

## Editor-in-Chief's Note

# Disaster Risk Management in the Context of War: Strengthening Health System Resilience



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In recent years, rising geopolitical tensions—particularly in the Middle East—have once again underscored the urgent relevance of disaster risk management (DRM) in the context of armed conflict. While natural hazards remain a pressing global concern, wars and violent conflicts introduce complex, protracted crises that impose unique and often devastating burdens on health systems. These emergencies, unlike sudden-onset natural disasters, frequently unfold over time, erode institutional capacities, and leave enduring scars on populations and infrastructures.

The Sendai framework for disaster risk reduction (UNDRR, 2015) provides a critical foundation for addressing such risks, emphasizing a shift from reactive to proactive strategies. It calls for a comprehensive, people-centred, and multisectoral approach that incorporates prevention, preparedness, and resilience as essential pillars—not only for natural hazards, but increasingly for conflict-related emergencies.

War-related disasters pose specific challenges. Armed conflict can lead to the collapse of health infrastructure, the displacement of populations, the disruption of essential services, and widespread psychological trauma. In regions, like Iran—where both natural disasters and the consequences of regional instability are part of historical

experience—there is an acute need to integrate conflict-sensitive risk management into national health strategies.

To achieve this, several key actions are required. First, disaster risk governance must be enhanced by embedding early warning systems, coordinated risk communication, and emergency preparedness into the health sector. Hospitals and prehospital emergency services must be systematically assessed and strengthened for structural, non-structural, and functional safety under wartime conditions. Ensuring continuity of care—particularly for vulnerable groups—is paramount.

Equally critical is community-level resilience. Front-line health workers, civil society organizations, and local institutions must be supported through tailored training, psychological support, and strategic resource allocation. Building resilience is not merely a technical process; it is a social and ethical commitment to protect the most at-risk populations.

Iran's national frameworks must also evolve in alignment with global standards. International frameworks, such as the Sendai Framework, should be localized to fit the Iranian context, taking into account the socio-political realities and operational needs of the country. This includes revising emergency operations plans and fostering intersectoral collaboration between the health,

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security, humanitarian, and civil defence sectors. Moreover, translating scientific evidence into policy and practice—through the active involvement of academic institutions, such as the [Health in Emergencies and Disasters Research Center](#) at the [University of Social Welfare and Rehabilitation Sciences \(USWR\)](#)—is essential to ensure evidence-based and contextually relevant interventions.

As a regional pioneer in the field, the [Journal of Health In Disasters Quarterly](#) remains steadfast in its commitment to promoting research and dialogue on disaster risk management, with particular attention to health system preparedness in wartime. We invite contributions that explore contingency planning, operational challenges, psychosocial support, and the broader dimensions of health resilience under conditions of armed conflict.

Now more than ever, scientific knowledge must inform practical action. Let us strengthen our shared understanding and readiness to safeguard human life and dignity in the face of war and crisis.