

World Disaster Reduction Campaign 2008-2009
“Safe Hospitals”

A joint initiative of the World Health Organization,
the International Strategy for Disaster Reduction
and the World Bank

Background

The Hyogo Framework for Action 2005-2015 (HFA) was adopted at the World Conference on Disaster Reduction in Kobe, Hyogo, Japan in January 2005. Among the priorities for action adopted by the Conference to measure the commitment to and success of a national risk reduction platform is the following:

Integrate disaster risk reduction planning into the health sector; promote the goal of “hospitals safe from disaster” 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.

Given the critical importance of this issue, the Inter-Agency Task Force (IATF) of the ISDR selected the topic of **safe hospitals** as the theme of the upcoming two-year global awareness campaign 2008-2009.

Why are Safe Hospitals the Focus of the Global Risk Reduction Campaign?

The importance of hospitals goes far beyond the role they play in saving lives after disasters. They are also powerful symbols of social progress and a prerequisite for economic development. As such, special attention must be given to reducing their physical vulnerability.

It is possible to reduce the vulnerability of a hospital by raising the level at which we protect lives, the investment and functionality, not only in existing facilities but also in the design of new installations. It has been proven time and again that when health facilities withstand the impact of disasters and are able to continue functioning, disaster mitigation measures pay off. Although the financial investment can be high (and it is not always possible to protect an installation against all kinds of disasters), the cost of ignoring the risks can be much higher, not only in terms of money, but more importantly, in terms of the loss of human life.

Although the general objective of this campaign is to reduce the risks posed by natural hazards on the health of the world’s population, specific objectives include:

- Ensuring the structural resilience of health facilities in order to protect the life of patients and staff.
- Ensuring functional continuity of hospital services in the aftermath of disasters, when they are most needed.

- Involving health professionals in identifying and reducing risk and thus contributing to building the resilience of communities.
- Taking steps to incorporate the above priorities in national development plans

WHO has Made Progress

WHO and the health sector have already made progress toward achieving these goals.

At the global level: World Health Assembly Resolution 58.1 calls on WHO to intensify its support to Member States affected by crises and disasters through preparedness, response and recovery. WHO has also been called on to cooperate with the International Strategy for Disaster Reduction. In this regard, and building on the Hyogo Framework for Action, WHO has begun to assess the status of health-sector emergency preparedness in Member States, which includes gauging the resilience and risk-management capacity of hospitals and other key health infrastructure.

At the regional level: In the Americas, AMRO has promoted the issue of disaster-resistant health infrastructure and systems for almost two decades. In 2004, the Regional Committee urged Member States “to adopt ‘Hospitals Safe from Disasters’ as a national risk reduction policy, set the goal that all new hospitals are built with a level of protection that better guarantees their remaining functional in disaster situations, and implement appropriate mitigation measures to reinforce existing health facilities, particularly those providing primary care” (Resolution CD45.R8). Guidelines were published and used to prepare or update national norms and legislation, assess the vulnerability of selected facilities and improve their resilience to storms and earthquakes. The faculty of Engineering of the University of Chile was designated a WHO Collaborating Center for Hospital Disaster Mitigation.

In the European region, Resolution EUR/RC49/R6 provided the impetus for risk reduction. In 2006, a handbook on “Health Facility Seismic Vulnerability Evaluation” was published. Similar activities are underway in other regions: The Eastern Mediterranean Region (EMRO) established the basis for disaster risk reduction through a regional strategy adopted at a meeting in Damascus, Syria (2003). The benchmarks for the South East Asia Regional Office (SEARO) specifically include “health facilities built/modified to withstand expected risks”.

At the country level: progress is taking place in a number of high-risk countries. Nepal offers a good example of what countries can begin to do with existing resources. A three-year program has supported a series of activities and the development of publications aimed at reducing hospital vulnerability following earthquakes. Structural and non-structural assessments of selected hospitals were carried out in Kathmandu and guidelines for seismic vulnerability assessment in hospitals were published with the National Society for Earthquake Technology.

How can WHO Participate in the Safe Hospitals Campaign?

WHO, as the specialized UN agency for health, will be responsible for the technical and scientific aspects related to health, and in particular, to safe hospitals. By strengthening contact with and support to national health authorities, WHO can ensure their commitment to the objectives of the campaign while at the same time, build the countries' overall disaster risk reduction and management capacity.

Risk reduction is a development priority that **all** WHO technical programs should assume. Some of the suggested ways in which WHO can participate in this campaign include:

In the preparatory phase (2007)

Build strong partnerships within WHO: The success of the campaign depends on the commitment of the entire Organization. WHO can identify all potential internal stakeholders such as Health Policy, Development and Services (HDS) and Health Systems Financing (HSF). Other important WHO resources include its Collaborating Centre in Chile (disaster mitigation in hospitals) and the Centre in Kobe, which has a broader mandate.

Identify potential external partners: WHO will approach its traditional partners and promote activities, publications or events that these partners may support to further the campaign objectives

Establish and coordinate a “global thematic platform” in the IATF to serve as an advisory board for the entire campaign and a forum for matters related to Safe Hospitals.

Assist WHO Regional Offices to establish similar regional fora. Given the specificity of hazards and the vulnerability of health facilities, the ownership by and leadership of regional offices are critical.

Brief the Executive Committee: Endorsement by the WHA of the principles of the Campaign in 2007 (before it is launched) would underline WHO's leadership position. Regional Offices should be encouraged to similarly brief their Member States and seek their political support.

Gearing up for World Health Day 2009

Preliminary steps may be taken to select the topic of Safe Hospitals as theme for the 2009 World Health Day.

Preparing a publication on Safe Hospitals that offers a global diagnosis of the resilience of health facilities - or the lack thereof. Indicators will be established, collected and analysed in coordination with existing vulnerability indexes. WHO will have primary responsibility for the content of this publication, in consultation with the ISDR and World Bank.¹

Inclusion of the topic of disaster prevention (risk reduction) in WHO training activities, especially induction courses for WHO staff, to reflect WHO's commitment to seek a balanced emphasis between humanitarian response and risk management.

¹ There is presently a scarcity of quantifiable data on the vulnerability of health services and facilities to natural hazards. Developing a global index to measure and monitor the resilience of health systems and installations to natural hazards is a priority during this campaign.

WHO activities in 2008

Most of the activities initiated in 2007 will be sustained in 2008-2009. During this period, it is expected that stakeholders may also undertake their own initiatives, which may require technical or political support from WHO.

WHO's principal priority will be to stimulate initiatives and provide technical support to regional offices and other partners in the safe hospital thematic platform.

A formal briefing to the WHA and seeking endorsement (in the form of a Resolution) of the goal of making all new installations resilient to natural hazards would help ensure sustainability of the effort beyond the end of the campaign.

The theme of natural hazards reduction will be proposed and promoted for the World Health Day 2009.

Review and update existing guidelines on risk reduction in health installations. Gaps will be identified and filled and existing material will be adapted regionally and subregionally to reflect, to the extent possible, differences in risks, building techniques and in general development and planning.

Regional or sub-regional advisory teams of experts may be created to advise ministries of health at the initial planning stage for new facilities or the renovation of existing installations.

WHO, with the ISDR and the World Bank, will attempt to document the lessons learned from major sudden-impact disasters in terms of resilience of health facilities.

Organization of an international forum on "Safe Hospitals" in 2008 to reflect on further activities and identify technical gaps would be a key step toward ensuring sustainability of the topic.

Expected Benefits for WHO

A growing perception by decision makers and the public that improving the safety of hospitals and health institutions from natural hazards is feasible, desirable and even inescapable for sustainable development, regardless of a country's GNP.

Increased investments by outside agencies and national health ministries and planning in disaster resilient hospitals and overall disaster risk reduction in the health sector.

A strong sense of ownership and commitment to the issue among all WHO regional offices and technical programs.

A trend toward the systematic and compulsory inclusion of risk reduction assessments in the planning and construction of new health facilities of a certain size in disaster-prone countries.

Clear and measurable examples that demonstrate progress in reducing resilience of the health facilities, the indicator set forth in the Hyogo Framework for Action.

An expanded body of standardized guidelines and other tools, endorsed by the major international and regional institutions, to improve the structural and non-structural resilience, planning, building and certification of health facilities.