



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **49th DIRECTING COUNCIL**

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### **REPORT ON THE ROUNDTABLE ON SAFE HOSPITALS: A GOAL WITHIN OUR REACH**

#### **Introduction**

1. PAHO's Directing Council for several years has included round-table discussions related to a given year's World Health Day motto. The World Health Organization (WHO) selected "Save lives—Make Hospitals Safe in Emergencies" as its motto for 2009. Director-General, Dr. Margaret Chan, stated on World Health Day, "The tragedy of a major emergency or disaster is compounded when health facilities fail. When a hospital collapses or its functions are disrupted, lives that depend on emergency care can be lost. Interruptions in routine services also can be deadly. "Hospitals Safe from Disasters" is the discussion topic for the roundtable discussion at the 49th Directing Council of the Pan American Health Organization.
2. At the United Nations World Conference on Disaster Reduction (Kobe, Japan, 2005), 167 participating countries adopted the Hyogo Framework for Action (HFA). One of HFA's targets is "to integrate disaster risk reduction into the health sector [and] promote the goal of hospitals safe from disasters by 2015."
3. The United Nations International Strategy for Disaster Reduction (ISDR), along with WHO and PAHO, organized the "World Disaster Reduction Campaign 2008-2009 on Hospitals Safe from Disasters." A basic tenet of this campaign is: "creating safe hospitals is as much about having vision and commitment as it is about actual resources."
4. Since the late 1970s, disasters have taken a severe toll on Latin America and the Caribbean: more than 114,000 lives have been lost and almost 47 million people have been affected, many of whom already were living in precarious conditions.

5. More than 67% of the nearly 18,000 Latin American and Caribbean hospitals are located in areas at high risk for disasters. Many of these facilities have been unable to function in the wake of major earthquakes, hurricanes, and floods. The impact of disasters on health facilities has kept more than 45 million people from receiving hospital medical care over the years, and the direct economic losses from the destruction of infrastructure and equipment have probably exceeded US\$ 4 billion in the last 25 years.

6. The impact of disasters on the health services reaches far beyond a simple deficit of health care. Disasters and emergencies also affect a country's economic and sociopolitical fiber.

7. Future prospects are not particularly encouraging. With a growing population spilling over into more vulnerable areas, as well as the repercussions of climatic change that are expected to affect sea levels and the severity or frequency of floods and storms, the probability (risk) of a major impact on the health systems rises.

8. The efforts of the Region of the Americas have served as a catalyst for the adoption of worldwide "safe hospitals" initiatives. Many Member States have made great progress toward safer health systems, although progress and sustainability has varied from country to country. The most successful examples in safeguarding health facilities from the impact of disasters have all shared a factor—a strong commitment to the "safe hospitals" goal at the highest political levels.

9. Following a plenary presentation on the topic of hospitals safe from disasters, three working groups discussed issues related to financing, implementation of a safe hospitals program, and multisectoral coordination. The consolidated observations, conclusions, and recommendations of the three working groups are presented below:

- Countries should consider that the socioeconomic impact of disasters on the health sector represents a disproportionately high percentage of the sector's overall budget, as compared to other sectors.
- Any measurement of the impact of disasters also must consider the social impact. Consequently, the benefits of having hospitals safe from disasters cannot be measured solely in financial terms.
- Losing a hospital represents more than a loss of emergency care—the cost of losing routine health services and chronic disease care also must be quantified.
- The decision to retrofit existing health facilities should be considered on a case-by-case basis, taking into account that facility's score in the Hospital Safety Index, as well as its importance within the health network.

- Almost all national-level resources for disaster risk reduction in the health sector come from public funds. Moreover, demands for new technology often exceed a country's available health budget, requiring that priorities be clearly established and linked to other initiatives.
  - Political commitment at a country's highest level is essential for the success of an effective, national-level, safe hospitals program.
  - In terms of safe hospitals, the ministries of health cannot delegate their leadership role or their normative function.
  - Safe hospitals represent a shared responsibility, given that sectors other than the health sector are responsible for access routes, lifelines, etc.; nonetheless, the Ministry of Health is considered to be the infrastructure owner and will bear the responsibility for any failure.
  - Countries are encouraged to evaluate existing health infrastructure, through the application of the "Hospital Safety Index" in primary, secondary, and tertiary health facilities, as well as in hospitals and to use the results to improve safety (i.e., implement the recommendations) and for contingency planning purposes.
  - The issue of hospitals safe from disasters must involve key areas within the Ministry of Health (health services, infrastructure, maintenance, etc.), as well as other sectors (including the private sector). A "safe hospitals" initiative or program also gives national authorities the opportunity to review and update norms, standards, and guidelines.
  - Any "safe hospitals" program must include an advocacy/communications component, so as to prominently position or feature the need to have safe hospitals and to communicate good news and success stories.
  - It is of paramount importance to document the performance of hospitals and health facilities in emergencies and disasters, not only highlighting success stories, but also what has been lost in social and economic terms by not having safe health facilities.
10. In light of these observations and recommendations, the working groups on issues related to hospitals safe from disasters put forth the following specific recommendations to the 49th Directing Council:
- PAHO steps up its efforts and advocacy role to encourage governments to implement practices and procedures that make hospitals safer.

- Member States, with PAHO's support , develop national work plans toward the goal of having safe hospitals and that a Regional progress report be prepared and presented by the Secretariat to the 2010 Directing Council.

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