PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

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PREPARATIONS FOR THE ROUNDTABLE ON SAFE HOSPITALS

Safe hospitals: a goal within our reach

Introduction

1.   Everyday shortcomings in the delivery of health services can be handled with measures like sending patients to other facilities. However, essential health services, the ones that save lives, need to be maintained in major emergencies.

2.   Today, more than 67% of the nearly 18,000 hospitals in Latin America and the Caribbean are located in areas at higher risk of disasters. Many of them have become unserviceable as a result of major earthquakes, hurricanes, and floods. The impact of disasters on health facilities has kept over 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 thousand million over the past 25 years. Unutilized emergency services can be the difference between life and death. For example, in the August 2007 earthquake in Peru, the city of Pisco (with nearly 100,000 inhabitants) lost over 97% of its hospital beds; 595 people died, and 1,295 patients had to be evacuated by air to hospitals in Lima.

3.   Even though the social, political, and economic argument for keeping hospitals operating after disasters carries a great deal of weight in its own right, there is an even greater justification in the health sector itself. Hospital administration costs in Latin America and the Caribbean represent approximately 70% of Ministry of Health budgets, and the majority of the money is used to cover employee salaries. In isolated areas and small island nations, there is often only one hospital; if it ceases to operate, it represents 100% loss.

4.   However, nature alone does not cause hospitals to collapse. Building new hospitals without considering risks and natural disasters, along with the gradual deterioration of the existing health infrastructure or its lack of maintenance create vulnerability and play a role in the destruction of health facilities and the death of their occupants. Threats tend to be natural, but the vulnerability of facilities and the resulting risk are not.

5.   This Roundtable is a response to the need to facilitate and promote a broad, in-depth discussion with the health authorities of the Member States on socioeconomic impact, lessons learned, and successful strategies for achieving the goal of safe hospitals, in both existing health facilities and new health investment projects.

Background

6.   The 45th Directing Council adopted Resolution CD45.R8, which resolves in paragraph 2: "To urge Member States to adopt "Hospitals Safe from Disasters" as a national risk reduction policy, set the goal that all new hospitals are built with a level of protection that better guarantees their remaining functional in disaster situations, and implement appropriate mitigation measures to reinforce existing health facilities, particularly those providing primary care."

7.   The United Nations World Conference on Disaster Reduction approved the Hyogo Framework for Action 2005–2015, in which the 169 participating countries adopted the goal that in 2015, all countries should: "Integrate disaster risk reduction planning into the health sector; [and] promote the goal of hospitals safe from disaster."

8.   The United Nations International Strategy for Disaster Reduction (ISDR) decided to organize the World Disaster Reduction Campaign on Hospitals Safe from Disasters 2008-2009 to address disasters, pointing out that this is a complex initiative requiring the collaboration of all sectors, including financial institutions, to help hospitals develop the capacity to resist natural phenomena and keep operating in the event of a disaster.

9.   The 27th Pan American Sanitary Conference adopted Resolution CSP27.R14 "Safe Hospitals: A Regional Initiative on Disaster-Resilient Health Facilities" and agreed: "To urge the Member States to: […] Actively support the 2008-2009 ISDR safe hospitals campaign […] [and] to request the [PAHO] director to:

(a)   Develop new tools to assess the likelihood that health facilities remain functional during and after a disaster and assist Member States in their implementation;

(b)   Support countries in documenting and sharing best practices as well as achieving progress on the safe hospital initiative;

(c)   Promote and strengthen coordination and cooperation with regional and subregional agencies related to the issue of disasters."

10.   The World Health Organization dedicated World Health Day 2009 to improving the safety of health facilities and the readiness of health workers to assist populations impacted by emergencies and disasters.

Objectives

*   To assess the socioeconomic impact of disasters on health and identify strategies and financing sources to reduce risks in hospitals;

*   To share lessons learned in the execution of the safe hospitals initiative in Member States;

*   To strengthen coordination and cooperation among the health sector, disaster reduction agencies, and other sectors to achieve safe hospitals by 2015.

Roundtable Structure

Safe hospitals: a goal within our reach	
Keynote presentation (20 minutes): *Hospital safety is more than a medical issue.* A special speaker has been invited.	
Discussion panels: (90 minutes)	
Discussion panel #1	
Subject:	How can financing be obtained to improve hospital safety?
Moderator:	President, Directing Council
Presentation of the discussion item:	Speaker to be decided.
Discussion guide:	• Socioeconomic impact of disasters on health. • Cost-benefit analysis of having safe hospitals. • Financing strategies and sources available to the health sector for making health facilities safe in the event of a disaster.
Discussion panel #2	
Subject:	Lessons learned in the implementation of national safe hospitals programs
Moderator:	Vice President, Directing Council
Presentation of the discussion item:	Speaker to be decided.

Discussion guide:	• Critical analysis of the process to implement national safe hospitals programs.
	• Synergy with other initiatives and processes underway: patient safety, occupational health, safe surgeries, accreditation, etc.
	• Usefulness of applying the Hospital Safety Index and the safe hospital Checklist.
	• Efforts coordinated among various health sector units and institutions.
Discussion panel #3	
Subject:	Who is actually responsible for protecting hospitals in the event of a disaster?
Moderator:	Vice President, Directing Council
Presentation of the discussion item:	Speaker to be decided.
Discussion guide:	• Responsibility of national disaster prevention and relief systems and the health sector for safe hospitals in the event of a disaster.
	• Diagnosis, follow-up, and monitoring mechanisms for safe health facilities in the event of emergencies and disasters.
	• Strategies and successful experiences in the Americas to achieve the goal of Safe Hospitals by 2015.
Reports	
*Rapporteur reports***:** The three rapporteurs of the three *discussion panels* meet and prepare a joint report.	
Presentation of the report in the plenary session (10 minutes)	The Head of the Emergency Preparedness and Disaster Relief Area submits the report at the Directing Council plenary session.
Participants and guests	
Official Member State delegates to the Directing Council	
International organization delegates, including:	
• Organization of American States (OAS)	
• Inter-American Development Bank (IDB)	
• Pan American Development Foundation (PADF)	
• Inter-American Institute for Cooperation on Agriculture (IICA)	

- Economic Commission for Latin America and the Caribbean (ECLAC)

- World Bank (WB)

- Coordinating Centre for the Prevention of Natural Disasters in Central America (CEPREDENAC)

- Andean Committee for Disaster Prevention and Relief (CAPRADE)

- Caribbean Disaster Emergency Response Agency (CDERA)

- International Strategy for Disaster Reduction (ISDR)

- Cooperation agencies: Office of U.S. Foreign Disaster Assistance (OFDA), Canadian International Development Agency (CIDA), U.K. Department for International Development (DFID), Swedish International Development Cooperation Agency (SIDA), Spanish International Development Cooperation Agency (AECID), European Commission Humanitarian Aid Office (ECHO), etc.

Presentation

10.   Member States are invited to discuss successful experiences and progress in the execution of the Safe Hospitals initiative in their respective countries.

11.   Graphics, printed matter, and audiovisual material will be exhibited in the areas contiguous to the Directing Council session rooms.

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