SAFE HOSPITALS FOR SAFER CITIES

Jean Luc Poncelet, MD, PHD
Disaster Preparedness Program
for South America
PAHO/WHO

There are structures, installations, services and organisations which exist in a city that are fundamental pillars to assure its function before but also after a disaster impact. The same way can not extinguish efficiently a fire without an efficient fire system, it is also not possible to avoid the lose of life or have epidemics if there is no efficient health care system designed to face such situations.

It is usual to think that the simple shipment of medical teams with some supplies will solve the health problems that may appear after a disaster. It was learnt from previous disasters that the loss of the physical structure impedes the health personnel from carrying out their work with a minimum of efficiency. Although they are specialised physicians to work in difficult conditions such as war situations, it is virtually impossible that the average medical personnel - nurses paramedics, doctors etc.- could adapt themselves suddenly to an unknown situation. Unfortunately the arrival of foreign medical team have frequently crated a lot of problems even when they have some technical superiority over the local personnel. Language and cultural difference as well as a lack of knowledge of local procedures are the most common ones.

It is too frequently forgotten that health services in the cities rely heavily on administrative system and physical structures as well as on access roads and vital lines. Most of that is under the supervision of the municipalities. As soon as the city starts loosing that infrastructure, health care is also lost or at least will take several months to return to a pre disaster situation. Not to mention the political and economic loss

The solutions to these issues reside in combining the knowledge of different sectors and frequently of different countries.

In terms of disaster reduction, there are three areas which usually "belong' to three different groups of professionals: The first one looks at the structure (columns, beams, etc.); others take care of the non-structural elements (ceilings, water pipes, medical equipment and other equipment for laundry, sterilisation, restaurants, etc .), and the third group takes care of the management (organising medical personnel and services, office worker and administration, budget and finance, supplies such as medical supply, water, energy, etc...).

Up to this decade, most of the efforts were directed towards better organising the response of the hospital (hospital preparedness) in order to limit the loss of lives. If this was a multisectorial effort the initiatives came from the health sector. With the increasing participation of other sectors and professions it becomes everyday more likely that the entire vulnerability of the health institution could be addressed. It becomes more legitimate today than before to have a more holistic approach and hence that the property (structure and non structure) but also that the social vulnerability could be reduced.

In almost all the countries, and especially with the general decentralisation policy, the cities have everyday an increasing responsibility in working together with the health sector to have that overall vision of hospital vulnerability.

Cities should establish strategies for two different situations. The first one for existing hospitals and the second one for either the new ones or the one which will be significantly expanded or modified.

1. NEW HOSPITALS

Due to the great number of functions implemented by a hospital and of the dependence of other sectors, it is not a single person who will be able to look at all the disaster aspects but rather a committee which will