# Technical Workshop on Concepts and Guidance for Health Emergency and Disaster Risk Management:

# Background paper for the Glossary

## Purpose of the Glossary

The *Glossary of Health Emergency and Disaster Risk Management* aims to promote common understanding and common usage of concepts, terms and definitions for health emergency and disaster risk management (Health EDRM). It has several applications to Health EDRM including:

* policy, planning, practice and communication within the health sector and with other sectors, communities and other stakeholders;
* data standards and indicators for assessment, planning, monitoring, reporting and evaluation;
* technical guidance and assistance to practitioners and policy-makers at all levels; and
* learning, research and knowledge management.

## Scope of the *Glossary*

The *Glossary* includes concepts, terms and definitions that are likely to be encountered and commonly required by policy-makers and practitioners in health EDRM, i.e. the systematic analysis and management of health risks posed by emergencies and disasters, through a combination of:

* hazard and vulnerability reduction to prevent and mitigate risks;
* preparedness;
* response; and
* recovery measures.

## Principles for development of the *Glossary*

The development of the *Glossary* was based on the following principles. It should:

* have an explicit and recognisable purpose and scope;
* meet the needs of its audience;
* include concepts, terms and definitions that are–
* likely to be required in communications on Health EDRM,
* specialist in nature, not commonly-understood terms, e.g. 'organization',
* written in concise and plain language amenable to translation into the other official WHO languages, and
* clear and consistent in distinctions within a coherent set of concepts;
* not contain new concepts, terms or definitions, although some may require further explanation; and
* use a rigorous, evidence-based and rational system to achieve these principles.

## Criteria for assessing the use of existing glossaries

The inclusion criteria for assessing the use of existing glossaries are that they:

* contain concepts and terms likely to be useful in policy, planning, practice and communications on Health EDRM;
* are internationally-agreed at the highest levels[[1]](#footnote-1);
* are intended for a multi-sectoral audience and contain multi-sectoral concepts, terms and definitions;
* have an appropriate scope and coverage; and
* have an internal consistency of concepts, terms and definitions.

The exclusion criteria for assessing the use of existing glossaries are that they:

* are not recent and current; and
* are not internationally-agreed, e.g. national glossaries.

Using these criteria, the following glossaries have been considered acceptable in the following order:

* 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;
* WHO. 2015a. *Framework for a Public Health Emergency Operations Centre*;
* 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;
* WHO. 2017. *Emergency Response Framework (ERF)*;
* WHO. 2015b. *Public health for mass gatherings: Key considerations*;
* other WHO publications where some terms add value; and
* ISO publications where some terms add value.

Concepts, terms and definitions from other glossaries will be used if required.

## Selection of concepts, terms & definitions from selected glossaries

All definitions from selected glossaries are directly quoted without alteration unless they need further explanation in annotations. Other actions in relation to concepts, terms and definitions were:

* concepts and terms were taken from the publications listed in section 4 above in that order; and
* some concepts and terms from selected glossaries were excluded from the *Glossary* because they:
	+ did not meet the principles in section 3 above,
	+ are generic and do not have specialist definitions, e.g. ‘organization’, ‘airport’,
	+ are applied predominantly in a specialized area rather than generally in the field of health emergency and disaster risk management,
	+ were cited in an existing glossary for the sole purpose of interpretation of a text, and
	+ do not suit the scope of the *Glossary*.
1. Such glossaries have the additional advantage of being already translated into the WHO official languages. [↑](#footnote-ref-1)