



Emergencies and disasters damage people, their property, and their environment in multiple ways. Whatever the impact, the priorities will be always to protect lives and the well-being of the affected communities and to reduce human suffering. The social, economic, and environmental cost of these events is enormous. Their impact can be felt for many years, particularly when health facilities stop functioning precisely when they are most needed.

The recent earthquakes in Haiti, Chile, and Japan showed that the loss of critical health services such as emergency rooms, intensive care units, operating rooms, and diagnostics services, among others, had to be covered by nearby hospitals or by setting up field hospitals. Services provided by damaged health centers and health posts had to be reestablished making use of almost any available building or of tents.

Preventing the structural collapse of hospitals is necessary to protect the lives of patients and health workers. It is also necessary to protect the investment in hospitals. Not only do hospitals account for more than two-thirds of the health sector budget, but 85% of the economic value of a hospital is in the equipment and installations. However, protecting the hospitals' structural and nonstructural components is not sufficient. People need medical care, and it is essential that hospitals continue to function, especially in emergencies and disasters.

Protecting the more than 12,000 hospitals and hundreds of thousands of health centers and health posts in Latin America and the Caribbean that are located in disaster risk areas is practically impossible. It is necessary to begin with protecting those health facilities that have critical services, that are located in high-risk areas, that serve the most vulnerable populations, and that currently have safety levels that do not guarantee their continued functioning in disasters. In addition, since more than 61% of the damage caused to hospitals in the Americas is due to earthquakes, 17% to hurricanes, and 14% to floods, prioritizing interventions in the areas affected by these phenomena should cover more than 90% of possible scenarios.

It is no longer acceptable for new hospitals to be severely damaged by disasters. Sufficient technical know-how exists to ensure that new health facilities are safe from disasters, beginning with their planning, design, and construction, with an additional cost of less than 4%, or even close to zero if the new hospital is in a lower-risk location.

Evaluating the safety of hospitals in the event of disasters, using practical, low-cost, and highly sensitive instruments such as the Hospital Safety Index (HSI), is the first step necessary for prioritizing interventions. However, it is not enough to know the level of safety. It is also essential to steadily improve the structural, nonstructural and functional safety of hospitals until the goal established in the Hyogo Framework for Action is achieved. At the same time, it is necessary to protect the safety of patients, improve the quality of care, strengthen integrated health services networks, prevent hospital infections, and optimize prehospital medical care. In short, it is necessary to ensure that the population receives high-quality and compassionate health care in emergencies and disasters as well as in normal situations.

The implementation of the Regional Plan of Action on Safe Hospitals approved by the health authorities of our continent is a pressing social, moral, economic, political, and human imperative. All of us, whatever our place in society, have the obligation and ability to help preserve the most valued good: the life and health of the population.

