



**Dr. Luis Fernando Correa**

After more than 13 years in charge of emergency and disaster preparedness at Colombia's Ministry of Health and Social Protection of Colombia, Dr. Luis Fernando Correa is in a position to know that Colombia has made great strides in preparing for and responding to emergencies. However, Colombia has many challenges ahead, especially since the country is still vulnerable to disasters and complex emergencies.

**Almost three years have passed since Colombia adopted the Safe Hospitals initiative via Resolution 976/2009. What progress has the country made since and what are the challenges it faces in the future?**

This Resolution clearly expresses the Colombian government's resolve—and particularly that of the Ministry of Health and Social Protection (MSPS)—to base its policy on this global initiative, but perhaps the most important thing the Resolution does is to establish the country's responsibilities and challenges going forward. First, it clears the way to mobilize resources not only for research, but also to make headway on shoring up the country's hospital network. Secondly, Colombia's current administration includes the National Safe Hospitals program within its National Development Plan 2010-2014, which promotes integration on the part of the different sectors and stakeholders responsible for its implementation, thereby strengthening the response capacity of the responsible agencies in the event of disasters. The administration's decision to include the National Safe Hospitals program within the National Development Plan, requires the MSPS to closely monitor the situation—not only to understand where the hospitals are and to assess their situation of risk, but also to establish the timeframes and work plans that make it possible to meet the goal proposed by the in the Hyogo World Conference on Disaster Reduction by 2015.

**For many countries of the region, the earthquake-resistant standard for Colombian hospitals is a good indicator of this progress. Could you explain to the readers of the "Disasters" Bulletin what this standard provides and any new ideas it includes?**

Beginning in 2010, a new earthquake-resistance “NSR10” was adopted, which updated a number of very important aspects, among them decisions to shore up Colombia’s existing earthquake-resistant infrastructure and to invest in new infrastructure in this regard. This is a challenge not only for the health sector, but also for Colombia’s engineering sector, which has conducted an international review to gain insight on the experiences of other countries with a view to equipping Colombia with the requisite technical expertise to help move the initiative forward and turn it into a model of reference for the region.

For example, we recently learned what Peru is doing in terms of its regulatory framework governing operational and structural vulnerability. Once analyzed, we can determine what part of this information is relevant to Colombia and take steps to implement it. We have learned what Mexico is doing to apply the Hospital Safety Index (ISH) and, of course, we have certainly learned much from the recent experience of Japan.



**We know that financing is often one of the most difficult challenges, especially nowadays. So how is that you managed to get the financing necessary to achieve what you have and what advice can you offer on this topic?**

The work moving forward in Colombia is financed with resources from the MSPS’ own budget, international cooperation and, specifically, through support provided by the Pan American Health Organization. This financing has helped to finance efforts such as the Hospital Safety Index. In fact, the HSI generates the necessary information for risk prevention efforts, which is why regional administrations, like Huila, Nariño, Cauca, and Valle del Cauca, have already adopted the Safe Hospitals initiative.

Moreover, we are offering the private sector incentives to invest in infrastructure reinforcement—for example, the Saint Vincent de Paul hospital, in Medellín, where all existing hospital infrastructure has already been reinforced. Bogotá is also working to shore up existing infrastructure.

**In recent months, intense rainfall in Colombia has resulted in emergencies of diverse**

**magnitude. In this regard, how would you rate the response of the country's hospital system and how could its response be improved in the future?**

The impact of the *La Niña* phenomenon during 2010 and 2011 affected a significant percentage of the country's sanitary infrastructure. Consequently, the central government allocated approximately US\$15 million to rehabilitate this infrastructure. As part of infrastructure-related decision-making, the decision was made to relocate some hospital facilities to areas less prone to flooding, which constitutes the most common problem in Colombia.

The challenges we face today are many. Colombia has a significant number of low-, medium, and even high-complexity hospital facilities in need of infrastructure-related strengthening. Approximately half the national territory—which includes 80% of Colombia's population—is at-risk for earthquakes. This is the biggest challenge facing the public and private hospital networks of the health sector.



**Latin America and the Caribbean are taking important steps to achieve the goal of Safe Hospitals in the region. In your experience, how would you characterize relations with other countries and regional institutions? How can all these stakeholders make headway toward the common objective of developing a regional plan of action?**

This is expressed in terms of the efforts put forward by the Pan American Health Organization, having developed regional disaster preparedness and response plans. In turn, these regional policy guidelines help strengthen national disaster preparedness and response plan efforts.

**What do you see as the role of international cooperation regarding this issue? What international support have you received in this regard? Do you think we can continue to advance together on this front?**

Much progress has been made in terms of adapting, adopting, and implementing all the training tools provided by the Pan American Health Organization—and these tools are not solely for training human resources of the health sector, but also engineers and architects at the national, regional, and local levels. Progress has also been made on strengthening the policy with a view to implementing it nationwide. In this way, the transfer of knowledge is ongoing, and is the most important asset in terms of achieving the goals set for the decade, aimed at shoring up the Safe Hospitals policy in the region.

**On a more personal note, which achievement are you most proud of and what part of your work has been most difficult or even frustrating in this process?**

My greatest satisfaction is to work every day transferring tools and knowledge to stakeholders at the local level in order to respond to emergencies. The most difficult part is the fact that Colombia is a vulnerable country and, consequently, must be preparing constantly.