



# ASEAN Disaster Law and Public Health Emergencies

Mapping and Guidelines



one vision  
one identity  
one community





# **ASEAN Disaster Law and Public Health Emergencies**

## Mapping and Guidelines

The ASEAN Secretariat  
Jakarta

The Association of Southeast Asian Nations (ASEAN) was established on 8 August 1967. The Member States are Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam. The ASEAN Secretariat is based in Jakarta, Indonesia.

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*Cover photo: Country: Viet Nam*

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## FOREWORD



ASEAN is facing an increasingly complex disaster risk landscape. Climate change is a serious threat as it increases the frequency and intensity of disasters which reverses hard-won development gains by decades. The climate-related risk is further complicated by rapid urbanisation, economic disparity and pandemics.

The recent experience of the pandemic highlights the importance for a closer synergy between disaster risk management and public health emergency (PHE) in the ASEAN region. In this connection, the ASEAN Committee on Disaster Management (ACDM), in collaboration with the International Federation of Red Cross and Red Crescent Societies (IFRC), has jointly developed the **ASEAN Disaster Law and PHE Mapping and Guidelines**, which was endorsed by the ACDM in August 2023.

The document consists of a **Mapping** of regional and national disaster risk management (DRM) frameworks and **Guidelines** for strengthening DRM frameworks in the context of PHEs. While the Mapping offers a background on the extent to which the consideration of PHEs is required, the Guidelines provides opportunities for disaster risk management frameworks to address PHEs as a part of a multi-hazard approach to support integration of PHEs within disaster risk management frameworks at regional and national level.

Moving forward, this mapping and guidelines will significantly contribute to the implementation of the AADMER Work Programme 2021-2025 and enhance ASEAN's capacities to respond to the changing risks facing the region. It sheds light on ways in which national and regional legal and policy frameworks can be further strengthened, learning from the experience of COVID-19, to guide our path towards the greater resilience of our communities. On behalf of the ACDM, I would like to thank the IFRC and the ASEAN Secretariat for their support and collaboration in realising this document.

A blue ink handwritten signature, appearing to be 'Pham Duc Luan', written in a cursive style.

**Mr. Pham Duc Luan**

Director-General, Viet Nam Disaster and Dike Management Authority (VDDMA)  
Chair of ASEAN Committee on Disaster Management



## Executive summary

The “riskscape” of ASEAN is evolving with the effects of climate change compounded by the widespread impact of the COVID-19 pandemic, with increased potential for cross-over between disasters and large-scale PHEs in future. The recent experience of the COVID-19 pandemic brought to the fore the important relationship between disaster risk management (DRM) and public health emergencies (PHE) frameworks in the ASEAN region. This collaboration between the ASEAN Committee for Disaster Management (ACDM) and the International Federation of the Red Cross and Red Crescent Societies (IFRC) examines regional and national level DRM frameworks and their consideration of PHEs.

The project involved a mapping of ASEAN national and regional DRM frameworks (which include laws, policies, strategies, guidelines and other sources) to understand the extent to which they consider the needs of PHEs. Based on those findings, guidelines were developed to assist national- and regional-level decision-makers to consider opportunities for DRM frameworks to address PHEs as a part of a multi-hazard approach. The mapping and guidelines are presented thematically, following the AADMER Work Programme 2021-2025 (AWP 2021-2025) Priorities:

1. Priority Programme 1: Risk Assessment and Monitoring
2. Priority Programme 2: Prevention and Mitigation
3. Priority Programme 3: Preparedness and Response
4. Priority Programme 4: Resilient Recovery
5. Priority Programme 5: Global Leadership

The mapping found that DRM and PHE frameworks at regional and national level have largely evolved separately and operate in parallel, although there are examples of increasing intersection between them, particularly following the recent experience of COVID-19.

The guidelines present a series of high-level recommendations for further considering and clarifying how DRM frameworks apply in situations where both disasters and PHEs are occurring, as well as situations where large-scale PHEs have wide-ranging humanitarian impacts requiring a disaster management approach. It presents opportunities for consideration by ASEAN Member States to support integration of PHEs within DRM frameworks, both regionally and nationally, and to promote holistic and multi-hazard DRM.

Significant progress has already been made in recent years across the region to strengthen DRM frameworks and coordination mechanisms, and it is hoped the mapping and guidelines will further enhance these efforts.



## List of abbreviations

AADMER	ASEAN Agreement on Disaster Management and Emergency Response	EOC Network	Emergency Operation Centre Network (ASEAN, health-related)
ACDM	ASEAN Committee for Disaster Management	IDRL Guidelines	IFRC Guidelines for the Domestic Facilitation and Regulation of International Disaster Relief and Initial Recovery Assistance
ACPHEED	ASEAN Centre for Public Health Emergencies and Emerging Diseases	IFRC	International Federation of Red Cross and Red Crescent Societies
ACRF	ASEAN Comprehensive Recovery Framework	IFRC Guidance on PHE Law	IFRC Guidance on Law and Public Health Emergency Preparedness and Response - Pilot Version
AHAC	ASEAN Humanitarian Assistance Coordinator	IFRC Law and PHE Report	IFRC Law and Public Health Emergency Preparedness and Response: Lessons from the COVID-19 Pandemic
AHA Centre	ASEAN Humanitarian Assistance Centre	IHR	International Health Regulations
AMS	ASEAN Member States	JMOIR	Joint Multi-Sectoral Outbreak Investigation and Response
APHECS	ASEAN Public Health Emergency Coordination System	NDMO	National Disaster Management Office
APSED	Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (World Health Organisation)	OAOR Declaration	ASEAN Declaration on One ASEAN One Response
ARCF	ASEAN Recovery Framework (for COVID-19)	PGI	Protection, gender and inclusion
ARDEX	ASEAN Regional Disaster Response Exercise	PHE	Public health emergencies
ASEAN	Association of Southeast Asian Nations	PHEIC	Public health event of international concern (under the International Health Regulations)
ASF-PHE	ASEAN Strategic Framework on Public Health Emergencies	SASOP	ASEAN Standard Operating Procedures for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations
AWP 2021-2025	AADMER Work Programme 2021-2025	SFDRR	Sendai Framework for Disaster Risk Reduction
DPR Checklist	IFRC Checklist on Law and Disaster Preparedness and Response	UN	United Nations
DRM	Disaster risk management	UNGA	United Nations General Assembly
DRM Frameworks	A broad term used for this report, describing disaster risk management legal instruments, policies, strategies, guidelines and other sources	WHO	World Health Organisation
DRR	Disaster risk reduction		
DRR Checklist	IFRC Checklist on Law and Disaster Risk Reduction		

# KONFERENSI PER

US TUGAS PERCEPATAN PENAN  
RONAVIRUS DISEASE-2019 (COV

#LawanCovid19 #SiapUntukSelamat #IndonesiaTang  
#BelaNegara #PenanggulanganBencanaUrusanBers



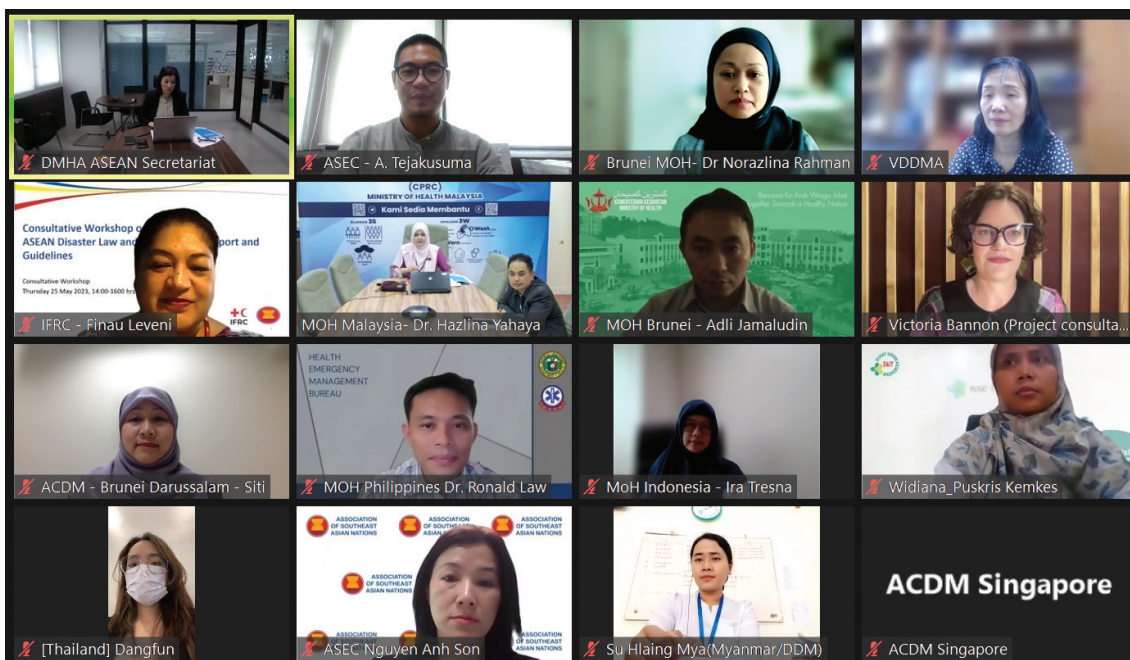
## A. Background

# 1. About this project

Over several decades, ASEAN has made significant progress in developing a robust framework for regional cooperation for disaster risk management (DRM), including through the **ASEAN Agreement on Disaster Management and Emergency Response (AADMER)**,<sup>1</sup> the ASEAN Vision 2025 on Disaster Management (ASEAN Vision 2025)<sup>2</sup> and the ASEAN Declaration on One ASEAN One Response (OAOR Declaration).<sup>3</sup> More recently, the AADMER Work Programme 2021-2025 (AWP 2021-2025)<sup>4</sup> was adopted with the mission to further enhance DRM greater inter-sectoral cooperation and coordination across the region, and aligns with global commitments in the disaster risk and climate change space, including the Sendai Framework for Disaster Risk Reduction 2015-2030 (SFDRR)<sup>5</sup> among others.

The **AWP 2021-2025** acknowledges that the “riskscape” in the ASEAN region is changing, with climate change likely to increase the scale and frequency of disasters over the next decade. The recent experience of the COVID-19 pandemic has also compounded this negative exposure and future risks of other large-scale public health emergencies (PHEs) such as this will create new challenges for disaster risk management (DRM) and mobilising humanitarian assistance across the region.

This project is a collaboration between the **ASEAN Committee for Disaster Management (ACDM)** and the **International Federation of Red Cross and Red Crescent Societies (IFRC)**, supported by the ASEAN Secretariat. It builds on previous collaborative efforts to strengthen national legislation for disaster response, including through a regional stock take which provides a useful snapshot of the ways in which AMS have been implementing the AADMER and integrating regional DRM commitments and priorities.<sup>6</sup>



- 1 ASEAN, ASEAN Agreement on Disaster Management and Emergency Response (AADMER). Available at <https://ahacentre.org/wp-content/uploads/2017/05/AADMER.pdf>.
- 2 ASEAN, ASEAN Vision 2025 on Disaster Management . Available at: [https://asean.org/wp-content/uploads/2021/01/fa-220416\\_DM2025\\_email.pdf](https://asean.org/wp-content/uploads/2021/01/fa-220416_DM2025_email.pdf).
- 3 ASEAN, ASEAN Declaration on One ASEAN One Response (2016). Available at: <https://asean.org/asean-declaration-on-one-asean-one-response-asean-responding-to-disasters-as-one-in-the-region-and-outside-the-region/>.
- 4 ASEAN, AADMER Work Programme 2021-2025 (2021). Available at: <https://asean.org/book/asean-agreement-on-disaster-management-and-emergency-response-aadmer-work-programme-2021-2025/>.
- 5 UNDRR, Sendai Framework for Disaster Risk Reduction 2015-2030 (2015). Available at: <https://www.undrr.org/publication/sendai-framework-disaster-risk-reduction-2015-2030>.
- 6 IFRC, ASEAN Disaster Law Mapping – Implementing AADMER: A Regional Stocktake. Available at: <http://www.rccr-resilience-southeastasia.org/wp-content/uploads/2018/01/AADMER-Implementation-Regional-Report-FINAL-pdf.pdf> and IFRC, ASEAN Disaster Law Mapping – Country Profiles (2018). Available at: <http://www.rccr-resilience-southeastasia.org/wp-content/uploads/2018/01/AADMER-Implementation-Country-Profiles-FINALpdf.pdf>.

## Aims of the project

This report uses the term **DRM frameworks** as a broad term to describe the legal instruments, policies, strategies and guidelines that inform regional and national DRM priorities, measures, governance and coordination mechanisms.

This project aims to provide a better understanding of how ASEAN **DRM frameworks**, at national and regional level apply in the context of PHEs caused by biological hazards, such as COVID-19, with a view to identifying areas for further strengthening, to better address the future challenges posed by these complex scenarios.

The project comprises two parts: (1) Mapping regional and national DRM frameworks; (2) Guidelines for strengthening DRM frameworks in the context of PHEs.

## Mapping of regional and national DRM frameworks

The mapping involved the collection and analysis of key regional and national laws, policies, strategies and other relevant sources for DRM, and where relevant, also those applicable to PHEs.

At **regional level**, this included an examination of the ASEAN regional DRM framework, comprising a selected list of agreements, strategies and other commitments within the purview of the ACDM, as well as relevant examples of application in practice during PHEs (ie. COVID-19), where available. At **national level** it involved a review of the main national DRM frameworks of the 10 AMS, comprising national-level laws, policies and other sources, as well as relevant examples of application in practice during PHEs (ie. COVID-19), where available. These were prepared in the form of 10 National Mapping Reports which were further analysed and summarised for comparative purposes.

In particular, the analysis considered the following questions:

- How do regional and national DRM frameworks and coordination mechanisms apply in the context of PHEs?
- How do regional and national DRM frameworks address PHEs in the context of different aspects of DRM (eg. risk assessment, preparedness, response, recovery)?
- What are the considerations for strengthening DRM frameworks to better address the challenges of PHEs?

The regional and national mapping was subject to a number of limitations, in particular because the research was conducted remotely and relied on the availability of online materials in languages accessible to the researchers, and it was not possible to fully verify the information, in particular the practical application of DRM frameworks during COVID-19. However, it is useful for identifying current regional priorities and trends.

## Guidelines

The Guidelines reflect the recommendations arising from the mapping analysis. They are intended to be broad and high-level, so they may be relevant to ASEAN countries with different legal, hazard and risk profiles. They should not in any way be considered prescriptive or mandatory.

The aim of the Guidelines is to support decision-makers at national and regional level to consider where opportunities may exist for considering PHEs as part of strengthening multi-hazard DRM frameworks. In this regard should also be noted that the Guidelines only address recommendations relating to DRM frameworks, as recommendations for PHE frameworks was considered beyond the scope of this project. They focus on the points of intersection between DRM and PHE and seek to avoid duplicating recommendations about DRM frameworks more generally, made in other regional and international tools.



The Guidelines can be used in a number of ways:

- to help decision-makers identify areas in DRM frameworks that could be strengthened; and
- as a useful reference as part of a comprehensive review for national DRM frameworks; and
- to inform and improve national and regional disaster preparedness and contingency planning with respect to PHE.

Requests may be made to ASEAN and the IFRC for further support on the use of these Guidelines at national level.

## 2. Structure of this report

The Mapping and Guidelines presented in this report are structured around the Priorities of the AWP 2021-2025: (1) Risk Assessment and Monitoring; (2) Prevention and Mitigation; (3) Preparedness and Response; (4) Resilient Recovery; and (5) Global Leadership, with the addition of a preliminary section discussing the general application of DRM frameworks in the context of PHE.

Each section of the Mapping includes:

- **Context** – A brief description of the topic, highlighting key international sources of relevance, to help contextualize the regional and national mapping.
- **Regional level** – A brief analysis of the regional DRM framework.
- **National level** – A brief analysis of trends across national DRM frameworks.

Each section is supported by a series of Annexes containing further references and information.

The Guidelines are also structured thematically and include separate (but largely similar) considerations for regional and national level.



## B. ASEAN Disaster Law and PHE Mapping

## Overview of ASEAN DRM frameworks in the context of PHEs

Addressing the risk of PHEs caused by biological hazards as part of a multi-hazard approach to DRM is important because this activates DRM coordination mechanisms, funding, emergency powers, and humanitarian principles that provide broader support and guidance to public health measures, particularly when it comes to addressing the secondary impacts of a public health emergency caused by a biological hazard. It is also important to ensure complementarity and integration between disaster and health risk management systems to avoid situations where the implementation of public health measures may hinder or delay humanitarian support in the event of ongoing or newly emerging disasters.

The need for strengthening the integration of DRM and PHE frameworks has been recognised in a number of international sources including the Sendai Framework for Disaster Risk Reduction (SFDRR) and the Bangkok Principles for the implementation of the health aspects of the SFDRR (Bangkok Principles)<sup>7</sup>. [See Annex 4\(a\)](#).

Historically, however, frameworks for PHEs have evolved separately to those for other types of disaster, given the specific health-related technical requirements of responding to biological disease outbreaks. At the international level, PHEs are addressed by the International Health Regulations of 2005 (IHR).<sup>8</sup> [See Annex 4\(a\)](#). At national level, such emergencies are often governed by public health regulations, by health ministries/departments rather than through broader DRM frameworks. Rarely however, do these frameworks and systems seek alignment with those for DRM and vice versa.

Common to both DRM and PHE frameworks is the need to ensure a whole-of-society approach to preventing, preparing for, and responding to risks and hazards of all types, which requires the engagement of every sector, at every level, from local communities to regional and international stakeholders. This helps to ensure that no-one is left behind, particularly those who are most at risk.

### Regional level

At the regional level, ASEAN has also been shifting towards a multi-hazard approach to DRM. Over time, the strategic focus has expanded beyond response to natural hazards such as floods, cyclones, earthquakes, landslides and similar, towards a more risk-based and multi-hazard approach.

A number of key regional DRM mechanisms and strategic approaches provide the backbone and future direction for this work, in particular: the **AADMER**; the **ASEAN Vision 2025**; the **OAOR Declaration**; and the **AADMER work programme 2021-2025 (AWP 2021-2025)**. [See Annex 1\(a\)](#).

The **AWP 2021-2025** also adopts the multi-hazard approach as one of its several Guiding Principles, to “enhance regional capacities to assess, mitigate, prepare for and response to wider range of hazards and disaster risks in the region”.<sup>9</sup>

Reflecting wider international practice, the frameworks for DRM and PHEs have largely developed separately in the region. In recent years there have been a number of mechanisms and strategic approaches developed specifically for PHEs, initiated by ASEAN Health Ministers, further driven by the experience of COVID-19 including the 2006 Declaration on ASEAN Unity in Health Emergencies and the ASEAN Strategic Framework on Public Health Emergencies (ASF-PHE).<sup>10</sup> [See Annex 1\(a\)](#).

The separation between DRM and PHE is also reflected in the establishment of coordination mechanisms. For DRM this is supported mainly through the ASEAN Co-ordinating Centre for Humanitarian Assistance (AHA Centre), whereas PHEs are coordinated through the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED). [See Annex 1\(b\)](#) for a description of these and other ASEAN bodies related to DRM and PHE.

7 Bangkok Principles for the Implementation of the Health Aspects of the SFDRR (2016). Available at: <https://www.undrr.org/news/bangkok-principles-health-risk-agreed>.

8 WHO, International Health Regulations (2005) Third Edition (2016). Available at: <https://www.who.int/publications/item/9789241580496>.

9 AWP 2021-2025, p 25.

10 ASEAN, ASEAN Strategic Framework on Public Health Emergencies (2020). Available at: <https://asean.org/asean-strategic-framework-for-public-health-emergencies/>.



While the inter-relationship between the frameworks and coordination mechanisms for DRM and PHE is not addressed comprehensively in the sources themselves, there are a number of provisions which point towards alignment and complementarity between them:

- In 2014 the remit of the ASEAN Secretary-General was expanded to serve as the **ASEAN Humanitarian Assistance Coordinator (AHAC)**, covering natural disasters and pandemics. This is certainly a positive development for ensuring high level oversight over both disasters and PHE coordination – a function which is especially useful when the impacts of a large-scale PHE such as a pandemic extend beyond the health sector, and/or where PHE responses such as movement restrictions and border closures may impact the ability to respond to other disasters occurring at the same time. [See Annex 1\(a\).](#)
- The **OAOR Declaration** describes the AADMER as “the main regional policy backbone and common platform for the implementation of One ASEAN, One Response”. Similarly, the AHA Centre is described as “the primary ASEAN regional coordinating agency on disaster management and emergency response” and the SASOPs as “the main standard operating procedure to be used for mobilisation of both civilian and military response in materializing One ASEAN, One Response”. [See Annex 1\(a\).](#)
- The **ASF-PHE** describes its intention to “capitalise on”, “build on” and “supplement” the AADMER, ACM and AHA Centre, “while ensuring complementarity with the ASEAN Joint Disaster Response Plan and other SOPs of the ASEAN Health Sector.” [See Annex 1\(a\).](#)

With regard to taking an all-of society approach, the ASEAN region has included a number of measures within the DRM framework towards this objective. These are reflected in the **AADMER**, **ASEAN Vision 2025** and the **AWP 2021-2025** and include measures relating to community participation, using indigenous knowledge, addressing the needs of women and vulnerable groups, and partnering with stakeholders at all levels. Other initiatives to support a more holistic approach to DRM include the **ASEAN Guidelines on Disaster Responsive Social Protection to Increase Resilience** in 2020 and the **ASEAN Regional Framework on Protection, Gender and Inclusion in Disaster Management 2021-2025 (ASEAN PGI Framework)** which have also been relevant for addressing the impacts of the COVID-19 pandemic. [See Annex 1\(a\).](#)

In light of these positive developments, there is further scope for clarifying and strengthening the general application of DRM frameworks to situations of PHE. This is especially important to avoid any potential hierarchical confusion or conflict of mandates when the DRM and PHE frameworks are being implemented simultaneously, for example during a pandemic which impacts beyond the health sector, or when other disasters are occurring simultaneously with a PHE. It would also be useful to ensure a cohesive approach to addressing PGI and all-of society within the frameworks for DRM and PHE.

## National level

The **IFRC’s Law and PHE Report**<sup>11</sup> identified several common types of national legal frameworks used by countries around the world to manage PHEs:

1. **DRM dominant frameworks:** where PHEs are managed solely through DRM legislation.
2. **Hybrid or combination frameworks:** the most common arrangement, where PHEs are managed through specific PHE or public health legislation, but are supported to varying degrees by additional legislation from DRM and/or State of Exception law (such as states of emergency, or other emergency powers legislation).
3. **PHE dominant frameworks:** where PHEs are managed almost exclusively through specific PHE or public health legislation in some cases other legislation, such as DRM and State of Exception laws, are also applied in extreme circumstances).

<sup>11</sup> IFRC, Law and Public Health Emergency Preparedness and Response: Lessons from the COVID-19 Pandemic. Available at: [https://disasterlaw.ifrc.org/sites/default/files/media/disaster\\_law/2021-07/20210617\\_Law%20and%20PHE%20Preparedness%20and%20Response.pdf](https://disasterlaw.ifrc.org/sites/default/files/media/disaster_law/2021-07/20210617_Law%20and%20PHE%20Preparedness%20and%20Response.pdf).



There is no inherently “better” type of framework to be applied (ie. hybrid, PHE or DRM dominant) and the most effective approach should be responsive to the particular context, legal structure, risks and capacities of each individual country. However, a key consideration for all types of frameworks should be ensuring coherence and compatibility across both DRM and PHE frameworks with regard to their scope, application and definitions. Globally, it was found that many countries do not have strong institutional frameworks for comprehensive PHE risk management and do not ensure adequate integration of the public health DRM response mechanisms and decision-making bodies across different levels of government.

The national mapping conducted across the ASEAN region for this project found most AMS have **PHE dominant frameworks** in place, with separate legislation for PHEs, even when PHEs were included in the definition of a disaster under their DRM legislation. In some cases, public health situations such as epidemics, pandemics and disease, are only envisaged as a secondary or potential impact of another type of natural or man-made disaster. In more limited cases, public health threats are acknowledged as a disaster in and of themselves. [See Annex 2\(a\)](#).

In general across the region, PHEs are more likely to be managed through AMS public health or communicable disease control frameworks rather than through a broader DRM framework. Prior to the COVID-19 pandemic, a number of different approaches were used by AMS for managing PHEs, sometimes in combination, for example:

- assigning the Ministry of Health as the primary agency responsible for the management of PHE;
- assigning specific responsibilities across a number of ministries and agencies;
- assigning responsibilities to sub-national level;
- establishing a dedicated inter-agency body for the management of infectious diseases; and
- including PHE management as part of the overarching crisis management system.

During COVID-19, most AMS established new institutional arrangements, to reflect the broad and complex scope and scale of the pandemic's impact. In some cases this involved new inter-ministerial committees and taskforces, which often reflected a whole-of-government approach, including both horizontal



Country: Cambodia

(inter-ministerial) and vertical (provincial, local) coordination structures. While some of these bodies integrated or included existing DRM coordination mechanisms, in most cases, the special institutional arrangements put in place for COVID-19 sat outside the usual DRM response mechanisms for other types of disaster.

Nevertheless, in practice, there was evidence of some kind of inter-relationship between PHE and DRM activities and actors across AMS, the nature of which varied from context to context, with few countries relying solely on their existing DRM or public health structures to manage the COVID-19 response. However, it was found that DRM frameworks provided little clarity about this inter-relationship, particularly between PHE and DRM coordination and decision-making bodies. Thus, going forward, it is important that DRM and PHE systems are able to work together coherently and there are no duplications, confusion or conflicting hierarchies, particularly within and between different ministries and agencies which have critical roles in both disaster and public health situations.

With regard to taking a whole-of-society approach, during the COVID-19 response there was evidence of significant efforts by AMS to engage a range of different stakeholders. Some examples include:

- Engaging with National Red Cross and Red Crescent Societies to take on expanded or scaled-up humanitarian mandates as part of the pandemic response.
- Public call-outs for political organisations, civil society organisations and individuals to volunteer in support of government PHE response efforts.
- Engagement with a new range of private sector partners including those in technology, banking and pharmacology.
- Establishing new coordination mechanisms to support collaboration with international partners such as UN agencies and international NGOs.

The lessons learned from these efforts can be used to strengthen and clarify national laws and policies for DRM and PHE to ensure that they can continue to play an important role in all aspects of preparedness, response and recovery from future disasters.

The following sections of this report address the more detailed findings from the regional and country mapping for a number of thematic areas, structured around the five Priorities from the AWP 2021-2025.

## 1. Risk assessment and monitoring

As outlined in the **Bangkok Principles**, there are important opportunities to strengthen the integration of risk management systems for disaster and PHEs with regard to the various aspects of disaster risk reduction. This includes developing or revising multi-sectoral policies; integrating plans and programmes for emergency and disaster risk reduction to ensure they include a health sector component; and ensuring appropriate resources to managing the health risks of emergencies and disasters. The **Bangkok Principles** also recommended to increase the participation of health sector representatives in multi-sectoral emergency and disaster risk management committees and platforms at all levels. [See Annex 4\(b\)](#).

### Regional level

Within the ASEAN region, provisions for risk assessment, monitoring and early warning systems for disasters are included throughout the DRM frameworks. [See Annex 1\(c\)](#). While the provisions, including those of the **AADMER**, could broadly be interpreted to include risks relating to PHEs, the ASEAN region has developed a distinct mechanism for monitoring and reporting potential PHEs, largely driven by the specific requirements of the IHR. The **ASF-PHE** mirrors many of the same topics addressed by the DRM framework: formal and informal information sharing; the exchange of situation reports; needs analysis; and risk assessments. It refers specifically to obligations and commitments under the **IHR**, the **WHO Disaster Risk Management Framework** and **APSED III** (Section V).

The **AHA Centre** is described as the “main” coordinating and information-sharing body for disasters, with well-developed and tested mechanisms for information sharing between AMS and with the AHA Centre, embodied in the Standard Operating Procedures for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (**SASOP**).<sup>12</sup> Public health-related risk information is shared separately through the (health-related) **Emergency Operation Centre Network (EOC Network)** and the **ACPHEED** (Sections 1 and 5). Specific early action measures for PHEs are also described and are intended to be whole-of-government, whole-of-society and evidence-based (Section VII). The **ASF-PHE** places emphasis on early detection of risks through the national laboratory network system, and establishes a clear channel of communication between AMS and the **ACPHEED** as well as compliance with the international notification requirements of the IHR (Section V).

From the above it is evident that there are dual processes for the assessment and monitoring of different types of risks (PHEs, natural/other hazards). While the **ASF-PHE** indicates that its purpose is supplement the ASEAN DRM framework, the DRM framework itself does not yet elaborate on how those systems should complement one another or be inter-operable where necessary.

## National level

Among AMS, it was found that risk assessment and monitoring frameworks and practices for DRM and PHEs have developed separately, and was one of the areas where the two systems had limited or no inter-connection. DRM frameworks did not include specific measures for PHE risk assessment and monitoring, as specific mechanisms have been developed for this in other health-related sources. [See Annex 2\(b\)](#).

Many ASEAN countries have early warning systems that utilise software applications that alert the civilian population of impending hazards and provide directions relating to recommended safety measures and evacuation, and provide updates on disaster-status. Generally, these early warning systems are tied to hydrometeorological monitoring and are used for non-health related disaster events. However, several countries demonstrated the flexibility of their early warning systems to provide alerts and updates regarding the COVID-19 pandemic. In some cases, early warning technology was adapted during the pandemic to provide information regarding COVID-19.

The national mapping also found that during COVID-19, ASEAN countries were increasingly using public and social media for mass communication about public health and safety. Many had dedicated websites and “apps” for sharing public information, as well as for receiving information through contact tracing measures. In some cases, special measures were taken to ensure that public health messages for COVID-19 were communicated effectively to the entire community. This demonstrates the importance of ensuring that DRM frameworks support the delivery of inclusive, consistent and coherent public messaging, particularly in multi-hazard situations which may involve more complex and nuanced messaging, for example where public health stay-at-home orders conflict with evacuation orders in the case of an imminent natural hazard.

## 2. Prevention and Mitigation

Prevention and mitigation are further components of disaster risk reduction, describing measures which eliminate or reduce the impact of risks and hazards. The measures required will necessarily depend on the context and particular types of risks and hazards being addressed. The **SFDRR** and the **Bangkok Principles** both encourage greater integration of systems addressing risk reduction for disaster and PHEs. The **SFDRR** explicitly includes biological hazards within its overall scope of application and there are multiple references to taking a cross-sectoral approach including addressing health risks. Among its guiding principles is the “coherence of disaster risk reduction and sustainable development policies, plans, practices and mechanisms, across different sectors”. The **Bangkok Principles** includes among its recommended actions the “integration of biological hazards, including epidemics, pandemics, and diseases at the human-animal-ecosystem interface, into all-hazards multi-sectoral disaster risk management” and encourages the better inclusion of health aspects into disaster risk reduction plans at all levels. [See Annex 4\(c\)](#).

<sup>12</sup> ASEAN, Standard Operating Procedures for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP) Version 3.0 (2022). Available at: <https://ahacentre.org/publication/sasop-v3/>.

## Regional level

The ASEAN DRM framework places significant emphasis on risk reduction, at both national and regional level. While the regional DRM framework does not expressly reference PHEs, there is an emphasis on cross-sectoral collaboration in reducing a wide range of risks. [See Annex 1\(d\)](#).

The **AADMER** includes a commitment from AMS to develop risk reduction strategies, and a number of specific measures are identified in this regard. **The ASEAN Vision 2025** on Disaster Management Proposes that the ASEAN Secretariat “administer dedicated platforms for cross-sectoral collaboration to actively engage others in implementing AADMER and to collaborate with other sectors mandated to cover, respond to and mitigate different types of risks with regional implications. This would move the region forward significantly to better assess the needs and provide protection to populations of concern during humanitarian crises.” This leaves open the possibility for cooperation with the health sector, **ACPHEED** and the **EOC Network** for the consideration of biological hazards, particularly those with the potential to become a regional risk, either within the context of an ongoing disaster, or as a PHE with multi-sectoral impacts.

For its part, the **ASF-PHE** also prioritises the strengthening of AMS capacities with regard to “prevention, detection, assessment, notification and reporting of public health emergencies” and encourages AMS to develop National Surveillance Systems which feed into PHE risk notification systems at regional and global level (Sections V (E) and VI (B)). It refers to other relevant regional PHE prevention initiatives such as the Joint Multi-Sectoral Outbreak Investigation and Response (**JMOIR**). As noted previously, the ASF-PHE intends to “explore synergies and complementarities” (p.2) with existing ASEAN DRM arrangements including the **AADMER**, **AHA Centre** and the **SASOPs**. However, it does not contain specific details as to how this occurs in the context of prevention and mitigation. The **ASP-PHE** also invites each AMS to establish relevant policies, systems, guidelines and procedures for various aspects of PHE risk management and adopts a “whole-of-government” approach to communicable disease prevention and control whereby health considerations are included across all relevant sectors.

In this regard, there are many potential points of intersection and complementarity between DRM and PHE prevention and mitigation measures which are not yet addressed or elaborated within the existing regional DRM framework.

## National level

The national mapping indicates that the majority of countries include some consideration of PHEs within their DRM frameworks and plans for prevention and mitigation, generally adopting a multi-hazard approach. For most AMS, their DRM frameworks acknowledge the links between climate change and the potential for disease outbreaks, and to varying extents recognise the need to improve public health in this regard. Some frameworks also include efforts to incorporate PHEs into DRM infrastructure in recent policy and planning.

However, for the most part, DRM legislation considers PHEs only in terms of epidemics or outbreaks that follow on from a climate-induced disaster, rather than PHEs as a hazard in their own right which may require a broader response, or where disasters and PHE event occur concurrently. In general, prevention and mitigation for PHEs, including implementation of the IHR, is managed through separate public health legislation. Thus, DRM and PHE legislation should be examined holistically to ensure that relevant prevention and mitigation measures are addressed, and to avoid unnecessary duplication or potentially conflicting provisions. [See Annex 2\(c\)](#).

## 3. Preparedness and Response

Comprehensive and robust preparedness, response and recovery is of central importance to both DRM and PHE management. [See Annex 4\(d\)](#). The COVID-19 pandemic demonstrated the need to ensure that preparedness and response for a large-scale PHE should consider two critical aspects:



- (1) **Situations where the impacts of a PHE extend beyond public a health response, requiring a broader cross-sectoral response.** A key challenge is clarifying the inter-relationship between public health management and DRM mechanisms, which may be operating in parallel with overlapping or conflicting legal powers.<sup>13</sup> Preparedness and contingency planning for such scenarios could help to clarify how these situations should be managed and may provide important insights into how the DRM framework could be improved.
- (2) **Situations where national and international responses to disasters are impacted by the measures to address an ongoing PHE.** Responses to other types of disasters (floods, cyclones, earthquakes etc.) can be hampered by measures put in the place to manage an ongoing public health emergency. During PHEs, movement and physical distancing restrictions, international border closures, testing and quarantine requirements and other measures all have the potential to slow down disaster response efforts and may require ways of working which have not previously been anticipated. The inclusion of these issues in preparedness and contingency planning can help to ensure appropriate solutions are found quickly and that laws and policies are updated accordingly.

## Regional level

Preparedness and response for disasters has been a long-standing priority of the ASEAN region and significant progress has been achieved to develop a comprehensive regional preparedness and response mechanism, which includes a strong legal basis (the **AADMER**), operational measures (the **SASOP**) and regular contingency planning and preparedness activities (such as the ASEAN Regional Disaster Response Exercise **ARDEX**). As noted in the **OAOR Declaration**, these sources and the **AHA Centre** are considered the “main” or “primary” mechanisms for responding to disasters in the region. [See Annex 1\(e\).](#)

The provisions of the regional DRM framework do not expressly address preparedness and response for PHEs. These are found in the **ASF-PHE**, which includes a number of specific measures relating to whole-of-ASEAN preparedness, coordination and logistics. [See Annex 1\(e\).](#)

There have been some important developments in furthering the complementarity of preparedness and response for DRM and PHEs. As noted above, the ASEAN Secretary-General is able to serve as the **AHAC**, covering natural disasters and pandemics. The **AWP 2021-2025** includes a priority on considering how to improve the DELSA (Disaster Emergency Logistics System for ASEAN) “and anticipate needs from new disasters such as pandemics (where feasible)”.

Most substantially, the SASOPs include a new Part VII **Standard Operating Procedure (SOP) for Coordination of Emergency Medical Teams (EMT SOPs) in ASEAN**. This is described as “the health sector’s contribution to the vision of OAOR”. [See Annex 1\(e\).](#)

While the EMT SOPs make a significant contribution to the overall harmonization of the health response in times of disaster, they do not specifically address EMT operations and coordination during PHEs, thus there is still a need to more clearly describe how DRM inter-sectoral coordination and collaboration should function.

Given the potential impact of a large scale PHE to significantly delay or even prevent the rapid response to other types of disasters, it is also important for regional DRM frameworks to anticipate and ensure the testing of any special arrangements that would need to be put in place during these scenarios. In this regard, it is noted that the **AADMER** calls for AMS to facilitate the entry of personnel, equipment, facilities and materials and where appropriate the **AHA Centre** will “facilitate the processing of facilities and exemptions”. These measures do not specifically apply to PHEs, however the experience of COVID-19 led to the development of the **ASEAN Declaration on an ASEAN Travel Corridor Arrangement Framework**.<sup>14</sup> This is aimed at facilitating “essential business travels among ASEAN Member States”, while prioritizing public health safety (particularly COVID-19), and does not preclude application to other categories of travel in future. Ideally this would also include travel for the purposes of disaster response and humanitarian assistance. [See Annex 1\(e\).](#)

13 IFRC Law and PHE Report, p23.

14 ASEAN Declaration on Travel Corridor Arrangement Framework (ATCAF) (2020). Available at: [https://www.aseankorea.org/aseanZone/downloadFile2.asp?boa\\_filenum=4594](https://www.aseankorea.org/aseanZone/downloadFile2.asp?boa_filenum=4594)

## National level

Across the ASEAN region, a majority of AMS were found to address PHE preparedness and response to some extent within their DRM frameworks. Mostly this was through taking a broad, multi-hazard definition of disaster, which could generally be considered to include PHEs. Some frameworks specifically made reference to the inclusion of epidemics or disease outbreaks within their scope, however, this was largely limited to PHEs which arise as result of another type of disaster, rather than as disaster in their own right, and the preparedness and response aspects are often limited to post-disaster surveillance for disease outbreaks. [See Annex 2\(d\)](#).

Contingency planning for disasters was also limited to considering health aspects within the context of other disaster events and did not consider the possibility of planning for a large-scale PHE which may initiate DRM systems, or situations where disaster response takes place concurrently with a large-scale PHE event.

In general, preparedness and response to PHEs is included in separate legislation, plans and policies specifically for public health. In this regard, most AMS were found to have specific contingency plans for this purpose, however these tended to be limited to specific types of PHEs (for example, human influenza), rather than taking a comprehensive 'all public health risks' approach as recommended in the **IFRC Guidance on Law and PHE**<sup>15</sup>. Following the outbreak of COVID-19, many AMS initiated or updated their preparedness plans for PHEs and included training and other measures for frontline workers and community volunteers.

One issue which is important to address when considering the inter-operability of responding to disasters and PHEs, is that of mobility. In disaster situations, people are often forced to flee from an imminent hazard or may be forcibly displaced from a disaster-impacted area, whereas for PHEs, limiting movement and physical proximity can be important measures for containing the spread of communicable disease. Thus, where evacuations and/or the mobilisation of emergency response teams may be necessary to respond to a disaster occurring during a pandemic, some adaptations to DRM and PHE procedures may be needed to ensure the greatest possible health and safety outcomes. In this regard, each situation and context will be different, but there is much to be learned from the experiences during COVID-19, which will help to strengthen DRM frameworks and contingency planning in future.

## 4. Resilient recovery

Recovery, rehabilitation and reconstruction from disasters has been a growing area of global concern, with recognition that post-disaster recovery can take many years and is often a resource challenge for many countries. While neither the **SFDRR** nor the **Bangkok Principles** make specific reference to PHEs in the context of recovery, it is considered to be integrated as part of holistic disaster risk management concepts. The COVID-19 pandemic demonstrated that the impacts of PHEs can also necessitate broad sectoral interventions, requiring robust leadership and coordination, and coherent DRM and PHE frameworks. However, the **IFRC Law and PHE Report** found that globally few countries or regions had well developed legislation for recovery from PHEs. [See Annex 4\(e\)](#).

### Regional level

In the ASEAN region, there have been a number of significant developments to strengthen recovery from disasters. The **AADMER** encourages strategies, programmes and cooperation at all levels to support rehabilitation following disasters (AADMER Art. 17). The **ASEAN Disaster Recovery Reference Guide**<sup>16</sup> launched in 2016, identifies a number of key measures as part of the recovery process including conducting damage and loss assessment, using cash transfers as an effective way of supporting communities, preparing a recovery action plan and linking recovery to sustainable development. Recovery measures are also included in the **ASEAN Vision 2025** and the **AWP 2021-2025**. [See Annex 1\(f\)](#).

In the case of recovery following a PHE, the **ASF-PHE** proposes that the "recovery process will be guided by a relevant comprehensive recovery plan or framework, which will be formulated within and outside of the ASEAN health sector", and notes that the plan "will be drafted with consideration to special interest groups and vulnerable populations to ensure a whole-of-ASEAN approach" (Section VII E). In response

15 IFRC, Guidance on Law and Public Health Emergency Preparedness and Response (2022). Available at: <https://disasterlaw.ifrc.org/media/3611>.

16 ASEAN, ASEAN Disaster Recovery Reference Guide (2016). Available at: [https://www.undp.org/sites/g/files/zskgke326/files/migration/asia\\_pacific\\_rhap/RBAP-RSD-2016-ASEAN-Disaster-Recovery-Reference-Guide.pdf](https://www.undp.org/sites/g/files/zskgke326/files/migration/asia_pacific_rhap/RBAP-RSD-2016-ASEAN-Disaster-Recovery-Reference-Guide.pdf)

to the COVID-19 pandemic, the 37th ASEAN Summit adopted the **ASEAN Comprehensive Recovery Framework (ACRF)** in 2020<sup>17</sup>. Although related to COVID-19 it reflects a holistic approach, which includes strengthening linkages with DRM. [See Annex 1\(f\)](#).

Given the complex recovery needs posed by COVID-19, there are many opportunities to learn from this experience and apply those lessons to strengthen disaster recovery plans, policies and programmes to ensure they are relevant for future events.

Regional centres such as the **AHA Centre** and the **ACPHEED** do not appear to have specific implementation roles in the recovery process. Importantly however, the ASEAN Secretary General, through the **AHAC** role has responsibility for leading regional recovery efforts for disasters and PHEs at the highest level. [See Annex 1\(f\)](#).

## National level

Across the ASEAN region, resilient recovery planning was found to be one of the least developed or institutionalized aspects of national DRM and PHE frameworks. Where specific disaster recovery frameworks are in place, PHEs are considered within DRM frameworks only to the extent that they fall within a broad definition of disaster, and do not include specific PHE recovery measures. In most cases, the public health aspects of recovery from PHEs are managed through public health legislation, and in some cases the wider recovery aspects are addressed through other mechanisms including DRM.

The COVID-19 pandemic brought to the fore the potential for large-scale PHEs to induce long-lasting and wide-ranging recovery needs and revealed a lack of effective measures in place to promote resilient recovery from a major PHE, an experience not unique to the ASEAN region. Many AMS were required to develop recovery frameworks specific to COVID-19 during the course of the pandemic. Some of these recovery frameworks are comprehensive, involving all sectors and a range of stakeholders, and will be a useful resource for strengthening multi-hazard recovery frameworks and approaches in future. [See Annex 2\(e\)](#).

## 5. Global Leadership

The **SFDRR** includes numerous references to the need for collaboration and exchange at regional and global level to manage the risks and impacts of disasters. This includes mutual learning and sharing of good practices, engaging in relevant regional and global platforms, and developing shared risk management and resource mobilisation strategies. International cooperation is seen as essential for implementing the objectives of the **SFDRR**. The **Bangkok Principles** also emphasise the need to “advocate for, and support cross-sectoral, transboundary collaboration including information sharing, and science and technology for all hazards, including biological hazards.” [See Annex 4\(f\)](#).

### Regional level

The **ASEAN Vision 2025** states the intention to position ASEAN as a global leader in disaster management and emergency response by 2025, seeking to leverage its knowledge and expertise through multiple avenues. The **AWP 2021-2025** identifies a number of approaches and activities for achieving this goal. Among these include:

- A roadmap to chart the potential roles and areas of collaborations from relevant ASEAN Sectoral Bodies;
- A platform for knowledge exchange and inter-sectoral dialogue with relevant ASEAN Sectoral Bodies to discuss and develop joint initiatives on DRM and disseminate the results from all priority programmes; and
- Platforms to generate awareness and understanding on the importance of inculcating a whole-of-society approach in disaster management, especially those that are most affected during disasters.

17 ASEAN Comprehensive Recovery Framework (ACRF) (2020). Available at: [https://asean.org/wp-content/uploads/2020/11/2-FINAL-ACRF\\_adopted-37th-ASEAN-Summit\\_12112020.pdf](https://asean.org/wp-content/uploads/2020/11/2-FINAL-ACRF_adopted-37th-ASEAN-Summit_12112020.pdf).

These initiatives provide opportunities to further clarify the inter-operability of DRM and PHE frameworks in the ASEAN region. Doing so will enable ASEAN to position itself as a leader in this regard, giving effect to the recommendations of the SFDRR and Bangkok Principles, and strengthening its ability to respond effectively to the complex riskscape facing the region.

### **National level**

The effectiveness of ASEAN as a global leader in disaster management and emergency response is to a large extent impacted by the commitment of AMS to recognise and implement key regional DRM approaches within their own legal frameworks. While previous and more comprehensive research has been conducted on the extent to which relevant provisions of the AADMER are being implemented at national level, the national mapping conducted for this report indicates that the various international and regional sources described throughout this report are not consistently cited or acknowledged at national level. While this does not preclude AMS from taking the most important step of implementing regional commitments, there is considerable scope for strengthening the position of ASEAN as a global leader through acknowledgement in the development of any new or revised national DRM frameworks. [See Annex 2\(f\)](#).





## C. ASEAN Disaster Law and PHE Guidelines

## Guidelines – national and regional level

General application of ASEAN DRM frameworks in the context of PHEs	
REGIONAL LEVEL	NATIONAL LEVEL
<p><b>R.1 Consider the application of the regional DRM framework in the context of PHEs.</b></p> <p>Particular consideration should be given to:</p> <ul style="list-style-type: none"> <li>(i) How the different regional DRM legal instruments, policies and strategies apply to PHE situations, as part of a One ASEAN, One Response approach.</li> <li>(ii) How to avoid any duplications or inconsistencies between DRM and PHE frameworks, and avoiding gaps in the effective management of all risks. The operation of regional DRM coordination mechanisms when disasters occur during a PHE.</li> <li>(iii) How to enable a whole-of-society approach to DRM and PHEs, which includes, for example: development cooperation actors; health and social care providers; humanitarian organisations; schools and school authorities; the financial sector; manufacturers and suppliers of essential goods and equipment; community representatives; and representatives of vulnerable groups.</li> </ul>	<p><b>N.1 Consider the application of national DRM frameworks in the context of PHEs.</b></p> <p>Particular consideration should be given to:</p> <ul style="list-style-type: none"> <li>(i) How the different national DRM legal instruments, policies and strategies apply to PHE situations.</li> <li>(ii) Ensuring there is coherence and consistency in the definitions of disasters and PHEs, where appropriate.</li> <li>(iii) How to avoid any duplications or inconsistencies between DRM and PHE frameworks, and avoiding gaps in the effective management of all risks.</li> <li>(iv) How to enable a whole-of-society approach to DRM and PHEs, which includes, for example: development cooperation actors; health and social care providers; National Red Cross and Red Crescent Societies and other humanitarian organisations; schools and school authorities; the financial sector; manufacturers and suppliers of essential goods and equipment; community representatives; and representatives of vulnerable groups.</li> </ul>

DRM frameworks and risk assessment and monitoring	
REGIONAL LEVEL	NATIONAL LEVEL
<p><b>R.2 Consider how regional measures disaster risk assessment, monitoring and early warning should apply in the context of PHEs.</b></p> <p>Particular consideration should be given to:</p> <ul style="list-style-type: none"> <li>(i) How health and disaster risk information is shared and communicated between relevant regional centres as part of a multi-hazard approach, while avoiding any unnecessary duplication or conflicting mandates.</li> <li>(ii) How to ensure that risk information and early warning systems for both disasters and PHEs are communicated across the region in a consistent and cohesive way through a socially inclusive approach that leaves no-one behind.</li> </ul>	<p><b>N.2 Consider how national measures for disaster risk assessment, monitoring and early warning should apply in the context of PHEs.</b></p> <p>Particular consideration should be given to:</p> <ul style="list-style-type: none"> <li>(i) How relevant decision-making bodies for managing disaster risks and public risks are sharing hazard and risk information as part of a multi-hazard approach, while avoiding any unnecessary duplication or conflicting mandates.</li> <li>(ii) How to ensure that risk information and early warning systems for both disasters and PHEs are communicated in a consistent and cohesive way through a socially inclusive approach that leaves no-one behind.</li> <li>(iii) How to ensure consistent and clear public messaging and safety when disasters occur in the context of an ongoing PHE.</li> </ul>



DRM frameworks and prevention and mitigation	
REGIONAL LEVEL	NATIONAL LEVEL
<p><b>R.3 Consider how regional measures for disaster prevention and mitigation should apply in the context of PHEs.</b></p> <p>Particular consideration should be given to:</p> <ul style="list-style-type: none"> <li>(i) How aspects of public health monitoring, including relevant requirements under the IHR, could be integrated into the regional DRM work plan as a contribution to further harmonization and capacity-building.</li> <li>(ii) How regional DRM and health sector bodies co-operate with regard to prevention and mitigation activities, ensuring that all aspects of risk reduction are addressed as part of a multi-hazard approach.</li> </ul>	<p><b>N.3 Consider how national measures for disaster prevention and mitigation should apply in the context of PHEs.</b></p> <p>Particular consideration should be given to:</p> <ul style="list-style-type: none"> <li>(i) How to avoid unnecessary duplication, gaps or inconsistencies in the prevention and mitigation of disaster risks and public health risks, as part of a multi-hazard risk approach.</li> <li>(ii) How implementation of the IHR could be integrated into DRM planning as a contribution to further harmonization and capacity building.</li> <li>(iii) How PHE risk reduction could be integrated into broader disaster risk reduction measures as part of a cross-sectoral approach.</li> <li>(iv) How national DRM and health sector bodies co-operate with regard to prevention and mitigation activities, ensuring that all aspects of risk reduction are addressed as part of a multi-hazard approach.</li> </ul>

DRM frameworks and preparedness and response	
REGIONAL LEVEL	NATIONAL LEVEL
<p><b>R.4 Consider how regional measures for disaster preparedness and response should apply in the context of PHEs.</b></p> <p>Particular consideration should be given to:</p> <ul style="list-style-type: none"> <li>(i) How regional disaster preparedness and contingency planning can include scenarios where disasters and PHEs occur at the same time, as well as for the possibility of a large-scale PHE with multi-sector impacts.</li> <li>(ii) How to ensure that regional communications channels for disasters and PHEs regarding needs, offers and requests for assistance are clear, coordinated and compatible.</li> <li>(iii) How to ensure there are no conflicting hierarchies/lines of authority which would impede timely and effective responses to disasters and PHEs.</li> <li>(iv) How to avoid unnecessary overlaps, duplications and inconsistencies when regional disaster and PHE responses are occurring at the same time, including the deployment of common regional services and assets such as logistics and EMTs.</li> <li>(v) How to adapt regional disaster response measures in the context of a large-scale PHE where there may be travel and movement restrictions, including facilitating the deployment of regional and international response teams, goods and equipment.</li> </ul>	<p><b>N.4 Consider how national measures for disaster preparedness and response should apply in the context of PHEs.</b></p> <p>Particular consideration should be given to:</p> <ul style="list-style-type: none"> <li>(i) How national disaster preparedness and contingency planning can include scenarios where disasters and PHEs occur at the same time, as well as for the possibility of a large-scale PHE with multi-sector impacts.</li> <li>(ii) How to ensure there are no conflicting hierarchies/lines of authority which would impede timely and effective responses to disasters and PHEs.</li> <li>(iii) How to ensure that regional communications channels for disasters and PHEs regarding needs, offers and requests for assistance are clear, coordinated and compatible.</li> <li>(iv) How to avoid unnecessary overlaps, duplications and inconsistencies when regional disaster and PHE responses are occurring at the same time, including a coordinated process for the deployment of common teams, services and assets.</li> <li>(v) How to adapt national disaster response measures in the context of a large-scale PHE where there may be travel and movement restrictions, including facilitating the deployment of response teams, goods and equipment.</li> </ul>

DRM frameworks and resilient recovery	
REGIONAL LEVEL	NATIONAL LEVEL
<p><b>R.5 Consider how regional measures for resilient recovery should apply in the context of PHEs.</b></p> <p>Particular consideration should be given to:</p> <ul style="list-style-type: none"> <li>(i) How the experience of the COVID-19 pandemic recovery can be used to develop comprehensive, multi-hazard recovery frameworks and strategies to support future disasters and PHEs.</li> <li>(ii) How to ensure effective regional multi-sector coordination as part of a whole-of-ASEAN approach to recovery for both disasters and PHEs, avoiding overlaps, gaps and inconsistencies.</li> </ul>	<p><b>N.5 Consider how national measures for resilient recovery should apply in the context of PHEs.</b></p> <p>Particular consideration should be given to:</p> <ul style="list-style-type: none"> <li>(i) How the experience of the COVID-19 pandemic recovery can be used to develop comprehensive, multi-hazard recovery frameworks and strategies to support future disasters and PHEs.</li> <li>(ii) How to develop or update comprehensive, multi-hazard recovery plans which include recovery from PHEs.</li> <li>(iii) How to ensure effective national multi-sector coordination as part of a whole-of-government and whole-of-society approach to resilient recovery for both disasters and PHEs.</li> </ul>

DRM frameworks and global leadership	
REGIONAL LEVEL	NATIONAL LEVEL
<p><b>R.6 Consider how to position ASEAN as a global leader through strengthening integration of DRM and PHE risk management frameworks.</b></p> <p>Particular consideration should be given to:</p> <ul style="list-style-type: none"> <li>(i) How to implement the regional recommendations made in these guidelines, which reflect good regional and global practice.</li> <li>(ii) How to support AMS to implement the national recommendations made in these guidelines.</li> </ul>	<p><b>N.6 Consider how to support the strengthening of ASEAN as a global leader through the integration of DRM and PHE risk management frameworks.</b></p> <p>Particular consideration should be given to:</p> <ul style="list-style-type: none"> <li>(i) How to implement the national recommendations made in these guidelines, which reflect good regional and global practice.</li> <li>(ii) How to encourage the alignment of national DRM frameworks with the ASEAN DRM framework and other relevant regional commitments.</li> </ul>





## D. Annexes

# 1. Regional DRM framework – list of sources

(a) General application of DRM frameworks	
<b>AADMER</b>	<p>Provides a robust legal framework for regional cooperation to prevent, prepare for and respond to disasters. Establishes the ASEAN Coordinating Centre for Humanitarian Assistance (AHA Centre) to support facilitation and coordination in this regard.</p> <p>The definitions applied in the <b>AADMER</b> are broad and do not exclude situations of PHEs:</p> <p>Hazard: “a potentially damaging physical event, phenomenon and/or human activity, which may cause the loss of life or injury, property damage, social and economic disruption or environmental degradation.”</p> <p>Disaster: “a serious disruption of the functioning of a community or a society causing widespread human, materials, economic or environmental losses.”</p> <p>Requires AMS to strengthen community participation and utilize indigenous knowledge and practices as part of measures to reduce the losses from disasters.</p>
<b>ASEAN VISION 2025 ON DISASTER MANAGEMENT (2016)</b>	<p>Provides the broad strategic direction and policy guidance on the implementation of the AADMER, shifting towards a “people-centered, people-oriented, financially sustainable, and networked approach”.</p> <p>Encourages outward engagement to other sectors/other partners. In particular it notes: “The AADMER recognises <b>both natural and human-induced disasters</b>, and as disasters are increasingly recognised as <b>multi-faceted with cascading effects</b> on people’s lives, it will be important for the region to <b>implement the Agreement more holistically</b> by 2025 [...] ASEAN will need to expand and build capacity at all levels and promote the development of regulatory arrangements and preparedness strategies to <b>anticipate these risks</b>.”</p> <p>Encourages accurate and timely communication exchange amongst all collaborating disaster management stakeholders, and “highlights the strengths of partnering with entities at regional, national, and local levels in the public, private, and people sectors.”</p>
<b>OAOR DECLARATION (2016)</b>	<p>Affirms the hierarchy of DRM frameworks, describing the AADMER as “the main regional policy backbone and common platform for the implementation of One ASEAN, One Response”. Similarly, the AHA Centre is described as “the primary ASEAN regional coordinating agency on disaster management and emergency response” and the SASOPs as “the main standard operating procedure to be use for mobilisation of both civilian and military response in materializing One ASEAN, One Response”.</p> <p>Recognises the need for further coordination, harmonization and streamlining of ASEAN mechanisms for disaster response and called on the <b>Joint Task Force to Promote Synergy with Other Relevant ASEAN Bodies on Humanitarian Assistance and Disaster Relief (JTF on HADR)</b> to continue its efforts in this regard.</p> <p>The JTF on HADR, led by the ACDM and comprised of four other sectoral bodies, namely the ASEAN Senior Officials Meeting (ASEAN SOM), Senior Officials Meeting on Health Development (SOMHD), Senior Officials Meeting on Social Welfare and Development (SOMSWD) and the ASEAN Defence Senior Officials Meeting (ADSOM).</p>
<b>14TH ASEAN SUMMIT OF 2009</b>	<p>Expanded the remit of the ASEAN Secretary-General to serve when requested as the <b>ASEAN Humanitarian Assistance Coordinator (AHAC)</b>, covering any type of major disaster including pandemics.</p>



<p><b>AWP 2021-2025</b></p>	<p>Part of a series of AADMER work programmes which identify the regional priorities and concrete actions for DRM over five-year periods: AWP 2010-2015 (including Strategies and Priorities for AWP Phase 2, 2013-2015), AWP 2016-2020 and most recently AWP 2021-2025.</p> <p>Adopts the <b>multi-hazards approach</b> as one of its several Guiding Principles, to “enhance regional capacities to assess, mitigate, prepare for and response to wider range of hazards and disaster risks in the region”.</p> <p>Expressly refers to the <b>COVID-19 pandemic as adding to the complexity of the ASEAN riskscape</b>, particularly when occurring concurrently with other disasters. It also notes that AMS DRM systems and the AHA Centre were active in supporting the COVID-19 response.</p> <p><b>Anticipates needs from new disasters such as pandemics</b> (where feasible).</p> <p>Sub-priority 2.5 addresses vulnerable groups and community-based disaster risk management. This sub-priority aims to “leave no one behind” including women and other vulnerable groups.</p>
<p><b>ASEAN GUIDELINES ON DISASTER RESPONSIVE SOCIAL PROTECTION TO INCREASE RESILIENCE (2020) ASEAN REGIONAL FRAMEWORK ON PROTECTION, GENDER AND INCLUSION IN DISASTER MANAGEMENT 2021-2025 (ASEAN PGI FRAMEWORK) SASOP (2016, UPDATED 2022)</b></p>	<p>Includes <b>Standard Operating Procedures for Coordination of Emergency Medical Teams (EMT-SOP)</b>. These procedures address the interlinkages and different coordination mechanisms at national and regional level for the deployment of EMTs including the role of <b>Public Health Emergency Operations Centres</b>, which are described as the “health sector’s contribution to the vision of OAOR”.</p>
<p><b>ASF-PHE (2020)</b></p>	<p>The ASF-PHE is considered “the core document that guides ASEAN initiatives for PHE, including the Generic SOPs for the Multi-Hazards Public Health Emergency Response Approach by AMS, Regional Reserve for Medical Supplies, COVID-19 Response Fund, and others.”</p> <p>Affirms that the ASF-PHE “<b>capitalizes on good practices of the ASEAN Committee on Disaster Management</b>, and on existing mechanisms under the ASEAN Health Sector, and other relevant sectors. It <b>builds on the ASEAN Agreement for Disaster Management and Emergency Response (AADMER)</b>. The Strategic Framework also <b>supplements the work of the ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre)</b> by highlighting health sector participation in public health emergencies, while ensuring complementarity with the ASEAN Joint Disaster Response Plan and other SOPs of the ASEAN Health Sector.”</p> <p>While these provisions do not expressly assert primacy over PHE mechanisms, the ASF-PHE itself describes its intention to “capitalise on”, “build on” and “supplement” the AADMER, ACM and AHA Centre, “while ensuring complementarity with the ASEAN Joint Disaster Response Plan and other SOPs of the ASEAN Health Sector.”</p>
<p><b>DECLARATION ON ASEAN UNITY IN HEALTH EMERGENCIES (2006)</b></p>	<p>The 2006 Declaration on ASEAN Unity in Health Emergencies identifies natural disasters, bio-terrorism and communicable disease outbreaks as examples of PHEs. It calls for the strengthening of capabilities and allocation of resources for early warning and rapid response for disease outbreaks, including the establishment of multi-level, multi-sectoral response teams and monitoring and reporting mechanisms for communicable disease outbreaks.</p>

<b>(b) Institutional arrangements</b>	
<b>DRM</b>	<b>PHE</b>
<p>The AADMER established the <b>ASEAN Coordinating Centre for Humanitarian Assistance (AHA Centre)</b> for the purpose of “facilitating co-operation and co-ordination among the Parties and with relevant United Nations and international organisations in promoting regional collaboration”, with terms of reference included in an annex (AADMER Art. 20). The primary role of the AHA Centre in the coordination of disaster management and emergency response has been re-affirmed in a number of the above declarations and initiatives.</p>	<p>In November 2020, the 37th ASEAN Leaders Summit announced the establishment of the <b>ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED)</b>, to “serve as a centre of excellence and regional hub to strengthen ASEAN’s regional capabilities to prepare for, prevent, detect and respond to public health emergencies and emerging diseases.”</p>
<p>The <b>ASEAN Committee on Disaster Management (ACDM)</b>, established in 2003 to facilitate regional cooperation for disaster management, comprises the <b>National Disaster Management Organization (NDMOs)</b> from each AMS. Among other tasks, the ACDM: provides leadership on the implementation of the AADMER; supports the development of AWP; submits reports to the <b>ASEAN Ministerial Meeting on Disaster Management (AMMDM)</b> and the Conference of Parties (COP) to the AADMER; and strengthens coordination with other ASEAN bodies. ACDM Focal Points also serve separately as the Governing Board of the AHA Centre.<sup>18</sup></p>	<p>The ASF-PHE describes a <b>PHE Regional Coordination Mechanism</b> as “an ASEAN body within the ACPHEED and the <b>Emergency Operations Centre (EOC) Network</b> (for the health sector), and the <b>ASEAN Coordinating Council Working Group on Public Health Emergencies</b> (for agencies outside the health sector), which are responsible for coordination of AMS response.”</p>

<b>(c) Risk assessment and monitoring</b>	
<b>AADMER</b>	<p>Contains numerous provisions relating to national and regional-level risk assessment and monitoring of vulnerabilities, including hazards with trans-boundary effects and the role of the AHA Centre in risk assessment and communication (Arts. 3, 5 and 7).</p> <p>Calls on AMS to develop their national disaster early warning arrangement including early warning information systems, communication networks and public awareness and preparedness to act on early warning information (Art. 7(1)).</p> <p>At the regional level, AMS are required to cooperate and exchange early warning information around hazards which have trans-boundary effects (Art. 7(2)).</p>
<b>SASOPS</b>	<p>Provides further detail on the specific monitoring and notification requirements concerning hazards and risks. (Part IV, Art. 16).</p>
<b>AWP 2021-2025</b>	<p>Strengthening risk assessment and monitoring in the ASEAN region has been identified as a significant priority, including the development of disaster risk data sharing agreements with relevant regional and national actors and stakeholders (Output 1.1.2.3), and strengthening cooperation with relevant ASEAN Sectoral bodies/ actors/ institutions to monitor climate trends (Output 1.1.3.3).</p> <p>Seeks to strengthen end-to-end regional multi-hazard monitoring and early warning systems and improve risk modelling for climate-related hazards. It also seeks to build a network of early warning platforms across different ASEAN Sectoral Bodies and other institutions. (Outcome 1.2.1).</p>

18 Above from ASEAN webpage “Major Sectoral Bodies/committees” at <https://asean.org/major-sectoral-bodies-committees-2/>



<b>ASF-PHE</b>	<p>Includes formal and informal information sharing; the exchange of situation reports; needs analysis; and risk assessments. It refers specifically to obligations and commitments under the IHR, the WHO Disaster Risk Management Framework and APSED III (Section V).</p> <p>Purpose is to supplement the ASEAN DRM framework, the DRM framework itself does not yet elaborate on how those systems should complement one another or be inter-operable where necessary.</p>
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**(d) Prevention and mitigation**

<b>AADMER</b>	<p>AMS commit to developing strategies to prevent and reduce risks arising from hazards (Art. 6(1)), including cooperation at regional level (Art. 6(3)).</p> <p>Specific measures are identified to reduce losses from disasters:</p> <ul style="list-style-type: none"> <li>– Legislative measures, policies, plans, programmes and strategies;</li> <li>– Strengthening local and national capacities;</li> <li>– Promoting public awareness, education and community participation; and</li> <li>– Utilising indigenous knowledge and practices (Art. 6(2)).</li> </ul>
<b>ASEAN VISION 2025 ON DISASTER MANAGEMENT</b>	<p>Proposes that the ASEAN Secretariat “administer dedicated platforms for cross-sectoral collaboration to actively engage others in implementing AADMER and to collaborate with other sectors mandated to cover, respond to and mitigate different types of risks with regional implications. This would move the region forward significantly to better assess the needs and provide protection to populations of concern during humanitarian crises.” (p. 10-11).</p> <p>Calls for the development of a comprehensive communication master plan for accurate and timely information exchange.</p> <p>Recognises the importance of local knowledge and capacities of civil society organisations and the need for partnerships across a broad spectrum.</p> <p>Encourages strengthened commitment to climate change adaptation.</p>
<b>AWP 2021-2025</b>	<p>Identifies a range of prevention and mitigation priorities in the areas of:</p> <ul style="list-style-type: none"> <li>– Disaster risk reduction and climate change adaptation.</li> <li>– Resilient cities and human settlements, including cross-sectoral collaboration.</li> <li>– Resilient economy, which includes strengthening the resilience of private sector and industrial supply chains.</li> <li>– Resilient infrastructure, including school safety.</li> <li>– Vulnerable groups and community-based disaster risk management to increase community resilience and to support cross-sectoral collaboration to develop greater social inclusion.</li> <li>– Strengthened disaster risk governance to support risk-informed, evidence-based policy and decision-making.</li> </ul>
<b>ASEAN DECLARATION ON INSTITUTIONALIZING THE RESILIENCE OF ASEAN AND ITS COMMUNITIES AND PEOPLES TO DISASTERS AND CLIMATE CHANGE.</b>	<p>Recognises the need for cross-sectoral collaboration to build resilience in the context of DRM (including natural and human induced disasters), climate change adaptation and sustainable development.</p> <p>Encourages greater investment in disaster risk prevention, focusing on key development sectors including health.</p>
<b>ASF-PHE</b>	<p>Prioritises the strengthening of AMS capacities with regard to “prevention, detection, assessment, notification and reporting of public health emergencies” and encourages AMS to develop National Surveillance Systems which feed into PHE risk notification systems at regional and global level.</p>

<b>(e) Preparedness and response</b>	
<b>AADMER</b>	<p>There are numerous provisions in the AADMER which encourage the strengthening of disaster preparedness and response within the region. This includes:</p> <ul style="list-style-type: none"> <li>– Development of strategies and contingency plans.</li> <li>– Development of regional Standard Operating Procedures.</li> <li>– Enhancing capacities to mobilise resources for relief and response, including earmarking capacities for regional stand-by.</li> <li>– A clear and timely process for the offers and requests for assistance between AMS.</li> </ul> <p>Addresses coordination and local facilities to support the provision of assistance from other AMS.</p> <p>Ensures the quality and validity requirements of relief goods and materials offered as assistance.</p> <p>Calls for AMS to facilitate the entry of personnel, equipment, facilities and materials and where appropriate the AHA Centre will “facilitate the processing of facilities and exemptions” (Art. 14).</p>
<b>ONE ASEAN, ONE RESPONSE DECLARATION</b>	<p>Confirms the primacy of the AADMER, AHA Centre and SASOP as the “main” or “primary” mechanisms for mobilising and coordinating regional disaster preparedness and response and encourages the strengthening of capacities in this regard.</p>
<b>ASEAN VISION 2025</b>	<p>Identifies the role of the ASEAN Secretary General in disaster management and to leverage opportunities for collaboration among a broader range of partners and identifies strategies for increasing resources and financing opportunities.</p>
<b>AWP 2021-2025</b>	<p>Includes a strong focus on strengthening the preparedness and response capacities in the region to better respond to changing risk scenarios, including through:</p> <ul style="list-style-type: none"> <li>– Updating and socializing ASEAN regional response plans and standby arrangements.</li> <li>– Strengthening the ADMER Fund and other funding to support One ASEAN One Response.</li> <li>– Strategic review of the role of the SG as ASEAN Humanitarian Assistance Coordinator.</li> <li>– Conducting regular drills and exercises.</li> <li>– Consider how to improve the DELSA (Disaster Emergency Logistics System for ASEAN) “and anticipate needs from new disaster such as <b>pandemics</b> (where feasible), and to identify specific relief items that meet the needs of women and vulnerable groups”.</li> <li>– Strengthening logistics and harmonizing humanitarian access including customs, immigration and quarantine.</li> <li>– Strengthening the ASEAN-ERAT network, including testing and competency standards.</li> <li>– Improving telecommunications and information and communications technology for preparedness and response.</li> </ul>
<b>ASEAN GUIDELINES ON DISASTER RESPONSIVE SOCIAL PROTECTION TO INCREASE RESILIENCE</b>	<p>Although focused on emergency response to natural disasters, it acknowledges applicability to other types of disasters.</p>

<b>SASOPS</b>	<p>Includes a detailed section on Emergency Medical Teams. The definition of Emergency Medical Team (EMT) refers to groups of health professionals and supporting staff providing services to populations affected by “disasters or outbreaks and emergencies”.</p> <p>Includes facilitation and processing of exemptions for disaster assistance through customs, immigration and quarantine (CIQ).</p> <p>EMTs are to be coordinated by the Ministries/Departments of Health of their respective countries, while at the regional level, the AHA Centre facilitates overall cooperation and coordination, and maintains the inventory of EMT assets, with offers/requests for assistance to be made via National Disaster Management Office (NDMO) and SASOP procedures.</p>
<b>ASF-PHE</b>	<p>Includes a number of specific measures relating to whole-of-ASEAN preparedness, coordination and logistics.</p> <ul style="list-style-type: none"> <li>– The development of a strategic framework for PHE preparedness in cooperation with the whole-of-ASEAN.</li> <li>– Encouraging each Member State to identify a National Focal Point for regional coordination (in addition to the focal point required under the IHR).</li> <li>– Identifying logistical arrangements, availability of assets and capacities for response.</li> <li>– Using the ACPHEED and/or other existing regional mechanisms to support capacity-building.</li> </ul>
<b>ASEAN DECLARATION ON TRAVEL CORRIDOR ARRANGEMENT FRAMEWORK (ATCAF) (2020)</b>	<p>This Declaration is the basis for an ongoing effort to establish a travel corridor arrangement framework among ASEAN MS to facilitate essential business travel (and other categories of travel in the future) while prioritizing public health safety.</p>

**(f) Resilient recovery**

<b>AADMER</b>	<p>States that “The Parties shall, jointly or individually, develop strategies and implement programmes for rehabilitation as a result of a disaster. The Parties shall promote, as appropriate, bilateral, regional and international cooperation for rehabilitation as a result of a disaster (Art. 17).</p> <p>With regard to coordination for recovery, in the case of disasters, the <b>AADMER</b> indicates this is the remit of AMS to develop individual or joint strategies and programmes (Art. 17).</p>
<b>ASEAN VISION 2025</b>	<p>Priority 4 focusses on enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation and reconstruction.</p> <p>Acknowledges the AHAC (ASEAN Secretary General) is mandated to coordinate ASEAN’s efforts for response and recovery following a large-scale disaster in the region.</p> <p>It further recognises the challenges of resourcing long term recovery and the necessity of engaging with relevant local stakeholders, including local governments, NGOs, community organisations and vulnerable groups. It also calls for increasing transparency around resource transfers to those stakeholders.</p>

<p><b>AWP 2021-2025</b></p>	<p>Priority 4 focusses on resilient recovery, including priorities for improving regional capacities for planning, programming and resourcing longer-term recovery for mega-disasters in the region. It also encourages engagement with key partners, private sector, relevant sectoral bodies and others to support, co-implement and/or monitor recovery efforts for large-scale disasters.</p> <p>It identifies a number of stand-by rapid recovery assistance programmes to be developed including for livelihood restoration, cash-for-work interventions and vocational training.</p> <p>The <b>AWP 2021-2025</b> also identifies the need for greater cross-sectoral engagement with other ministries, and also calls for more inclusive regional coordination involving “community members, universities/research institutes, media, and the private sectors, which form the penta-helix model together with government institutions” (P. 62).</p>
<p><b>ASEAN DISASTER RECOVERY REFERENCE GUIDE (2016)</b></p>	<p>Aims to help governments prepare for disaster recovery by explaining the provisions that should be in place beforehand including those related to legislation, policies, financial arrangements, implementation, monitoring and so on. These arrangements can be adapted to the specific post disaster recovery context, recognizing that disasters differ in scale and impact.</p> <p>In particular it identifies five “intentions or principles” relevant to all recovery programmes:</p> <ol style="list-style-type: none"> <li>1. Governments and citizens should be ready for recovery.</li> <li>2. Recovery programmes should be planned strategically and managed efficiently.</li> <li>3. Key stakeholders including the affected population must participate in the recovery process.</li> <li>4. Recovery should use the opportunity for risk reduction and resilience building.</li> <li>5. Countries should strive for continuous improvement of recovery practices.</li> </ol>
<p><b>ASEAN COMPREHENSIVE RECOVERY FRAMEWORK (2020)</b></p>	<p>The ASEAN blueprint for comprehensive recovery from the COVID-19 pandemic. ‘It articulates ASEAN response through the different stages of recovery, by focusing on key sectors and segments of society that are most affected by the pandemic, setting broad strategies and identifying measures for recovery in line with sectoral and regional priorities.’</p> <p>Identifies five Broad Strategies for supporting recovery in the region, which also include numerous aspects of broader disaster recovery:</p> <ol style="list-style-type: none"> <li>1. Enhancing Health Systems - including strengthening health emergency capacities and relevant regional coordination mechanisms including development of health protocols or frameworks.</li> <li>2. Strengthening Human Security – including strengthening protection and empowerment of people, and enhancing social protection, food security, education and employment skills, as well as mainstreaming gender equality throughout the recovery.</li> <li>3. Maximizing the potential of intra-ASEAN and broader economic integration – including the travel corridor described further above.</li> <li>4. Accelerating inclusive digital transformation.</li> <li>5. Advancing towards a more sustainable and resilient future – including a focus on disaster management, noting that “multi-hazard prevention and preparedness, with particular focus on pandemic, needs to be integrated across disaster risk management strategies, as well as the overall development planning programme.” It further states “ASEAN shall imbue efforts in upstream preventive policies and initiatives, including strengthening disaster risk awareness and monitoring instruments, disaster prevention and mitigation programmes, and disaster preparedness mechanisms to achieve resilient future in the face of pandemic threats.</li> </ol>



(g) Global leadership	
<b>ASEAN VISION 2025</b>	Intention to position ASEAN as a global leader in disaster management and emergency response by 2025, seeking to leverage its knowledge and expertise through multiple avenues.
<b>AWP 2021-2025</b>	<ul style="list-style-type: none"> <li>• Roadmap to chart the potential roles and areas of collaborations from relevant ASEAN Sectoral Bodies;</li> <li>• Platform for knowledge exchange and inter-sectoral dialogue with relevant ASEAN Sectoral Bodies to discuss and develop joint initiatives on DRM and disseminate the results from all priority programmes; and</li> <li>• Platforms to generate awareness and understanding on the importance of inculcating a whole-of-society approach in disaster management, especially those that are most affected during disasters.</li> </ul>



Country: Malaysia

## 2. National DRM frameworks – comparative tables

The tables below represent a very brief comparative snapshot of the integration of DRM and PHE within national legal frameworks.

<b>(a) General application of DRM frameworks</b>			
	<b>MAIN PHE LEGAL INSTRUMENTS</b>	<b>MAIN DRM LEGAL INSTRUMENTS</b>	<b>DEFINITION OF DISASTER (FROM DRM INSTRUMENTS)</b>
<b>BRUNEI DARUSSALAM</b>	Infectious Diseases Act (2010)	Disaster Management Order (2006)	Disaster includes “an infestation, plague, pandemic or epidemic”.
<b>CAMBODIA</b>	Law on Preventive Measures against the Spread of COVID-19 and other Severe Dangerous Contagious Diseases (2021)	National Law on DM (2015)	Broad definition of “natural or man-made disaster”, which could be considered to encompass a PHE.
<b>INDONESIA</b>	Infectious Disease Outbreaks (1984) Health Quarantine Law (2018)	Disaster Management Law (2007)	Disaster includes “pandemic and plague” as non-natural disasters.
<b>LAO PDR</b>	The Law on Prevention and Control of Communicable Diseases (2017) Law on Hygiene, Disease Prevention and Health Promotion (2001, amended in 2011)	Law on Disaster Management (2019)	Disaster includes “outbreaks of disease”.
<b>MALAYSIA</b>	National Security Council (NSC) Directive No. 20 Prevention and Control of Infectious Diseases Act 1988 [Act 342] and its regulations. Private Healthcare Facilities and Services Act [Act 586] 1998	National Security Council (NSC) Directive No. 20 Workers’ Minimum Standards of Housing and Amenities Act 1990	Broad definition of “catastrophe, mishap or grave occurrence in any area, arising from natural or manmade causes” which could include PHE.
<b>MYANMAR</b>	Prevention and Control of Communicable Diseases Law (as amended 2011)	Natural Disaster Management Law (2013)	Natural Disaster includes health as secondary impact.
<b>PHILIPPINES</b>	Mandatory Reporting on Notifiable Diseases and Health Events of Public Health Concern Act of (2018) “Communicable Diseases Act” Executive Order 168 Creating the Inter-Agency Task Force for the Management of Infectious Diseases in the Philippines (2014)	Philippine Disaster Risk Reduction and Management Act (2010)	Disease is a potential impact of a disaster.







<b>(e) Resilient recovery</b>										
Extent to which national resilient recovery measures and coordination mechanisms consider PHEs	BRUNEI DARUSSALAM	CAMBODIA	INDONESIA	LAOS	MALAYSIA	MYANMAR	PHILIPPINES	SINGAPORE	THAILAND	VIET NAM
PHE fully incorporated into DRM resilient recovery measures and coordination mechanisms										
PHE resilient recovery fully coordinated through PHE/health mechanisms						✓			✓	
Health aspects managed through PHE resilient recovery mechanisms and wider impacts coordinated through DRM mechanisms	✓	✓	✓	✓	✓					
Higher level central authority overseeing resilient recovery and coordination of both PHE and DRM events								✓		
Ad hoc arrangements for specific emergencies							✓			✓

<b>(f) Global leadership</b>										
Acknowledgement of regional commitments in DRM and PHE legal frameworks	BRUNEI DARUSSALAM	CAMBODIA	INDONESIA	LAOS	MALAYSIA	MYANMAR	PHILIPPINES	SINGAPORE	THAILAND	VIET NAM
Risk assessment and monitoring	✓			✓		✓				
Prevention and mitigation	✓			✓		✓				
Preparedness and response	✓	✓	✓		✓		✓		✓	
Resilient recovery		✓		✓		✓			✓	

### 3. National DRM frameworks – list of sources

Items marked with a (\*) were referenced but not able to be accessed.

BRUNEI DARUSSALAM			
Disaster Management	Year	Public Health Emergency	Year
Laws of Brunei Darussalam Revised Edition Chapter 21 Emergency Regulations 1984.	1984	Infectious Disease Chapter 204.	2010
Constitution of Brunei Darussalam (Order under Article 83(3)) Disaster Management Order.	2006	Infectious Disease (Quarantine) Regulations 2006.	2006
Constitution of Brunei Darussalam. Safety, Health, and Environmental Management Authority Order.	2018	Emergency Operation Plan.	2007
Constitution of Brunei Darussalam No. S 70. Proclamation of Emergency.	2018	The Department of Health Services Ministry of Health Brunei Darussalam, 'Public Health Emergency Operation Plan' 2008.	2008
Brunei Darussalam National Climate Change Policy 2020.	2020		
National Statement of Brunei Darussalam. Presented at COP26.	2021		

CAMBODIA			
Disaster Management	Year	Public Health Emergency	Year
Cambodia's Constitution of 1993 with Amendments through 2008.	2008	Ministry of Health Preventive Medicine Department. National Strategic Plan on Disaster Risk Management and Health 2020-2024.	2020
Royal Decree on the Organisation and Functioning of the National Committee for Disaster Management.	2015	Health Strategic Plan 2016-2020: Quality, Effective and Equitable Health Services.	2016-2020
Law on Disaster Management 2015.	2015		
Sub-decree on the Organisation and Functioning of the NCDM Secretariat-General*.	–		
Sub-decree on the Organisation and Functioning of Sub-National Committees for Disaster Management*.	–		
Cambodia Climate Change Strategic Action Plan 2014-2023.	2014		

INDONESIA			
Disaster Management	Year	Public Health Emergency	Year
Constitution of 1945, Reinstated in 1959, with Amendments through 2002.	2002	Law Number 4 of 1984 on Infectious Disease Outbreaks*.	1984
Law of the Republic of Indonesia Number 24 of 2007 Concerning Disaster Management.	2007	Law Number 6 of 2018 on Health Quarantine*.	2018
Regulation of the President of the Republic of Indonesia Number 8 of 2008 Concerning National Disaster Management Agency.	2008	Government Declares COVID-19 Pandemic as National Disaster 2020 (article).	2020
Government Regulation of Indonesia Number 21 of 2008 Concerning Disaster Management.	2008		
Regulation of the Republic of Indonesia Number 22 of 2008 Concerning Disaster Aid and Management.	2008		
Government Regulation of the Republic of Indonesia Number 23 of 2008 Concerning Participation of International Institutions and Foreign Non-Governmental Institutions in Disaster Management.	2008		
National Action Plan for Climate Change Adaptation.	2014		
Presidential Regulation Number 87 of 2020 on the Masterplan for Disaster Management ( <i>Rencana Induk Penanggulangan Bencana</i> )*.	2020		
National Disaster Management Plan ( <i>Rencana Nasional Penanggulangan Bencana</i> )*.	2020		

LAO PDR			
Disaster Management	Year	Public Health Emergency	Year
The Law on Disaster Management 2019.	2019	Law on Hygiene, Disease Prevention and Health Promotion 2001 (No. 01/NA) (Original).	2001
The Prime Minister's Decree No. 158*.	1999	Law on Hygiene, Disease Prevention and Health Promotion Lao PDR, No. 01/NA as amended in 2011 (No.08/NA).	2011
The Prime Minister's Decree No. 373*.	2011	Law on Prevention and Control of Communicable Diseases No. 34/NA 2017.	2017
The Prime Minister's Decree No. 220*.	2013	Law on Health Care No. 139/PDR 2005.	2005
Strategy on Climate Change of the Laos PDR.	2010		
Inter-Agency Standing Committee Inter-Agency Contingency Plan.	2013		
Strategic Plan on Disaster Risk Management in Lao PDR 2020, 2010 and action plan (2003-2005).	2003		

MALAYSIA			
Disaster Management	Year	Public Health Emergency	Year
Constitution of 1957 with Amendments through 2007.	2007	Prevention and Control of Infectious Diseases Act 1988.	1988
Civil Defence Act 1951 (Revised 1979).	1979		
Emergency (Essential Powers) Act 1964.	1964		
Emergency (Essential Powers) Act 1979.	1979		
Fire Services Act 1988.	1988		
Civil Defence (Amendment) Act 2016.	2016		
National Security Council Act 2016.	2016		
National Security Council Directive No. 20 Policy and Mechanism of National Disaster Management and Relief 1997.	1997		
National Policy on Climate Change.	2019		
The National Economic Recovery Plan (Penjana).	2020		

MYANMAR			
Disaster Management	Year	Public Health Emergency	Year
Natural Disaster Management Law.	2013	The Prevention and Control of Communicable Diseases Law (amended 2011).	2011
Standing Order on Natural Disaster Management in Myanmar.	2011		
Notification No. 22/2014 (Disaster Management Rules).	2014		
National Framework for Community Disaster Resilience.	2017		
National Earthquake Preparedness and Response Plan 2019.	2019		
Myanmar Action Plan on Disaster Risk Reduction 2017.	2017		
Myanmar Climate Change Strategy (2018-2030).	2018-2030		
Myanmar National Social Protection Strategic Plan.	2014		
Myanmar National Framework for Community Disaster Resilience.	2016		

PHILIPPINES			
Disaster Management	Year	Public Health Emergency	Year
Philippine Disaster Risk Reduction and Management Act of 2010 (Republic Act 10121).	2010	Republic Act No. 11332 (Mandatory Reporting on Notifiable Diseases and Health Events of Public Health Concern Act).	2018
Implementing Rules and Regulations of Republic Act No. 10121.	2010	Republic Act No. 11469 (Bayanihan to Heal as One Act).	2020
Climate Change Act of 2009 (Republic Act 9729).	2009	Republic Act No. 11494 (Bayanihan to Recover as One Act).	2020
National Disaster Risk Reduction Management Plan 2011-2028.	2011-2028	Executive Order No. 168 (Creating the Inter-Agency Task Force for the Management of Emerging Infectious Diseases in the Philippines), 2014.	2014
Signing Ceremony for the Approval of the National Disaster Risk Reduction Management Framework.	2011		

SINGAPORE			
Disaster Management	Year	Public Health Emergency	Year
Constitution of the Republic of Singapore 1965.	1965	Infectious Diseases Act 1976.	1976
Civil Defence Act 2001.	2001	Environmental Public Health Act 2002.	2002
Civil Defence Shelter Act 1998.	1998	Singapore's post-COVID-19 recovery plan and Commonwealth.	2021
Emergency (Essential Powers) Act 1985.	1985	Pandemic Readiness and Response Plan for Influenza and Other Acute Respiratory Diseases 2014.	2014
Fire Safety Act 1985.	2000		
Climate Action Plan: Take Action Today for a Carbon Efficient Singapore.	2016		
National Climate Change Strategy 2012.	2012		
Whole-of-Government Integrated Risk Management Framework. Conversations for the Future Volume 1: Singapore's Experiences with Strategic Planning (1988-2011).	1988-2011		
Singapore Civil Defence Force Emergency Response Plan Evacuation Guidelines for Commercial High Rise Buildings (Above 30 Storeys).	–		



THAILAND			
Disaster Management	Year	Public Health Emergency	Year
Thailand's Constitution of 2017.	2017	Act on Communicable Diseases B.E. 2558.	2015
Disaster Prevention and Mitigation Act 2007.	2007	Decree on Public Administration in Emergency Situations B.E. 2548.	2005
National Disaster Risk Management Plan 2015-2020.	2015-2020		
National Strategy 2018-2037.	2018-2037		

VIET NAM			
Disaster Management	Year	Public Health Emergency	Year
Law on Environmental Protection.	2020	Law on Prevention and Control of Infectious Diseases.	2007
Order No. 07/2013/L-TCN On the promulgation on the Law on Natural Disaster Prevention and Control (No. 33/2013/QH13).	2013		
Decree No. 66/2014/N-CP Detailing and guiding a number of articles of the Law on Natural Disaster Prevention and Control.	2014		
Decree No. 30/2017/ND-CP Regulation on response to emergency, acts of god and search and rescue.	2017		
Decree No. 78/2021/ND-CP On the establishment and management of Disaster Management Funds.	2021		
Decision No. 1002/QD-TTg Approving the scheme on improvement of community awareness and community-based management of natural disaster risks.	2009		
Decision No. 44/2014/QT-TTg On detailed regulations on natural disaster risk levels.	2014		
Decision No. 1002/QD-TTg Approving the scheme on improvement of community awareness and community-based management of natural disaster risks.	2009		
Decision No. 379/QD-TTg Approving the National Strategy on Natural Disaster Prevention and Control through 2030, with a vision toward 2050.	2021		
Decision No. 553/QD-TTg Approving the "Project for community awareness raising and community-based natural disaster risk management, with a vision to 2030".	2021		
Decision No. 342/QD-TTg For the promulgation of Natural Disaster Management Plan by 2025*.	2022		
Decision No. 896/QD-TTg on approving the National Strategy for Climate Change until 2050.	2022		
Directive No. 42-CT/TW Of the Politburo Secretariat on Strengthening the Party's leadership in Natural Disaster Management*.	2020		

## 4. International sources

(a) General application of international DRM frameworks	
<b>SFDRR</b>	<p>Emphasises the important link between resilience and health. Compared to earlier international disaster risk reduction (<b>DRR</b>) frameworks, the SFDRR’s multi-hazard approach not only highlights the importance of integrating DRM and health risk management, but also emphasises the need to address disaster risk resulting from health hazards, particularly biological hazards.<sup>19</sup></p> <p>The <b>SFDRR</b> includes the following priority: “To mainstream and integrate disaster risk reduction within and across all sectors and review and promote the coherence and further development, as appropriate, of national and local frameworks of laws, regulations and public policies, which, by defining roles and responsibilities, guide the public and private sectors in: (i) addressing disaster risk in publicly owned, managed or regulated services and infrastructures; (ii) promoting and providing incentives, as relevant, for actions by persons, households, communities and businesses; (iii) enhancing relevant mechanisms and initiatives for disaster risk transparency, which may include financial incentives, public awareness-raising and training initiatives, reporting requirements and legal and administrative measures; and (iv) putting in place coordination and organizational structures” (Art. 27(a)).</p>
<b>BANGKOK PRINCIPLES</b>	<p>Endorsed by the International Conference on the Implementation of the Health Aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030 in 2016, the Bangkok Principles provide key measures to ‘encourage systematic cooperation, integration and coherence between disaster and health risk management’<sup>20</sup> and emphasises the need to strengthen the integration of biological hazards into an all-hazards multi-sector DRM approach. Key measures that are relevant to this Project are as follows:</p> <ul style="list-style-type: none"> <li>• Promote systematic integration of health into national and sub-national disaster risk reduction policies and plans and the inclusion of emergency and disaster risk management programmes in national and sub-national health strategies;</li> <li>• Enhance cooperation between health authorities and other relevant stakeholders to strengthen country capacity for disaster risk management for health, the implementation of the International Health Regulations (2005) and building of resilient health systems; and</li> <li>• Promote coherence and further development of local and national policies and strategies, legal frameworks, regulations, and institutional arrangements.</li> <li>• It also call for “coherence and alignment of national, regional and global DRR frameworks and those related to emergency and disaster risk management for health such as the International Health Regulations (2005) and the Global Health Security Agenda.”</li> </ul> <p>The <b>Bangkok Principles</b> promote a whole-of-government, a whole-of-society approach, with population at risk and communities at the centre of emergency and disaster risk management measures (Principle 1, Key Action 1).</p>
<b>IHR</b>	Govern PHEs at the international level.
<b>UNGA RESOLUTION 74/218 ON DRR</b>	Emphasises link between DRM and the impact of biological hazards and ‘recognises that biological hazards require strengthened coordination between disaster and health risk management systems in the areas of risk assessment, surveillance and early warning.’ <sup>21</sup>

19 Reference to health are found throughout the SFDRR. For a summary of the relationship between the Sendai Framework and public health, see UNISDR, 'Factsheet: Health in the Context of the Sendai Framework for Disaster Risk Reduction' <[http://towardsa saferworld.org/sites/default/f11es/7\\_50907-Sendai\\_Health\\_Factsheet-UNISDR.pdf](http://towardsa saferworld.org/sites/default/f11es/7_50907-Sendai_Health_Factsheet-UNISDR.pdf)>.

20 IFRC Law and PHE Report, p. 20. See also UN ESCAP, ‘Scaling up cooperation frameworks to manage cascading risks : note by the Secretariat’ (21 June 2021) ESCAP/CDR/2021/2.

21 UN General Assembly Resolution, Disaster risk reduction, A/RES/74/218(2019), available at: <https://disasterlaw.ifrc.org/media/2150>.

<b>IFRC LAW AND PHE REPORT</b>	<p>Recommends “an all-of-government and all-of-society approach that allows all actors and stakeholders to participate and be represented.” The <b>IFRC Law and PHE Report</b> also found that a number of groups are commonly overlooked. These include: community representatives; One Health actors; development cooperation actors; health and social care providers; groups that may be especially vulnerable to the impacts of PHEs; humanitarian NGOs; schools and school authorities; the financial sector; and manufacturers and suppliers of essential goods and equipment. It also recommends including roles and responsibilities for National Red Cross and Red Crescent Societies, and international institutions such as UN agencies and international NGOs where appropriate.</p>
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### (b) Risk assessment and monitoring

<b>SFDRR</b>	<p>Identifies the monitoring and assessment of disaster risks as an important aspect of disaster risk governance at national, regional and global levels (Arts. 14, 25(a), 27(c), 28(f)). While the term “risk assessment and monitoring” are common terms in the DRM lexicon, in the context of PHEs, it is sometimes referred to as “detection” and/or “surveillance”. It notes that enhancing multi-hazard early warning systems is a key component of DRM (Art. 14).</p>
<b>IHR</b>	<p>Improving these aspects are a significant area of focus of the <b>IHR</b> as means of mitigating the spread of communicable disease and includes the “timely dissemination of public health information for assessment and public health response as necessary” (Art. 1). The <b>IHR</b> also includes early warning of PHEs, which comprises notification requirements of a public health event of international concern and the designation of a National Focal Point for this purpose (Art. 7(1)).</p>
<b>BANGKOK PRINCIPLES</b>	<p>Identify some specific actions for States with regard to the integration of risk management systems for disaster and PHEs including:</p> <ul style="list-style-type: none"> <li>• developing or revising multi-sectoral policies, integrated plans and programmes for emergency and disaster risk reduction to include the health sector component, and managing health risks of emergencies and disasters with appropriate levels of resources to support implementation; and</li> <li>• increasing the participation of health sector representatives in multi-sectoral emergency and disaster risk management committees and platforms at all levels.</li> </ul> <p>The Bangkok Principles advocate to “Include biological hazards and zoonotic diseases [...] in disaster risk assessment and multi-hazard early warning systems”. Moreover, for early warnings to be effective, they need to be communicated to the general population, across all levels of society and communities – a lesson learned globally from the present COVID-19 pandemic regarding the dissemination information to marginalised and/or linguistically and culturally diverse groups.</p>
<b>IFRC LAW AND PHE REPORT</b>	<p>Notes that national DRM legislation does not generally includes specific risk reduction measures for PHEs, nor are these aspects well addressed in national public health legislation, especially if the legislation concerned pre-dates the SFDRR. The <b>IHR</b> also includes early warning of PHEs, which comprises notification requirements of a public health event of international concern and the designation of a National Focal Point for this purpose.</p>

(c) Prevention and mitigation	
<b>SFDRR</b>	<p>The information collected during risk assessment and monitoring is used “for the purposes of pre-disaster risk assessment, for prevention and mitigation and for the development and implementation of appropriate preparedness and effective response to disasters” (Art. 23). Moreover, it considers the development or amendment of legislation as an important contribution to this work (Art. 27). The <b>SFDRR</b> further includes commitments to promote the incorporation of disaster prevention and mitigation into education and training, build the knowledge of civil society, communities, volunteers, the private sector and government officials at all levels, and ensure the use of traditional, indigenous and local knowledge and practices (Arts. 27(g), (i), (l)).</p> <p>The <b>SFDRR</b> explicitly includes biological hazards within its overall scope of application and there are multiple references to taking a cross-sectoral approach including addressing health risks. Among its guiding principles is the “coherence of disaster risk reduction and sustainable development policies, plans, practices and mechanisms, across different sectors”.</p>
<b>IHR</b>	Mitigation is a key area of focus of the <b>IHR</b> and addresses a number of aspects including requirements for States to develop capacities to detect and respond promptly to public health events, and put in place measures to contain the spread of disease including through measures relating to international trade and travel (Arts. 5, 19-41).
<b>BANGKOK PRINCIPLES</b>	Includes among its key actions the “integration of biological hazards, including epidemics, pandemics, and diseases at the human-animal-ecosystem interface, into all-hazards multi-sectoral disaster risk management” and encourages the better inclusion of health aspects into disaster risk reduction plans at all levels.
<b>IFRC LAW AND PHE REPORT</b>	Observes that risk reduction specifically for PHEs was often a missing ingredient in existing national legislation across both DRM and public health frameworks, or if it was included, could often be limited to a certain prescribed list of health risks, rather than taking a broader multi-hazard approach to the types of health risks that may be encountered. In this regard, the <b>IFRC Guidance on Law and PHE</b> encourages an “all phases” approach to PHE risk management, which includes risk reduction, and the consideration of “all public health risks”.

(d) Preparedness and response	
<b>SFDRR</b>	Taking an all-of-society approach to preparedness and response, whether for disasters or public health emergencies, involving a full range of stakeholders from different communities and vulnerable groups. This promotes better preparedness and response by enabling communities to identify and support their own needs, and contributes to the overall strengthening of the system for the betterment of all.
<b>BANGKOK PRINCIPLES</b>	Recommend it is important to have two-way systematic integration between health and DRM systems, plans and strategies. These should include vertical and horizontal coordination between all levels and sectors of government as well as non-governmental actors. Consideration should also be given to the coordination of regional and international response efforts to ensure priority is given to humanitarian assistance.
<b>IDRL GUIDELINES</b>	Include a number of provisions encouraging countries receiving international assistance to provide exemptions and waivers for relief personnel and materials to expedite their arrival in country. <sup>22</sup>

22 IFRC Guidelines for the Domestic Facilitation and Regulation of International Disaster Relief and Initial Recovery Assistance. Available at: <https://disasterlaw.ifrc.org/media/1327>.

**(e) Resilient recovery**

<b>SFDRR</b>	Includes recovery within the scope of its fourth key priority area. In particular it encourages the strengthening of coordination and funding mechanisms for recovery, the participation of all sectors and stakeholders and the sharing of expertise and knowledge (Priority 4).
<b>IFRC GLOBAL LITERATURE REVIEW ON LAW AND DISASTER RECOVERY</b>	Identifies a broad range of recovery issues which are addressed through legal frameworks in different ways, spanning a wide range of sectors, including livelihoods, education, health, psychosocial support, finance, urban areas and the environment, among many others, as well as concepts of resilience and “Building Back Better”. <sup>23</sup>
<b>IFRC LAW AND PHE REPORT</b>	Found that globally few countries or regions had well developed legislation for recovery from PHEs.

**(f) Global leadership**

<b>SFDRR</b>	Includes numerous references to the need for collaboration and exchange at regional and global level to manage the risks and impacts of disasters. This includes mutual learning and sharing of good practices, engaging in relevant regional and global platforms, and developing shared risk management and resource mobilisation strategies. International cooperation is seen as essential for implementing the objectives of the SFDRR (Art. 28).
<b>BANGKOK PRINCIPLES</b>	Emphasise the need to “advocate for, and support cross-sectoral, transboundary collaboration including information sharing, and science and technology for all hazards, including biological hazards” (Art. 6).

23 See generally, IFRC Global Literature Review on Law and Disaster Recovery, Available at: <https://disasterlaw.ifrc.org/media/1684>.







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