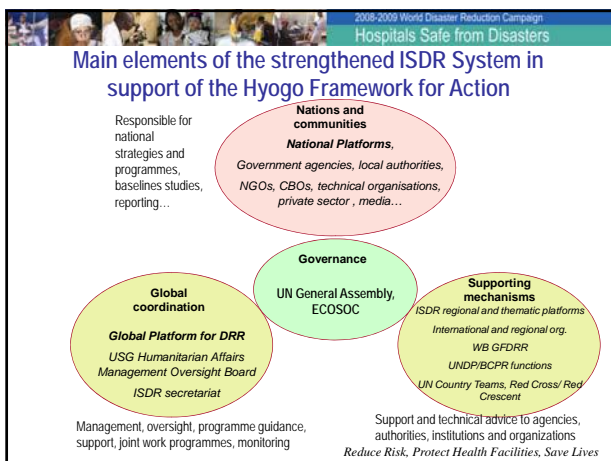


Build a disaster risk reduction movement – ISDR system

- ✓ Our objective: To reduce disaster risk, worldwide, focussing on nations and communities
- ✓ The instrument: Hyogo Framework for Action 2005-2015
- ✓ The vehicle: ISDR system - 'movement'

Reduce Risk, Protect Health Facilities, Save Lives



Why focus on making hospitals safe from disaster?

- **Economics:** the cost of hospital failure during disasters is too high, particularly for developing countries
- **Health and development:** We need disaster resilient hospitals, health facilities and health workers to save lives during disasters, and to reach the Millennium Development Goals
- **Social and political demands:** Protecting hospitals and health facilities is a moral and political obligation


Reduce Risk, Protect Health Facilities, Save Lives

The economic case: the price of hospital failure

- Damage and losses alone from the Indian Ocean Tsunami cost the Sri Lankan health sector US\$88 million: equivalent to approximately 89 days of the government's usual annual health spending on its entire population
- Indirect economic costs are greater than the costs of damage alone, eg lost efficiency and productivity throughout the health sector.
- Other indirect costs, eg impact on long term public health, development goals, and business confidence, are difficult to measure but significant

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Hospitals Safe from Disasters

The health case: safe hospitals for public health and development

- When hospitals do not function during disasters, lives are lost needlessly.
- Long-term impact of the loss of public health services on the Millennium Development Goals are even greater than the impact of delayed treatment of the injured
- Disasters can wipe out huge swathes of the health systems in developing countries or vulnerable regions, compromising the MDGs

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The health case: safe hospitals for public health and development

- 2004 Indian Ocean Tsunami: 30% of all midwives in Aceh province of Indonesia died or went missing, seriously compromising safe motherhood and newborn care.
- 2005 Zarand earthquake, Iran: Survivors refused to go to remaining health facilities and hospitals due to fear of further collapse, compromising preventive health measures during a critical period for monitoring disease outbreak.

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The social and political case: much to lose, much to gain

- Public confidence in all levels of the United States government dropped after perceived inadequacies of the authorities' readiness and response to Hurricane Katrina in New Orleans – during which the country witnessed the recovery of 44 dead bodies from an abandoned and damaged hospital.
- Approval ratings for the President of Peru rose five points on public perception of effective government handling of the Peruvian earthquake of 2007. The Peruvian Government indicated that hospital needs were covered one week after the quake

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World Disaster Reduction Campaign 2008-2009: Hospitals Safe from Disasters


... is working to promote:

Safe structures: Protect the lives of patients and health workers by ensuring the structural resilience of health facilities

Functioning facilities: Make sure health facilities and health services are able to function in the aftermath of emergencies and disasters, when they are most needed

Prepared staff: Improve the risk reduction capacity of health workers and institutions, including emergency management and contingency planning

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Key Messages

- Disasters are a health and development issue
- Protecting critical health facilities from disasters is not just possible, but cost effective
- Health workers are crucial agents of disaster risk reduction
- ***The most expensive hospital is the one that fails!***

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For more information please visit:
<http://www.safehospitals.info>

Join the Health and Disaster Risk Reduction Network for this Campaign at:
<http://groups.preventionweb.net>

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