

GLOSSARY

of Health Emergency and Disaster Risk Management Terminology



GLOSSARY

of Health Emergency and Disaster Risk Management Terminology



© World Health Organization 2020

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. WHO Glossary of Health Emergency and Disaster Risk Management Terminology. Geneva: World Health Organization; 2020. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Design by Les Pandas Roux
Front cover design by Freepik

Printed in Switzerland

TABLE OF CONTENTS

PREFACE	• vi
ACKNOWLEDGEMENTS	• vii
ABBREVIATIONS	• ix
1. INTRODUCTION	• 1
2. METHODOLOGY	• 3
3. GLOSSARY	• 6
4. THESAURUS	• 39
REFERENCES	• 41
ANNEX 1. OTHER GLOSSARIES	• 46
ANNEX 2. WHO CLASSIFICATION OF HAZARDS	• 47

PREFACE

This Glossary is designed for the policymakers, practitioners and other stakeholders who work in the many fields that contribute to reducing the health risks and consequences of all types of emergencies and disasters. It was developed to remedy the lack of standardized terminology in the field of Health Emergency and Disaster Risk Management (Health EDRM), which had become apparent during the process of establishing the WHO Health Emergencies Programme and developing the Health EDRM Framework.

Given the multi-disciplinary and cross-sectoral nature of the field, the lack of clarity risked causing misunderstanding, confusion and an ongoing proliferation of undefined terms. This Glossary of Health Emergency and Disaster Risk Management Terminology was therefore developed to address the need for a standardized terminology to inform and describe the policies and practices associated with Health EDRM and to serve as a companion document for the Health EDRM Framework.

A wide range of subject matter experts – from Member States, United Nations agencies and nongovernmental organizations, professional associations and academia and WHO departments at HQ and its Regional Offices – have contributed to the development of this Glossary, both directly through virtual consultations and in a face-to-face technical workshop held in November 2018, and indirectly through the publication of the many sources that this Glossary draws upon.

In any field, the terminology and respective definitions will, of course, continue to evolve over time; WHO therefore envisages that in future years this Glossary will be subject to rigorous review and revision to ensure that it keeps pace with changes in Health EDRM and related fields and continues to be the valuable tool that it is today.

It is hoped that the common usage and shared understanding of terms facilitated by the use of this Glossary will enable all actors, sectors and communities to work together more effectively, both within and between countries, so that all people are able to experience the highest possible standard of health and well-being, through stronger community and country resilience, health security, universal health coverage and sustainable development.

ACKNOWLEDGEMENTS

WHO thanks the Governments of Australia, Finland, Republic of Korea and the United Kingdom for their financial support for the development of the Framework and the Glossary.

The development of the Glossary has drawn upon WHO's work with partners and countries led by WHO country and regional offices and their respective regional emergency directors: Ibrahima Socé Fall (African Region), Ciro Ugarte (Region of the Americas), Roderico Ofrin (South-East Asia Region), Nedret Emiroglu (European Region), Michel Thieren (Eastern Mediterranean Region), and Li Ailan (Western Pacific Region).

Finalization of the Framework and the Glossary was achieved under the leadership of Mike Ryan, Jaouad Mahjour, Stella Chungong and Qudsia Huda at WHO headquarters. The contributions of Jonathan Abrahams, who coordinated the development of the Glossary, Jaz Lapitan and the lead consultant, Peter Koob, are also gratefully acknowledged.

WHO wishes to recognize the following experts and partner organizations for their contributions to the Health EDRM Framework and to the Glossary.

National experts: Walid Abu Jalala, Qatar; Salim Al Wahaibi, Oman; Sergio Alvarez, Peru; Ali Ardalan, Islamic Republic of Iran; Haithem El Bashir, Sudan; Paul Gully, Canada; Didier Houssin, France; Alistair Humphrey, New Zealand; Ute Jugert, Germany; Margaret Kitt, USA; Mollie Mahany, USA; Ahamada Msa Mliva, Comoros; Virginia Murray, United Kingdom; Guilherme Franco Netto, Brazil; Sae Ochi, Japan; Somiya Okoud, Sudan; Peng Lim Steven Ooi, Singapore; Ravindran Palliri, India; Thierry Paux, France; Mihail Pîsla, Republic of Moldova; Ossama Rasslan, Egypt; Nobhojit Roy, India; Mehmet Akif Saatcioglu, Turkey; Sri Henni Setiawati,

Indonesia; John Simpson, United Kingdom; Theresa Tam, Canada.

Experts from intergovernmental and partner organizations: Vincent Lee Anami, International Medical Corps (IMC), Kenya; Paul Arbon, Torrens Resilience Institute, Australia; Frank Archer, Monash University, Australia; Marvin Birnbaum, World Association for Disaster and Emergency Medicine, USA; David Bradt, Johns Hopkins University, USA; Lourdes Chamorro, European Union; Emily Chan, Chinese University of Hong Kong, Hong Kong Special Administrative Region (SAR), China; Gloria Chan, Chinese University of Hong Kong, Hong Kong Special Administrative Region, China; Massimo Ciotti, European Centre for Disease Prevention and Control, Sweden; Andrew Collins, Northumbria University, United Kingdom; Ioana Creitaru, United Nations Development Programme, Switzerland; Bill Douglas, Consultant, Canada; Marcel Dubouloz, Consultant, Switzerland; Mélissa Gagnéux, Sherbrooke University, Canada; John Harding, United Nations Office for Disaster Risk Reduction, Switzerland; Teodoro Herbosa, University of the Philippines, Philippines; Hossein Kalali, United Nations Development Programme, USA; Mark Keim, DisasterDoc, USA; Wiryia Khim, Food and Agriculture Organization of the United Nations (FAO), Switzerland; Kaisa Kontunen, International Organization for Migration, Switzerland; Peter Koob, Consultant, Australia; Daniel Kull, World Bank, Switzerland; Shuhei Nomura, University of Tokyo, Japan; Michel le Pechoux, United Nations Children's Fund, Switzerland; Czarina Leung, Hong Kong SAR, China; Gabriel Leung, Hong Kong SAR, China; Lidia Mayner, Flinders University, Australia; Michael Mosselmans, World Food Programme, Italy; Elizabeth Newnham, Harvard University, Australia; Loy Rego, Asian Disaster Preparedness Center, Thailand; Panu Saaristo, International Federation of



Red Cross and Red Crescent Societies, Switzerland; Valérie Scherrer, CBM, Belgium; Rahul Sengupta, United Nations Office for Disaster Risk Reduction, Germany; Margareta Wahlstrom, United Nations Office for Disaster Risk Reduction, Switzerland; Chadia Wannous, United Nations System Influenza Coordination, Switzerland.

Experts from WHO: Usman Abdulmumini, Onyema Ajuebor, Yahaya Ali Ahmed, Nada Alward, Bruce Aylward, Nicholas Banatvala, Maurizio Barbeschi, Samir Ben Yahmed, Rayana Bouhaka, David Brett-Major, Sylvie Briand, Nilesh Buddh, Alex Camacho, Diarmid Campbell-Lendrum, Zhanat Carr, Frederik Copper, Paul Cox, Stephane de La Rocque, Xavier De Radigues, Linda Doull, Osman Elmahal Mohammed, Ute Enderlein, Florence Fuchs, Keiji Fukuda, Michelle Gayer, Andre Griekspoor, Kersten Gutschmidt, Fahmy Hanna, David Harper, Dirk Horemans, Gabit Ismailov, Hamid Syed Jafari, Kalula Kalambay, Kande-Bure Kamara, Nirmal Kandel, Youssef Kanoute, Ryoma Kayano, Hyo-Jeong Kim, Rebecca Knowles, Helena Krug, Ben Lane, Vernon Lee, Jian Li, Matthew Lim, Tarande Manzila, Adelheid Marschang, Susana Martinez Schmickrath, Elizabeth Mason, Margaret Montgomery, Elizabeth Mumford, Altaf Musani, Maria Neira, Tara Neville, Dorit Nitzan, Ngoy Nsenga, Isabelle Nuttall, Olushayo Olu, Heather Papowitz, Yingxin Pei, Charles Penn, William Perea, Arturo Pesigan, Jean-Luc Poncelet, Pravarsha Prakash, Jukka Pukkila, Adrienne

Rashford, Gerald Rockenschaub, Guenael Rodier, Alex Ross, Cathy Roth, Dalia Samhour, Irshad Shaikh, Iman Shankiti, Rajesh Sreedharan, Ludy Suryantoro, Joanna Tempowski, Lisa Thomas, Angelika Tritscher, Heini Utunen, Willem Van Lerberghe, Liviu Vedrasco, Elena Villalobos Prats, Kai von Harbou, Michel Yao, Nevio Zagaria, Wenqing Zhang.

ABBREVIATIONS

CRED	Centre for Research on the Epidemiology of Disasters
EDRM	emergency and disaster risk management
ENSO	El Niño-Southern Oscillation
EOC	emergency operations centre
ERF	Emergency Response Framework (WHO)
FAO	Food and Agriculture Organization of the United Nations
IAEA	International Atomic Energy Agency
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IHR	International Health Regulations
IMO	International Maritime Organization
IPCC	Intergovernmental Panel on Climate Change
IRDR	Integrated Research on Disaster Risk
IPCS	International Programme on Chemical Safety
ISO	International Organization for Standardization
NGO	nongovernmental organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
OIE	World Organisation for Animal Health
UN	United Nations
UNGA	United Nations General Assembly
UNHCR	United Nations High Commissioner for Refugees
US CDC	United States Centers for Disease Control and Prevention
WHE	WHO Health Emergencies Programme

1.1 BACKGROUND AND RATIONALE

In recent years there has been increased focus on policy, practice and research in Health Emergency and Disaster Risk Management (Health EDRM) – a diverse field which brings together a wide range of functions in health and other sectors aimed at improving health outcomes for the people across the world who are at risk of emergencies and disasters.

WHO has undergone significant internal organizational change to strengthen the Organization's capacity to manage emergencies, and in 2017 established the WHO Health Emergencies Programme, which has integrated diverse functions across WHO for a multitude of emergency risks. This transformation has been reinforced in WHO's 13th General Programme of Work 2019-2023, which includes the protection of people's health from emergencies as one of the main priority areas for the Organization.

In 2019, WHO published the Health EDRM Framework (WHO 2019m), which was developed to provide guidance to ministries of health and other stakeholders on how the capacities and systems of countries and communities – across health and other sectors – can be strengthened in order to reduce the health risks and consequences associated with emergencies and disasters of all types.

The Framework aims to respond to the challenge posed to public health at country and community levels by a diverse range of risks due to vulnerabilities to many natural, biological, technological and societal hazards and the need to strengthen multisectoral capacities for

Health EDRM. The Framework also responds to the key challenge of addressing the fragmented and reactive approaches to managing these risks that all too often have contributed to less than optimal outcomes – including significant numbers of deaths, illness, injury, disability and other health effects, disruption to health systems and services, and social, economic and environmental impacts.

By drawing on achievements and experiences from the disciplines of risk management, emergency management, epidemic preparedness and response, and health systems strengthening, Health EDRM consolidates contemporary approaches and practice into one conceptual framework in order to address current and emerging risks to public health and the need for effective utilization and management of resources. Health EDRM emphasizes assessing, communicating and reducing risks across the continuum of prevention, preparedness, readiness, response and recovery, and building the resilience of communities, countries and health systems. It provides a common language and a comprehensive approach that can be adapted and applied by many actors and stakeholders in health and other sectors who are working to reduce health risks and consequences of emergencies and disasters.

The Framework describes key risk management concepts, guiding principles, and the components and functions of effective Health EDRM, and provides guidance on implementation. It aims to assist countries in taking joint and coherent action to implement the IHR (2005), the Sendai Framework, the Paris Agreement, the Sustainable Development

Goals (SDGs) and other related national, regional and global strategies and frameworks. Ultimately, the expected outcome of applying Health EDRM is that “countries and communities have stronger capacities and systems across health and other sectors resulting in the reduction of the health risks and consequences associated with all types of emergencies and disasters” and help to realise the Health EDRM vision of “the highest possible standard of health and well-being for all people at risk of emergencies, and stronger community and country resilience, health security, universal health coverage and sustainable development” (WHO 2019m).

Perhaps unsurprisingly given the diverse range of fields involved in delivering Health EDRM, in the course of developing the Health EDRM Framework it became clear that there was a troublesome lack of clarity even among experts and practitioners around the use of terminology related to Health EDRM, with different meanings being ascribed to similar terms, and similar meanings to different terms.

Similar-sounding terms have different definitions in different disciplines or contexts. Some terms have specific technical meanings that differ from the layperson’s usage. While the terminology may serve the interest of an individual specialist area, the lack of uniformity can cause misunderstanding and confusion, especially in multi-disciplinary and cross-sectoral work.

Although several relevant glossaries were already available – such as the dedicated glossary contained in the Report of the open-ended intergovernmental expert working group on indicators and terminology relating to disaster risk reduction (endorsed by the UN General Assembly in February 2017), and the glossary in the International Health Regulations

2005 (Annex 1) – none represented the full spectrum of concepts and terminology in Health EDRM. This was the rationale for the development of the Glossary of Health Emergency and Disaster Risk Management Terminology.

1.2 PURPOSE

The Glossary of Health Emergency and Disaster Risk Management Terminology is intended to address the need for a standardized terminology in Health EDRM by consolidating existing glossaries and definitions into a single, comprehensive reference tool for policy-makers, practitioners and other stakeholders. It aims to promote common understanding and common usage of Health EDRM terms. The Glossary has several applications in 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 in health emergency risk management
- technical guidance and assistance to practitioners and policy-makers at all levels and
- learning, research and knowledge management.

1.3 SCOPE

The Glossary includes 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.

2 METHODOLOGY

2.1 PRINCIPLES FOR DEVELOPMENT OF THE GLOSSARY

The development of the Glossary was based on the principle that it should have an explicit and recognisable scope, should meet the needs of its audience, and should not contain new terms or definitions – although some terms or definitions may require minor amendment to ensure internal consistency or provide further explanation.

The Glossary should include 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.

Lastly, it should use a rigorous, evidence-based and rational system to achieve these principles.

2.2 STAGES OF DEVELOPMENT

Draft from existing glossaries

The first stage in the development of the Glossary was to compile a draft.

A list was composed of relevant existing glossaries, and the purpose and scope of each were determined in order to inform their assessment. Criteria were developed to determine which existing glossaries should be considered for inclusion, and the existing glossaries

were assessed against these criteria.

Once the glossaries had been selected for inclusion, the next step was to determine which terms from each glossary should be included. A thesaurus was developed of the terms that appeared in the selected glossaries (see below). The Health EDRM terms drawn from the selected existing glossaries were compiled to form an initial draft. Multiple definitions were mostly removed; where multiple definitions were required, these were assembled in a logical order.

Virtual consultation

In order to refine and finalize the Glossary, technical experts from WHE departments at HQ and Regional Office levels, other key HQ departments and subject matter experts from Member States, UN agencies and nongovernmental organizations, professional associations and academia were invited to participate in a virtual consultation and a face-to-face technical workshop.

Participants in the virtual consultation were consulted by correspondence, and were asked to provide feedback on:

- other factors that should be considered regarding the inclusion and exclusion criteria for glossaries and terms
- other terms that should be added
- terms that should be removed.

The terms and key issues that had been raised by respondents and during the virtual consultation process were integrated into a revised version of the Glossary.

Face-to-face technical workshop

Lastly, the revised version of the Glossary was discussed at a face-to-face technical workshop of multi-stakeholder experts held in Geneva in November 2018. Workshop participants reviewed the definitions and accompanying explanatory notes and made recommendations for an agreed final list of terms, definitions and explanatory notes, which were incorporated into the final version of the Glossary.

2.3 CRITERIA FOR THE SELECTION OF EXISTING GLOSSARIES

The Glossary is based on terms and definitions drawn from existing glossaries, selected according to the following criteria.

Existing glossaries were included if they:

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

Existing glossaries were excluded if they:

- are not recent and current
- are not internationally agreed.

For example, a number of glossaries developed at national level by individual WHO Member States were excluded as they were not internationally agreed. Internationally agreed glossaries have the additional advantage of being available in the United Nations official languages, namely Arabic, Chinese, English, French, Russian and Spanish.

2.4 CRITERIA FOR THE SELECTION OF TERMS AND DEFINITIONS

Definitions are direct quotes from selected glossaries, except where minor adjustments were deemed necessary to make certain definitions succinct and internally consistent. Further explanation is provided in the explanatory notes that accompany the definitions for some of the terms.

Some terms from the selected glossaries were excluded from this Glossary because they:

- did not meet the principles in section 2.1 above
- are generic terms that do not require specialist definitions, e.g. 'organization', 'airport'
- are terms that are applied predominantly in a specialized area rather than in the field of Health EDRM more generally
- were cited in an existing glossary for the sole purpose of interpretation of the text, and
- do not fit the scope of the Glossary, e.g. 'invasive'.

Multiple terms and definitions that occurred as single entries in some glossaries were disaggregated and cross-referenced in the Glossary. For example, in the *Report of the open-ended intergovernmental expert working group on indicators and terminology relating to disaster risk reduction* (UNGA 2016), the entry for 'affected' includes 'directly affected' and 'indirectly affected': these have been listed separately in the Glossary as 'affected, directly' and 'affected, indirectly'.

2.5 WHAT IS THE DIFFERENCE BETWEEN A GLOSSARY, DICTIONARY AND THESAURUS?

Glossaries, dictionaries and thesauruses have different purposes and scopes. A 'glossary' is a list of terms with definitions, relating to a specific

subject, text or purpose and arranged in a logical sequence, such as alphabetically. A 'dictionary' is a list of terms for a given language with definitions or the equivalent words in a different language, often also providing information about pronunciation, origin, and usage. A 'thesaurus' is a list of terms in groups of related concepts. This publication contains both a glossary and a thesaurus as defined above.

2.6 GLOSSARY EXPLANATORY NOTES

To the extent possible, whilst respecting the original references, terms have been listed as singular not plural. Terms and definitions have been quoted from authoritative references with necessary interpolations indicated by [...]. Existing definitions have been used except where minor adjustments have been made to ensure succinctness of the definition and internal consistency with other terms; in these cases, a note has been provided. New terms have not been invented. Where a given term has more than one definition, these are numbered.

The following order of references has been used to prioritise definitions:

- United Nations, General Assembly. Report of the open-ended intergovernmental expert working group on indicators and terminology relating to disaster risk reduction. 2016 (UNGA 2016).
- WHO. International Health Regulations 2005, third edition (WHO 2016).
- other WHO publications where some terms add value.
- Intergovernmental Panel on Climate Change (IPCC). 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 (IPCC 2012).
- ISO publications where some terms add value, and
- other internationally-agreed sources.

"See ..." either refers the reader to a primary term and definition, or refers the reader to another publication if the term and definition is beyond the scope of this Glossary.

"See also ..." refers the reader to related terms and definitions as a cross reference.

"Synonym(s)" refers the reader to a synonym of or alternative term to the listed term, with an explanation if required.

2.7 THESAURUS EXPLANATORY NOTES

The thesaurus was a tool used to develop the Glossary, by grouping like terms within concepts and determining:

- the internal consistency and coherence of existing glossaries
- whether the terms and definitions relate only to interpretation of the text, and
- whether the terms and definitions were of value in the Glossary.

It is published here as a reference tool to help readers find the most appropriate term for their purpose.

The thesaurus groups terms in a series of related concepts to offer the reader an overall understanding of the terms in the Glossary. The thesaurus lists terms in five large groups of related concepts, under a head term, e.g. "risk". Within these five large groups, terms are grouped at smaller conceptual levels, under a secondary head term, e.g. "hazard".

3 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.

Note: 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', 'tolerable health 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 emergency operations centre's] activities in response to predetermined criteria related to the severity of an incident (WHO 2015a).

Acute health emergency/ acute public health event

Any event [or emergency] that represents an immediate threat to human health and requires prompt action, i.e. implementation of response

and/or mitigation measures to protect the health of the public (WHO 2014).

Affected

1. People who are affected, either directly or indirectly, by a hazardous event (UNGA 2016).
 2. Persons, baggage, cargo, containers, conveyances, goods, postal parcels or human remains that are infected or contaminated, or carry sources of infection or contamination, to constitute a public health risk (WHO 2016).
 3. People requiring immediate assistance during a period of emergency, i.e. requiring basic survival needs such as food, water, shelter, sanitation and immediate medical assistance (Centre for Research on the Epidemiology of Disasters [CRED] 2009).
- ▷ See 'directly affected', '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.

Note: The context for this definition is usually associated with biological hazards. The term 'warning' or 'public warning', as part of a multi-

level alerting system, is often used for other types of hazards (WHO 2012).

2. Messages or information communicated to partners, communities and the public to help inform about, prevent the spread of, or control an acute public health event.

Note: An alert refers to a public health event that has been (i) verified and (ii) risk assessed and (iii) requires an intervention (an investigation, a response or a communication) (WHO 2014).

3. Part of public warning that captures attention of first responders and people at risk in a developing emergency situation (ISO 22300:2018).

▶ See 'early warning system', 'public warning'.

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 [and common capacities required] in the management of these risks, including in the responses to virtually all emergencies.

Note: 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 of each risk or event. 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).

Antimicrobial resistance

The ability of a microorganism (such as bacteria, viruses, and some parasites) to stop an antimicrobial (such as antibiotics, antivirals and antimalarials) from working against it.

Note: Antimicrobial resistance is the broader term for resistance in different types of microorganisms and encompasses resistance to antibacterial, antiviral, antiparasitic and antifungal drugs. As a result, standard treatments become ineffective, infections persist and may spread to others. Antimicrobial resistance occurs naturally but is facilitated by the inappropriate use of medicines, for

example using antibiotics for viral infections such as cold or flu, or sharing antibiotics. Low-quality medicines, wrong prescriptions and poor infection prevention and control also encourage the development and spread of drug resistance (WHO 2019n).

Anthropogenic hazards

[Hazards that] are induced entirely or predominantly by human activities and choices. Synonym: 'human-induced hazards'.

Note: Anthropogenic hazards include technological, societal and socionatural hazards. 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 (UNGA 2016).

▶ See 'socionatural hazards', 'technological hazards'.

▶ See Annex 2. WHO Classification of Hazards.

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.

Note: Examples are bacteria, viruses or parasites, as well as venomous wildlife and insects, poisonous plants and mosquitoes carrying disease-causing agents (UNGA 2016).

▶ See Annex 2. WHO Classification of Hazards.

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

An organization-wide discipline and a complete set of processes that identifies potential impacts which threaten an organization. It provides a capability for an effective response that safeguards the interests of its major stakeholders and reputation (ISO 22301:2012).

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.

Note: 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'.

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.

Note: Capacity development 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.

Note: Cases may be further classified as confirmed, suspect, or probable (WHO 2015b).

Case definition

1. A set of diagnostic criteria that must be fulfilled in order to identify a case of a particular disease.

Note: Case definitions can be based on clinical, laboratory, epidemiological, or combined clinical and laboratory criteria. When a set of criteria is standardized for purposes of identifying a particular disease, then it is referred to as 'standard case definition'. A surveillance case definition is one that is standardized and used to obtain an accurate detection of all cases of the targeted disease or condition in a given population, while excluding the detection of other similar conditions (WHO 2019a).

2. A standard case definition is an agreed set of criteria used to describe if a person has a particular disease or was exposed to a particular pathogen.

Note: Case definitions are used to label a case, such as suspected, probable, confirmed. Standard definitions ensure that every case is detected and reported in the same way. Once a case meets the standard case definition for notification, it is labelled as a suspect case. Sometimes a broader syndromic case definition is used to improve the likelihood of finding cases of interest, although other similar diseases might also be detected. During case investigation, clinical criteria, laboratory testing and epidemiological information are used to confirm the case (WHO 2018c).

Case fatality ratio or rate (CFR)

A measure of the severity of a disease and defined as the proportion of cases of a specified disease or condition which are fatal within a specified time (WHO 2019j).

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).

Note: The term 'casualties' may refer to the sum of the dead, missing, ill and injured.

Chain of command

A series of command, control, executive, or management positions in hierarchical order of authority (WHO 2015a).

► See '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 event

A manifestation of a disease or an occurrence that creates a potential for a disease as result of exposure to or contamination by a chemical agent (WHO 2010a).

Chemical incident

An uncontrolled release of a chemical from its containment.

Note: Chemical incidents may result in harm to public health and the environment. They usually trigger a public health response, including for example, assessment of risk and/or provision of advice to authorities and the public. Chemical incidents may refer to anthropogenic events such as the explosion at a factory which stores or uses chemicals, contamination of the food or water supply with a chemical, an oil spill, a leak in a storage unit during transportation, an outbreak of disease that is (likely to be) associated with chemical exposure or a deliberate event where chemicals are used to harm people (WHO 2009a).

Civil protection

Measures taken and systems implemented to preserve the lives and health of citizens, their properties and their environment from undesired events (ISO 22300:2018).

Climate change

A change in the state of the climate that can be identified (for example 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).

Climate change mitigation

A human intervention to reduce the sources or enhance the sinks of greenhouse gases (IPCC 2012).

Climatological hazards

- ▷ See 'hydrometeorological hazards'.
- ▷ See Annex 2. WHO Classification of Hazards.

Clusters

Groups of humanitarian organizations, both UN and non-UN, in each of the main sectors of humanitarian action (water, health, shelter, logistics, etc.).

Note: Clusters are designated by the Inter-Agency Standing Committee (IASC) and have clear responsibilities for coordination (UNHCR 2015).

- ▷ See 'health cluster'.

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 (WHO 2015a).

Synonym: 'cold wash'.

- ▷ See 'hot debrief'.

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

1. The act of managing, directing, ordering, or controlling by virtue of explicit statutory, regulatory, or delegated authority (WHO 2015a).
2. The common short name for 'incident command', involving making decisions, implementing plans manage an incident, and controlling their effects (WHO 2015a).

Command and 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 2018a).

2. An illness caused by a specific infectious agent or its toxic products and transmitted from an infected person, animal or the environment (for example through water, food, fomites) to a susceptible host. Transmission can be direct or indirect (WHO 2019k).

- ▷ 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.

Note: 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 surveillance

Starting point for event notification at the community level, generally done by a community worker; it can be active (looking for cases) or passive (reporting cases) (WHO 2010a).

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 22300:2018).

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 (to emergency and disaster risk management)

Comprises a range of measures across prevention and mitigation; preparedness; response; and recovery (WHO 2015a).

Synonym: 'emergency management cycle'.

Comprehensive emergency management programme

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).

Note: Typically, this programme includes the full range of capacities for managing risks associated with emergencies and disasters (WHO 2015a).

Synonyms: comprehensive emergency and disaster risk management, comprehensive disaster management.

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.

Note: 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 31000:2018).

Contact tracing

The identification and follow-up of persons who may have come into contact with an infected person or infectious materials (based on WHO 2019b).

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.

Note: 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.

Note: Contingency planning usually refers to planning for specific scenarios or events that 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.

Note: 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 22300:2018, ISO 22320:2011).

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.

Note: 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 22300:2018).

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).

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.

Note: The failure or disruption of critical systems can stop or impede the functioning of the hospitals (WHO 2015a).

DALYs

- ▷ See 'disability-adjusted life years'.

Damage (event, emergency, disaster)

Occurs during and immediately after the [hazardous event or] disaster.

Note: This is usually measured in physical units (e.g. square meters of housing, kilometres of roads, etc.), and describes the total or partial de-

struction of physical assets, the disruption of basic services and damages to sources of livelihood in the affected area (UNGA 2016).

Damage, disaster

▷ See 'disaster damage'.

Dead

Persons confirmed as dead and persons missing and presumed dead (CRED 2009).

▷ See 'casualty', 'mortality'.

Debrief

A critical examination of a completed operation or exercise in order to evaluate actions (WHO 2015a).

▷ See also 'cold debrief', 'hot debrief'.

Decontamination

A procedure whereby health measures are taken to eliminate an infectious or toxic agent or 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 2010a).

Direct economic loss

The monetary value of total or partial destruction of physical assets existing in the affected area.

Note: [For the purposes of Sendai Framework reporting], 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 'affected'.

Disability

A limitation in a functional domain that arises from the interaction between a person's intrinsic capacity, and environmental and personal factors (WHO 2011).

Note: Disability – or difficulties in functioning – is neither purely biological or purely social. Disability can occur at three levels: impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations (WHO 2019a).

▷ See 'people with disability'.

Disability-adjusted life years (DALYs)

Population metric of life years lost to disease due to both morbidity and mortality (WHO 2016b).

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.

Note: The effect of the disaster may be immediate and localized, but is often widespread and can 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 'emergency', 'slow-onset disaster', 'sudden-onset disaster'.

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.

Note: 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).

Synonyms: 'event impact', 'emergency impact'.

- ▷ See 'consequence', 'impact'.

Disaster loss database

A set of systematically collected records about [hazardous event or] 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.

Note: 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).

Synonym: 'emergency response'.

- ▷ See 'response'.

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.

Note: 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). This definition can apply to "risk" associated with hazardous events, emergencies and disasters.

- ▷ See 'risk', 'extensive disaster risk', 'intensive disaster risk', '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 [and capacity] that together could harm people, property, services, livelihoods and the environment on which they depend.

Note: 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 '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.

Note: 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.

Note: 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 'community-based disaster risk management', 'disaster risk governance', 'disaster risk information', 'disaster risk management plans', '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.

Note: They should be guided by the Sendai Framework for Disaster Risk Reduction 2015-2030 [and other relevant global, regional and national frameworks.] They should be 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.

Note: 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 'disaster risk reduction strategies and policies'.

Disaster risk reduction strategies and policies

Strategies and policies [that] define goals and objectives across different timescales and with concrete targets, indicators and timeframes.

Note: 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 (UNGA 2016).

Disease

An illness or medical condition, irrespective of origin or source, that presents or could present significant harm to human (WHO 2010a, WHO 2016).

Disease prevention

Disease prevention covers measures not only to prevent the occurrence of disease, such as risk factor reduction, but also to arrest its progress and reduce its consequences once established (WHO 1998).

Disinsection

The procedure whereby health measures are taken to control or kill the insect vectors of human diseases present in baggage, cargo, containers, conveyances, goods and postal parcels (WHO 2010a).

Drill

A coordinated, supervised exercise activity, normally used to test a single specific operation or function in a repeated fashion.

Note: The purpose of a drill is to practise specific skills, operations or functions, as an individual or in a team. The drill practices and perfects one small part of the response plan, and should be as realistic as possible, employing any equipment or apparatus necessary to carry out the function being drilled (WHO 2009, WHO 2017c).

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.

Note: 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 2018a).

► See 'multi-hazard early warning systems'.

Early warning and response (EWAR)

The organized mechanism to detect as early as possible any abnormal occurrence or any divergence from the usual or normally observed frequency of phenomena.

Note: This definition is often used on the context of biological hazards (WHO 2010a).

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 identified with a basin-wide warming of the tropical Pacific Ocean east of the dateline, associated with a fluctuation of a global-scale tropical and subtropical surface pressure pattern and coupled with an atmosphere-ocean phenomenon, with preferred time scales of 2 to about 7 years.

Note: An ENSO event has a great impact on the wind, sea surface temperature, and precipitation patterns in the tropical Pacific. ENSO has climatic effects throughout the Pacific region and in many other parts of the world. The warm phase of ENSO is called El Niño and the cold phase is called La Niña (IPCC 2012).

Emergency

A type of event or imminent threat that produces or has the potential to produce a range of consequences, and which requires coordinated action, usually urgent and often non-routine.

Note: '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. 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).

- ▷ See 'complex emergency', 'disaster', 'health emergency', 'humanitarian emergency', '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 (WHO 2015a).

Synonym: 'disaster (risk) management organization'.

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 cycle

- ▷ See 'comprehensive approach'.

Emergency management

1. Sometimes [used] interchangeably, with the term disaster management, particularly in the context of biological and technological hazards and for health emergencies.

Note: 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).

2. Overall approach to preventing emergencies and managing those that occur.

Note: 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 22320:2011).

- ▷ See 'disaster management'.

Emergency medical team (EMT)

Groups of health professionals (doctors, nurses, paramedics, etc.) that treat patients affected by an emergency or disaster."

Note: 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 2017a).

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.

Note: It provides 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 2017a).

Engagement, community

- ▷ See 'community engagement'.

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.

Note: 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).

▷ See Annex 2. WHO Classification of Hazards.

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.

Note: Environmental health 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

1. 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.

Note: 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 1999).

2. The occurrence of a number of cases of a disease that is unusually large or unexpected for a given place and time (Connolly M & WHO 2005).

Epidemic intelligence

The systematic collection, analysis and communication of any information to detect, verify, assess and investigate events and health risks with an

early warning objective (WHO 2014).

Epidemic threshold

The critical number or density of susceptible hosts required for an epidemic to occur. The epidemic threshold is used to confirm the emergence of an epidemic so as to step-up appropriate control measures (WHO 2019i).

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.

Note: 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.

Note: Event-based surveillance is a functional component of early warning, alert and response. 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. the media, health workers and reports from NGOs), including events related to the occurrence of disease in humans and events related to potential human exposure (WHO 2010a, WHO 2014).

▷ See 'surveillance'.

Event

▷ See 'hazardous event', 'public health event'.

Exercise

1. A form of practice, training, monitoring or evaluation of capabilities involving the description or simulation of an emergency, to which a described or simulated response is made (WHO 2017c).

2. Process to train for, assess, practise and improve performance in an organization (ISO 22300:2018).

Note: Exercises help determine a valid indication of future system performance under certain conditions, and to identify potential system improvements (WHO 2015b).

Exercise project

A standard approach for building and implementing any exercise consisting of three phases: pre-exercise planning, material development and set-up; exercise conduct; and post-exercise reporting and handover phase.

Note: An exercise programme consists of a progression of increasingly complex exercises designed to increase understanding of, practice, and evaluate different emergency management capabilities (WHO 2017c, WHO 2015a).

Exposure

1. The situation of people, infrastructure, housing, production capacities and other tangible assets located in hazard prone areas.

Note: 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 of a chemical, physical or biological agent with the outer boundary of an organism (e.g. through inhalation, ingestion or dermal [skin] contact) (WHO 2016b).

Exposure assessment or analysis

▷ See 'risk assessment'.

Exposure route

The pathway or route by which a person is exposed to a hazard (WHO 2016b).

Extensive disaster risk

The risk of low-severity, high-frequency hazardous events and disasters, mainly but not exclusively associated with highly localized hazards.

Note: 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).

▷ See 'disaster risk', 'intensive disaster risk'.

EWAR

▷ See 'early warning and response'.

Field exercise

▷ See 'full-scale exercise'.

Food safety

1. Assurance that food will not cause harm to the consumer when it is prepared and/or eaten according to its intended use (FAO & WHO 2016).

2. Handling, storing and preparing food to prevent infection and help to make sure that our food keeps enough nutrients for us to have a healthy diet (FAO 2004).

Food insecurity

A situation that exists when people lack secure access to sufficient amounts of safe and nutritious food for normal growth and development and an active and healthy life.

Note: It may be caused by the unavailability of food, insufficient purchasing power, inappropriate distribution, or inadequate use of food at the household level. Food insecurity, poor conditions of health and sanitation, and inappropriate care and feeding practices are the major causes of poor nutritional status. Food insecurity may be chronic, seasonal or transitory (FAO 2000).

Food security

A situation that exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their

dietary needs and food preferences for an active and healthy life (FAO 2000).

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.

Note: 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)

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, including the mobilization and movement of emergency personnel, equipment and resources.

Note: The purpose of a full-scale exercise is to test/evaluate most of the functions of an emergency plan in the most realistic manner possible. 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 2017c).

Synonym: 'field exercise'.

Functional exercise (FX)

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.

Note: The purpose of an FX is to test or validate the response capability of specific functions or departments in an organization to a situation in a time-pressured, realistic situation. A functional exercise focuses on the coordination, integration, and interaction of an organization's policies, pro-

cedures, roles and responsibilities before, during, or after the simulated event (WHO 2017c).

Gender-based violence

▷ See 'sexual and gender-based violence.'

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.

Note: 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).

▷ See Annex 2. WHO Classification of Hazards.

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).

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.

Note: This may include the latent property or the inherent capability of an agent or substance which makes it capable of causing adverse effects to people or the environment under conditions of exposure (UNGA 2016, WHO 2009).

2. Source of potential harm (ISO 22300:2018).

▷ See 'anthropogenic hazard', 'biological hazard', 'chemical hazard', 'environmental hazard', 'geological or geophysical hazard', 'hydrometeorological hazard', 'natural hazard', 'socio-natural hazard', 'technological hazard', 'zoonoses'.

Hazard assessment or analysis

- ▷ See 'risk assessment'.

Hazardous event

1. The manifestation of a hazard in a particular place during a particular period of time.

Note: Severe hazardous events can lead to a disaster as a result of the combination of hazard occurrence and other risk factors (UNGA 2016).

- ▷ See 'public health event'.

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 22300:2018).

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 care-associated infection

An infection occurring in a patient during the process of care in a hospital or other health care facility, which was not present or incubating at the time of admission.

Note: Health care-associated infections can also appear after discharge. They represent the most frequent adverse event associated with patient care (WHO 2016).

Synonym: 'nosocomial infection'.

Health cluster

A mechanism for coordinated assessments, joint analyses, the development of agreed overall priorities, objectives and a health crisis response strategy, and the monitoring and evaluation of the implementation and impact of that strategy (WHO 2009b).

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.

Note: A health emergency may pose a substantial risk of significant morbidity or mortality in a community (WHO 2015a).

- ▷ See 'public health event', 'public health emergency of international concern', '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 'disaster risk management'.

Health impact assessment

1. The estimation of the effects of any specific action (plans, policies or programmes) in any given environment on the health of a defined population (WHO 2016b).

Note: 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 outcome

A change in the health status of an individual, group or population which is attributable to a planned intervention or series of interventions (WHO 1998).

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 'health promotion', 'One Health'.

Health promotion

The process of enabling people to increase control over, and to improve their health.

Note: 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).

Hot debrief

A debriefing session held immediately after an exercise or incident to identify the strengths and weaknesses of plans, policies and procedures.

Note: In a hot debrief, participants and the exercise management team provide immediate feedback or a debriefing event. Individuals share perspectives on strengths, weaknesses, and areas for improvement which are incorporated in the exercise report (WHO 2015a, WHO 2017c).

Synonym: 'hot wash'.

▷ See 'debrief', 'cold debrief'.

Humanitarian civil-military coordination

Dialogue and interaction between civilian and military actors in humanitarian emergencies that is

necessary to protect and promote humanitarian principles, avoid competition, minimize inconsistency, and when appropriate pursue common goals. Basic strategies range from coexistence to cooperation.

Note: Coordination is a shared responsibility facilitated by liaison and common training. This definition could be extended to interaction between civilian and military actors at national and local levels for all types of emergencies (OCHA 2019).

Human-induced hazards

▷ See 'anthropogenic hazards'.

Hydrometeorological hazards

Hazards of atmospheric, hydrological or oceanographic origin.

Note: 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).

▷ See Annex 2 WHO Classification of Hazards.

Hygiene

The conditions and practices that help maintain health and prevent spread of disease including handwashing, menstrual hygiene management and food hygiene (WHO & UN Water 2019).

Impact

Evaluated consequence of a particular outcome (ISO 22300:2018).

▷ See 'consequence', 'disaster damage', 'disaster impact', '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 (based on WHO 2013).

▷ See 'prevalence'.

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. [Event or] situation that can be, or could lead to, a disruption, loss, emergency or crisis (ISO 22300:2018).

Incident action plan

▷ See 'action plan'.

Incident, chemical

▷ See 'chemical incident'.

Incident command system

▷ See 'incident management system'.

Incident management system

System that defines the roles and responsibilities of personnel and the operating procedures to be used in the management of incidents (ISO 22300:2018).

Indicator-based surveillance (IBS)

1. The systematic (regular) collection, monitoring, analysis and interpretation of structured data, i.e. of indicators produced by a number of well-identified, mostly health-based, formal sources (WHO 2014).
2. The routine reporting of cases of disease, including notifiable diseases surveillance systems, sentinel surveillance, laboratory-based surveillance, etc.

Note: This routine reporting is commonly health-care facility based, with reporting done on a weekly or monthly basis (WHO 2010a).

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).

Note: 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 '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 2010a, WHO 2016).

Infection control

▷ See 'infection prevention & control'.

Infection prevention & control

1. A practical and proven set of organizational and technical approaches and measures to prevent the spread of avoidable infections and antimicrobial resistance within both community and health care settings (WHO 2019c).

2. The practical discipline concerned with preventing health care-associated infection.

Note: The purpose of infection prevention and control in health care is as follows: to prevent the occurrence of health care-associated infections in patients, health care workers, visitors and other persons associated with health care settings; to prepare health care facilities for the early detection

and management of epidemics and to organize a prompt and effective response; to contribute to a coordinated response to control community-acquired infectious diseases, endemic or epidemic, that may be "amplified" via health care; to contribute to preventing the emergence of antimicrobial resistance and/or dissemination of resistant strains of microorganisms; and to minimize the environmental impact of these infections or their management (WHO 2014c).

Injury

The physical or physiological bodily harm resulting from interaction of the body with energy (mechanical, thermal, electrical, chemical or radiant, or due to extreme pressure) in an amount, or at a rate of transfer, that exceeds physical or physiological tolerance.

Note: Injury can also result from lack of vital elements, such as oxygen. Poisoning by and toxic effects of substances are included, as is damage of or due to implanted devices. Maltreatment syndromes are included even if physical or physiological bodily harm has not been reported. Injury usually has rapid onset in response to a well-defined event (e.g. a car crash, striking the ground after falling, drinking a strongly alkaline liquid, an overdose of a medication, a burn sustained during a surgical procedure). These events are often referred to as external causes of injury. The injurious energy can, however, originate from the injured person and/or from his or her immediate environment (e.g. a person running on a hot day sustains heat exhaustion), and injury can be caused by the injured person (i.e. intentional self-harm) (WHO 2018b).

Intensive disaster risk

The risk of high-severity, mid- to low-frequency disasters, mainly associated with major hazards. *Note: 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 (ISO 22300:2018).

Synonym: 'stakeholder'.

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 interference with international traffic and trade (WHO 2016).

Internally displaced persons (IDPs)

Persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of, or in order to, avoid the effects of armed conflicts, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border (UNHCR 2011).

Interoperability

Ability of diverse systems and organizations to work together (ISO 22300:2018).

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 2010a, 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 (WHO 2015a).

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 2017a).

Level of risk

Magnitude of a risk or combination of risks, expressed in terms the combination of consequences and their likelihood (ISO 31000:2009).

Likelihood

Chance of something happening (ISO 31000:2018).
▷ See 'probability.'

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).

Malnutrition

Deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients (WHO 2008).

▷ See 'nutrition'.

Mass casualty incident

An event which generates more patients at one time than locally available resources can manage using routine procedures.

Note: 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.

Note: 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).

Mental health and psychosocial support

Any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder.

Note: Traditionally, mental health care has been used by health professionals to describe specialized interventions to treat individuals diagnosed

with mental health conditions. Psychosocial support and psychosocial interventions are terms used by a broader range of workers in the emergency response field to refer to activities that support both the psychological and social health of individuals and communities as a whole rather than focusing specifically on treating mental health conditions (IASC 2007).

Missing person

1. A person whose whereabouts are unknown to his/her relatives and/or who, on the basis of reliable information, has been reported missing in accordance with the national legislation in connection with an international or non-international armed conflict, a situation of internal violence or disturbances, natural catastrophes or any other situation that may require the intervention of a competent State authority (ICRC 2009).

2. Persons whose status during or after an emergency is not known (CRED 2009).

Synonym: 'missing'.

▷ See 'casualty'.

Mitigation

The lessening or limitation of the adverse impacts of hazards and related disasters.

Note: 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).

Monitoring

In the context of surveillance and response refers to the routine and continuous tracking of the implementation of planned surveillance activities

(monitoring the implementation of the plan of action) and of the overall performance of surveillance and response systems (WHO 2014).

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

The number of deaths occurring in a given period in a specified population.

Note: Mortality can be expressed as an absolute number of deaths per year or as a rate per 100,000 persons per year (WHO & IARC 2016).

Mortality ratio

The ratio of deaths in an area to the population of that area, within a particular period of time.

Note: 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.

Note: 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 (WHO 2015a).

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.

Note: 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 22300:2018).

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 disaster management agency (or authority)

The national government agency that is responsible for coordinating disaster or emergency management policy and practice.

Note: There is no common definition for this agency or organization as the name and scope of functions varies across countries and is usually defined by national legislation or policies.

Synonyms: 'national disaster management organization', 'national emergency management agency'.

National IHR Focal Point

The national centre, designated by each State Party, which shall be accessible at all times for communications with WHO IHR Contact Points under these Regulations [IHR] (WHO 2016).

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.

Note: 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).

Notifiable disease

A disease that, by statutory/legal requirements, must be reported to a public health or other competent authority in the pertinent jurisdiction when the diagnosis is made (WHO 2018a).

Notification

1. The processes by which cases or outbreaks are brought to the knowledge of health authorities (WHO 2018a).

Note: A notifiable disease is a disease that requires notification, i.e. it must be reported to a public

health authority when a diagnosis is made.

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 22300:2018).

Nuclear emergency

An emergency in which there is, or is perceived to be, a hazard due to the energy resulting from a nuclear chain reaction or from the decay of the products of a chain reaction (IAEA 2019).

▷ See 'radiation emergency' and 'radiological emergency'.

Nutrition

The intake of food, considered in relation to the body's dietary needs (WHO 2019d, WHO 2019e).

▷ See 'malnutrition', 'undernutrition'.

One Health

1. An approach to address a health threat at the human-animal-environment interface based on collaboration, communication, and coordination across all relevant sectors and disciplines, with the ultimate goal of achieving optimal health outcomes for both people and animals; a One Health approach is applicable at the subnational, national, regional, and global level (WHO, FAO and World Organisation for Animal Health [OIE] 2019).

2. 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 2018a).

3. Human health and animal health are interdependent and bound to the health of the ecosystems in which they exist (OIE 2019).

Operational readiness

▷ See 'readiness'.

Outbreak

Often used synonymously with "epidemic", usually to indicate localised as opposed to generalised epidemics.

Note: Typically defined as two or more people with the same health condition, at the same time and in the same place (WHO 2015b).

Pandemic

1. Worldwide spread of a new disease (WHO 2010b).

2. A worldwide outbreak of a disease in humans in numbers clearly in excess of normal (WHO 2015b).

Pathogens

Disease-causing organisms (e.g. bacteria, helminths, protozoa or viruses) (WHO 2016b).

People at risk

Individuals who may be affected by an incident [or a hazardous event] (ISO 22300:2018).

People-centred care

Care that is focused and organized around the health needs and expectations of people and communities rather than on diseases.

Note: 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. Specialized clothing and equipment designed to create a barrier against health and safety hazards.

Note: Examples include safety goggles, blast shields, hard hats, hearing protectors, gloves, respirators, aprons, and work boots (WHO 2009, WHO 2010a).

People with disability

Those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others (UN 2006).

▷ See 'disability'.

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 'contingency planning', '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.

Note: 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 'incidence'.

Prevention

Activities and measures to avoid existing and new disaster risks.

Note: 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). In public health, primary prevention aims to prevent disease or injury before it occurs by preventing exposures to hazards that cause disease or injury, altering unhealthy or unsafe behaviours that can lead to disease or injury, and increasing resistance to disease or injury should exposure occur. Secondary prevention aims to reduce the

impact of a disease or injury that has already occurred by detecting and treating disease or injury as soon as possible to halt or slow its progress, encouraging personal strategies to prevent re-injury or recurrence, and implementing programmes to return people to their original health and function to prevent long-term problems. Tertiary prevention aims to soften the impact of an ongoing illness or injury that has lasting effects by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy.

Primary health care

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 22300:2018).

▷ See 'likelihood'.

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.

Note: 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 2017a).

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.

Note: 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 'public awareness', '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

▷ 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

1. Any event that may have negative consequences for human health.

Note: The term includes events that have not yet lead to disease and/or injury in humans but have the potential to cause disease and injury through

exposure of humans to hazards or as a result of direct or indirect consequences of other hazardous events (WHO 2017a).

2. A manifestation of disease or an occurrence that creates a potential for disease (WHO 2016).

▷ See 'hazardous event'.

Public health hazard

▷ See 'hazard'.

Public health measure

A procedure applied to prevent the spread of disease or contamination.

Note: Often refers to non-medical or non-pharmaceutical actions to reduce the spread of disease.

Examples include closing schools, limiting public gatherings, issuing travel restrictions and screening travellers (WHO 2010a).

Public health risk

A likelihood of an event that may affect adversely the health of human populations.

Note: [In the context of the International Health Regulations], there is an emphasis on an event which may spread internationally or may present a serious and direct danger (WHO 2010a, WHO 2016).

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 22300:2018).

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 22300:2018).

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 2010a, WHO 2016).

Radiation emergency

The term 'radiation emergency' is used in some cases when an explicit distinction between nuclear and radiological emergencies is not required (e.g. national radiation emergency plan) (IAEA 2019).

▷ See 'nuclear emergency' and 'radiological emergency'.

Radiological emergency

An emergency in which there is, or is perceived to be, a hazard due to radiation exposure [not involving a nuclear chain reaction] (IAEA 2019).

▷ See 'nuclear emergency' and 'radiation emergency'.

Rapid response team

1. A group of trained individuals that is ready to respond quickly to an event (WHO 2018a).

Note: 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.

2. A group of trained individuals that is ready to respond quickly to an event. The composition and terms of reference are determined by the country concerned (WHO 2010a).

Readiness

The ability to quickly and appropriately respond when required (UNGA 2016).

Synonym: 'operational readiness'.

▷ See 'preparedness'.

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).

Refugee

A person who cannot return to his/her country of origin owing to a well-founded fear of persecution or serious and indiscriminate threats to life, physical integrity or freedom (UNHCR 2011).

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.

Note: 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

1. 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.

Note: 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 clear-cut. Some response actions, such as the supply of temporary housing and water supplies, may extend well into the recovery stage (UNGA 2016).

2. Any public health action triggered by the detection of a public health risk (e.g. monitoring of the event, information of the public, triggering field investigation and/or implementation of any control or mitigation measures).

Note: The nature of the response will have to be adapted according to the nature of the public health risk (WHO 2014).

Response plan

Documented collection of procedures and information that is developed, compiled and maintained in readiness for use in an incident (ISO 22300:2018).

- ▷ See 'contingency plan', 'preparedness plan (emergency)'.

Retrofitting

Reinforcement or upgrading of existing structures to become more resistant and resilient to the damaging effects of hazards.

Note: 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 31000:2018, ISO 22300:2018).

Risk analysis

The process to comprehend the nature of risk and to determine the level of risk (ISO 22300:2018).

- ▷ See 'risk assessment', 'risk criteria', 'risk evaluation', 'risk identification', '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.

Note: 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 of risk to determine whether or not it is tolerable or acceptable (ISO 31000:2009).

- ▷ 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 2018a).
3. The process of sharing information and perceptions about risk.

Note: Risk communication 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 22300:2018).

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 22300:2018).

Risk factor

Any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury.

Note: Risk factors can include any element of behaviour or lifestyle, environmental exposure, or genetic characteristic that is associated with particular outcome (WHO 2019f).

Risk identification

Process of finding, recognizing and describing risks (ISO 22300:2018).

Risk management, disaster

▷ See 'disaster risk management'.

Risk management

Coordinated activities to direct and control an organization with regard to risk (ISO 31000:2018).

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 22300:2018).

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.

Note: 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 22300:2018).

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).

Sanitation

The provision of facilities and services for the safe management of human excreta from the toilet to containment and storage and treatment onsite or conveyance, treatment and eventual safe end use or disposal (WHO 2019g).

Scenario

1. An account or synopsis of a possible course of events that could occur, which forms the basis for planning assumptions (for example, a river floods, covering a nearby town and wiping out the local population's crop).

Note: Scenario-building is process of developing hypothetical scenarios in the context of a contingency planning exercise (IASC 2011).

2. Pre-planned storyline that drives an exercise, as well as the stimuli used to achieve exercise project performance objectives.

Note: The scenario is designed to stimulate exercise participants to respond to events (WHO 2017c, ISO 22300:2018).

Self-reliance

The social and economic ability of an individual, a household or a community to meet their own essential needs (including food, water, shelter, personal safety, health and education) in a sustainable manner and with dignity (UNHCR 2011).

Sexual and gender-based violence (SGBV)

Any act of violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to persons on the basis of their sex or gender, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (UNHCR 2011).

▷ See 'violence'.

Shelter in place

Remain or take immediate refuge in a protected location relevant to the risk (ISO 22300:2018).

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.

Note: Slow-onset disasters could be associated with, for example, drought, desertification, sea-level rise, epidemic disease (UNGA 2016).

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'.

Standard precautions

The basic level of infection control precautions which are to be used, as a minimum, in the care of all patients.

Note: Standard precautions are meant to reduce the risk of transmission of bloodborne and other pathogens from both recognized and unrecognized sources. They include: hand hygiene, personal protective equipment, and respiratory hygiene and cough etiquette, waste disposal and environmental cleaning (WHO 2007c).

Stockpile

A reserve of supplies and equipment to meet emergency needs.

Note: For example, a medical stockpile includes essential medicines, vaccines, protective equipment and other supplies and equipment for use in response to a health emergency (WHO 2017b).

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 structures or systems.

Note: Common structural measures for disaster risk reduction include dams, flood levies, ocean wave barriers, earthquake-resistant construc-

tion 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 'non-structural measures'.

Sudden-onset disaster

[A disaster that is] triggered by a hazardous event that emerges quickly or unexpectedly.

Note: 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 (i.e. the supported agency).

Note: 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 2010a, 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).

Syndromic surveillance

A method of surveillance that uses health-related data based on clinical observations rather than laboratory confirmation of diagnoses (WHO 2008).

Note: Syndromic surveillance is used in order to detect outbreaks earlier than would otherwise be possible with laboratory diagnosis-based methods. Case definitions used for syndromic surveillance are based on clinical signs and symptoms, rather than on specific laboratory criteria for confirmation of the causative agent.

Tabletop exercise (TTX)

[A facilitated discussion] that uses a progressive simulated scenario, together with series of scripted injects, to make participants consider the impact of a potential emergency on existing plans, procedures and capacities.

Note: A tabletop exercise simulates an emergency situation in an informal, stress-free environment. A tabletop exercise is a discussion around an exercise scenario or narrative that is guided by a facilitator of an emergency situation, designed to elicit constructive discussion between participants; to identify and resolve problems; and to refine existing operational plans (WHO 2017a, WHO 2017c).

Technological hazards

Hazards [that] originate from technological or industrial conditions, dangerous procedures, infrastructure failures or specific human activities.

Note: 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).

▷ See Annex 2. WHO Classification of hazards

Threat

▷ See 'hazard', 'risk'.

Tolerable health risk

Defined level of health risk from a specific exposure or disease that is tolerated by society, it is used to set health-based targets (WHO 2016b).

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.

Note: 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).

Undernutrition

Stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals) (WHO 2008).

▷ See 'nutrition'.

Vaccination

▷ See 'immunization'.

Vector

1. An insect or other animal that normally transports an infectious agent that constitutes a public health risk (WHO 2010a).
2. An insect or any living carrier that transports an infectious agent from an infected individual to a susceptible individual or its food or immediate surroundings (OIE 2018).

Vector-borne diseases of humans

Diseases (e.g. malaria, leishmaniasis) that can be transmitted from human to human via insect vectors (e.g. mosquitoes, flies) (WHO 2016b).

Note: Vector control, i.e. methods to limit or eradicate vectors, is an important component in the prevention and control of vector-borne diseases, specifically for transmission control (WHO 2019l).

Violence

An act that intentionally threatens, attempts, or actually inflicts harm on another person or group of others (UNHCR 2011).

▷ See 'sexual and gender-based violence.'

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 22300:2018).

Warning system

- ▶ See 'early warning system' and 'multi-hazard early warning systems'.

WASH

Acronym for water, sanitation and hygiene.

- ▶ See 'sanitation' and 'hygiene'.

World Health Organization 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 2017a).

- ▶ See 'level of event'.

Zoonoses

1. Diseases that are transferable from animals to humans (WHO 2015b).

2. Any disease or infection that is naturally transmissible from vertebrate animals to humans.

Note: Zoonotic diseases can be spread by food, water, fomites or vectors (WHO 2019h).

Synonym: 'zoonotic disease'.

Zoonotic event

A manifestation of a disease in animals that creates a potential for a disease in humans as result of human exposure to the animal source (WHO 2010a).

4 THESAURUS

This thesaurus lists terms in five large groups of related concepts, under a head term, e.g. "Risk". Within these large groups, terms are grouped at smaller conceptual levels, under a secondary head term, e.g. "hazard". Italicized text indicates terms drawn from the Report of the open-ended intergovernmental expert working group on indicators and terminology relating to disaster risk reduction, which was adopted by the United Nations General Assembly (UNGA 2016).

4.1 RISK

hazard: *anthropogenic hazards, biological hazards, bioterrorism, chemical hazard, environmental hazards, geological or geophysical hazards, hydrometeorological hazards, multi-hazard, Natech, natural hazards, public health hazard, socionatural hazards, technological hazards, zoonoses; climate change, El Niño-southern oscillation; mass gathering; sexual and gender-based violence, violence; vector-borne disease of humans.*

disaster risk: *extensive disaster risk, intensive disaster risk, risk factor; acceptable risk, residual risk; public health risk, tolerable health risk; consequence, likelihood, probability; context; threat, level of risk.*

vulnerability: *exposure, fragile states, people at risk, underlying disaster risk drivers, vulnerable groups.*

4.2 CAPACITY

resilience: *capability; coping capacity, self-reliance, surge capacity; competence; capacity assessment, capacity development; critical infrastructure; point of entry; sustainable development; stockpile; national platform for disaster risk reduction.*

health: *health system, access to health services, people-centred care, primary health care; critical systems (in hospitals), health care facility, safe hospital; environmental health, cluster, health cluster, public health; hygiene, sanitation; public health measure; food safety; food security, food insecurity, mental health and psychosocial support.*

nutrition: *malnutrition, undernutrition.*

health policy: *global health security, health promotion, One Health.*

community: *interested party.*

4.3 HAZARDOUS EVENT

disaster: *slow-onset disaster, sudden-onset disaster; emergency, complex emergency, level of event, protracted emergency; crisis; incident; radiation emergency, nuclear emergency, radiological emergency; chemical incident, chemical event; zoonotic event.*

health emergency: *acute public health event, acute public health emergency, public health event, public health emergency of international concern; mass casualty incident.*

communicable disease: *epidemic, outbreak, pandemic; contamination, infection, health-care associated infection, pathogens; antimicrobial resistance.*

impact: *disaster damage, disaster impact; disaster loss database; health outcome, disability, disability-adjusted life years; dead; injury, morbidity, mortality; morbidity rate, risk ratio.*

affected: directly affected, indirectly affected; internally-displaced person, missing person, refugee case, casualty.

economic loss: direct economic loss, indirect economic loss.

4.4 RISK MANAGEMENT

disaster risk management: disaster risk governance; disaster risk management plans, disaster risk information; community-based disaster risk management; health emergency and disaster risk management.

risk assessment: health impact assessment; risk analysis, risk criteria, risk evaluation, risk identification, risk register.

epidemiology: case definition, case fatality ratio/rate; epidemic intelligence, epidemic threshold.

surveillance: community surveillance, event-based surveillance, syndromic surveillance, monitoring, public health surveillance; exposure route; disinsection.

disaster risk reduction: disaster risk reduction strategies and policies; risk transfer, risk treatment; non-structural measures, structural measures.

public communication: public awareness, risk communication.

4.5 EMERGENCY MANAGEMENT

disaster management: comprehensive approach, comprehensive emergency management programme, all-hazards approach.

emergency (risk) management agency or organization: civil protection; jurisdiction; lead agency, assisting agency, cooperating agency,

supporting agency; mutual aid agreement; emergency medical team, rapid response team; health sector.

prevention: mitigation; disease prevention, infection prevention and control; climate change adaptation, climate change mitigation.

preparedness: readiness.

planning: contingency planning: action plan, business continuity plan, emergency response plan, preparedness plan; concept of operations.

exercise: exercise project; field exercise, full-scale exercise, functional exercise, tabletop exercise; scenario.

incident management system: mass casualty management system; chain of command; command, control, coordination; business continuity management.

emergency operations centre: emergency coordination centre, multi-agency coordination centre; public health emergency operations centre; interoperability; logistics; situation report, situational awareness; activation level.

public warning: early warning system, hazard monitoring function, multi-hazard early warning systems, public warning system; alert, notifiable disease, notification.

response: disaster response; evacuation, shelter in place; surge; contact tracing, decontamination, isolation, personal protective equipment, quarantine.

recovery: reconstruction, rehabilitation; build back better, retrofitting.

debrief: cold debrief, hot debrief; after-action report, after-action review; lessons learned.

REFERENCES

Centre for Research on the Epidemiology of Disasters (CRED) (2009). Explanatory notes. (<https://www.emdat.be/explanatory-notes>, accessed 29 April 2019).

Connolly, Máire A & WHO (2005). Communicable disease control in emergencies: a field manual (<http://apps.who.int/iris/handle/10665/96340>, accessed 28 October 2019).

FAO (2000). Food insecurity and vulnerability information and mapping systems (FIVIMS). (<http://www.fao.org/3/a-x8346e.pdf>, accessed 29 April 2019).

FAO (2004). Food Safety (<http://www.fao.org/3/a0104e/a0104e08.htm>, accessed 29 April 2019).

FAO & WHO (2009). Codex Alimentarius: Principles of Food Hygiene, Reference CXC 1-1969 in Food Hygiene: Basic Texts (<http://www.fao.org/3/a1552e/a1552e00.pdf>, accessed 28 October 2019).

Integrated Research on Disaster Risk (IRDR) (2014). Peril classification and hazard glossary (http://www.irdrinternational.org/wp-content/uploads/2014/04/IRDR_DATA-Project-Report-No.-1.pdf, accessed 29 April 2019).

IASC (2001). Inter-agency contingency planning guidelines for humanitarian assistance (<https://reliefweb.int/report/world/inter-agency-contingency-planning-guidelines-humanitarian-assistance>, accessed 29 April 2019).

IASC (2007). IASC guidelines on mental health and psychosocial support in emergency settings. Geneva: IASC (https://www.who.int/mental_health/emergencies/9781424334445/en/, accessed 29 April 2019).

IASC (2011). IASC operational guidelines on the protection of persons in situations of natural disasters. The Brookings – Bern Project on Internal Displacement (https://interagencystandingcommittee.org/system/files/legacy_files/Operational_guidelines_nd.pdf, accessed 29 April 2019).

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 [Field, C.B., V. Barros, T.F. Stocker, D. Qin, D.J. Dokken, K.L. Ebi et al. (eds.)]. Cambridge: Cambridge University Press (https://www.ipcc.ch/pdf/special-reports/srex/SREX_Full_Report.pdf, accessed 29 April 2019).

IAEA (2019). IAEA safety glossary: 2018 edition. Vienna. (<https://www.iaea.org/publications/11098/iaea-safety-glossary-2018-editionf>, accessed 29 April 2019).

International Committee of the Red Cross (ICRC) (2009). Guiding principles / model law on the missing: principles for legislating the situation of persons missing as a result of armed conflict or internal violence (<https://www.icrc.org/en/document/guiding-principles-model-law-missing-model-law>, accessed 29 April 2019).

ISO 31000:2018 Risk Management—Principles and guidelines, International Organization for Standardization. Geneva (<https://www.iso.org/standard/65694.html>, accessed 29 April 2019).

ISO 22300:2018 Security and resilience—Vocabulary. International Organization for Standardization, Geneva (<https://www.iso.org/standard/68436.html>, accessed 29 April 2019).

ISO 22301:2012 Societal security—Business continuity management systems. International Organization for Standardization. Geneva (<https://www.iso.org/standard/50038.html>, accessed 29 April 2019).

ISO 22320:2011 Societal security—Emergency management—Requirements for incident response. International Organization for Standardization. Geneva (<https://www.iso.org/standard/53347.html>, accessed 29 April 2019).

ISO 31000:2009 Risk Management—Principles and guidelines, International Organization for Standardization. Geneva (<https://www.iso.org/standard/43170.html>, accessed 29 April 2019).

Organisation for Economic Co-operation and Development (OECD) (2015). Addendum number 2 to the OECD guiding principles for chemical accident prevention, preparedness and response (2nd ed.) to address natural hazards triggering technological accidents (Natechs) ([http://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=en/jm/mono\(2015\)1&doclanguage=en](http://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=en/jm/mono(2015)1&doclanguage=en), accessed 29 April 2019).

Programme on Chemical Safety and Organisation for Economic Co-operation and Development (IPCS) (2004). IPCS risk assessment terminology. Geneva: World Health Organization (<http://www.who.int/iris/handle/10665/42908>, accessed 29 April 2019).

United Nations, General Assembly (2016). Report of the open-ended intergovernmental expert working group on indicators and terminology relating to disaster risk reduction. Note by the Secretary-General. New York (NY): United Nations (A/71/644; <https://www.unisdr.org/we/inform/terminology>, accessed 29 April 2019).

United Nations High Commissioner for Refugees (UNHCR) (2011). Resettlement handbook (<https://www.unhcr.org/en-au/protection/resettlement/3d46515d4/unhcr-resettlement-handbook-glossary.html?query=definition%20refugee>, accessed 29 April 2019).

United Nations High Commissioner for Refugees (UNHCR) (2015). Cluster approach (IASC) (<https://emergency.unhcr.org/entry/61190/cluster-approach-iasc>, accessed 29 April 2019).

United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2019). Humanitarian civil-military coordination (<https://www.unocha.org/es/themes/humanitarian-civil-military-coordination>, accessed 29 April 2019).

United Nations (2006). Convention on the Rights of Persons with Disabilities (<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>, accessed 29 April 2019).

WHO (1948). Constitution of the World Health Organization; Geneva: World Health Organization (http://www.who.int/governance/eb/who_constitution_en.pdf, accessed 29 April 2019).

WHO (1998). Health promotion glossary (<http://www.who.int/healthpromotion/about/HPG/en/>, accessed 29 April 2019).

WHO (1999). WHO recommended surveillance standards, 2nd ed (<https://apps.who.int/iris/handle/10665/65517>, accessed 29 April 2019).

WHO (2001). International classification of functioning, disability and health (<http://www.who.int/classifications/icf/en/>, accessed 29 April 2019).

WHO (2007a). Mass casualty management systems (http://www.who.int/hac/techguidance/MCM_guidelines_inside_final.pdf, accessed 29 April 2019).

WHO (2007b). The world health report 2007: a safer future: global public health security in the 21st century (<https://www.who.int/whr/2007/en/>, accessed 29 April 2019).

WHO (2007c). Standard precautions in health care

(https://www.who.int/csr/resources/publications/EPR_AM2_E7.pdf, accessed 29 April 2019).

WHO (2008). Communicable disease alert and response for mass gatherings: Key considerations; (http://www.who.int/csr/Mass_gatherings2.pdf, accessed 29 April 2019).

WHO (2009a). The public health management of chemical incidents (http://www.who.int/environmental_health_emergencies/publications/Manual_Chemical_Incidents/en/, accessed 29 April 2019).

WHO (2009b). Health cluster guide. A practical guide for country-level implementation of the Health Cluster (https://www.who.int/hac/network/global_health_cluster/chapter1.pdf, accessed 29 April 2019).

WHO (2010a). Protocol for assessing national surveillance and response capacities for the International Health Regulations (2005) (https://www.who.int/ihr/publications/who_hse_ihr_201007_en.pdf?ua=1, accessed 29 April 2019).

WHO (2010b). What is a pandemic? https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/en/, accessed 29 April 2019).

WHO (2011). Health systems strengthening: glossary (http://www.who.int/healthsystems/Glossary_January2011.pdf, accessed 29 April 2019).

WHO (2012). Rapid risk assessment of acute public health events (http://www.who.int/csr/resources/publications/HSE_GAR_ARO_2012_1/en/, accessed 29 April 2019).

WHO (2013). IHR core capacity and monitoring framework (http://apps.who.int/iris/bitstream/10665/84933/1/WHO_HSE_GCR_2013.2_eng.pdf, accessed 29 April 2019).

WHO (2014). Early detection, assessment and response to acute public health events. Implementation of early warning and response with a focus on event-based surveillance (http://apps.who.int/iris/bitstream/handle/10665/112667/WHO_HSE_GCR_LYO_2014.4_eng.pdf;jsessionid=CC9990ECODE59D7B9EFB32E2331356C1?sequence=1, accessed 29 April 2019).

WHO (2015a). Framework for a Public Health Emergency Operations Centre. Geneva, Switzerland (http://www.who.int/ihr/publications/9789241565134_eng/en/, accessed 29 April 2019).

WHO (2015b). Public health for mass gatherings: Key considerations. Geneva, Switzerland (http://www.who.int/ihr/publications/WHO_HSE_GCR_2015.5/en/, accessed 29 April 2019).

WHO (2016a). International Health Regulations 2005, third edition (<http://www.who.int/ihr/publications/9789241580496/en/>, accessed 29 April 2019).

WHO (2016b). Sanitation safety planning: manual for safe use and disposal of wastewater, greywater and excreta (https://www.who.int/water_sanitation_health/publications/ssp-manual/en, accessed 29 April 2019).

WHO (2016d). Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level (<https://apps.who.int/iris/bitstream/handle/10665/251730/9789241549929-eng.pdf>, accessed 28 October 2019).

WHO & International Agency for Research on Cancer (IARC) (2016). WHO Cancer Mortality Database: Glossary of terms (<http://www-dep.iarc.fr/WHOdb/glossary.htm>, accessed 29 April 2019).

WHO (2017a). Emergency response framework (ERF) (<http://www.who.int/hac/about/erf/en/>, accessed 29 April 2019).

WHO (2017b). Advancing the right to health: the vital role of law. (<https://www.who.int/healthsystems/topics/health-law/chapter11.pdf>, accessed 29 April 2019).

WHO (2017c). Simulation exercise manual (<http://www.who.int/ihr/publications/WHO-WHE-CPI-2017.10/en/>, accessed 29 April 2019).

WHO (2018a). Joint external evaluation tool: International Health Regulations (2005), second edition (<https://extranet.who.int/sph/sites/default/files/document-library/document/9789241550222-eng.pdf>, accessed 29 April 2019).

WHO (2018b). International statistical classification of diseases and related health problems, 11th Revision (<https://icd.who.int/browse11/l-m/en>, accessed 29 April 2019).

WHO (2018c). Overview of Vaccine-Preventable Disease PD Surveillance Principles (last updated 5 September 2018) (https://www.who.int/immunization/monitoring_surveillance/burden/vpd/WHO_SurveillanceVaccinePreventable_01_Overview_R2.pdf, accessed 29 April 2019).

WHO (2019a). Disabilities (<https://www.who.int/topics/disabilities/en/>, accessed 29 April 2019).

WHO (2019b). Emergencies preparedness, response. Contact tracing (<https://www.who.int/csr/resources/publications/ebola/contact-tracing-guidelines/en/>, accessed 29 April 2019).

WHO (2019c). Infection prevention and control (https://www.who.int/infection-prevention/campaigns/clean-hands/IPC-tree_may2019_web.pdf, accessed 29 April 2019).

WHO (2019d). Malnutrition (<https://www.who.int/features/qa/malnutrition/en/>, accessed 29 April 2019).

WHO (2019e). Nutrition (<https://www.who.int/topics/nutrition/en/>, accessed 29 April 2019).

WHO (2019f). Risk factors (https://www.who.int/topics/risk_factors/en/, accessed 29 April 2019).

WHO (2019g). Sanitation (<https://www.who.int/topics/sanitation/en/>, accessed 29 April 2019).

WHO (2019h). Zoonoses (<http://www.who.int/topics/zoonoses/en/>, accessed 29 April 2019).

WHO (2019i). Definitions: emergencies (<https://www.who.int/hac/about/definitions/en/>, accessed 29 April 2019).

WHO (2019j). Global Health Observatory (GHO): Cholera case fatality ratio (https://www.who.int/gho/epidemic_diseases/cholera/situation_trends_case_fatality_ratio/en/, accessed 29 April 2019).

WHO (2019k). Health and environment lexicon [online multi-language glossary] (<http://apps.who.int/thelexicon/entry.php>, accessed 29 April 2019).

WHO (2019l). Neglected tropical diseases: Vector ecology and management (VEM) (https://www.who.int/neglected_diseases/vector_ecology/information/en, accessed 29 April 2019).

WHO (2019m). Health emergency and disaster risk management framework (<https://apps.who.int/iris/bitstream/handle/10665/326106/9789241516181-eng.pdf>, accessed 31 July 2019).

WHO (2019n). Antimicrobial resistance. (<https://www.who.int/antimicrobial-resistance/en/>, accessed 25 November 2019).

WHO, Public Health England and UNDRR (2017). Health emergency and disaster risk management fact sheets: Overview (<http://www.who.int/hac/techguidance/preparedness/who-factsheet-overview-december2017.pdf?ua=1>, accessed 29 April 2019).

WHO, FAO & OIE (2019). Taking a Multisectoral, One Health Approach: A Tripartite Guide to Addressing Zoonotic Diseases in Countries (<https://apps.who.int/iris/handle/10665/325620>, accessed 29 April 2019).

WHO & UN Water (2019). National systems to support drinking-water, sanitation and hygiene: global status report 2019. UN-Water global analysis and assessment of sanitation and drinking-water (GLAAS) 2019 report. Geneva: World Health Organization (<https://apps.who.int/iris/bitstream/handle/10665/326444/9789241516297-eng.pdf>, accessed 25 November 2019).

World Organisation for Animal Health (OIE) (2019). Terrestrial animal health code – Glossary (<https://www.oie.int/index.php?id=169&L=0&htmfile=glossaire.htm>, accessed 25 November 2019).

World Organisation for Animal Health (2019). One health (<http://www.oie.int/en/for-the-media/onehealth/>, accessed 29 April 2019).

ANNEX 1. OTHER GLOSSARIES

The following glossaries may be referred to for further terms and definitions in specific subject areas.

SUBJECT AREA	GLOSSARY
Animal health	World Organisation for Animal Health (OIE) (2018). Terrestrial animal health code – Glossary (http://www.oie.int/fileadmin/Home/eng/Health_standards/tahc/current/glossaire.pdf , accessed 29 April 2019).
Business continuity	ISO 22301: 2012. Societal security—Business continuity management systems. International Organization for Standardization. Geneva (https://www.iso.org/standard/50038.html , accessed 29 April 2019).
Chemical incidents	WHO (2009a). The public health management of chemical incidents (http://www.who.int/environmental_health_emergencies/publications/Manual_Chemical_Incidents/en/ , accessed 29 April 2019).
Chemical risk assessment	Programme on Chemical Safety and Organisation for Economic Co-operation and Development (IPCS) (2004). IPCS risk assessment terminology. Geneva: WHO. (http://www.who.int/iris/handle/10665/42908 , accessed 29 April 2019).
Climate change	Intergovernmental Panel on Climate Change (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 (https://www.ipcc.ch/pdf/special-reports/srex/SREX_Full_Report.pdf , accessed 29 April 2019).
Emergency operations	WHO. Emergency response framework (ERF) (2017). (http://www.who.int/hac/about/erf/en/ , accessed 29 April 2019).
Hazards	IRDR. Peril classification and hazard glossary (2014). (http://www.irdrinternational.org/wp-content/uploads/2014/04/IRDR_DATA-Project-Report-No.-1.pdf , accessed 29 April 2019).
Health and the environment	WHO. Health and environment lexicon. (http://apps.who.int/thelexicon/entry.php , accessed 29 April 2019).
Health systems	WHO (2011). Health systems strengthening: glossary (http://www.who.int/healthsystems/Glossary_January2011.pdf , accessed 29 April 2019)
Incident response	ISO 22320:2011. Societal security—Emergency management—Requirements for incident response. International Organization for Standardization. Geneva (https://www.iso.org/standard/53347.html , accessed 29 April 2019).
Mortality data	Checchi, F. and Roberts, L. (2005). Interpreting and using mortality data in humanitarian emergencies: A primer for non-epidemiologists. Humanitarian Practice Network Paper No.52. London: Overseas Development Institute.
Nuclear safety and radiation protection	IAEA (2019). IAEA safety glossary: 2018 edition. Vienna. (https://www.iaea.org/publications/11098/iaea-safety-glossary-2018-edition , accessed 28 October 2019).
Risk management	ISO 31000:2018. Risk management—Principles and guidelines, International Organization for Standardization. Geneva (https://www.iso.org/standard/65694.html , accessed 29 April 2019).
Simulation exercises	WHO (2017). Simulation exercise manual (http://www.who.int/ihr/publications/WHO-WHE-CPI-2017.10/en/ , accessed 29 April 2019).
Water, sanitation and hygiene	WHO & UN Water (2019). National systems to support drinking-water, sanitation and hygiene: global status report 2019. UN-Water global analysis and assessment of sanitation and drinking-water (GLAAS) 2019 report. Geneva: World Health Organization (https://apps.who.int/iris/bitstream/handle/10665/326444/9789241516297-eng.pdf?ua=1).

ANNEX 2. WHO CLASSIFICATION OF HAZARDS

GENERIC GROUPS ¹	1. NATURAL					2. HUMAN-INDUCED ^{2,3}		3. ENVIRONMENTAL	
GROUPS	1.1	1.2		1.4		2.1	2.2	3.1	
	GEOPHYSICAL ⁴	HYDRO-METEOROLOGICAL		EXTRATERRESTRIAL ⁴		TECHNOLOGICAL	SOCIETAL	ENVIRONMENTAL DEGRADATION ¹⁷	
SUBGROUPS		1.2.1	1.2.2	1.2.3					
		HYDROLOGICAL ⁴	METEOROLOGICAL ⁴	CLIMATOLOGICAL ⁴					
Main types	Earthquake: - ground-shaking	Flood: - riverine flood - flash flood - coastal flood - ice jam flood	Storm: - extratropical storm - tropical cyclone [cyclonic wind, cyclonic rain, cyclone (storm) surge]	Drought Wild fire: - land fire [e.g. brush, bush, pasture] - forest fire	Airborne diseases	Impact: - airburst - meteorite	Industrial hazards: ¹ - chemical spill - gas leak - radiation [radiological, nuclear]	Acts of violence Armed conflicts: ¹⁴ - International - non-international	Erosion Deforestation Salinization
-subtypes	Tsunami Mass movement (geophysical trigger): - landslide - rock fall - subsidence	Mass movement (hydro-meteorological trigger): - landslide - avalanche (snow) - mudflow - debris flow	- convective storm [tornado, wind, rain, winter storm, blizzard, derecho, lightning, thunderstorm, hail, sand/dust storm]	Glacial lake outburst (flood)	Vector-borne diseases	Space weather: - energetic particles - geomagnetic storms - shockwave	Structural collapse: ^{8,9} - building collapse - dam/bridge failures	Civil unrest Stampede	Sea level rise Desertification
[sub-subtypes]	Liquefaction Volcanic activity: - ash fall - lahar - pyroclastic flow - lava flow				Insect infestation: ⁴ - grasshopper - locust		Occupational hazards - mining Transportation: ^{8,11} - air, road, rail, water, space	Terrorism: - Chemical, biological, radiological, nuclear, and explosives ^{15,16}	Wetland loss/degradation Glacier retreat/melting Sand encroachment
		Wave action: - rogue wave - seiche			Animal diseases		Explosions Fire ⁸ Air pollution: ¹ - haze ¹	Financial crises: - hyperinflation - currency crisis	
			Extreme temperature: - heatwave - coldwave - severe winter condition [e.g. snow/ice, frost/freeze, dzud] ⁶ Fog		Plant diseases Aeroallergens Antimicrobial resistant microorganisms		Infrastructure disruption: - power outage ¹¹ - water supply - solid waste, waste water - telecommunication		
					Animal-human contact - venomous animals [snakes, spiders]		Cybersecurity		
							Hazardous materials in air, soil, water: ^{12,13} - biological, chemical, radiological		
							Food contamination ¹⁸		

SOURCES

1. United Nations, General Assembly (2016). Report of the open-ended intergovernmental expert working group on indicators and terminology relating to disaster risk reduction. Note by the Secretary-General. New York (NY): United Nations (A/71/644; <https://www.unisdr.org/we/inform/terminology>, accessed 18 February 2019).
2. OCHA (2017). OCHA Annual Report, 2017. Geneva: United Nations Office for the Coordination of Humanitarian Affairs (<https://www.unocha.org/sites/unocha/files/2017%20annual%20report.pdf>, accessed 18 February 2019).
3. IFRC (2019). Types of disasters: definition of hazard [website]. Geneva: International Federation of Red Cross and Red Crescent Societies (<http://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/definition-of-hazard/>, accessed 18 February 2019).
4. EM-DAT: International Disaster Database [website]. Brussels: Centre for Research on the Epidemiology of Disasters; (<https://www.emdat.be/>, accessed 18 February 2019).
5. WHO (2005). International Health Regulations, third edition. Geneva: World Health Organization (<https://apps.who.int/iris/bitstream/handle/10665/246107/9789241580496-eng.pdf>, accessed 31 March 2019).
6. UNDP & Swiss Agency for Development and Cooperation (2010). Dzud national report 2009–2010. Ulaanbaatar: United Nations Development Programme and Swiss Agency for Development and Cooperation (https://www.academia.edu/2426652/How_Mongolian_herders_affected_by_Dzud_natural_phenomena_2009-2010_government_and_pastoralists_disaster_management, accessed 18 February 2019).
7. Jaykus L, Woolridge M, Frank J, Miraglia M, McQuatters-Gollop A, Tirado C (2008). Climate change: implications for food safety. Rome: Food and Agriculture Organization of the United Nations (<http://www.fao.org/3/i0195e/i0195e00.pdf>, accessed 18 February 2019).
8. EM-DAT: General classification [website]. Brussels: Centre for Research on the Epidemiology of Disasters (<https://www.emdat.be/classification>, accessed 18 February 2019).
9. United Nations Environmental Programme (2002). Global environmental outlook 3: past, present and future perspectives [website]. Nairobi and London: United Nations Environment Programme (https://wedocs.unep.org/bitstream/handle/20.500.11822/8609/GEO-3%20REPORT_English.pdf?sequence=7&isAllowed=y, accessed 18 February 2019).
10. International cloud atlas [website]. Geneva: World Meteorological Organization (<https://cloudatlas.wmo.int/haze.html>, accessed 18 February 2019).
11. Coppola D, editor (2015). Introduction to international disaster management, 3rd edition. Oxford: Butterworth-Heinemann.
12. United Nations (2015). Recommendations for the transport of dangerous goods, 19th edition. New York and Geneva: United Nations (https://www.unece.org/fileadmin/DAM/trans/danger/publi/unrec/rev19/Rev19e_Vol_I.pdf, accessed 18 February 2019).
13. WHO (2013). IHR core capacity and monitoring framework. Geneva: World Health Organization (http://apps.who.int/iris/bitstream/10665/84933/1/WHO_HSE_GCR_2013.2_eng.pdf, accessed 18 February 2019).
14. International Committee of the Red Cross (1977). The protocol additional to the Geneva conventions for 12 August 1949 and relating to the protection of victims of international armed conflicts (Protocol I) of 8 June 1977. Geneva: International Committee of the Red Cross (<https://www.icrc.org/ihl/INTRO/470>, accessed 18 February 2019).
15. United States Department of Homeland Security (2010). National strategy for chemical, biological, radiological, nuclear, and explosives (CBRNE) standards [website]. Washington (DC): United States Department of Homeland Security (<http://www.dhs.gov/national-strategy-chemical-biological-radiological-nuclear-and-explosives-cbrne-standards>, accessed 18 February 2019).
16. United Nations Office for Disarmament Affairs (2012). Treaty on the non-proliferation of nuclear weapons [website]. New York (NY): United Nations Office for Disarmament Affairs (<http://www.un.org/disarmament/WMD/Nuclear/NPT.shtml>, accessed 18 February 2019).
17. United Nations Office for Disaster Risk Reduction (2017). Technical guidance for monitoring and reporting on progress in achieving the global targets of the Sendai Framework for Disaster Risk Reduction. Geneva: United Nations Office for Disaster Risk Reduction (<https://www.unisdr.org/we/inform/publications/54970>, accessed 18 February 2019).

