



Pan American Health Organization

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Welcome to all...

**49th DIRECTING COUNCIL
61st SESSION OF THE REGIONAL COMMITTEE
Washington, D.C.
30 September 2009**



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Safe hospitals: a goal within our reach

Provisional Agenda Item 4.18



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The problem

- More than 67% of the nearly 18,000 hospitals in Latin America and the Caribbean are located in areas at higher risk of disasters.
- Many of them have become unserviceable as a result of major earthquakes, hurricanes, and floods.



Each hospital loss comes with
its unique story of human errors



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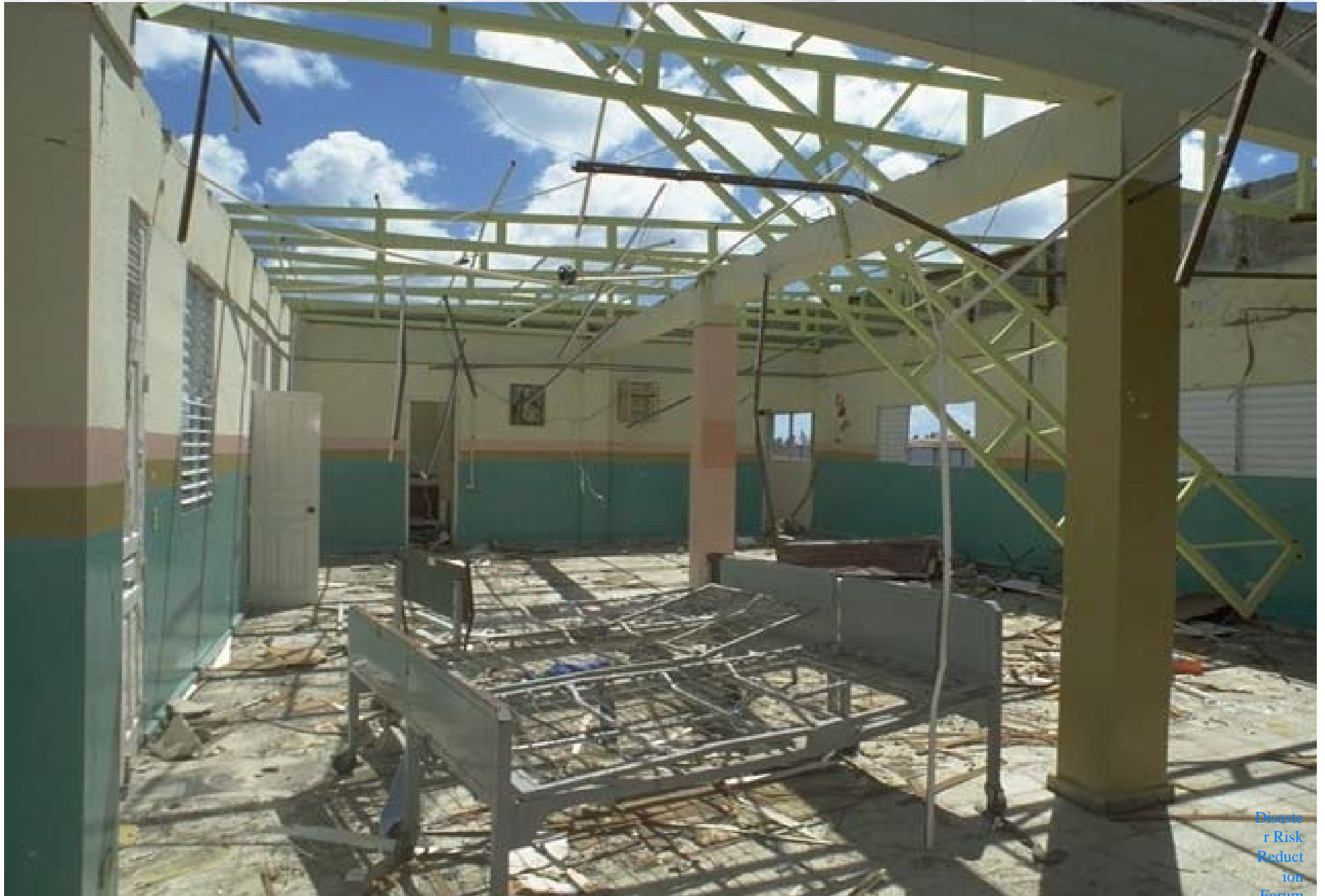
Hospital Juarez in Mexico, 1985



El Salvador Earthquake 2001



Cyclone in the Caribbean



Cyclone in Jamaica



Floods: Argentina



Montserrat Volcanic Eruption





- The impact of disasters on health facilities has kept over 45 million people from receiving hospital medical care.
- The direct economic losses from the destruction of infrastructure and equipment have probably exceeded US\$ 4 thousand million over the past 25 years.



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Why focus on safe hospitals?



A health issue

An economic issue

A Socio-political issue



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The trigger

- Before 1985, safety of hospitals was not a main concern for PAHO or the health managers.



Safe Hospital

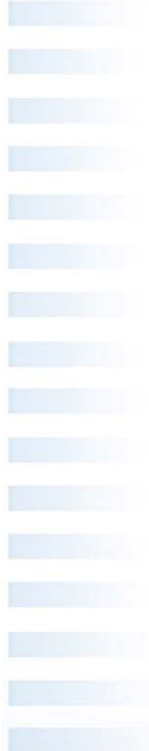
- Is a health facility whose services remains accessible and functioning, at maximum capacity and in the same facility immediately after a large-scale disaster or emergency.
- The key issue is in the level of protection!



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Levels of Protection

- 
- I. Life Protection (patients, health personnel and visitors)
 - II. Investment Protection (equipment, furnishings and utility services)
 - III. Operational Protection (maintain or improve or improve the facility's capacity to function).**



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Vulnerability Analysis

- Countries need to make an overall diagnosis and mapping of vulnerable health facilities
- The Safety Index developed by PAHO is an effective scoring system to prioritize risk reduction effort.

Hospital Safety Index

Evaluation Forms for Safe Hospitals



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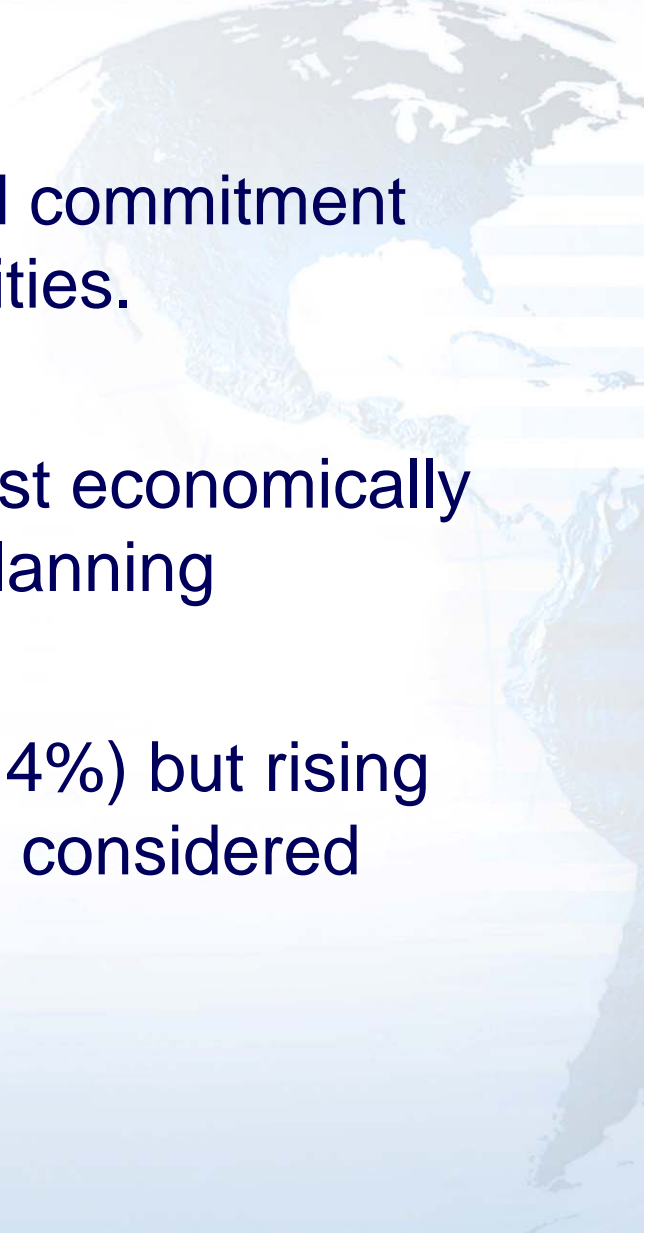


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Hospitals Safe from Disasters

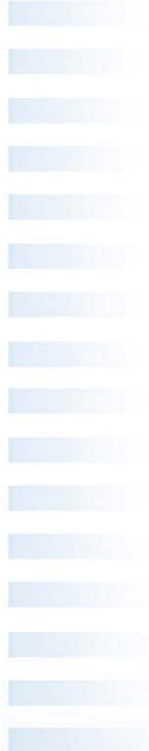


New Facilities

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- There is now a clear mandate and commitment to improve the design of new facilities.
 - Disaster resilience is best and most economically done at the earliest stage of the planning
 - Additional cost is modest (around 4%) but rising when risk reduction measures are considered later in the process



Existing Facilities

- 
- Retrofitting **all** vulnerable facilities is unrealistic in most countries
 - The cost of retrofitting can be as high as 40% of the replacement value



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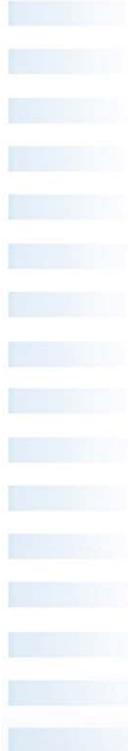


Existing Facilities

- The argument that retrofitting existing facilities is ultimately a cost-saving measure may not be always true.
- The public health and political return from opening and inaugurating one new hospital may exceed that of retrofitting 2 or 3 existing installations.

A horizontal banner at the top of the slide. On the left, it features a collage of five diverse people's faces. On the right, it shows a microscopic view of several spherical virus particles.

Existing Facilities

- 
- A vertical list of ten horizontal bars of varying lengths, arranged like a staircase, located to the left of the bullet points.
- A national debate leading to a mid-term program to retrofit the most vulnerable and critical facilities.
 - Risk Reduction should become a major consideration in the development of the health infrastructure

Progress in the Americas

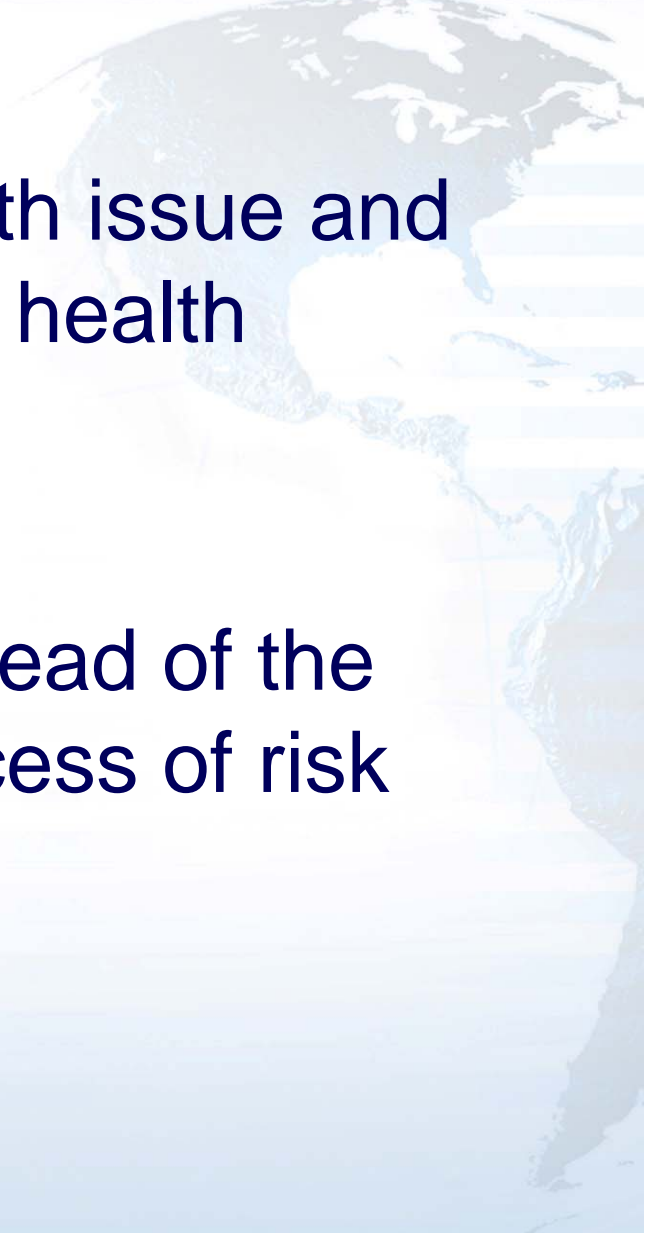
- **Significant at technical level:**
 - Global lead in the creation of tools and guidelines
 - Active transfer of technical knowledge

Progress in the Americas

- **Variable at political level:**
 - Resolutions of the Directing Council
 - Several but not all countries demonstrated a strong commitment towards safer hospitals



Lessons Learned

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- Safety in hospitals is a health issue and a direct responsibility of the health sector
 - The Ministry of Health, as head of the sector, should lead the process of risk reduction



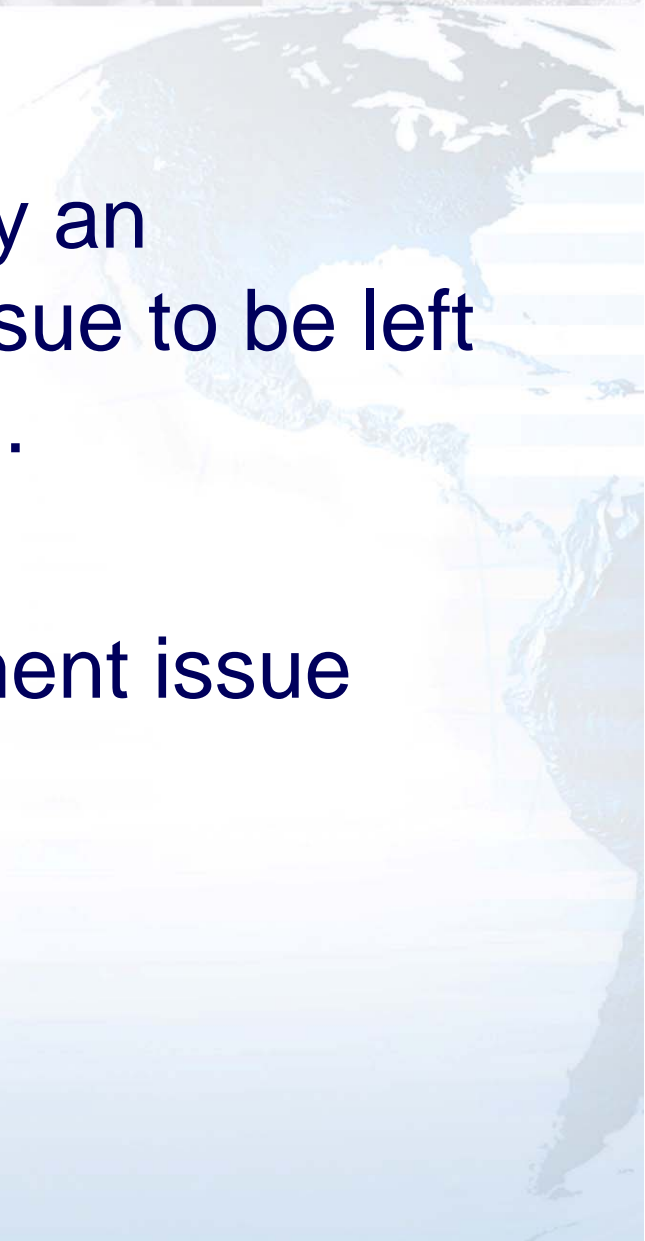
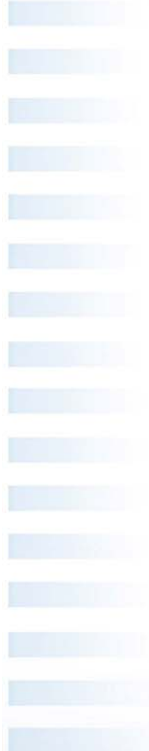
Lessons Learned

*A piece meal approach to risk management
did not work:*

- Disaster plans are of no use if the hospital is out of operation
- Evacuations are counterproductive if the facility is structurally safe
- Non-structural measures alone are useless if the structure is not sound



Lessons learned

- 
- 
- Safer hospitals is not merely an emergency management issue to be left to the disaster coordinator...
 - It is a sustainable development issue



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Lessons Learned

- Sustainable **and safe** development is a **national** priority and responsibility
 - Funding for safer hospitals should come primarily from national resources
 - Safety requirements should apply also to externally funded health facilities



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Lessons Learned

- Safer hospitals should not be contingent upon an expected long term cost saving
- Safety is an essential component of the Right to Health



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Conclusion



The Ministries of Health must take the lead role in promoting a national alliance towards safer hospitals



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Conclusion



Let's not wait for the next disaster and a public outcry to prepare and implement a practical plan of work.



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