



In 2005, 168 countries agreed to implement the Hyogo Framework for Action (HFA) 2005-2015: Building the Resilience of Nations and Communities to Disasters. One of the priorities set by the HFA is to “[i]

*ntegrate*

*disaster risk reduction planning into the health sector; promote the goal of hospitals safe from disasters by ensuring that all new hospitals are built with a level of resilience that strengthens their capacity to remain functional in disaster situations and implement mitigation measures to reinforce existing health facilities, particularly those providing primary health care.”*

Oftentimes, the most significant challenge associated with disaster risk reduction is the ability to put theory into practice, and the health sector is no exception in this regard. The countries’ progress in terms of meeting the targets set by the HFA has been uneven and, in most cases, associated with their own risk conditions.

Thanks to the development of the Safe Hospital Checklist and Mathematical Model (Safety Index Calculator), associated with the Hospital Safety Index, literally thousands of hospital evaluations have been carried out with a view to implementing mitigation activities, particularly in hospitals of greater complexity, located in areas at high risk of disasters, where urgent interventions are required to ensure their safety. Several countries report that they are setting up regular inventory systems for new hospitals to ensure that building codes and proper construction techniques are strictly adhered to and that adherence to these standards is a factor in hospital accreditation.



The health sector is moving forward in order to achieve the objectives presented in the Hyogo Framework for Action, and it is very likely that the goal, of all new hospitals being safe and that hospitals located in disaster-prone areas will have improved their level of safety, will be

reached. However, the health authorities of the Americas set much more ambitious goals and targets when they approved PAHO's 2010-2015 Regional Action Plan for Safe Hospitals. Accordingly, a redoubling of efforts and actions will be needed if the countries are to meet each of the plan's six objectives and in so doing strengthen the capacity of health services networks.

It continues to be surprising that extreme events such as the recent earthquakes in Haiti, Chile, and Japan are the greatest drivers of risk reduction and disaster preparedness initiatives. The new—or renewed—initiatives that were launched in the wake of those events have sought to reduce the risk of disasters in general in all sectors. Since no country in the world has the resources necessary to achieve significant advances in all fields, progress has been limited and not enough to make a real difference. The most recent United Nations Global Assessment Report on Disaster Risk Reduction underscores that social and economic cost-benefit analysis is key to successfully managing disaster risk. Along this same line, the report emphasizes the need to prioritize the most vulnerable critical installations instead of investing in multiple risk-prone goods or services because *“saving human lives may be a more powerful incentive for disaster risk than pure cost-effectiveness.”*

Today it is clearer than ever that it will be necessary to continue risk reduction efforts subsequent to 2015. However, it is essential to begin with the components of society that are most important in disasters and whose loss represents the difference between well-being and suffering, between health and permanent disability, or between life and death. Consequently, the political and economic benefits of preventing injury and loss of life will also help reduce poverty and promote human development.