

**Title:** [Annual disaster statistical review: numbers and trends 2006](#)

**Author(s):** By P. Hoyois, J-M. Scheuren, R. Below, D.Guha-Sapir

**Source:** Centre for Research on the Epidemiology of Disasters (CRED), Catholic University of Louvain, Brussels, Belgium; Inter-Agency secretariat for the International Strategy for Disaster Reduction (UN/ISDR), 2007

**Pages:** 52 p.

**Abstract:** Every year, the Centre for Research on the Epidemiology of Disasters (CRED) reports on the effects of disasters on human populations. This first annual disaster statistical review is an analysis of the disaster figures in 2006 compared to 2005 and 2000-04. CRED has been publishing statistics on disasters every year since 1998 thanks to the generous support of the United States Agency for International Development Office of Foreign Disaster Assistance (USAID/OFDA). This support has allowed to maintain CRED's Emergency Events database, EM-DAT, which contains essential core data on the occurrences and effects of disasters in the world from 1900 until today. The main objective of EM-DAT is to inform humanitarian initiatives at national and international levels. It also rationalizes decision-making for disaster preparedness, as well as provides an objective base for vulnerability assessment and priority setting.

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**Title:** [Caring for kids after trauma, disaster and death: a guide for parents and professionals, second edition](#)

**Author(s):** By Harold S. Koplewicz, Marylene Cloitre

**Source:** New York University Child Study Center, 2006

**Pages:** 64 p.

**Abstract:** This guide has been prepared for use with all children and adolescents following a traumatic experience, but users should be particularly sensitive to the reactions of those children who are more likely than others to be at risk for developing problems. This would include children who had physical exposure, who witnessed the event, who were near the location of the disaster or incident, who had a preexisting mental health issue, whose caregivers experienced emotional difficulty, who had preexisting or consequent family life stressors such as divorce or loss of job, previous loss or trauma experience or those who have a limited support network.

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**Title:** [Cuba, weathering the storm: lessons in risk reduction from Cuba](#)

**Author(s):** By Martha Thompson, with Izaskun Gaviria

**Source:** Oxfam America, 2004

**Pages:** 64 p.

**Abstract:** This report hopes to present a comprehensive overview of the Cuban model of risk reduction in disaster mitigation, preparedness, response and recovery and explore what may be adapted from this model in other countries. This report focuses on specific recommendations for Central America. The final section of this report draws out several mechanisms from the Cuban model that might be adapted to Central America based on that region's rich history of grassroots experience in social organization. Although the report aims for a complete explanation of the Cuban model, it does not pretend to provide an exhaustive review of risk reduction in Central America. The goal of "Weathering the Storm: Lessons in Risk Reduction from Cuba" is to provide information, offer ideas and provoke discussion to improve strategies of risk reduction at the community level in Central America, contributing to a culture of prevention.

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**Title:** [Grenada: Macro-socio-economic assessment of the damage caused by Hurricane Emily, July 14th, 2005](#)

**Author(s):** By the Organisation of Eastern Caribbean States (OECS)

**Source:** OECS, 2005

**Pages:** 87 p.

**Abstract:** The assessment analysed and computed the direct and indirect effects of Emily on the economy. This allowed the team to project the impact of the damages on overall macro economic performance and to identify recommendations as the basis to guide the continued rehabilitation and recovery of the economic, social and environmental sectors. Every attempt was made to ensure that only the incremental damages caused by Emily were accounted for. In a number of instances the damages, especially to the infrastructure, appeared to be more than what has been accounted for in this report. These damages are, however, cumulative damages, having been sustained by Hurricane Ivan and then being exacerbated by Emily.

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**Title:** [Grenada: Macro-socio-economic assessment of the damage caused by Hurricane Ivan, September 7th, 2004](#)

**Author(s):** By the Organisation of Eastern Caribbean States (OECS)

**Source:** OECS, 2004

**Pages:** 127 p.

**Abstract:** This study to undertake a Macro-economic and Social Assessment of the effects of Hurricane Ivan on the performance of the Grenadian economy, in the short, medium and long term, was initiated as a result of a visit by the Director General of the Organization of Eastern Caribbean States, to the Prime Minister Dr. the Hon. Keith Mitchell, on 10 September - Day Three of the post event period. The report undertakes a sector by sector analysis of the impact of Hurricane Ivan; an assessment of overall damages is then computed. Sectors are grouped into four categories: Social, Productive, Infrastructural and Environment.

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**Title:** [Health guidelines for vegetation fire events: guideline document](#)

**Author(s):** By Dietrich Schwela, Lidia H. Morawska, Johann G. Goldammer, Orman Simpson

**Source:** WHO, UNEP, WMO, 1999

**Pages:** 219 p.

**Abstract:** To some extent, many countries have already established policies, legislation and emergency response measures to control and combat vegetation fires and air pollution, and to minimize their impacts. For this reason, the development of a common set of health guidelines for the interest of all the countries involved is most timely. These guidelines help to greatly reduce the burden of excess mortality and preventable disability suffered by the poor. They also counter potential threats to health resulting from economic crises, unhealthy environments and risky behaviour. In this sense, the guidelines contribute to meeting two of the key challenges that were highlighted in the 1999 World Health Report and, thus, they contribute to making health a fundamental human right.

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**Title:** [Health guidelines for vegetation fire events: background papers](#)

**Author(s):** By Kee-Tai Goh, Dietrich Schwela, Johann G. Goldammer, Orman Simpson

**Source:** WHO, UNEP, WMO, 1999

**Pages:** 492 p.

**Abstract:** This document forms a set of three publications which provide global advice and guidance on the management of vegetation fire events. The document of Background Papers contains background papers, prepared by experts of the different scientific communities, which cover the issues: ground based and remote monitoring of vegetation fire events; assessment of health impacts of vegetation fires; case studies of health effects of vegetation fires; and management of vegetation fire emergencies.

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**Title:** [Health guidelines for vegetation fire events: teachers' guide](#)

**Author(s):** By Dietrich Schwela, Lidia H. Morawska, Abu Bakar bin Jaafar

**Source:** WHO, UNEP, WMO, 1999

**Pages:** 108 p.

**Abstract:** This teachers' guide compiles educational materials that can be used in training courses on the health guidelines for vegetation fire events. The goal of this guide is to enable national trainees of the guidelines become trainers, and disseminate the information in the guidelines to the staff of national agencies, fire fighters and other stakeholders involved in the fighting, suppression and prevention of vegetation fires. It contains the complete set of slides used in three training courses and may serve for further training courses in all regions around the world, after appropriate updating and revision with respect to scientific and technological development.

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**Title:** [Human health and vulnerability in the Nyiragongo volcano crisis, Democratic Republic of Congo, 2002: final report to the World Health Organisation](#)

**Author(s):** By Dr Peter J Baxter, Dr Anne Ancia

**Source:** World Health Organisation (WHO), 2002

**Pages:** 60 p.

**Abstract:** This document reports a vulnerability assessment of the Nyiragongo volcano crisis at Goma undertaken for the World Health Organisation (WHO), based on an analysis of the impact of the eruption on January 17/18, 2002. The relatively small loss of life in the January 2002 eruption (less than 100 deaths in a population of 500,000) was remarkable, and psychological stress was reportedly the main health consequence in the aftermath of the eruption. A cholera outbreak was prevented by the rapid intervention of NGO's and other agencies to provide chlorinated drinking water from Lake Kivu. This report is a contribution for health sector preparedness and the involvement of the health sector in the on-going risk management of this crisis. Some important findings on the vulnerability of the population have emerged which relate to the eruption occurring in a region already affected by a complex humanitarian emergency and these should be considered in emergency planning and preparedness.

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**Title:** [Los volcanes y la protección de la salud](#)

**Author(s):** By the Pan American Health Organization (PAHO)

**Source:** PAHO, 2002

**Pages:** 20 p.

**Abstract:** Esta guía se trata de un documento técnico dirigido a personal sanitario que pueda tener participación en acciones de prevención, preparativos o respuesta a emergencias volcánicas. Esta guía, elaborado desde la perspectiva y la experiencia del continente americano, muestra los principales riesgos que las erupciones volcánicas tienen para la salud y las medidas básicas de planificación que el sector salud debe y puede tomar para reducir los posible daños. Está dividido en dos partes complementarias, pero claramente diferenciadas, que pueden usarse incluso de forma independiente.

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**Title:** [Moving beyond the tsunami: the WHO story](#)  
**Author(s):** By the World Health Organization (WHO)  
**Source:** WHO, 2005  
**Pages:** 143 p.  
**Abstract:** Some dates and events are stamped forever in the world's collective memory. 26 December 2004 is one such date, when hundreds of thousands of people were killed, and millions were affected, by a severe earthquake and tsunami. Among the countries affected were six Member States of WHO's South-East Asia Region. The scale of devastation and the large number of people affected, across so many countries, was unprecedented. The disaster left in its wake formidable public health challenges which needed immediate response. These challenges, however, have been used as opportunities to improve health systems to address the needs of the people in the long term. As we move from the emergency phase to the rehabilitation phase, local health capacity and infrastructure have been fortified, and people trained to serve their communities better. "Moving beyond the Tsunami: The WHO story" narrates how the health needs of the affected people are being met. This book enables us to keep in mind the lessons learnt from the disaster, so that we may serve the people better.

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**Title:** [National platforms for disaster reduction: study on current status of disaster reduction, institutional arrangements and potential for national platforms for disaster reduction in 3 South and South East Asian countries](#)  
**Author(s):** By the Asian Disaster Preparedness Center (ADPC), Thailand  
**Source:** German Committee for Disaster Reduction (DKKV), 2007  
**Pages:** 48 p.  
**Abstract:** Modern societies are exposed to a number of natural, technological and environmental risks. Hence it is a prerequisite to increase awareness among members of society of such risks, and to expand the understanding and perception of disaster risk reduction (DRR). This requires the involvement of people who possess a wide range of professional skills and abilities that are essential for a comprehensive and sustained approach to a truly national commitment to disaster reduction.

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**Title:** [Natural disasters and the impacts on health](#)  
**Author(s):** By Gerard March  
**Source:** University of Western Ontario, 2002  
**Pages:** 18 p.  
**Abstract:** This report will attempt to catalogue and briefly discuss the immediate medical and long-term health effects of a natural disaster. Other topics such as the disruption of a community's critical infrastructure, vulnerable groups within populations, and common misconceptions in disaster response will also be reviewed. Finally, mitigation and loss reduction strategies will be introduced in the context of injury prevention and promotion of health benefits.

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**Title:** [Natural disasters, coping with the health impact: disease control priorities project](#)  
**Author(s):** By the Disease Control Priorities Project (DCPP), Fogarty International Center of the U.S. National Institute of Health, World Bank, World Health Organization (WHO), Population Reference Bureau, United States (PRB), Bill and Melinda Gates Foundation  
**Source:** DCPP, Fogarty International Center of the U.S. National Institute of Health, World Bank, WHO, PRB, Bill and Melinda Gates Foundation, 2007  
**Pages:** 4 p.  
**Abstract:** According to the International Federation of the Red Cross and Red Crescent Societies, in 2002, international disasters affected 608 million people and killed more than 24,000. Disasters are unusual public health events that overwhelm the coping capacity of the affected community. A public health approach to disaster risk management should focus on decreasing the vulnerability of communities through prevention and mitigation measures and increasing the coping capacity and preparedness of the health sector and community. This fact sheet will focus on cost-effective solutions to address natural disasters.

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**Title:** [Natural disasters: protecting the public's health](#)  
**Author(s):** By the Pan American Health Organization (PAHO), World Health Organization (WHO)  
**Source:** PAHO/WHO, 2000  
**Pages:** 119 p.  
**Abstract:** This publication outlines the health sector's role in reducing the impact of disasters, laying out a framework that an administrator can rely on to make effective decisions in managing the health sector's activities to reduce the consequences of disasters. It describes the overall effects of disasters on health, highlighting myths and realities, and summarizes how the health sector must organize itself to cope with disasters. The book emphasizes the multisectoral nature of disaster preparedness and sets forth guidelines for preparing health sector disaster plans, means of coordination, and special technical programs before a disaster hits. The book also includes ground-breaking information on the management of supplies in a disaster.

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**Title:** [Responding to communicable diseases following the tsunami in South-East Asia](#)  
**Author(s):** By the World Health Organization (WHO)  
**Source:** WHO, 2005  
**Pages:** 40 p.

**Abstract:** Communicable diseases, especially those that are epidemic-prone, are the most significant health threat to the internally displaced population after a catastrophe like the Tsunami. It is a document that highlights the challenges faced and describes the key technical activities that were carried out by WHO and national counterparts in all the six tsunami-affected countries to detect, prevent and control the communicable diseases.

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**Title:** [Should disaster strike... Health in the International Decade for Natural Disaster Reduction](#)

**Author(s):** By the World Health Organization (WHO)

**Source:** WHO, 1991

**Pages:** 24 p.

**Abstract:** The document lists WHO's programmes and activities for the International Decade for Natural Disaster Reduction. Contents: Disaster myths and realities – Interview with Hiroshi Nakajima, M.D., Ph.D. – Natural disasters from Pompeii to Krakatoa – Natural disasters in our time – Man-Made disasters – What everyone should know about disasters – How children perceive disasters – Disasters and response – Economics of disaster – Opportunities and challenges in natural disaster reduction – Health and natural disaster reduction – Disaster preparedness in health – How preparedness works: three scenarios drawn from the field – WHO's role in the international decade for natural disaster reduction – Technology's role in disaster preparedness – WHO's emergency kit – A WHO preparedness checklist – Thinking the unthinkable.

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**Title:** [The Andaman Nicobar earthquake and tsunami 2004: impact on diseases in Indonesia](#)

**Author(s):** By Debarati Guha-Sapir, Wilbert Van Panhuis

**Source:** Centre for Research on the Epidemiology of Disasters (CRED), 2005

**Pages:** 24 p.

**Abstract:** The human impact of the tsunami on December 26 2004 was enormous: more than 175.000 people killed, almost 2 million affected and many people lost their homes. Indonesia, Sri Lanka, India and Thailand were worst hit with Indonesia bearing the greatest burden with nearly three-quarters of all dead and over half the homeless. Communicable disease outbreaks were foreseen in the aftermath of the disaster and the large number of dead bodies gave rise to widespread fear of epidemics. Evidence from previous natural disasters however, has shown that disease outbreaks are a very rare occurrence and it is well established that dead bodies do not pose a health threat. The objectives were 1) to describe the patterns and relative importance of major diseases as a consequence of the tsunami, 2) to compare these to the pre-existing disease profiles in Aceh before the disaster, 3) to identify key recommendations for improvement of disease control and surveillance after disasters.

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**Title:** [The health hazards of volcanic ash: a guide for the public](#)

**Author(s):** By the International Volcanic Health Hazard Network (IVHHN), Cities and Volcanoes Commission, GNS Science and the United States Geological Survey (USGS)

**Source:** IVHHN, USGS

**Pages:** 15 p.

**Abstract:** This document has been prepared to promote the safety of those who experience volcanic ashfall. This guide explains the potential health effects of volcanic ash and gives details on how to protect yourself and your family in the event of a volcanic ashfall.

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**Title:** [The tsunami and after: WHO's role](#)

**Author(s):** By the World Health Organization (WHO)

**Source:** WHO, 2005

**Pages:** 38 p.

**Abstract:** Health systems in many of the affected countries had been devastated. For example, in Aceh, Indonesia, 53 of the 244 health facilities were destroyed or severely incapacitated. Fifty-seven of the 497 provincial health office staff died, while 59 were reported missing. WHO assisted the health sectors of the affected countries, at their request, to strengthen their resources and set up systems where they had been destroyed. In meeting the needs of the affected areas, WHO also provided technical guidelines and medical supplies. Resources were mobilized in partnership with the government health authorities.

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**Title:** [Three months after the Indian Ocean earthquake-tsunami: health consequences and WHO's response](#)

**Author(s):** By the World Health Organization (WHO)

**Source:** WHO, 2005

**Pages:** 3 p.

**Abstract:** In the early hours of the morning of Sunday 26 December 2004 a massive earthquake measuring 9.0 on the Richter scale struck the west of northern Sumatra. The quake triggered a powerful tsunami that swept the coasts of neighbouring countries and causing serious damage and loss of life. At least five million people were affected in Indonesia, Sri Lanka, Maldives, India, Thailand, Maldives, Seychelles, Myanmar. The death toll exceeded 280,000 people, and more than one million persons were displaced as a result of the destruction.

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**Title:** [Tsunami recovery process focuses on long-term health capacity development](#)

**Author(s):** By the World Health Organization (WHO)

**Source:** WHO, 2005

**Pages:** 2 p.

**Abstract:** The tsunami of 26 December 2004 was one of the worst natural disasters in recent memory. Six months after the tragedy, the rebuilding and recovery process has provided an opportunity for the health sectors in the affected countries, assisted by the World Health Organization (WHO), to strengthen their health systems in a long-term, sustainable manner. Local health capacity and infrastructure are being fortified and local people have been trained in skills that will serve their communities better.

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**Title:** [UNFPA response to Indian Ocean tsunami: update at one year](#)

**Author(s):** By the United Nations Population Fund (UNFPA)

**Source:** UNFPA, 2006

**Pages:** 37 p.

**Abstract:** This report marks the year-end update on UNFPA's activities following the massive devastation caused by the Indian Ocean Tsunami on December 26th 2004. Thanks to the outpouring of generous donor support, UNFPA has been part of the initial relief and recovery process and is now focused on the reconstruction phase, together with its wide network of partners, sister UN agencies, non-governmental organizations (NGOs) and community based youth, women and religious organizations. A year after the Indian Ocean Tsunami, work is ongoing to restore reproductive health services and address psychosocial needs in affected communities. Although much has been achieved, the humanitarian needs and challenges are still enormous and many complex issues (issues relating to equity, land tenure, sustainable livelihoods, planning, intersectoral and district level coordination etc) still need to be resolved.

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**Title:** [What have we learned? Capacity building for health responses in disasters](#)

**Author(s):** By Debarati Guha-Sapir

**Source:** WHO, 2005

**Pages:** 3 p.

**Abstract:** This is a synthesis of the presentations and discussions pertaining to Capacity Building for Health Responses in Disasters of the Conference, Health Aspects of the Tsunami Disaster in Asia, convened by the World Health Organization (WHO), in Phuket, Thailand, 04–06 May 2005. The topics discussed included: specific goals; main focal areas, including available training programs, country-specific training programs, targeted technical assistance for training programs, certified training programs, and ensuring that funding is available for training; what has been achieved in building capacity; challenges; where capacity building is needed; and conclusions and recommendations.

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**Title:** [What parents can do: helping children and adolescents cope with violence and disasters, for parents of children exposed to violence or disaster](#)

**Author(s):** By the U.S. Department of Health and Human Services, National Institute of Mental Health (NIMH)

**Source:** NIMH, 2006

**Pages:** 15 p.

**Abstract:** Violence or natural disasters can cause trauma in young people. Trauma is hurt or harm. It can be hurt to a person's body. It can be harm to a person's mind. The National Institute of Mental Health (NIMH) works to help children who experience trauma. Other Federal agencies also provide help. Parents and family members play important roles. They help children who experience violence or disaster. They help children cope with trauma. They help protect children from further trauma. They help children get medical care and counseling. They also help young people avoid or overcome emotional problems. These problems can result from trauma. This fact sheet provides steps parents can take.

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**Title:** [WHO year in review 2006](#)

**Author(s):** By the World Health Organization (WHO)

**Source:** WHO, 2007

**Pages:** 38 p.

**Abstract:** The year saw some important achievements and some setbacks, some steady progress and some surprises requiring emergency action. The work of many people helped to propel the momentum to reach the health-related goals set out in the Millennium Declaration. These goals aim to reduce childhood and maternal mortality and lower the number of deaths caused by the major infectious diseases: HIV/AIDS, tuberculosis, and malaria. Above all, when we look back over the year, we see the huge diversity of challenges – from the dramatic rise of chronic diseases to the looming threat of an influenza pandemic, from persistent malnutrition in Africa to an epidemic of childhood obesity in Europe. The World Health Report 2006 drew attention to a critical shortage of health workers that is jeopardizing the delivery of essential care in 57 countries. This problem combines with the weakness of delivery systems, especially in reaching the poor, to define one of the greatest obstacles to progress in public health.

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**Title:** [World Conference on disaster reduction, Thematic cluster 1, Governance, institutional and policy frameworks for risk reduction, Session 1.5, Disaster reduction indicators, safer critical facilities: safe hospitals, an indicator of disaster reduction](#)

**Author(s):** By Luis Fernando Correa Serna, Ministry of Health, Colombia

**Source:** UN/ISDR, 2005

**Pages:** 19 p.

**Abstract:** Vulnerability reduction in health facilities should not be circumscribed to protect the life of their occupants and the investment itself but ensure that the health facilities must keep functioning during a disaster event. This implies the increase of its capacity to provide services to a higher demand.

**Title:** 120 days after tsunami Dec 26, 04: experiences and lessons learn of Thailand (draft)

**Author(s):** By the Health Technical Office, Bureau of Policy and Strategy, Office of the Permanent Secretary, Ministry of Public Health, Thailand (MOPH)

**Source:** MOPH, 2005

**Pages:** 48 p.

**Abstract:** This report was prepared by reviewing documents from various organizations both public and private agencies in Thailand that publicized after the occurrence of the tsunami disaster. The Ministry of Public Health organized a technical conference on tsunami disaster in Phuket Province during February 23rd – 24th, 2005. This conference aimed at setting up a forum for experts and health care personnel to share their experiences and opinions on tsunami disaster. More than 300 participants from various organizations attended this conference. They were health personnel from MOPH, universities, professional societies, Royal Thai Police Bureau, the Thai Red Cross Society and private organizations. Evidence-based data and information from the conference had been presented in this report.

May 2011. ii Annual Disaster Statistical Review 2010 – The numbers and trends. About CRED. The Centre for Research on the Epidemiology of Disasters (CRED) has been active for more than 35 years in the fields of international disaster and conflict health studies, with research and training activities linking relief, rehabilitation and development. Figure 1: Trends in occurrence and victims Figure 2: Natural disaster classification Figure 3: Top 10 countries by number of reported events in 2010 Figure 4: Top 10 countries in terms of disaster mortality in 2010. and distributed by disaster type Figure 5: Top 10 countries by victims in 2010 and distributed by. 15 Source: id. Annual Disaster Statistical Review, Numbers and Trends, 2006 <http://www.em-dat.net/documents/Annual%20Disaster%20Statistical%20Review%202006.pdf>. 6. The application of needs-based principles led to the following geographical breakdown16 of the funds committed for humanitarian aid in 2007. Since the signing of the Darfur Peace Agreement in May 2006, the situation has further deteriorated and humanitarian access has been drastically reduced. This first annual disaster statistical review is an analysis of the disaster figures in 2006 compared to 2005 and 2000-04. Health and disaster risk 1 DRR10438 Annual disaster statistical review: numbers and trends 2006 By P. disaster and death: a guide for parents and professionals. Marylene Cloitre New York University Child Study Center.

Source: "Annual Disaster Statistical Review 2013: The numbers and trends." Debarati Guha-Sapir, Philippe Hoyois and Regina Below [http://reliefweb.int/sites/reliefweb.int/files/resources/ADSR\\_2013.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/ADSR_2013.pdf). FIGURE 3. Global conflict-induced internal displacement, 1993-2013 (end-year). Adapted from AAP, Pediatric Education for Prehospital Professionals, Jones & Bartlett Publishers, London, 2006. **Section 11 / Mortality**. It is critical to attempt to reunite children with their families as soon as possible and give special attention to reducing their vulnerability in all disaster response planning. Statistical Review 2008. The numbers and trends. Jose Rodriguez. Femke Vos. Regina Below. D. Guha-Sapir. Copyright © 2009. Centre for Research on the Epidemiology of Disasters. ii. Annual Disaster Statistical Review 2008 "The numbers and trends." This publication is printed in an environmentally - friendly manner. June 2009. Annual Disaster Statistical Review 2008 "The numbers and trends." iii. About CRED. The Centre for Research on the Epidemiology of Disasters (CRED) has been active for more than 30 years in the fields of international disaster and conflict health studies, with research and training activities linking relief, rehabilitation and development. It was established in Brussels in 1982. In 2016, 342 disasters triggered by natural hazards were registered, below the 2006-2015 annual average (376.4). After a peak in disasters in 2015 (395), this decrease could be a sign of, either a return to a declining trend in the annual number of disasters since 2005, or a precursor of a possible stabilization in the annual number of disasters. Last year, the number of deaths caused by natural disasters (8,733) was the second lowest since 2006, largely below the 2006-2015 annual average (69,827). Inversely, the number of people reported affected by natural disasters (564.4 million) was the highest since 2006.