

Benchmarking for **Safe Health** facilities

Benchmarking is a strategic process often used by businesses to evaluate and measure performance in relation to best practices of their sector. WHO and its partners decided to apply the technique of setting benchmarks as a novel approach for increasing performance in emergency preparedness and response. At a regional meeting in Bangkok, Thailand in November 2005, 12 benchmarks on emergency preparedness and response were formulated by all 11 SEA Region Member States. The benchmarks are broad in nature as they reflect the consensus of all 11 countries on the desired performance for improving emergency preparedness and response. The 12 benchmarks fall into the categories of (1) human resource development, training and education; (2) planning; (3) legislation and policy; (4) funding; (5) vulnerability assessment; (6) information systems; (7) surveillance; (8) absorbing and buffering capacities and responses; (9) patient care; and (10) coordination. For each benchmark, standards, indicators, and a checklist of questions were developed, giving an overview and guide to the issues that need to be addressed for elements of preparedness to be in place.

Benchmark 11 is dedicated to looking at the safety of health facilities. The framework (overleaf) provides an overview of the tasks that need to be done (full benchmarks available at www.searo.who.int/eha).

Benchmark 11	Standards	Health Sector Indicators	Indicators for Other Sectors	Question / Checklist
Health facilities built/ modified to withstand the forces of expected events	New health facilities are built to withstand expected risks and will be able to continue to provide the required medical care at all times	<ul style="list-style-type: none"> ▪ Guidelines for building new health facilities are available and followed ▪ Risks to lifeline infrastructure is considered in the design of new health facilities and internal backup facilities are in place (e.g. generators, water tanks/ wells with manual pumps) 	<ul style="list-style-type: none"> ▪ A national building code with adequate standards for existing hazards is passed and enforced for essential and critical infrastructure 	<ul style="list-style-type: none"> ▪ Are there provisions in the building code for building hazard-resistant critical facilities (e.g. health facilities)? ▪ Are the building codes enforced? Are there guidelines for the implementation of the building code? ▪ Are there also building code standards for the other lifeline infrastructure?
	Existing health facilities have undergone risk mitigation and reduction to improve their security and ensure functionality during emergencies	<ul style="list-style-type: none"> ▪ Risks from existing hazards are assessed in all key health facilities (e.g. hospitals, blood banks, laboratories, health posts) ▪ Assessed risks in health facilities are prioritized and essential problems are mitigated and reduced ▪ Health facility maintenance staff is trained in mitigating the nonstructural risks of the facility and regular resources are available for risk mitigation ▪ A hospital emergency plan is in place which outlines emergency management, mass casualty management and evacuation procedures, and staff are familiar with their role in emergencies 	<ul style="list-style-type: none"> ▪ Risks from existing hazards are assessed for all essential life-lines and infrastructure (e.g. water supply systems, electricity, access roads and bridges, sanitation and waste management, communication) ▪ Assessed risks to lifeline systems and infrastructure are prioritized and essential problems are mitigated and reduced 	<ul style="list-style-type: none"> ▪ Have vulnerability assessments of the existing health institutions against impending hazards been undertaken?

