

**Draft Glossary for Health Emergency and Disaster Risk Management**

**(Revised)**

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# Glossary explanatory notes

* To the extent possible, whilst respecting the original references, concepts and terms have been listed as singular not plural.
* Concepts, terms and definitions have been quoted from authoritative references with necessary interpolations shown as […].
* New concepts and terms have not been invented, and new definitions have been avoided.
* Where there is more than one definition for a given concept or term, they are numbered. The following order of references has been used in prioritising definitions:
* United Nations General Assembly. 2016. *Report of the open-ended intergovernmental expert working group on indicators and terminology relating to disaster risk reduction*. A/71/644. (endorsed February 2nd, 2017);
* WHO. 2016. *International Health Regulations 2005*, 3rd edition;
* other WHO publications where some concepts and terms add value;
* IPCC. 2012. *Managing the Risks of Extreme Events and Disasters to Advance Climate Change Adaptation. A Special Report of Working Groups I and II of the Intergovernmental Panel on Climate Change*. Cambridge University Press, Cambridge, UK, and New York, NY, USA;
* ISO publications where some concepts and terms add value; and
* other internationally-agreed sources.
* “See …” refers the reader to a primary concept or term and definition.
* “See also …” refers the reader to related concepts, terms and definitions as a cross reference.
* “Syn. …” refers the reader to a synonym of the listed concept or term.

# Glossary

**acceptable risk**—"the extent to which a disaster risk is deemed acceptable or tolerable depends on existing social, economic, political, cultural, technical and environmental conditions. In engineering terms, acceptable risk is also used to assess and define the structural and non-structural measures that are needed in order to reduce possible harm to people, property, services and systems to a chosen tolerated level, according to codes or “accepted practice” which are based on known probabilities of hazards and other factors.” (UNGA 2016) See ‘risk’.

**access to health services**—”the perceptions and experiences of people as to their ease in reaching health services or health facilities in terms of location, time and ease of approach.” (WHO 2011)

**action plan**—“often called an ‘incident action plan,’ this is a statement of intent that is specific to an incident or event. It details the response strategies, objectives, resources to be applied and tactical actions to be taken.” (WHO 2015a)

**activation level**—“a level of readiness or emergency response describing [an EOC’s] activities in response to predetermined criteria related to the severity of an incident.” (WHO 2015a)

**affected**—1. “people who are affected, either directly or indirectly, by a hazardous event.” (UNGA 2016). See also ‘directly affected’ and ‘indirectly affected’.  
2. “persons, baggage, cargo, containers, conveyances, goods, postal parcels or human remains that are infected or contaminated, or carry sources of infection or contamination, so as to constitute a public health risk.” (WHO 2016) See also ‘directly affected’ and ‘indirectly affected’.

**after-action report**—“document describing the response to an incident and findings relating to performance of the [health system] response during an incident.” (WHO 2015b)

**after-action review**—“after an activation, operation or exercise has been completed, a process involving a structured facilitated discussion to review what should have happened, what actually happened, and why.” (WHO 2015a)

**alert**—1. “the first notification that a public health event with adverse consequences may occur or may be occurring.” (WHO 2012)  
2. “part of public warning that captures attention of first responders and people at risk in a developing emergency situation”. (ISO 22300)

**all-hazards approach**—”an approach to the management of the entire spectrum of emergency risks and events based on the recognition that there are common elements in the management of these risks, including in the responses to virtually all emergencies, and that by standardizing a management system to address the common elements, greater capacity is generated along with specific measures to address the unique characteristics of each event”. (WHO 2015a) *Annotation: The development of common or generic capacities that can be applied to all risks. These generic capacities are complemented by specific measures for the unique characteristics each risk or event.*

**anthropogenic hazards**—“[hazards that] are induced entirely or predominantly by human activities and choices.” (UNGA 2016) *Annotation: In the context of the Sendai Framework, “this term does not include the occurrence or risk of armed conflicts and other situations of social instability or tension which are subject to international humanitarian law and national legislation.”*

**assisting agency**—“an agency or organization providing personnel, services, or other resources to the agency with lead responsibility for incident management.” (WHO 2015a)

**biological hazards**—“[hazards] of organic origin or conveyed by biological vectors, including pathogenic microorganisms, toxins and bioactive substances. *Annotation: Examples are bacteria, viruses or parasites, as well as venomous wildlife and insects, poisonous plants and mosquitoes carrying disease-causing agents.”* (UNGA 2016)

**bioterrorism**—”the intentional use of micro-organisms, toxins, genetic material or substances derived from living organisms to produce death or disease in humans, animals or plants.” (WHO 2015b)

**build back better**—”the use of the recovery, rehabilitation and reconstruction phases after a disaster to increase the resilience of nations and communities through integrating disaster risk reduction measures into the restoration of physical infrastructure and societal systems, and into the revitalization of livelihoods, economies and the environment.” (UNGA 2016)

**business continuity management -**

**business continuity plan**—”a document that describes how an organization will maintain and restore critical operational functions and services to a predetermined acceptable level in the event of an occurrence that disrupts its operational capabilities.” (WHO 2015a)

**capability**—”possessing the demonstrable ability to perform a particular task.” (WHO 2015a)

**capacity**—“combination of all the strengths, attributes and resources available within an organization, community or society to manage and reduce disaster risks and strengthen resilience. Capacity may include infrastructure, institutions, human knowledge and skills, and collective attributes such as social relationships, leadership and management.” (UNGA 2016)

**capacity assessment**—”the process by which the capacity of a group, organization or society is reviewed against desired goals, where existing capacities are identified for maintenance or strengthening and capacity gaps are identified for further action.” (UNGA 2016)

**capacity building**—See ‘capacity development’.

**capacity, coping**—See ‘coping capacity’. (UNGA 2016)

**capacity development**—“the process by which people, organizations and society systematically stimulate and develop their capacities over time to achieve social and economic goals, including through improvement of knowledge, skills, systems and institutions. *Annotation: It is a concept that extends the term of capacity-building to encompass all aspects of creating and sustaining capacity growth over time. It involves learning and various types of training, but also continuous efforts to develop institutions, political awareness, financial resources, technology systems and the wider enabling environment.”* (UNGA 2016)

**case**—“a person identified as having a particular disease, health disorder, or condition under surveillance or investigation. Cases may be further classified as confirmed, suspect, or probable.” (WHO 2015b)

**casualty**—”any human accessing health or medical services, including mental health services and medical forensics/mortuary care (for fatalities), as a result of a hazard impact.” (WHO 2007)

**chain of command**—“a series of command, control, executive, or management positions in hierarchical order of authority.” (WHO 2015a). See also ‘incident management system’.

**chemical hazard**—"inherent property of a chemical having the potential to cause adverse effects when an organism, system, or population is exposed to that chemical.” (adapted from IPCS 2004)

**chemical incident**—"an uncontrolled release of a chemical from its containment.” (WHO, 2009)

**civil protection**—”measures taken and systems implemented to preserve the lives and health of citizens, their properties and their environment from undesired events.” (ISO 22300)

**climate change**—“a change in the state of the climate that can be identified (e.g. by using statistical tests) by changes in the mean and/or the variability of its properties and that persists for an extended period, typically decades or longer.” (IPCC, 2012)

**climate change adaptation**—”in human systems, the process of adjustment to actual or expected climate and its effects, in order to moderate harm or exploit beneficial opportunities. In natural systems, the process of adjustment to actual climate and its effects; human intervention may facilitate adjustment to expected climate.” (IPCC 2012)

**climatological hazards**—See ‘hydrometeorological hazards’.

**cold debrief**—”a debriefing session held after a period of time has passed following an exercise or incident, in order to discuss, with the benefit of hindsight, any observations and issues that may have been overlooked during a hot wash.” Syn. ‘cold wash’. See also ‘hot debrief’. (WHO 2015a)

**collaboration (intersectoral)**—"the process of joint planning, construction, implementation and monitoring by ministries and authorities belonging to different public sectors, including sharing of resources in order to enable each ministry or body to carry out their responsibilities that were mutually agreed upon.” (WHO Health & Environment Lexicon)

**command**—“the act of managing, directing, ordering, or controlling by virtue of explicit statutory, regulatory, or delegated authority. The common short name for ‘incident command’, involving making decisions, implementing plans to manage an incident, and controlling their effects.” (WHO 2015a)

**command centre**—a type of emergency operations centre that has a tactical or operational function.

**command & control system**—See ‘incident management system’.

**communicable disease**—1. "an illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or reservoir to a susceptible host, either directly or indirectly through an intermediate plan or animal host, vector or the inanimate environment.” (WHO 2018)2. “an illness caused by a specific infectious agent or its toxic products and transmitted from an infected person, animal or the environment (e.g., through water, food, fomites) to a susceptible host. Transmission can be direct or indirect.” (WHO Health & Environment Lexicon) See also ‘epidemic’, ‘outbreak’, ‘pandemic’, and ‘case’, ‘casualty’, ‘incidence’, ‘prevalence’ and ‘suspect’.

**communication, public**—See ‘public communication’.

**community**—“specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social structure according to relationships which the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them.” (WHO 1998)

**community-based disaster risk management**—"promotes the involvement of potentially affected communities in disaster risk management at the local level. This includes community assessments of hazards, vulnerabilities and capacities, and their involvement in planning, implementation, monitoring and evaluation of local action for disaster risk reduction[management].” (UNGA 2016)

**competence**—”ability to apply knowledge and skills to achieve intended results”. (ISO 22300)

**complex emergency**—”a disaster complicated by civil violence, government instability, macroeconomic collapse, population migration, elusive political solutions, etc., in which any emergency response has to be conducted in a difficult political and security environment, potentially involving a multi-sectoral, international response that goes beyond the mandate or capacity of any single agency.” (WHO 2015a)

**comprehensive approach (comprehensive health emergency risk management programmes)**—“a corporate or government programme that commits resources to a range of measures to implement prevention and mitigation; preparedness; response; and recovery (also disaster (risk) management programme). Typically, this programme includes the full range of capacities for managing risks associated with emergencies and disasters.” (WHO 2015a)

**concept of operations**—“a section or statement in an agency emergency plan that identifies policies, role and responsibilities, and how the structural or functional elements of the organization will work together to produce a coherent management response.” (WHO 2015a)

**consequence**— 1. “the downstream effects that result from an action or condition that may be negative or positive. *Annotation: A negative public health consequence causes or contributes to ill health. Consequences may include social, technical and scientific, economic, environmental, ethical, or policy and political effects.”* (WHO 2012)  
2. “outcome of an event affecting objectives.” (ISO 22300)

**contact tracing**—**”**the identification and follow-up of persons who may have come into contact with an infected person or infectious materials.” (EOC glossary review/consultations)

**containment**—”actions undertaken by public health and other officials to limit the spread of a communicable disease”. (EOC glossary review/consultations)

**contamination**—”the presence of an infectious or toxic agent of matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances, that may constitute a public health risk.” (WHO 2016)

**context**—“as applied to emergency (risk) management, context is described by a number of factors related to the setting, circumstances and environment of risks and events. These include the cultural, social, political, legal, regulatory, financial, technological, economic, natural and competitive environment—whether local, national, regional or international—and those factors related to the governance, organizational structure, roles, accountabilities, policies, objectives, and strategies that are in place to achieve those objectives. They also include the capabilities of and relationships between the internal and external actors and stakeholders.” (WHO 2015a)

**contingency planning**—“a management process that analyses disaster risks and establishes arrangements in advance to enable timely, effective and appropriate responses. *Annotation: Contingency planning results in organized and coordinated courses of action with clearly identified institutional roles and resources, information processes and operational arrangements for specific actors at times of need. Based on scenarios of possible emergency conditions or hazardous events, it allows key actors to envision, anticipate and solve problems that can arise during disasters. Contingency planning is an important part of overall preparedness. Contingency plans need to be regularly updated and exercised.”* (UNGA 2016)

**control**—“the application of authority, combined with the capability to manage resources, in order to achieve defined objectives. Refers to the overall direction of the activities, agencies or individuals concerned and operates horizontally across all agencies/organizations, functions and individuals.” (WHO 2015a)

**cooperating agency**—”an agency supplying assistance other than direct operational or support functions or resources to the incident management effort.” (WHO 2015a)

**coordination**—1. “management processes to ensure integration (unity) of effort. Coordination relates primarily to resources, and operates vertically (within an organization) as a function of the authority to command, and horizontally (across organizations) as a function of the authority to control.” (WHO 2015a)  
2. “way in which different organizations (public or private) or parts of the same organization work or act together in order to achieve a common objective.” (ISO 22300), (ISO 22320)

**coordination centre**—See ‘emergency coordination centre’.

**coping capacity**—**”**the ability of people, organizations and systems using available skills and resources, to manage adverse conditions, risk or disasters. The capacity to cope requires continuing awareness, resources and good management, both in normal times as well as during disasters or adverse conditions. Coping capacities contribute to the reduction of disaster risks.” (UNGA 2016)

**crisis**—1. “an unstable or crucial time or state of affairs in which a decisive change is impending, especially one where a highly undesirable outcome is distinctly possible.” (WHO 2015b)  
2. “unstable condition involving an impending abrupt or significant change that requires urgent attention and action to protect life, assets, property or the environment.” (ISO 22300)

**critical infrastructure**—”the physical structures, facilities, networks and other assets which provide services that are essential to the social and economic functioning of a community or society.” (UNGA 2016) See also ‘social infrastructure’.

**critical systems (in hospitals)**—”within a hospital, critical systems include the electrical, telecommunications, water supply, fire protection, waste management, fuel storage and medical gases and heating, ventilation and air conditioning (HVAC) systems. The failure or disruption of critical systems can stop or impede the functioning of the hospitals.” (WHO 2015a).

**damage,** **disaster**—See ‘disaster damage’.

**dangerous goods**—"substances or articles which can pose a threat to people, property and/or the environment.” (IMO)

**debrief**—“a critical examination of a completed operation or exercise in order to evaluate actions”. (WHO 2015a)

**direct economic loss**—”the monetary value of total or partial destruction of physical assets existing in the affected area. *Annotation: Direct economic loss is nearly equivalent to physical damage. Direct economic losses usually happen during the event or within the first few hours after the event and are often assessed soon after the event to estimate recovery cost and claim insurance payments. These are tangible and relatively easy to measure. Examples of physical assets that are the basis for calculating direct economic loss include homes, schools, hospitals, commercial and governmental buildings, transport, energy, telecommunications infrastructures and other infrastructure; business assets and industrial plants; and production such as crops, livestock and production infrastructure. They may also encompass environmental assets and cultural heritage”* (UNGA 2016)

**directly affected**—”those who have suffered injury, illness or other health effects; who were evacuated, displaced, relocated or have suffered direct damage to their livelihoods, economic, physical, social, cultural and environmental assets.” (UNGA 2016) See also ‘affected’.

**disaster**—“a serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic and environmental losses and impacts. *Annotation: The effect of the disaster can be immediate and localized, but is often widespread and could last for a long period of time. The effect may test or exceed the capacity of a community or society to cope using its own resources, and therefore may require assistance from external sources, which could include neighbouring jurisdictions, or those at the national or international levels.”* (UNGA 2016) See also ‘emergency’ ‘slow-onset disaster’ and ‘sudden-onset disaster’.

**disaster damage**—"occurs during and immediately after the disaster. This is usually measured in physical units (e.g., square meters of housing, kilometres of roads, etc.), and describes the total or partial destruction of physical assets, the disruption of basic services and damages to sources of livelihood in the affected area.” (UNGA 2016)

**disaster impact**—"the total effect, including negative effects (e.g., economic losses) and positive effects (e.g., economic gains), of a hazardous event or a disaster. The term includes economic, human and environmental impacts, and may include death, injuries, disease and other negative effects on human physical, mental and social well-being.” (UNGA 2016)

**disaster loss database**—"A set of systematically collected records about disaster occurrence, damages, losses and impacts, compliant with the Sendai Framework for Disaster Risk Reduction 2015-2030 monitoring minimum requirements.” (UNGA 2016)

**disaster management**—”the organization, planning and application of measures preparing for, responding to and recovering from disasters*. Annotation: Disaster management may not completely avert or eliminate the threats; it focuses on creating and implementing preparedness and other plans to decrease the impact of disasters and “build back better”. Failure to create and apply a plan could lead to damage to life, assets and lost revenue.”* (UNGA 2016). See ‘emergency management’.

**disaster response**—”actions taken directly before, during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected.” (UNGA 2016)

**disaster risk**—”the potential loss of life, injury, or destroyed or damaged assets which could occur to a system, society or a community in a specific period of time, determined probabilistically as a function of hazard, exposure, vulnerability and capacity. *Annotation: The definition of disaster risk reflects the concept of hazardous events and disasters as the outcome of continuously present conditions of risk. Disaster risk comprises different types of potential losses which are often difficult to quantify. Nevertheless, with knowledge of the prevailing hazards and the patterns of population and socioeconomic development, disaster risks can be assessed and mapped, in broad terms at least. It is important to consider the social and economic contexts in which disaster risks occur and that people do not necessarily share the same perceptions of risk and their underlying risk factors.”* (UNGA 2016) See also ‘extensive disaster risk’, ‘intensive disaster risk’ and ‘underlying disaster risk drivers’..

**disaster risk assessment**—”A qualitative or quantitative approach to determine the nature and extent of disaster risk by analysing potential hazards and evaluating existing conditions of exposure and vulnerability that together could harm people, property, services, livelihoods and the environment on which they depend. *Annotation: Disaster risk assessments include: the identification of hazards; a review of the technical characteristics of hazards such as their location, intensity, frequency and probability; the analysis of exposure and vulnerability, including the physical, social, health, environmental and economic dimensions; and the evaluation of the effectiveness of prevailing and alternative coping capacities with respect to likely risk scenarios.”* (UNGA 2016). See also “emergency risk assessment”.

**disaster risk drivers, underlying**—See ‘underlying disaster risk drivers’.

**disaster risk governance**—”the system of institutions, mechanisms, policy and legal frameworks and other arrangements to guide, coordinate and oversee disaster risk reduction and related areas of policy. *Annotation: Good governance needs to be transparent, inclusive, collective and efficient to reduce existing disaster risks and avoid creating new ones.”* (UNGA 2016)

**disaster risk information**—“comprehensive information on all dimensions of disaster risk, including hazards, exposure, vulnerability and capacity, related to persons, communities, organizations and countries and their assets. *Annotation: Disaster risk information includes all studies, information and mapping required to understand the disaster risk drivers and underlying risk factors.”* (UNGA 2016)

**disaster risk management**—”the application of disaster risk reduction policies and strategies to prevent new disaster risk, reduce existing disaster risk and manage residual risk, contributing to the strengthening of resilience and reduction of disaster losses.” (UNGA 2016) See also ‘community-based disaster risk management’, ‘disaster risk governance’, ‘disaster risk information’, ‘disaster risk management plans’ and ‘health emergency and disaster risk management’.

**disaster risk management plans**—"[plans that] set out the goals and specific objectives for reducing disaster risks together with related actions to accomplish these objectives. *Annotation: They should be guided by the Sendai Framework for Disaster Risk Reduction 2015-2030 and considered and coordinated within relevant development plans, resource allocations and programme activities. National-level plans need to be specific to each level of administrative responsibility and adapted to the different social and geographical circumstances that are present. The time frame and responsibilities for implementation and the sources of funding should be specified in the plan. Linkages to sustainable development and climate change adaptation plans should be made where possible.”* (UNGA 2016)

**disaster risk management, community-based**—See ‘community-based disaster risk management’.

**disaster risk reduction**—“[activities] aimed at preventing new and reducing existing disaster risk and managing residual risk, all of which contribute to strengthening resilience and therefore to the achievement of sustainable development. *Annotation: Disaster risk reduction is the policy objective of disaster risk management, and its goals and objectives are defined in disaster risk reduction strategies and plans.”* (UNGA 2016) See also ‘disaster risk reduction strategies and policies’.

**disaster risk reduction strategies & policies**—"strategies and policies [that] define goals and objectives across different timescales and with concrete targets, indicators and timeframes. *Annotation: In line with the Sendai Framework for Disaster Risk Reduction 2015-2030, these should be aimed at preventing the creation of disaster risk, the reduction of existing risk and the strengthening of economic, social, health and environmental resilience. A global, agreed policy of disaster risk reduction is set out in the United Nations endorsed Sendai Framework for Disaster Risk Reduction 2015-2030, adopted in March 2015, whose expected outcome over the next 15 years is: “The substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries”.* (UNGA 2016)

**discussion-based exercise**—”an exercise that consists of a facilitated discussion that allows players to familiarize themselves with response plans, policies and procedures, and to explore their application in specific emergency scenarios. Discussion-based exercises include seminars, workshops, table top exercises and games.” (WHO 2015a)

**disease containment**—See ‘containment’.

**drill**—1. “a limited form of operational training exercise, the purpose of which is to establish and maintain specific response behaviours and procedural skills, and evaluate how the emergency operations centre facility supports the procedures.” (WHO 2015a)  
2. “activity which practises a particular skill and often involves repeating the same thing several times.” (ISO 22300)

**early warning system**— 1. “an integrated system of hazard monitoring, forecasting and prediction, disaster risk assessment, communication and preparedness activities systems and processes that enables individuals, communities, governments, businesses and others to take timely action to reduce disaster risks in advance of hazardous events. *Annotation: Effective “end-to-end” and “people-centred” early warning systems may include four interrelated key elements: (1) disaster risk knowledge based on the systematic collection of data and disaster risk assessments; (2) detection, monitoring, analysis and forecasting of the hazards and possible consequences; (3) dissemination and communication, by an official source, of authoritative, timely, accurate and actionable warnings and associated information on likelihood and impact; and (4) preparedness at all levels to respond to the warnings received. These four interrelated components need to be coordinated within and across sectors and multiple levels for the system to work effectively and to include a feedback mechanism for continuous improvement. Failure in one component or a lack of coordination across them could lead to the failure of the whole system.”* (UNGA 2016)  
2. “a specific procedure in disease surveillance to detect any abnormal occurrence or departure from the usual or normally observed frequency of phenomena as early as possible. (WHO 2018)

**economic loss**—”total economic impact that consists of direct economic loss and indirect economic loss.” (UNGA 2016) See also ‘economic loss, direct’ and ‘economic loss, indirect’.

**El Niño-southern oscillation (ENSO)**—”[an] oceanic event … associated with a fluctuation of a global scale tropical and subtropical surface pressure pattern called the ‘Southern Oscillation’ ... preferred time scales of 2 to about 7 years.” (IPCC, 2012)

**emergency**—1. “[the term] ‘emergency, is sometimes used interchangeably with the term ‘disaster’ as, for example, in the context of biological and technological hazards or health emergencies, which, however, can also relate to hazardous events that do not result in the serious disruption of the functioning of a community or society. *Annotation: Emergencies have effects that may be considered on a continuum from local emergencies with limited consequences to wide area disasters with catastrophic consequences. ‘Incidents’ or ‘events’ are often referred to as ‘emergencies’, with the terms used interchangeably, but not all incidents or events are emergencies.”* (UNGA 2016)   
2. "an incident that has passed the control capability of emergency service providers.” (WHO, 2009) See also ‘complex emergency’, ‘disaster’, ‘health emergency’, ‘humanitarian emergency’ and ‘protracted emergency’.

**emergency (risk) management agency or organization**—”an organization, often a government agency, specifically mandated to provide a single point of accountability for the coordination of multi-sectoral and interagency emergency activities, including risk assessment, prevention, mitigation, preparedness, response and recovery activities within a particular area. Also called a disaster (risk) management organization.” (WHO 2015a)

**emergency coordination centre**—“a type of EOC that has no direct, tactical or operational function, but which serves as a point of control and coordination for the strategic allocation of resources and management of policy issues.” (WHO 2015a)

**emergency management**— 1. “sometimes [used] interchangeably, with the term disaster management, particularly in the context of biological and technological hazards and for health emergencies. *Annotation: While there is a large degree of overlap, an emergency can also relate to hazardous events that do not result in the serious disruption of the functioning of a community or society.”* (UNGA 2016). See also ‘disaster management’.  
2. “overall approach to preventing emergencies and managing those that occur.   
*Annotation: In general, emergency management utilizes a risk-management approach to prevention, preparedness, response and recovery before, during and after potentially destabilizing and/or disruptive events* (ISO 22320).”

**emergency medical team (EMT)**—”groups of health professionals (doctors, nurses, paramedics, etc.) that treat patients affected by an emergency or disaster. *Annotation: They come from government, charities (NGOs), militaries and international organizations such as the International Red Cross/Red Crescent movement. They work to comply with the classification and minimum standards set by WHO and its partners, and come trained and self-sufficient so as not to burden the national system.”* (WHO 2017)

**emergency operations centre (EOC)**—“the facility from which a jurisdiction or agency coordinates its response to major emergencies/disasters.” (WHO 2015b)

**emergency response plan**—”a document that describes how an agency or organization will manage its responses to emergencies of various types by providing a description of the objectives, policy and concept of operations for the response to an emergency; and the structure, authorities and responsibilities for a systematic, co-ordinated and effective response. In this context, emergency plans are agency or jurisdiction-specific, and detail the resources, capacities and capabilities that the jurisdiction, agency or organization will employ in its response”. (WHO 2017)

**engagement, community**—See ‘community engagement’.

**ENSO**—See ‘El Niño-southern oscillation’.

**environmental hazards**—1. “[hazards that] may include chemical, natural and biological hazards. They can be created by environmental degradation or physical or chemical pollution in the air, water and soil. However, many of the processes and phenomena that fall into this category may be termed drivers of hazard and risk rather than hazards in themselves, such as soil degradation, deforestation, loss of biodiversity, salinization and sea-level rise.” (UNGA 2016)  
2. "a chemical or physical agent capable of causing harm to the ecosystem or natural resources.” (WHO, 2009)

**environmental health**—1. “comprises those aspects of human health, including quality of life, that are determined by physical, chemical, biological, social, and psychosocial factors in the environment. It also refers to the theory and practice of assessing, correcting, controlling, and preventing those factors in the environment that can potentially affect adversely the health of present and future generations.” (WHO, 2009)

**epidemic**—”the occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events clearly in excess of normal expectancy. The community or region and the period in which the cases occur are specified precisely. The number of cases indicating the presence of an epidemic varies according to the agent, size, and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence.” (WHO 2001)

**epidemiology**—"the study of the distribution and determinants of health-related states or events in populations and the application of this study to control health problems.” (WHO, 2009)

**evacuation**—“moving people and assets temporarily to safer places before, during or after the occurrence of a hazardous event in order to protect them. Annotation: Evacuation plans refer to the arrangements established in advance to enable the moving of people and assets temporarily to safer places before, during or after the occurrence of a hazardous event. Evacuation plans may include plans for return of evacuees and options to shelter in place.” (UNGA 2016)

**event-based surveillance**—1. “the organized collection, monitoring, assessment and interpretation of mainly unstructured ad hoc information regarding health events or risks, which may represent an acute risk to human health. Event-Based Surveillance is a functional component of early warning, alert and response. WHO (2014)  
2. “organized and rapid capture of information about events that are a potential risk to public health. This information can be rumours and other ad-hoc reports transmitted through formal channels (i.e. established routine reporting systems) and informal channels (i.e. media, health workers and nongovernmental organizations reports), including events related to the occurrence of disease in humans, and events related to potential exposure for humans, such as events related to diseases and deaths in animals, contaminated food products or water, and environmental hazards including chemical and radio-nuclear events.” (WPRO 2008)

**event**—See ‘hazardous event', ‘public health event’.

**excessive heat**—See ‘heatwave’.

**exercise**—1. “a form of practice, training, and evaluation of capabilities involving the description or simulation of an emergency, to which a described or simulated response is made based on agency emergency plans or contingency plans, and an EOC plan.” (WHO 2015a)  
2. “a scripted scenario-based activity designed to evaluate a system’s capacity to achieve overall and individual functional objectives, and to demonstrate its competencies for relevant response and recovery tasks. Exercises help determine a valid indication of future system performance under certain conditions, and to identify potential system improvements.” (WHO 2015b)   
3. “process to train for, assess, practise and improve performance in an organization.” (ISO 22300)

**exercise programme**—1. “a progression of increasingly complex exercises designed to increase understanding of, practice, and evaluate different emergency management capabilities. Five general types of exercises comprise a programme: orientations; drills; table-top exercises; functional exercises; and full-scale exercises.” (WHO 2015a)  
2. “series of exercise activities designed to meet an overall objective or goal.” (ISO 22300)

**exercise project team**—”group of individuals responsible for planning, conducting and evaluating an exercise project.” (ISO 22300)

**exposure**—1. ”the situation of people, infrastructure, housing, production capacities and other tangible assets located in hazard prone areas. Annotation: Measures of exposure can include the number of people or types of assets in an area. These can be combined with the specific vulnerability and capacity of the exposed elements to any particular hazard to estimate the quantitative risks associated with that hazard in the area of interest.” (UNGA 2016)  
2. “contact over time and space between a person and one or more biological, chemical or physical agents.” (WHO 2008)

**extensive disaster risk**—”The risk of low-severity, high-frequency hazardous events and disasters, mainly but not exclusively associated with highly localized hazards. *Annotation: Extensive disaster risk is usually high where communities are exposed to, and vulnerable to, recurring localized floods, landslides, storms or drought. Extensive disaster risk is often exacerbated by poverty, urbanization and environmental degradation.”* (UNGA 2016)

**fragile states**—”… states that lack either the capacity, or the will (or both), to deliver core state functions for the majority of the people, including the poor. The most important functions of the state for poverty reduction are territorial control, safety and security, capacity to manage public resources, delivery of basic services, and the ability to protect and support the ways in which the poorest people sustain themselves.” (WHO 2011).

**full-scale exercise (FSX)**—1. “exercise which involves multiple organizations or functions and includes actual activities.” (ISO 22300)  
2. “an exercise that simulates a real event as closely as possible and is designed to evaluate the operational capability of emergency management systems in a highly stressful environment, simulating actual response conditions. This includes the mobilization and movement of emergency personnel, equipment and resources. Ideally, the full-scale exercise should test and evaluate most functions of the emergency management plan or operational plan. Differing from the functional exercise (FX), a full-scale exercise typically involves multiple agencies and participants physically deployed in a field location.” (WHO 2017)

**functional exercise**—1. “a fully-simulated, interactive exercise that tests the capability of an organization to respond to a simulated event. The exercise tests multiple functions of the organization’s operational plan. It is a coordinated response to a situation in a time pressured, realistic situation. A functional exercise focuses on the coordination, integration, and interaction of an organization’s policies, procedures, roles and responsibilities before, during, or after the simulated event (WHO, 2017).  
2. “exercise to train for, assess, practise and improve the performance of single functions designed to respond to and recover from an unwanted event.” (ISO 22300)

**geological** **or geophysical hazards**—"[hazards that] originate from internal earth processes. Examples are earthquakes, volcanic activity and emissions, and related geophysical processes such as mass movements, landslides, rockslides, surface collapses and debris or mud flows. Hydrometeorological factors are important contributors to some of these processes. Tsunamis are difficult to categorize: although they are triggered by undersea earthquakes and other geological events, they essentially become an oceanic process that is manifested as a coastal water-related hazard.” (UNGA 2016)

**global health security**—“the activities required, both proactive and reactive, to minimize vulnerability to acute public health events that endanger the collective health of populations living across geographical regions and international boundaries.” (WHO 2007b) See also ‘public health security’.

**graded emergency**—"An acute public health event or emergency that requires an operational response by WHO. There are three WHO grades for emergencies, signifying the level of operational response by the Organization: Grade 1 (limited response), Grade 2 (moderate response), Grade 3 (major/maximal response). If a graded emergency persists for more than six months it may transition to a protracted emergency.” (WHO 2017) See also ‘level of event’

**hazard**—1. “a process, phenomenon or human activity that may cause loss of life, injury or other health impacts, property damage, social and economic disruption or environmental degradation.” (UNGA 2016)   
2. “inherent capability of an agent or situation to have an adverse effect.” (WHO 2018)  
3. "the latent property of a substance which makes it capable of causing adverse effects to people or the environment under conditions of exposure.” (WHO, 2009)  
4. “source of potential harm.” (ISO 22300) See also ‘anthropogenic hazard’, ‘biological hazard’, ‘chemical hazard’, ‘environmental hazard’, ‘geological or geophysical hazard’, ‘hydrometeorological hazard’, ‘natural hazard’, ‘socionatural hazard’, ‘technological hazard’ ‘terrorism’ and ‘zoonoses’.

**hazardous event**—1. “the manifestation of a hazard in a particular place during a particular period of time. Annotation: Severe hazardous events can lead to a disaster as a result of the combination of hazard occurrence and other risk factors.” (UNGA 2016)  
2. “a manifestation of disease or an occurrence that creates a potential for disease” (WHO 2016).

**hazard monitoring function**—”activities to obtain evidence-based information on hazards in a defined area used to make decisions about the need for public warning.” (ISO 22300)

**hazardous materials/substances**—See ‘**dangerous goods’.**

**health**—”a state of complete physical, mental and social well-being; and not merely the absence of disease or infirmity.” (WHO 1948)

**health care facility**—”hospitals of all sizes and types; specialized medical services; primary health care clinics; general practitioner’s surgery, etc.” (WHO 2007)

**health emergency**—”a type of event or imminent threat that produces or has the potential to produce a range of health consequences, and which requires coordinated action, usually urgent and often non-routine. A health emergency may pose a substantial risk of significant morbidity or mortality in a community.” (WHO 2015a) See also ‘public health event’, ‘public health emergency’, ‘public health emergency of international concern’ and ‘mass casualty incident’.

**health emergency and disaster risk management**—“the systematic analysis and management of health risks, posed by actual or potential hazardous events, including emergencies and disasters, through a combination of hazard, exposure and vulnerability reduction to prevent and mitigate risks, preparedness, response, and recovery.” (WHO 2017b). See also “disaster risk management’.

**health impact assessment**—"a practical approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups. Recommendations are produced for decisionmakers and stakeholders, with the aim of maximizing the proposal’s positive health effects and minimizing the negative health effects.” (WHO, 2009)

**health policy**—“a general statement of understanding to guide decision making that results from an agreement or consensus among relevant partners on the issues to be addressed and on the approaches or strategies to deal with them.” (WHO 2011) See also ‘health for all’, ‘health promotion’ and ‘One Health’.

**health promotion**—”the process of enabling people to increase control over, and to improve their health. Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health.” (WHO 1998)

**health sector**—”organized public and private health services (including health promotion, disease prevention, diagnostic, treatment and care services), the policies and activities of health departments and ministries, health related nongovernment organizations and community groups, and professional associations.” (WHO 1998)

**health system**—”the people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people’s legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health.” (WHO 2011)

**heatwave**—“marked warming of the air, or the invasion of very warm air, over a large area; it usually lasts from a few days to a few weeks.” (WMO 1992)

**hot debrief**—”a debriefing session held immediately after an exercise or incident to identify the strengths and weaknesses of plans, policies and procedures.” Syn. ‘hot wash’. See also ‘cold debrief’. (WHO 2015a)

**human-induced hazards**—See ‘anthropogenic hazards’

**hydrometeorological hazards**—”hazards of atmospheric, hydrological or oceanographic origin. Examples are tropical cyclones (also known as typhoons and hurricanes); floods, including flash floods; drought; heatwaves and cold spells and coastal storm surges. Hydrometeorological conditions may also be a factor in other hazards such as landslides, wildland fires, locust plagues, epidemics and in the transport and dispersal of toxic substances and volcanic eruption material.” (UNGA 2016)

**impact**—”evaluated consequence of a particular outcome”. (ISO 22300) See also ‘disaster damage’, ‘disaster impact’ and ‘disaster loss database’.

**incidence**—“the number of instances (rate of occurrence) of illness commencing, or of persons falling ill during a given period in a specified population, thus conveying information about the risk of contracting a disease.” See also ‘prevalence’. (adapted from WHO IHR Core Capacity Monitoring Framework)

**incident**—1. “an action, event or phenomenon which may cause loss of life or injury, property damage, social and economic disruption, and / or environmental degradation.” (WHO 2015b)  
2. “situation that can be, or could lead to, a disruption, loss, emergency or crisis.” (ISO 22300)

**incident action plan**—See ‘action plan’

**incident, chemical**—See ‘chemical incident’.

**incident command system**—See ‘incident management system’

**incident management system**—1. “system that defines the roles and responsibilities of personnel and the operating procedures to be used in the management of incidents.” (ISO 22300)

**indirect economic loss**—”a decline in economic value added as a consequence of direct economic loss and/or human and environmental impacts. Indirect economic loss includes microeconomic impacts (e.g., revenue declines owing to business interruption), mesoeconomic impacts (e.g., revenue declines owing to impacts on natural assets, interruptions to supply chains or temporary unemployment) and macroeconomic impacts (e.g., price increases, increases in government debt, negative impact on stock market prices and decline in GDP). Indirect losses can occur inside or outside of the hazard area and often have a time lag. As a result they may be intangible or difficult to measure.” (UNGA 2016)

**indirectly affected**—”people who have suffered consequences, other than or in addition to direct effects, over time, due to disruption or changes in economy, critical infrastructure, basic services, commerce or work, or social, health and psychological consequences.” (UNGA 2016) See also ‘affected’.

**infection**—”the entry and development or multiplication of an infectious agent in the body of humans and animals that may constitute a public health risk.” (WHO 2016)

**inject**—”scripted piece of information inserted into an exercise that is designed to elicit a response or decision and facilitate the flow of the exercise.” (ISO 22300)

**intensive disaster risk**—"The risk of high-severity, mid- to low-frequency disasters, mainly associated with major hazards. *Annotation: Intensive disaster risk is mainly a characteristic of large cities or densely populated areas that are not only exposed to intense hazards such as strong earthquakes, active volcanoes, heavy floods, tsunamis or major storms but also have high levels of vulnerability to these hazards.”* (UNGA 2016)

**interested party**—”person or organization that can affect, be affected by, or perceive itself to be affected by a decision or activity.” Also known as ‘stakeholder’. (ISO 22300)

**International Health Regulations (IHR) (2005)**— “[regulations] designed to prevent the international spread of disease” adopted by the Fifty-eighth World Health Assembly on 23 May 2005 and which entered into force on 15 June 2007. The purpose and scope of the IHR (2005) are “to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks and which avoid unnecessary inference with international traffic and trade.” (WHO 2016)

**interoperability**—“ability of diverse systems and organizations to work together.” (ISO 22300)

**intersectoral collaboration**—See ‘collaboration, intersectoral’.

**isolation**—”separation of ill or contaminated persons or affected baggage, containers, conveyances, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination.” (WHO 2016)

**jurisdiction**—“an organization (level of government or designated agency) with the authority and responsibility to provide particular functions and services within a defined area.” (WHO 2015a)

**lead agency**—“agency or sector responsible for managing specific types of emergencies.”

**leadership**—“the process of engaging others and fostering constructive processes for working together, and sustaining collaborative interaction to guide activities and achieve objectives.” (WHO 2015a)

**lessons learned**—”identified issues for which remedial actions may be implemented, in order to improve performance.” (WHO 2015a)

**level of event**—“a structured process, internal to an organization that evaluates the extent, complexity and probable duration of an incident with reference to the response resources that will be required.” (WHO 2017)

**level of risk**—”magnitude of a risk or combination of risks, expressed in terms the combination of consequences and their likelihood.” (ISO 31000)

**likelihood**—”chance of something happening”. (ISO 22300)

**logistics**—”the aspect of emergency (risk) management that deals with the procurement, distribution, maintenance, replacement and repatriation of material and human resources, including the provision of support infrastructure and services to response staff.” (WHO 2015a)

**mass casualty incident**—”an event which generates more patients at one time than locally available resources can manage using routine procedures. It requires exceptional emergency arrangements and additional or extraordinary assistance.” (WHO 2007)

**mass casualty management system**—”a coherent and interrelated set of established procedures, policies, and plans that contribute to the shared objectives of optimizing the baseline capacity to deal with patient populations expected in a mass casualty incident, and efficiently increasing this capacity during the response to a mass casualty incident.” (WHO 2007)

**mass gathering**—“an organized or unplanned event can be classified as a mass gathering if the number of people attending is sufficient to strain the planning and response resources of the community, state or nation hosting the event. *Annotation: A gathering of persons usually defined as “more than a specified number of persons (which may be as few as 1,000 persons although much of the available literature describes gatherings exceeding 25,000 persons) at a specific location for a specific purpose (a social function, large public event or sports competition) for a defined period of time”*. (WHO 2015b)

**mitigation**—“the lessening or limitation of the adverse impacts of hazards and related disasters. *Annotation: The adverse impacts of hazards, in particular natural hazards, often cannot be prevented fully, but their scale or severity can be substantially lessened by various strategies and actions. Mitigation measures include engineering techniques and hazard-resistant construction as well as improved environmental and social policies and public awareness. It should be noted that, in climate change policy, “mitigation” is defined differently, and is the term used for the reduction of greenhouse gas emissions that are the source of climate change.”* (UNGA 2016)

**morbidity**—"the relative incidence of a particular disease. In common clinical usage, any disease state, including diagnosis and complications, is referred to as morbidity.” (WHO, 2009)

**morbidity rate**—"the rate of disease or proportion of diseased people in a population.” (WHO, 2009)

**mortality ratio** —"the ratio of deaths in an area to the population of that area, within a particular period of time. The death rate in a population or locality.” (WHO, 2009)

**multi-agency coordination centre**—“a form of large-scale high-level multiagency and multi-jurisdictional coordination among affected agencies that is removed from routine event management activities. This is the highest level of strategic coordination and involves the executive and policy levels of the participating agencies as well as political representatives from affected and participating jurisdictions.” (Policy, Plans and Procedures Handbook)

**multi-hazard**—”the selection of multiple major hazards that the country faces; and the specific contexts where hazardous events may occur simultaneously, cascadingly or cumulatively over time, and taking into account the potential interrelated effects.” (UNGA 2016)

**multi-hazard early warning systems**—”systems [that] address several hazards and/or impacts of similar or different type in contexts where hazardous events may occur alone, simultaneously, cascadingly or cumulatively over time, and taking into account the potential interrelated effects. *Annotation: A multi-hazard early warning system with the ability to warn of one or more hazards increases the efficiency and consistency of warnings through coordinated and compatible mechanisms and capacities, involving multiple disciplines for updated and accurate hazards identification and monitoring for multiple hazards.”* (UNGA 2016)

**mutual aid agreement**—”pre-arranged understanding between two or more entities to render assistance to each other.” (ISO 22300)

**natech**—“a chemical accident, including spills of oil and oil products, triggered by a natural hazard or natural disaster (such as extreme temperatures, high winds, floods, storms, earthquakes, or wildfires).” (OECD 2015)

**national platform for disaster risk reduction**—“a generic term for national mechanisms for coordination and policy guidance on disaster risk reduction that are multisectoral and interdisciplinary in nature, with public, private and civil society participation involving all concerned entities within a country. *Annotation: Effective government coordination forums are composed of relevant stakeholders at national and local levels and have a designated national focal point. For such mechanisms to have a strong foundation in national institutional frameworks, further key elements and responsibilities should be established through laws, regulations, standards and procedures, including: clearly assigned responsibilities and authority; building awareness and knowledge of disaster risk through the sharing and dissemination of non-sensitive disaster risk information and data; contributing to and coordinating reports on local and national disaster risk; coordinating public awareness campaigns on disaster risk; facilitating and supporting local multisectoral cooperation (e.g., among local governments); and contributing to the determination of and reporting on national and local disaster risk management plans and all policies relevant for disaster risk management.”* (UNGA 2016)

**natural hazards**—[hazards that are] “predominantly associated with natural processes and phenomena.” (UNGA 2016)

**notification**—1. “the processes by which cases or outbreaks are brought to the knowledge of health authorities.” (WHO 2018)  
2. “part of public warning that provides essential information to people at risk regarding the decisions and actions necessary to cope with an emergency situation.” (ISO 22300)

**nuclear or radiological emergency**—"an emergency in which there is, or is perceived to be, a hazard due to: (a) the energy resulting from a nuclear chain reaction or from the decay of the products of a chain reaction; or (b) radiation exposure.” (IAEA 2007)

**One Health**—“an approach to designing and implementing programmes, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes.” (WHO 2018) there is also a animal-public health interface definition

**operations-based exercises**—”exercises characterized by fully simulated or actual responses with use of equipment and resources and commitment of personnel. Operations-based exercises are used to validate capabilities, plans, policies, agreements and procedures. They include drills, full-scale exercises and functional exercises.” (WHO 2015a)

**orientation**—”a discussion-based process that is the simplest form of training and evaluation exercise, designed to acquaint users of an emergency plan or emergency management facility with the features of the plan or facility and how they should be used. An orientation uses low levels of simulation to focus on issues of coordination and assignment of responsibilities.” (WHO 2015a)

**outbreak**—”often used synonymously with “epidemic”, usually to indicate localised as opposed to generalised epidemics. Typically defined as two or more people with the same health condition, at the same time and in the same place.” (WHO 2015b)

**pandemic**—”a worldwide outbreak of a disease in humans in numbers clearly in excess of normal.” (WHO 2015b)

**people at risk**—”individuals in the area who may be affected by an incident.” (ISO 22300) hmm – not just physical – in the area?

**people-centred care**—”care that is focused and organized around the health needs and expectations of people and communities rather than on diseases. People-centred care extends the concept of patient-centred to individuals, families, communities and society. Whereas patient-centred care is commonly understood as focusing on the individual seeking care – the patient-people-centred care encompasses these clinical encounters and also includes attention to the health of people in their communities and their crucial role in shaping health policy and health services.” (WHO 2011)

**personal protective equipment (PPE)**—1. ”protective clothing (gowns, gloves, boots etc.) and equipment (masks, shields, respirators, earplugs etc.) necessary to shield or isolate a person from biological, chemical, physical, sonic and thermal exposure.” (WHO 2015a)  
2. "all clothing and other work accessories designed to create a barrier against workplace hazards. Examples include safety goggles, blast shields, hard hats, hearing protectors, gloves, respirators, aprons, and work boots.” (WHO, 2009)

**plans**—“Generic reference to documents designed to identify, at various levels, responsibility for a range of activities and intended objectives, strategies and tactics.” (WHO 2015a) See also ‘contingency planning’ and ‘action plan’

**planning, contingency**—See ‘contingency planning’.

**point of entry**—"A passage for [international] entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit.” (WHO 2016)

**PPE**—See ‘personal protective equipment’.

**preparedness (emergency)**—"the knowledge and capacities developed by governments, response and recovery organizations, communities and individuals to effectively anticipate, respond to and recover from the impacts of likely, imminent or current disasters. *Annotation: Preparedness action is carried out within the context of disaster risk management and aims to build the capacities needed to efficiently manage all types of emergencies and achieve orderly transitions from response to sustained recovery. Preparedness is based on a sound analysis of disaster risks and good linkages with early warning systems, and includes such activities as contingency planning, the stockpiling of equipment and supplies, the development of arrangements for coordination, evacuation and public information, and associated training and field exercises. These must be supported by formal institutional, legal and budgetary capacities. The related term “readiness” describes the ability to quickly and appropriately respond when required.”* (UNGA 2016)

**preparedness plan (emergency)**—“[a plan that] establishes arrangements in advance to enable timely, effective and appropriate responses to specific potential hazardous events or emerging disaster situations that might threaten society or the environment.” (UNGA 2016)

**prevalence**—"the number of cases in a defined population at a specific point in time.” (WHO, 2009) See also ‘incidence’.

**prevention**—“activities and measures to avoid existing and new disaster risks. *Annotation: prevention (i.e., disaster prevention) expresses the concept and intention to completely avoid potential adverse impacts of hazardous events. While certain disaster risks cannot be eliminated, prevention aims at reducing vulnerability and exposure in such contexts where, as a result, the risk of disaster is removed. Examples include dams or embankments that eliminate flood risks, land-use regulations that do not permit any settlement in high-risk zones, seismic engineering designs that ensure the survival and function of a critical building in any likely earthquake and immunization against vaccine-preventable diseases. Prevention measures can also be taken during or after a hazardous event or disaster to prevent secondary hazards or their consequences, such as measures to prevent the contamination of water.”* (UNGA 2016)

**primary health care**—1. ”Essential health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.” (WHO 2011)

**probability**—”measure of the chance of occurrence expressed as a number between 0 and 1 where 0 is impossibility and 1 is absolute certainty.” (ISO 22300)

**protracted emergency**—“an environment in which a significant proportion of the population is acutely vulnerable to death, disease and disruption of livelihoods over a prolonged period of time. Governance in these settings is often weak, with limited state capacity to respond to, and mitigate, the threats to the population, or provide adequate levels of protection.” (WHO 2017)

**public awareness**—”the extent of common knowledge about disaster risks, the factors that lead to disasters and the actions that can be taken individually and collectively to reduce exposure and vulnerability to hazard. Community engagement is critical in order to raise public awareness, work for social mobilization, health promotion and risk communication.” (WHO 2015a)

**public communication**—“the discipline and process of providing public audiences with information that creates awareness and knowledge so that people can adjust their personal understanding of risks, and their reactions, decisions and responses to threats and crisis situations”. (WHO 2015a) See also ‘public awareness’ and ‘risk communication’.

**public health**—”the science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society.” (WHO 1998)

**public health emergency**—”an occurrence or imminent threat of an illness or health condition, caused by bio terrorism, epidemic or pandemic disease, or a novel and highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human facilities or incidents or permanent or long-term disability.” (WHO 2015a) See “health emergency”.

**public health emergency of international concern (PHEIC)**—”an extraordinary event which is determined as provided in the International Health Regulations (i) to constitute a public health risk to other States through the international spread of disease and (ii) to potentially require a coordinated response.” (WHO 2016)

**public health emergency operations centre**—”an emergency operations centre specializing in the command, control and coordination requirements of responding to emergencies involving health consequences and threats to public health.” (WHO 2015a)

**public health event**—“any event that may have negative consequences for human health. The term includes events that have not yet lead to disease in humans but have the potential to cause human disease through exposure to infected or contaminated food, water, animals, manufactured products or environments.” (WHO 2017) like public health emergency - problematic

**public health risk**—”a likelihood of an event that may affect adversely the health of human populations with an emphasis on one which may spread internationally or may present a serious and direct danger.” (WHO 2016)

**public health security**—”the activities required, both proactive and reactive, to minimize vulnerability to acute public health events that endanger the collective health of national populations.” (WHO 2007b) See also ‘global health security’.

**public health surveillance**—"the ongoing systematic collection, analysis, and interpretation of data relating to public health.” (WHO, 2009)

**public warning**—”notification and alert messages disseminated as an incident response measure to enable responders and people at risk to take safety measures.” (ISO 22300)

**public warning system**—”set of protocols, processes and technologies based on the public warning policy to deliver notification and alert messages in a developing emergency situation to people at risk and to first responders.” (ISO 22300)

**quarantine**—“the restriction of activities and/or separation from others of suspect persons who are not ill; or of suspect baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination.” (WHO 2016)

**radiation emergency**—See ‘nuclear or radiological emergency’.

**rapid response team**—”a group of trained individuals that is ready to responds quickly to an event.” (WHO 2018) *Annotation: Multidisciplinary teams of experts that can be deployed on short notice by a health authority to locations of public health events to augment surveillance, risk assessment and response activities already being implemented, to control disease outbreaks and strengthen international public health security.*

**readiness**—”in conjunction with preparedness, the related term ‘readiness’ describes the ability to quickly and appropriately respond when required.” (UNGA 2016)

**reconstruction**—”the medium and long-term rebuilding and sustainable restoration of resilient critical infrastructures, services, housing, facilities, and livelihoods required for the full functioning of a community or a society affected by a disaster, aligning with the principles of sustainable development and building and ‘build back better’, to avoid or reduce future disaster risk.” (UNGA 2016)

**recovery**—“the restoring or improving of livelihoods and health, as well as economic, physical, social, cultural and environmental assets, systems and activities, of a disaster-affected community or society, aligning with the principles of sustainable development and ‘build back better’, to avoid or reduce future disaster risk.” (UNGA 2016)

**rehabilitation**—1. ”the restoration of basic services and facilities for the functioning of a community or a society affected by a disaster.” (UNGA 2016)  
2. "the restoration of normal functioning of people and communities.” (WHO, 2009)

**residual risk**—"the disaster risk that remains even when effective disaster risk reduction measures are in place, and for which emergency response and recovery capacities must be maintained. Annotation: The presence of residual risk implies a continuing need to develop and support effective capacities for emergency services, preparedness, response and recovery, together with socioeconomic policies such as safety nets and risk transfer mechanisms, as part of a holistic approach.” (UNGA 2016)

**resilience**—“the ability of a system, community or society exposed to hazards to resist, absorb, accommodate, adapt to, transform and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions through risk management.” (UNGA 2016)

**response**—“the provision of emergency services and public assistance during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected. *Annotation: Disaster response is predominantly focused on immediate and short-term needs and is sometimes called disaster relief. Effective, efficient and timely response relies on disaster risk-informed preparedness measures, including the development of the response capacities of individuals, communities, organizations, countries and the international community. The institutional elements of response often include the provision of emergency services and public assistance by public and private sectors and community sectors, as well as community and volunteer participation. “Emergency services” are a critical set of specialized agencies that have specific responsibilities in serving and protecting people and property in emergency and disaster situations. They include civil protection authorities and police and fire services, among many others. The division between the response stage and the subsequent recovery stage is not clearcut. Some response actions, such as the supply of temporary housing and water supplies, may extend well into the recovery stage.”* (UNGA 2016)

**response plan**—”documented collection of procedures and information that is developed, compiled and maintained in readiness for use in an incident.” (ISO 22300) See also ‘contingency plan’; preparedness plan (emergency).

**retrofitting**—”reinforcement or upgrading of existing structures to become more resistant and resilient to the damaging effects of hazards. Annotation: Retrofitting requires consideration of the design and function of the structure, the stresses that the structure may be subject to from particular hazards or hazard scenarios and the practicality and costs of different retrofitting options. Examples of retrofitting include adding bracing to stiffen walls, reinforcing pillars, adding steel ties between walls and roofs, installing shutters on windows and improving the protection of important facilities and equipment.” (UNGA 2016)

**risk**—1. “the potential loss of life, injury, or destroyed or damaged assets which could occur to a system, society or a community in a specific period of time, determined probabilistically as a function of hazard, exposure, vulnerability and capacity.” (UNGA 2016).  
2. “the effect of uncertainty on objectives”. (ISO 31000) (ISO 22300)

**risk analysis**—“the process to comprehend the nature of risk and to determine the level of risk.” (ISO 31000) See also ‘risk assessment’, ‘risk criteria’, ‘risk evaluation’, ‘risk identification’ and ‘risk register’.

**risk assessment**—1. “the process of determining risks to be prioritized for risk management, by the combination of risk identification, risk analysis, and evaluation of the level of risk against predetermined standards, targets, risks or other criteria. *Annotation: Risk assessments include a review of the technical characteristics of hazards, analysis of exposures and vulnerability and evaluation of the effectiveness or prevailing coping capacities in respect of likely risk scenarios.”* (WHO 2015b)  
2. "the identification of environmental health hazards, their adverse effects, target populations and conditions of exposure. A combination of hazard identification, dose–response assessment, exposure assessment and risk characterization.” (WHO, 2009)

3. “a three part process of: identifying, recognizing and describing risks; analysing identified risks to understand the nature, sources and causes to estimate the level of risk; and evaluating each level if risk to determine whether or not it is tolerable or acceptable.” (ISO 31000) See ‘disaster risk assessment’.

**risk communication**—1. “the interactive exchange of information and opinions concerning hazards, risks and risk-related factors.” (WHO 2015b)   
2. “range of communication capacities required through the prevention, preparedness, response and recovery phases of a serious public health event to encourage informed decision making, positive behaviour change and the maintenance of trust.” (WHO 2018)  
3. “the process of sharing information and perceptions about risk. It should be a two-way interaction in which experts and non-experts exchange and negotiate perceptions relating to both scientific and community values and preferences.” (WHO, 2009)

**risk criteria**—”terms of reference against which the significance of a risk is evaluated.” (ISO 22300)

**risk evaluation**—"process of comparing the results of risk analysis with risk criteria to determine whether the risk and/or its magnitude is acceptable or tolerable.” (ISO 22300)

**risk identification**—“process of finding, recognizing and describing risks” (ISO 22300)

**risk management, disaster**—See ‘disaster risk management’.

**risk management**—“coordinated activities to direct and control an organization with regard to risk.” (ISO31000)

**risk ratio**—"the ratio of the incidence of a disease among exposed people to the incidence of the disease among unexposed people.” (WHO, 2009)

**risk register**—”record of information about identified risks.” (ISO 22300)

**risk transfer**—”the process of formally or informally shifting the financial consequences of particular risks from one party to another, whereby a household, community, enterprise or State authority will obtain resources from the other party after a disaster occurs, in exchange for ongoing or compensatory social or financial benefits provided to that other party. *Annotation: Insurance is a well-known form of risk transfer, where coverage of a risk is obtained from an insurer in exchange for ongoing premiums paid to the insurer. Risk transfer can occur informally within family and community networks where there are reciprocal expectations of mutual aid by means of gifts or credit, as well as formally, wherein governments, insurers, multilateral banks and other large risk-bearing entities establish mechanisms to help cope with losses in major events. Such mechanisms include insurance and reinsurance contracts, catastrophe bonds, contingent credit facilities and reserve funds, where the costs are covered by premiums, investor contributions, interest rates and past savings, respectively.”* (UNGA 2016)

**risk treatment**—”process to modify risk.” (ISO 22300)

**risk, acceptable**—See ‘acceptable risk’.

**risk, level of**—See ‘level of risk’.

**risk, residual**—See ‘residual risk’.

**safe hospital**—”a facility whose services remain accessible and functioning at maximum capacity, and with the same infrastructure before, during and immediately after the impact of emergencies and disasters.” (WHO 2015a)

**scenario**—”pre-planned storyline that drives an exercise, as well as the stimuli used to achieve exercise project performance objectives.” (ISO 22300)

**seminar**—”a guided informal discussion led by a presenter/seminar leader, without time constraints, in order to orient personnel and partners to plans and procedures and enlist their participation in refining a product.” (WHO 2015a)

**shelter in place**—”remain or take immediate refuge in a protected location relevant to the risk.” (ISO 22300)

**SITREP**—See ‘situation report’.

**situation report (SITREP)**—“a routinely produced report that provides current information about an emergency response and immediate and future response actions, an analysis of the impact of the emergency, and related management issues.” (WHO, 2015a)

**situational awareness**—“being aware of and attentive to what is happening in a given environment at a particular time, with particular emphasis on the effect of changes in the environment; in effect, knowing how an incident or event is evolving.” (WHO 2015a)

**slow-onset disaster**—“[a disaster] “that emerges gradually over time. Slow-onset disasters could be associated with, e.g., drought, desertification, sea -level rise, epidemic disease.” (UNGA 2016)

**social infrastructure**—“a subset of a larger infrastructure sector that includes social assets such as schools, universities, hospitals, prisons and community housing, but does not include any services provided within the assets.” **[ref.]**

**socionatural hazards**—"[hazards that] are associated with a combination of natural and anthropogenic factors, including environmental degradation and climate change.” (UNGA 2016)

**stakeholder**—See ‘interested party’.

**strategic exercise**—”exercise involving top management at a strategic level.” (ISO 22300)

**structural measures**—"any physical construction to reduce or avoid possible impacts of hazards, or the application of engineering techniques or technology to achieve hazard resistance and resilience in n structures or systems. *Annotation: Common structural measures for disaster risk reduction include dams, flood levies, ocean wave barriers, earthquake-resistant construction and evacuation shelters. Note that in civil and structural engineering, the term “structural” is used in a more restricted sense to mean just the load-bearing structure, and other parts such as wall cladding and interior fittings are termed ‘non-structural’.”* (UNGA 2016) See also ‘non-structural measures’.

**sudden-onset disaster**—“[a disaster that is] triggered by a hazardous event that emerges quickly or unexpectedly. Sudden-onset disasters could be associated with, e.g., earthquake, volcanic eruption, flash flood, chemical explosion, critical infrastructure failure, transport accident.” (UNGA 2016)

**supporting agency**—“an agency that provides essential services, personnel, or material to support or assist a lead agency (the supported agency). Supporting agencies may support either by assisting (i.e. contributing their own operational resources) or cooperating (providing indirect assistance).” (WHO 2015a)

**surge**—”sudden demand for health services in a mass casualty incident where additional capacities (in terms of the amount of personnel, equipment or supplies) and/or capabilities (in terms of specialized expertise) are required.” (WHO 2007)

**surge capacity**—“ability of institutions [such as clinics, hospitals, or public health laboratories] to respond to increased demand for their services during a public health emergency.” (WHO 2015b)

**surveillance**—“the systematic ongoing collection, collation and analysis of data for public health purposes and the timely dissemination of public health information for assessment and public health response as necessary.” (WHO 2016)

**suspect**—”those persons, baggage, cargo, containers, conveyances, goods or postal parcels considered by a state party as having been exposed to a public health risk and that could be a possible source of spread of disease.” (WHO 2016)

**sustainable development**—”development that meets the needs of the present without compromising the ability of future generations to meet their own needs.” (WHO 1998)

**tabletop exercise (TTX)**—“a facilitated discussion of an emergency situation, generally in an informal, low-stress environment, designed to elicit constructive discussion between participants; to identify and resolve problems; and to refine existing operational plans.” (WHO 2017)

**technological hazards**—”hazards [that] originate from technological or industrial conditions, dangerous procedures, infrastructure failures or specific human activities. Examples include industrial pollution, nuclear radiation, toxic wastes, dam failures, transport accidents, factory explosions, fires and chemical spills. Technological hazards also may arise directly as a result of the impacts of a natural hazard event.” (UNGA 2016)

**terrorism**—" Any person commits an offence [of terrorism] … if that person, by any means, unlawfully and intentionally, causes: (a) Death or serious bodily injury to any person; or (b) Serious damage to public or private property, including a place of public use, a State or government facility, a public transportation system, an infrastructure facility or the environment; or (c) Damage to property, places, facilities, or systems referred to in paragraph1 (b) of this article, resulting or likely to result in major economic loss; when the purpose of the conduct, by its nature or context, is to intimidate a population, or to compel a Government or an international organization to do or abstain from doing any act." (UNGA 2002)

**threat**—“a high probability risk, with potential for significant impact.” (EOC Policy, Plans and Procedures Handbook)

**tolerable risk**—See ‘acceptable risk’.

**toxicity**—"the capacity of a substance to cause injury to a living organism. A highly toxic substance will cause damage in small quantities, while a substance of low toxicity will need large quantities to produce an effect. Toxicity is also dependent on the portal of entry, the time frame of exposure and the latent period.” (WHO, 2009)

**underlying disaster risk drivers**—”processes or conditions, often development-related, that influence the level of disaster risk by increasing levels of exposure and vulnerability or reducing capacity. *Annotation: Underlying disaster risk drivers — also referred to as underlying disaster risk factors — include poverty and inequality, climate change and variability, unplanned and rapid urbanization and the lack of disaster risk considerations in land management and environmental and natural resource management, as well as compounding factors such as demographic change, non-disaster risk-informed policies, the lack of regulations and incentives for private disaster risk reduction investment, complex supply chains, the limited availability of technology, unsustainable uses of natural resources, declining ecosystems, pandemics and epidemics.”* (UNGA 2016)

**vulnerability**—“the conditions determined by physical, social, economic and environmental factors or processes which increase the susceptibility of an individual, a community, assets or systems to the impacts of hazards.” (UNGA 2016)

**vulnerable group**—”individuals who share one or several characteristics that are the basis of discrimination or adverse social, economic, cultural, political or health circumstances and that cause them to lack the means to achieve their rights or, otherwise, enjoy equal opportunities.” (ISO 22300)

**warning system**—See ‘early warning system’ and ‘multi-hazard early warning systems’.

**zoonoses**—”diseases that are transferable from animals to humans (e.g. brucellosis).” (WHO 2015b)

# Thesaurus explanatory notes

* The thesaurus groups terms in a series of related concepts to allow the reader an overall understanding of the terms in the *Glossary*.
* The thesaurus lists terms in four large groups of related concepts, with a head term, e.g “**1.   risk**”.
* Within these four large groups, terms are listed at smaller conceptual levels, with a head term, “• **hazard**:”.
* Underlined terms are from United Nations General Assembly, 2016.

# Thesaurus

**1. risk**

* **hazard**: anthropogenic hazards, biological hazards, bioterrorism, chemical hazard, dangerous goods, environmental hazards, geological or geophysical hazards, hydrometeorological hazards, multi-hazard, natech, natural hazards, socionatural hazards, technological hazards, terrorism, zoonoses; climate change, El Niño-southern oscillation, heatwave; mass gathering.
* **disaster risk**: extensive disaster risk, intensive disaster risk; acceptable risk, residual risk; public health risk; consequence, likelihood, probability; context; threat, level of risk.
* **vulnerability**: exposure, fragile states, people at risk, point of entry, underlying disaster risk drivers, vulnerable group.

**2. capacity**

* **resilience**: capability; coping capacity, surge capacity; competence; capacity assessment, capacity development; sustainable development; national platform for disaster risk reduction;
* **health**: health system, access to health services, people-centred care, primary health care; critical infrastructure; critical systems (in hospitals), health care facility, safe hospital; environmental health, public health.
* **health policy**: global health security, health for all, health promotion, One Health.
* **community**: social infrastructure, interested party.

**3. hazardous event**

* **disaster**: slow-onset disaster, sudden-onset disaster; emergency, complex emergency, humanitarian emergency, level of event, protracted emergency; crisis; incident, chemical incident.
* **health emergency**: public health event, public health emergency, public health emergency of international concern; mass casualty incident.
* **communicable disease**: epidemic, outbreak, pandemic; contamination, infection; case, casualty, incidence, prevalence, suspect; morbidity, mortality; morbidity rate, risk ratio.
* **impact**: disaster damage, disaster impact; disaster loss database.
* **affected**: directly affected; indirectly affected.
* **economic loss**: direct economic loss, indirect economic loss.

**4. risk management**

* **disaster risk management**: disaster risk governance; disaster risk management, disaster risk management plans, disaster risk information; community-based disaster risk management; health emergency & disaster risk management.
* **risk analysis**: risk assessment, risk criteria, risk evaluation, risk identification, risk register.
* **disaster risk reduction**: disaster risk reduction strategies and policies; risk transfer, risk treatment; non-structural measures, structural measures.
* **public communication**: public awareness, risk communication.

**5. emergency management**

* **disaster management**: comprehensive approach, all-hazards approach.
* **prevention**, mitigation; climate change adaptation.
* **preparedness**, readiness.
* **planning**: contingency planning; action plan, business continuity plan, emergency response plan, response plan, preparedness plan; concept of operations.
* **emergency (risk) management agency or organization**: civil protection; jurisdiction; lead agency, assisting agency, cooperating agency, supporting agency; non-governmental organization; mutual aid agreement; emergency medical team, rapid response team; health sector.
* **exercise**: exercise programme; exercise project team; discussion-based exercise, orientation, seminar; operations-based exercises, drill, full-scale exercise, functional exercise; strategic exercise, tabletop exercise; inject, scenario.
* **incident management system**: mass casualty management system; chain of command; command, control, coordination.
* **emergency operations centre**: command centre, emergency coordination centre, multi-agency coordination centre; public health emergency operations centre; interoperability; logistics; common operating picture, situation report, situational awareness; activation level.
* **public warning**: early warning system, hazard monitoring function, multi-hazard early warning systems, public warning system; alert, notification.
* **response**: disaster response; evacuation, shelter in place; surge
* **epidemiology**: contact tracing, containment, isolation, personal protective equipment, quarantine; surveillance: enhanced surveillance, event-based surveillance, public health surveillance; health impact assessment.
* **recovery**: reconstruction, rehabilitation; build back better, retrofitting.
* **debrief**: cold debrief, hot debrief; after-action report, after-action review; lessons learned.

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