



Progress
2008-2009 World Disaster Reduction Campaign

Hospitals Safe from Disasters

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2008-2009 World Disaster Reduction Campaign


Hospitals Safe from Disasters
Reduce Risk, Protect Health Facilities, Save Lives




Campaign focus:
1. Safe health structures


- The cost of protection is negligible when included in the design stage.
- Enforce building codes, and invest in new safe health facilities.

2001 Bhuji, Gujarat



2008 Bhuji, Gujarat





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Campaign focus:
Safe health structures


Example: Grenada (Hurricane Ivan and Hurricane Emily) – making nursing homes for the elderly safer following back-to-back hurricanes

- Two hurricanes struck Grenada in 2005 which caused significant damage to temporary roof and emergency repairs.
- Facilities that house non-ambulatory persons require higher safety standards.

Example: Pakistan (Earthquake Oct 2005) – rebuilding based on compulsory risk reduction designs

- The design and construction of all new hospitals must be earthquake-proof as well as withstanding other hazards.
- National disaster management plan must include all health facilities at the peripheral level.


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Campaign focus:
2. Functioning health facilities

- Functional collapse is a major reason for hospitals being put out of service during disasters
- Protecting the non-structural 'contents' of most hospitals will cost only around 1% of the cost of the whole facility, while protecting up to 90% of its value



Kobe City General Hospital



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Campaign Focus:
Functioning health facilities

Example: St. Kitts & Nevis in the Eastern Caribbean (Hurricane Georges) – ensuring design and construction standards

- The same hospital has been damaged by hurricanes no less than 10 separate occasions since 1966.

Example: Mexico – how safe is your health facility? The "Hospital Safety Index"

- Developed a tool called "Hospital Safety Index" to allow countries to quickly measure and rank the health facility's level of safety.

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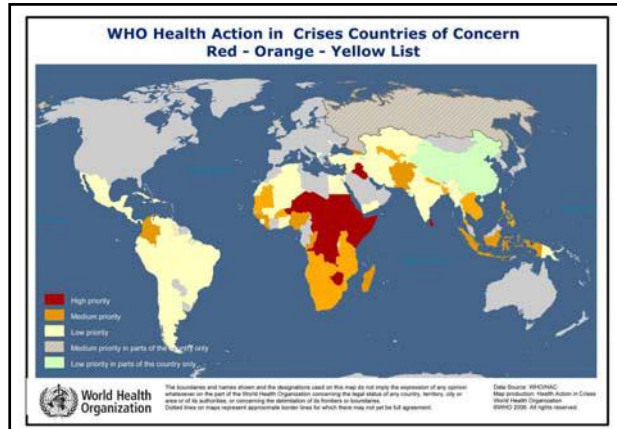


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Campaign focus: 3. Better prepared health staff

- Hospital failure and health system disruption is often due to system overload and lack of adequately prepared staff to cope during disasters
- Contingency planning and staff training is just as important as physical protection

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Proposed Activities: 1. What can governments and legislators do?

- Take **leadership** — make this a national priority
- Develop a **framework and guidelines** to build hospitals and health facilities that are resistant to natural hazards
- Legislate and enforce **building codes** to ensure safe hospitals

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2. What can agencies and NGOs do?

- Highlight safe health facilities as a common agenda of inter-agency or regional meetings
- Collect, share and disseminate good practices

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3. What can universities, schools and experts do?

- Develop courses on hospital safety for university and professional curricula
- Act as repositories of specialized expertise
- Publish articles for scientific and technical publication
- Contribute to the periodic review of national building standards

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4. What can donors do?

- Make “hospitals safe from disasters” a component of the larger disaster and development portfolio
- Mainstream health sector risk reduction into project design of new health facilities
- Ensure that donor-funded development projects contributes to safe hospitals



Kobe Red Cross Hospital -
Hyogo Emergency Medical
Center

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5. What can financial institutions do?

- Advocate for health structure construction projects to incorporate risk reduction
- Conduct research on the economic benefits and value of risk reduction for hospitals and all health facilities
- Ensure government enforcement of legislation on building codes

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6. What can health workers do?

- Become agents and **champions of disaster risk reduction**
- Build partnerships with other sectors to reduce disaster risks to health
- Communicate health issues to the disaster risk reduction community
- Update skills and knowledge through disaster risk reduction training
- Conduct media events to promote safe health facilities

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Key take-home messages: SAFE

- **S = Safe.** *Safe health facilities are possible and doable.*
- **A = Accessible.** *A safe hospital will not collapse and is accessible to populations during disasters*
- **F = Functional.** *A safe hospital is multiple hazards-proof and always functional*
- **E = Effective.** *Building health facilities that are disaster resistant is cost effective*

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The Campaign continues in 2009

- Launched at Davos in January 2008
- Regional launches at both UNISDR and WHO regional offices
- World Health Day, April 2009 "Health facilities in emergencies"
- Good practices survey – International Day for Disaster Reduction, October 2009

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