

core set of 289 KPIs (29 indicators to assess progress concerning the HDC position).

Conclusion: This study employed a modified Delphi approach to establish consensus, resulting in the development of an evaluation tool to measure hospital disaster preparedness and to evaluate progress of the HDC position within Belgian hospitals. All indicators were considered relevant and immediately implementable. When the implementation of KPIs is completed, the statement is that a HIMS exists within the hospitals.

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Twenty Years on from WCDEM-13, Melbourne 2003: Impact of the Melbourne Statement

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Introduction: Melbourne hosted WCDEM-13 in May 2003 when Congress participants endorsed a Melbourne Statement with five actions. Twenty years on, WCDEM-22 in Ireland provides an opportunity to reflect on the impact of the Melbourne Statement.

Method: A desktop review of Congress and subsequent documents informed by the personal experiences of the co-authors, who contributed to the Local Organizing Committee for the Melbourne Congress and/or subsequently through the WADEM Oceania Chapter.

Results: The WADEM Education Sub-committee, co-chaired by a Melbourne member, followed through with one of the key actions from the Melbourne Statement: “WADEM will promote international professional standards and education programs for persons involved in disaster prevention, preparedness, response, and recovery.” The Education Sub-committee held a series of European meetings, resulting in an international meeting in Brussels in 2004 producing ‘International Guidelines and Standards for Education and Training to Reduce the Consequences of Events that May Threaten the Health Status of a Community’. This was presented to the 2005 WCDEM in Edinburgh, and later published in PDM (2007), thereby meeting a second action from the Melbourne Statement. However, this energetic, collaborative, and productive process subsequently ‘failed to thrive.’ The influence of three further Melbourne Statement actions, were harder to analyze. WADEM members in Australia led other identifiable actions e.g. formation and leadership of the WADEM Oceania Chapter (2008); a National Framework for Disaster Health Education in Australia (2010); and Teaching Emergency and Disaster Management in Australia: Standard’s for Higher Education Providers (2017).

Conclusion: The insightful Melbourne Statement reflected the times and led to identifiable, but limited, WADEM outcomes. Congress participants endorsed an Outcomes Statement at WCDEMs in Edinburgh (2005) and Amsterdam (2007) but not at subsequent WCDEMs. Outcome Statements have

become commonplace in professional congresses, and it may be timely to re-introduce Congress Statements as a feature of future WCDEMs.

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WHO Guidance on Research Methods for Health Emergency and Disaster Risk Management

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Introduction: The World Health Organization (WHO) has developed and supported numerous initiatives to build capacity and awareness about health emergency and disaster risk management (Health EDRM). These include establishing the Health EDRM Research Network (Health EDRM RN) in 2018 and the publication of the Health EDRM Framework in 2019. These initiatives recognize that research is vital to generating the evidence to inform decision making and research that is integral to disaster preparedness, response and recovery will be vital to delivering the aspirations associated with caring, coping and overcoming in an increasingly challenging world.

Method: To strengthen the capacity for conduct and use of research, resources were developed by the WHO Guidance on Research Methods for Health EDRM.

Results: This first WHO textbook on Health EDRM research methods was published in 2021 and updated in 2022 with a chapter on Health EDRM research in the context of COVID-19. The 44 chapters offer practical advice about how to plan, conduct and report on a variety of quantitative and qualitative studies that can inform questions about policies and programs for health-related emergencies and disasters across different settings and level of resources. Case studies of direct relevance to Health EDRM provide real-life examples of research methods and how they have modified policies.

More than 160 authors in 30 countries contributed to the guidance, which is relevant to researchers, would-be researchers, policy makers and practitioners. It should help improve the quality of Health EDRM research; the quality of policy, practice and guidance supported by the evidence generated; and research capacity, collaboration and engagement among researchers, the research community, policy-makers, practitioners and other stakeholders.

Conclusion: The Guidance is being supplemented by additional resources, including audio podcasts, slideshows, video presentations and webinars, and the content as a whole will be discussed in this presentation.

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