Health Associations (WFPHA). The aim of the Working Group is to advocate for the integration of public health in risk management of emergencies and disasters (in all phases of prevention, preparedness, response and recovery). It will also advocate for the wellbeing and protection of people and healthcare workers responding to emergencies or disasters.

Roles and Tasks for the Working Group
1. Contribute to the creation of evidence-base for public health issues in emergencies and disasters.
2. Advocate for the effective use of public health interventions, including local interventions, in emergencies and disasters.
3. Advocate for integration of public health in the preparedness and response efforts in emergencies and disasters.
4. Advocate for, and support, cross-sectoral and transboundary collaboration for all hazards through compiling and disseminating of best practices, case studies and exchange of knowledge and experiences to enable policy and planning.
5. Support efforts to create awareness about public health issues in emergencies, including through developing concept papers and policy briefs and support members of public health associations in their promotion efforts for public health in emergencies.
6. Contribute to the integration of topics surrounding disasters and emergencies in public health education and training and strengthen capacity building of health workers in disaster risk reduction.
7. Support efforts to generating funds for public health interventions in emergencies.
8. Advocate for the health and protection of population and healthcare workers during emergencies.

Membership
Members of the working group will be selected in a transparent manner using an objective set of criteria approved by the Governing Council of the WFPHA. A call for interest will be circulated to all members of public health associations encouraging them to propose one representative to serve as working group member. A call of interest to other working groups under the WFPHA to ensure cross fertilization among working groups. A wider invitation to the public health community will also be issued. Membership of the Group will be for four years term, renewable on demonstration of achievements of institutionally agreed outputs.
Frequency of Meetings
Meetings of the Group will be done mainly via teleconferences and webcasts. During the initial few months of establishment, the working group will meet via teleconference once a month to develop a roadmap for the group and define its scope of work.
A plenary session of all members of the Working Group will be convened every two years coinciding with the Governing Council of WFPHA meeting.

Quorum
Will be determined by the working group members and as per WFPHA guidelines

Chair
Once members of the Working Group are selected, they will discuss and vote a Chair and co-Chair for the group, who will perform day-to-day management of the Group and will provide ongoing technical and logistical support to its members and the sub-Working Groups to undertake their respective functions. They will also help to 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.

Reporting arrangements
The working group will be reporting to Governing Council of the WFPHA on regular basis

Work plan and budget
A biannual work plan has been developed 2018-2019 (available on the website of the WG) and a draft budget will be developed for resource mobilization efforts.

For more information please contact the Chair of the Group Dr. Chadia Wannous