Editor-in-Chief Note

Advancing the Sendai Framework in Iran's Health System By Professor Hamidreza Khankeh

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The Sendai framework for disaster risk reduction (SFDRR) 2015–2030 places health at the center of its agenda, calling for the protection of lives, livelihoods, and health services before, during, and after disasters. With over 30 health-specific references, it outlines four core priorities—understanding risk, strengthening governance, investing in resilience, and enhancing preparedness for recovery ("build back better")—all directly relevant to national health systems.

For Iran, one of the most disaster-prone countries globally, implementing Sendai's priorities within the health system is both urgent and achievable. Earthquakes, floods, and other natural hazards continue to threaten public health infrastructure. The 2019 floods alone damaged nearly 1,000 health facilities, and studies show that many hospitals and emergency services remain unprepared for future events. Although Iran has made significant progress in disaster health risk management—most notably through the Ministry of Health's Disaster Health Management (DHM) roadmap (2016–2025)—major gaps remain in risk governance, community engagement, and resilient infrastructure.

To implement the Sendai framework effectively, Iran must integrate DRR principles across all levels of health governance. This includes aligning national policies with Sendai's four priorities, strengthening the institutional capacity of the Ministry of Health and Medical Education (MoHME), and ensuring the resilience of primary health care (PHC) and hospital systems. National hazard assessments, such as the health-oriented hazard identification tool developed by Iranian researchers (Khankeh et al.), provide valuable risk data for risk informed planning.

Community preparedness is a critical area for development. Recent studies show that Iranian households score less than 10% on disaster preparedness indices. Public participation remains limited due to low risk perception, weak social capital, and limited disaster education. Addressing these issues requires sustained investment in risk communication, education campaigns, and the formal integration of community health workers into local DRR programs.

Iran has piloted several successful models that align with Sendai goals, including a context bond guideline for hospital disaster risk management, customized triage protocols, and postgraduate disaster management pro-

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grams. These innovations must now be scaled nationally with proper training and evaluation mechanisms.

Furthermore, enhancing intersectoral collaboration—between health, emergency, education, housing, and civil society—is essential. The recent formation of national commissions and joint initiatives with World Health Organization (WHO) exemplify the kind of cross-sectoral engagement needed for Sendai-aligned resilience building.

In conclusion, the Sendai framework offers a comprehensive blueprint for strengthening Iran's health system resilience. With political will, scientific leadership, and community engagement, Iran can transition from reactive disaster response toward proactive risk reduction. The Journal of Health in Disaster Quarterly remains committed to advancing this vision through research, policy dialogue, and the promotion of best practices in disaster and emergency health.