

## Editor's Note

# The Intersection of Emergency and Disaster Risk Management and Climate Change: A Converging Agenda for Global Health Resilience



Hamidreza Khankeh<sup>1,2\*</sup>

1. Health in Emergency and Disaster Research Center, Social Health Research Institute, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.  
2. QUEST Center for Responsible Research, Berlin Institute of Health at Charité, Berlin, Germany.



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The convergence of emergency and disaster risk and climate change presents one of the most pressing health challenges of our time. The frequency and intensity of extreme weather events, like floods, heatwaves, wildfires, rising seas, and storms have increased markedly, placing unprecedented pressure on already fragile health systems. Climate change is a threat and risk multiplier, compounding vulnerabilities, and triggering cascading disasters that severely affect population health, particularly in developing countries with low-resource and high-risk settings.

Disasters fueled by climate change events no longer occur in isolation. We face compound and complicated crises, such as pandemics intersecting with floods or heatwaves coinciding with power outages, that test the limits of emergency response and resilience of the affected communities. Climate-sensitive health threats, including vector-borne diseases, food and water insecurity, and heat-related illnesses, are expanding rapidly all around the world. These complex and complicated risks demand an integrated and forward-looking approach.

It is clear that disaster risk management (DRM) and climate change adaptation/mitigation can no longer oper-

ate in separate silos. The Sendai Framework for Disaster Risk Reduction (2015–2030), the Paris Agreement, the World Health Organization (WHO) health emergency and disaster risk management (Health-EDRM) framework, and the IPCC Sixth Assessment Report all call for coordinated action to safeguard health and promote resilience of focusing on vulnerabilities.

To advance this agenda, we urge policymakers and practitioners to prioritize the following issues:

- 1) Risk-informed development that integrates climate and disaster risk into infrastructure, health planning, and urban design and any development plan, 2) Early warning systems and anticipatory action for climate-sensitive health hazards, such as heatwaves, floods, and disease outbreaks like heat–health alert systems (HHAS), 3) Climate-resilient health systems capable of delivering essential services before, during, and after climate-related disasters and to develop dedicated health national adaptation plan (HNAP), 3) Protection of health infrastructure, ensuring all health care facilities like hospitals and clinics are disaster-proof and operational in emergencies, and 4) Community engagement and equity, with a focus on vulnerable populations most at risk from climate and disaster risk.

**\* Corresponding Author:**

Hamidreza Khankeh, Professor:

**Address:** Health in Emergency and Disaster Research Center, Social Health Research Institute, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.

**E-mail:** [hamidreza.khankeh@bih-charite.de](mailto:hamidreza.khankeh@bih-charite.de)



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[Health in Disasters Quarterly \(HDQ\)](#) emphasizes the importance of interdisciplinary science, responsible research, and open collaboration in the field of emergency and disaster risk management. Evidence must be translated into actionable policy, and research must be collaborative, inclusive, equitable, and focused on real-world implementation.

We invite submissions to [Health in Disasters Quarterly](#) on this theme. Suggested topics include the following items:

1) Health system adaptation to extreme weather, 2) Climate-sensitive infectious disease surveillance, 3) Case studies of resilient hospital infrastructure, 4) Community-based climate-DRM interventions, 5) Mental health impacts of climate disasters, and 6) Responsible research at the intersection of climate change and emergency and disaster risk management.

In closing, we call on scientists, practitioners, and policymakers to act decisively at the climate, DRM interface. Protecting global health requires shared knowledge, integrated planning, and bold leadership. HDQ remains committed to fostering this essential dialogue and advancing science that strengthens the health resilience of communities worldwide.