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CAMPAIGN LAUNCHED ON HOSPITALS SAFE FROM DISASTERS

“The most expensive hospital is the one that fails”

Hundreds of hospitals and health facilities are destroyed or damaged every year by disasters caused by natural hazards such as earthquakes, hurricanes and floods. Millions of people are left without emergency care during and after disasters when hospitals and health facilities fail to function.

On 5 August, 2007 in just two minutes, the city of Pisco, Peru lost 97% of its hospital beds to an 8.0 magnitude earthquake. In the October 2005 earthquake in Pakistan, 50% of the health facilities in affected areas were completely destroyed. In December 2004, the tsunami in the Indian Ocean destroyed 61% of the health facilities in Banda Aceh, Indonesia.

“Hospitals Safe from Disasters” is a global campaign being launched tomorrow in Davos, Switzerland, by the secretariat of the International Strategy for Disaster Reduction (UN/ISDR) and the World Health Organization (WHO), with support from the Global Facility for Disaster Reduction and Recovery (GFDRR) of the World Bank.

“The price we pay for the failure of hospitals when disasters happen is too high. In comparison, the cost of making hospitals safe is tiny,” says Salvano Briceño, Director of the UN ISDR secretariat. **“The most expensive hospital is the one that fails.”**

Incorporating mitigation measures into the design and construction of a new hospital is estimated to account for less than 4% of the total initial investment. Retrofitting hospital’s contents costs only 1% but this small investment protects up to 90% of the value of a hospital.

Damage to primary health care centres during disasters can deal serious blows to public health infrastructure and national health systems, sometimes leaving entire populations without adequate access to crucial primary health care or health facilities months after the tragedy. This could mean disruption of essential health interventions such as routine immunization or maternal and child health care, as well as an increased risk of epidemics.

The WHO and UN/ISDR led campaign has three main objectives:

- To better protect the lives of patients, the health staff and the public by reinforcing the structural resilience of health facilities;
- To ensure that health facilities and services continue to function in the aftermath of disasters; and
- To better prepare and train health workers on preparedness plans that will keep health systems operational when disasters strike.

"With current knowledge and strong political commitment it is possible to protect health facilities from disasters, even with the limited resources available in developing countries," says Dr Ala Alwan, Assistant Director-General for Health Action in Crises at WHO. WHO is working to technically support countries mitigate the effects of disasters on existing and new health facilities, which will help protect the health of the population in areas affected by disaster. WHO actions include the production of building and vulnerability reduction guidelines, conducting health facility risk assessments, convening regional advisory teams and publishing lessons learned from previous disasters.

The campaign will encourage all those responsible for hospital safety such as decision makers, politicians, architects, engineers, public health professionals, development banks and donors to take action and make hospitals and health facilities safe from disasters.

"Disaster damage to health systems can have an enormous impact on economic and human development" said Richard Newfarmer, the World Bank's Special Representative to the World Trade Organization and United Nations. **"When an earthquake, flood, or cyclone strikes, victims need immediate assistance and if their health infrastructure collapses, their suffering is magnified. Most often, it is the poorest who suffer the most."**

The World Bank is the largest provider of development assistance for disaster reduction and risk mitigation. Natural hazard assistance has accounted for nearly 10% of total World Bank commitments since 1984. Increasingly, the Bank through the GFDRR is focusing its investments on disaster risk prevention and long-term recovery efforts.

In earthquake prone countries such as Turkey, Romania, India, and Colombia, the World Bank is supporting the reconstruction and retrofitting of hospitals and health facilities to meet strict seismic safety standards. In the Eastern Caribbean islands of Grenada and St. Lucia, heavily damaged by hurricanes in 2004 and 2007, respectively, the World Bank is helping to rehabilitate and retrofit health clinics so they can withstand future emergencies.

The Hyogo Framework for Action adopted by 168 governments in Kobe, Japan in January 2005, called on governments to do more to ensure that new hospitals are built to remain functional during disasters.