

Hospital Loss: Not Only a Health Problem

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Safe Hospitals?

- Major disasters have left thousands of persons without access to health care.
- In most cases, this is because health facilities could not function.



Some examples

EARTHQUAKES

- Mexico, 1985:
- El Salvador, 2001:



HURRICANES

- Dominican Republic, Hurricane Georges, 1998:
- Honduras and Nicaragua, Hurricane Mitch, 1998:
- Grenada, Hurricane Ivan, 2004:



FLOODS

- Peru, El Niño, 1997:
- Argentina – Santa Fe, 2003:



The impact of these losses?



Impact on Health

- Increased risk of death or handicap, especially among the sick and injured.
- Health personnel left without working infrastructure.
- Increased casualties, need for medical care and laboratory support, including loss of lives indirectly due to the disruption of services



Social Impact

- An estimated 24 million people were left without health services due to the loss of the previously mentioned facilities.
- The loss of such essential services leaves the population feeling insecure and abandoned.
- Everyday deficiencies in providing routine health services can be compensated for by a number of measures such as referring patient to other facilities. However, in large-scale emergencies, the backbone of lifesaving health services must be preserved.

National and Economic Impact

- Between 1981-1996, damage to health infrastructure was responsible for direct losses estimated at US\$ 3.12 billion (ECLAC).



A Collective Responsibility

- Access to health services is an inalienable right.
- Hospitals are among the most complex infrastructure in our societies and heavily dependent on basic services.
- We will have safe hospitals when other sectors recognize, on a routine basis, that health facilities save lives and consequently must remain functional following disasters.

A problem that can be solved...

- New hospitals are clearly identifiable at the local, national and international levels.
- It is no more costly to build a safe hospital than it is to build a hospital vulnerable to disasters.
- The cost of protection is negligible when included in the earliest phase of design. The later in the process, the more expensive.
- The objective “Hospitals Safe from Natural Disasters” is simple, clear and achievable by 2015.

The good news...

- Well-built or retrofitted hospitals have remained functional following disasters.
- The health sector has the best examples of and the most accumulated experience in safe buildings.
- There is enough knowledge to assess the vulnerability and to reduce the risk of health facilities.



What is still needed?

Political support at the national
and international level.



Political commitment

- Adopt “Hospitals Safe from Natural Disasters” as a risk reduction policy.
- Strengthen existing disaster programs so that each Ministry of Health is in a better position to ensure that the sector remains operational when the affected population most needs it.