

Hospitals Safe from Disasters

Reduce risk, protect health facilities, save lives

REGIONAL CONSULTATION OF SEA REGION MEMBER COUNTRIES ON KEEPING HEALTH FACILITIES SAFE FROM DISASTERS

Message of the Regional Director, South-East Asia

Dr. Samlee Plianbangchang

Read by Deputy Regional Director, WHO/SEARO

Your excellencies, heads and representatives of UN agencies, distinguished participants, representatives of partner organizations, guests, colleagues, ladies and gentlemen,

I have great pleasure in conveying greetings from Dr. Samlee Plianbangchang, Regional Director, South-East Asia Region and to welcome you all to this Regional Consultation. The topic of this consultation is important to the Member countries of the WHO South-East Asia Region. Keeping health facilities safe and functional during disasters is a challenge not just for the health sector but for other sectors as well.

Since Dr Samlee is unable to attend this consultation due to prior commitments, I have the honor to deliver his message. And I quote :

I would like to begin by presenting a picture of how vulnerable health facilities are to disasters in countries of our Region with a few illustrative examples:

- During the Gujarat earthquake of January 2001, 3812 health facilities were destroyed. There was a total collapse of the health infrastructure in Kutch district, which was the worst affected. The cost of reconstruction for the health sector alone was estimated at US\$ 60 million.¹
- During the earthquake and Tsunami of 26 December 2004,

¹ Joint report by the World Bank and Asian Development Bank (2001) to the Government of India, Gujarat Earthquake Recovery Program Assessment Report

- 30 of the 240 health clinics in Indonesia's Aceh province were destroyed, 77 others were damaged seriously and 40 suffered minor damage. As many as 700 health workers (of an estimated 9800 in the province) died or were reported missing.²
- In the Maldives, one regular hospital, two atoll hospitals and 20 health centres were destroyed. As many as 5000 people had to be evacuated from 13 islands.³
- In Sri Lanka, 92 health facilities, including 35 hospitals, were destroyed.

Health facilities are crucial in any emergency. It is the main location for providing care for the injured and, in many cases, a point for delivery of relief goods. It is also the point where information on missing people can be collected. Health facilities and health services are a community's lifeline in normal times and especially so in times of crisis.

Health facilities can be severely damaged during disasters or, at the very least, rendered incapable of functioning in the aftermath of disasters and emergency situations. There are countless examples of health infrastructure that come under threat during a disaster as I have already presented, and cover the gamut from large sophisticated hospitals to small but vital health centres.

But what is a safe hospital? There are three aspects to this question:

1. Physical integrity – a safe health facility should not collapse in disasters, killing or injuring patients and staff;
2. Continued functionality - a safe health facility should provide critical services and absorb extra needs when there is an emergency;
3. Trained and well-prepared people - a safe health facility has contingency plans and a well-trained health workforce that is ready and able to deal with the health consequences of emergencies.

It is just as common to see health facilities that are left standing after a disaster but nevertheless unable to function due to a failure of lifeline services, non-structural elements and equipment or insufficient contingency planning (external and internal distribution of space, access routes, etc.). In Sri Lanka, current assessments indicate major health-care gaps in the conflict-affected districts. Although health facilities are intact, they are under-staffed. As such, it is not enough that a clinic or hospital remains standing in the aftermath of an emergency; an equal investment needs to be made for the non-structural needs and staff who are appropriately trained.

² Carballo M, Daita S, Hernandez M. 2005. Impact of the Tsunami on health care systems. *J R Soc Med.* Sep;98(9): 390-5

³ Moving Beyond the Tsunami, The WHO Story 2005

Being an important public health issue in the context of disaster management, the question of keeping health facilities safe was included in the 12 SEA Region Benchmarks for Emergency Preparedness. In this framework, country representatives from various sectors and experts put together a set of health sector and non-health sector indicators to ensure progress in this area. We are committed to support countries in achieving this benchmark. I would like to highlight the following points in this regard in line with the three aspects I mentioned earlier:

- multi-sectorality of the issue: there is a need for the health system to include and engage lawmakers and regulation enforcers, especially for building codes, engineers and architects;
- expansion beyond hospitals to include other critical facilities such as blood banks and laboratories is imperative; and,
- hazards and risk assessment-based planning for hospitals is essential so that plans remain appropriate and stay within available resources

The most significant effort we have seen made on this issue is structural and non-structural vulnerability assessments of hospitals and blood banks in Kathmandu Valley, Nepal. This was done by WHO in partnership with the Ministry of Health and National Society for Earthquake Technology, Nepal. In this joint effort, assessments and appropriate training for mass casualty management was also conducted to support the needs of hospitals. Other private health facilities have also followed suit in strengthening their hospitals. Many of the structural and non-structural recommendations still await implementation; this is proof that so much more needs to be done. We need to involve so many sectors so that the appropriate resources are in place and that the laws, standards and regulations are implemented.

It is important that we discuss the safety of hospitals not only within the health sector but also outside of it. This is the reason why other sectors and players have been invited to this event so that we can exchange ideas on the challenges that face us and find the appropriate solutions.

Indeed, this issue is being discussed at the appropriate time since it coincides with the Safe Hospitals Campaign which the International Strategy for Disaster Reduction and WHO along with the World Bank will run over the next two years (2008-2009).

Let me conclude by saying that health concerns are the primary motivation/incentive behind any action taken to reduce disaster risks. Therefore, the health sector must play a pivotal role in disaster reduction at the local, national and international level for many reasons, including the protection of infrastructure and delivery of health care when they are most needed.

There is an urgent need for all actors represented in this consultation to jointly develop a framework for action for an integrated common community approach to disaster risk reduction instead of the many sector-specific approaches that prevail. Unquote; I will, of course, apprise the Regional Director of the outcome of this consultation. Meanwhile, I would also like to wish you all success and a pleasant stay in Delhi. Thank you.