



WHO / Western Pacific Regional Office

**World Disaster Reduction Campaign 2008-
2009: Hospitals Safe from Disasters *with a
Gender Perspective***

Linda L. Milan, M.D.,M.P.H.

Director, Building Healthy Communities &
Populations

WHO, Western Pacific Region

20 October 2008



Disasters - threats to life & health

- 2 billion people affected with 600,000 fatalities globally (1990-1999)
- More than 2/3 of deaths occurred in Asia
- 127 major disasters, 23% of all disasters worldwide, occurred in WPR in the past 10 years

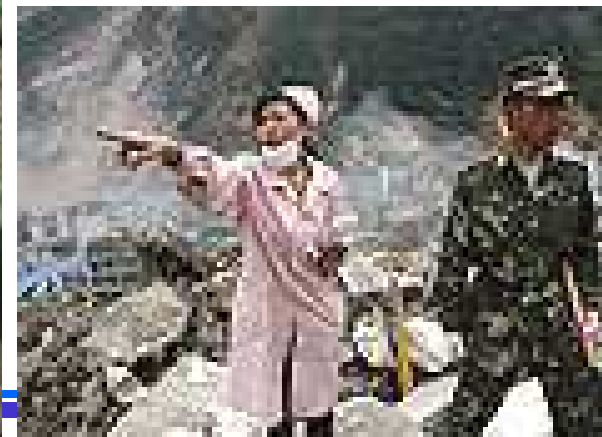


Sichuan Earthquake in China (12 May 2008)

- 69,222 deaths
- 374,638 injured
- 18,176 missing
- 11,028 health facilities destroyed



WHO / Western Pacific Regional Office





WHO / Western Pacific Regional Office

Damage to Hospital





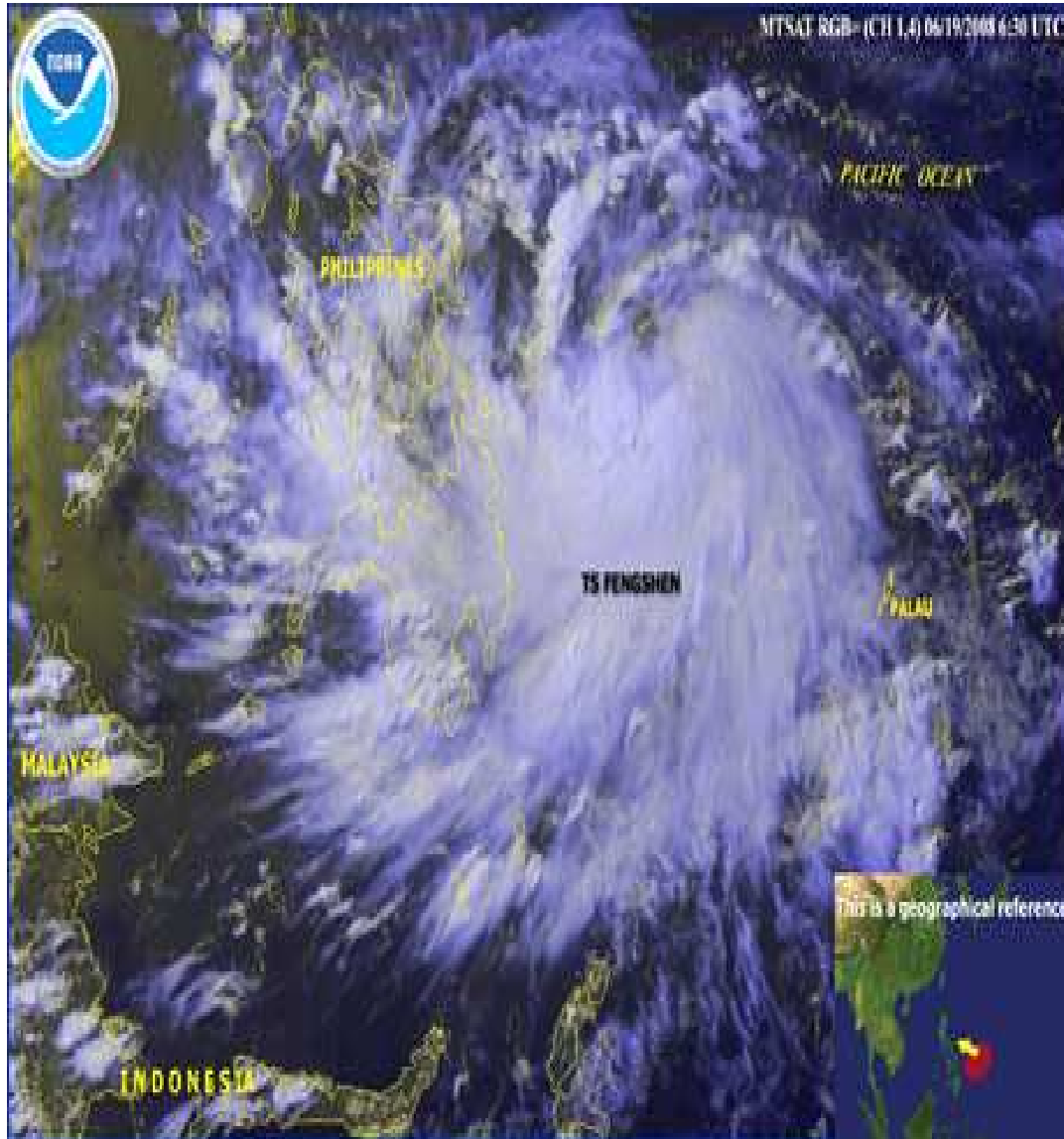
WHO / Western Pacific Regional Office



**Hospital Damaged
in disasters**



WHO / Western Pacific Regional Office

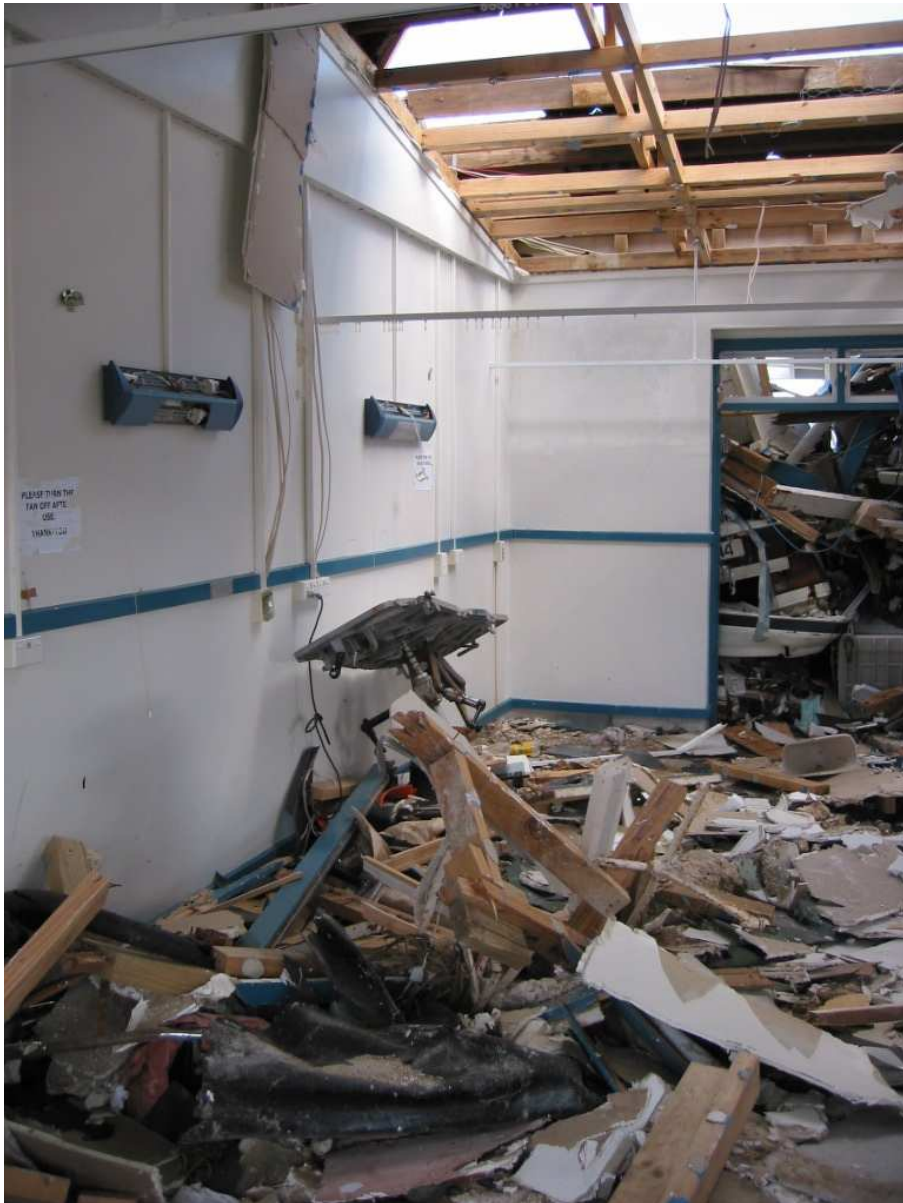


Typhoon Frank or Fengshen in 2008

Destroyed/damaged
numerous hospitals,
health facilities in central
& southern Philippines

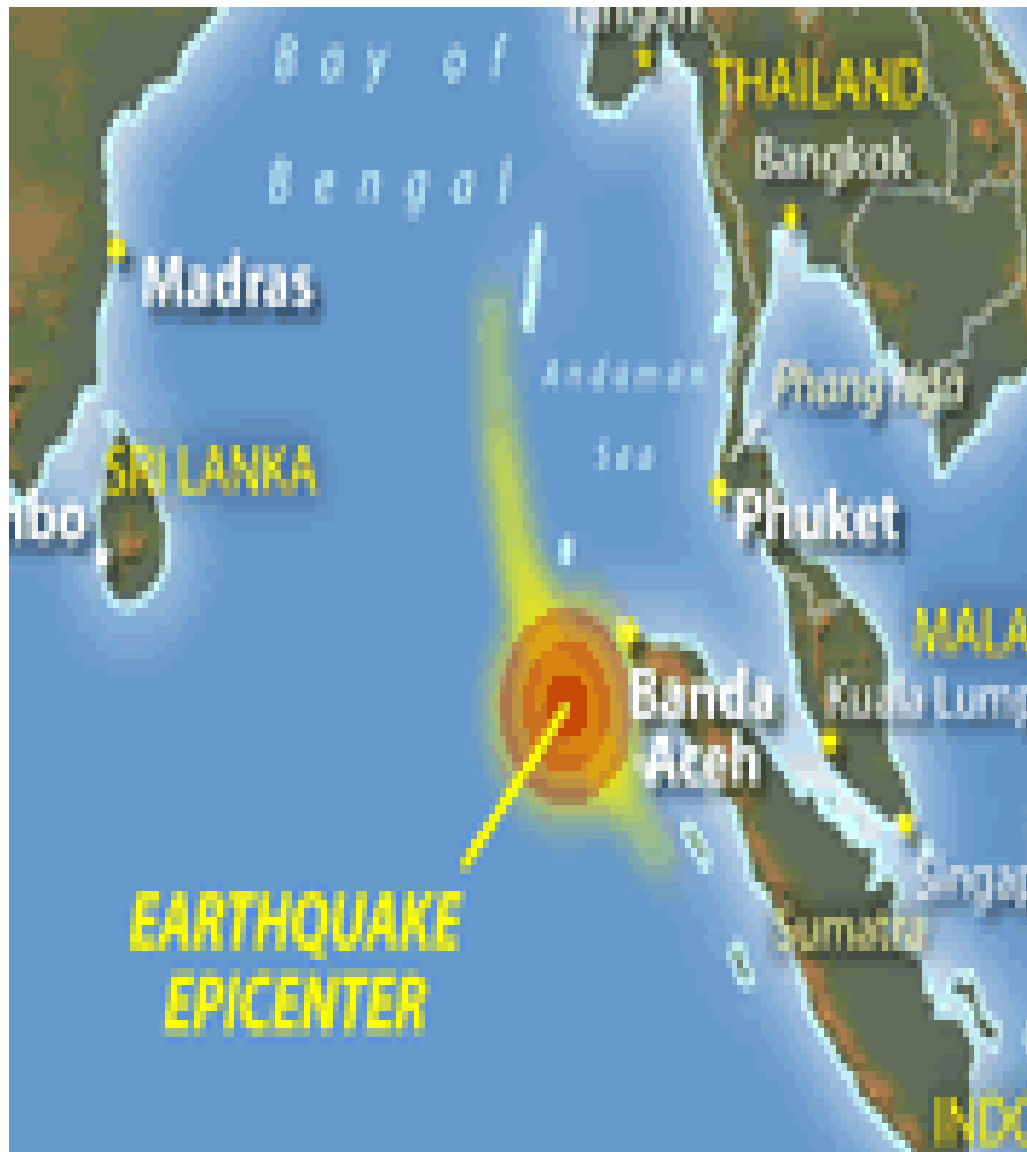


WHO / Western Pacific Regional Office





WHO / Western Pacific Regional Office



Tsunami (26 Dec 2004)

~ over 360 hospitals & facilities damaged

~ over 220 000 killed

~ over 1.6 m displaced



WHO / Western Pacific Regional Office



~ Globally, hundreds of hospitals/health facilities destroyed or damaged during disasters each year

~ Millions of people left without emergency care during and after disasters when hospitals and health facilities fail to function.

~ Millions more without public health and clinical services when operations are disrupted due to damage to facility



WHO / Western Pacific Regional Office





WHO / Western Pacific Regional Office

**All disasters are a health issue, and
damage to health systems affects
every part of society and nations as a
whole.**



Why focus on hospitals?

~ the economic argument

Hospitals are huge investments (direct and indirect costs)

~ the social argument

They address/respond to basic human rights of a popn.
Absence or weakness reflects on Govts. failure to provide for basic needs

~ the health argument

They provide emergency care; health surveillance to prevent outbreaks, etc.



WHO / Western Pacific Regional Office

World Disaster Reduction Campaign (2008-2009): *Hospitals Safe from Disasters*

- A 2-yr campaign, launched in January 2008
- Organized in partnership, by UNISDR, GFDRR of the WB, WHO
- To direct attention towards building and maintaining hospitals that are safe and optimally functioning, esp. during disasters.



WHO / Western Pacific Regional Office

World Disaster Reduction Campaign (2008-2009): *Hospitals Safe from Disasters*

To integrate disaster risk reduction into health policies and programmes

- To achieve the strategic goals of Hyogo Framework for Action by 2015



Objectives of the Campaign:

- ~ Protect the lives of patients and health workers by ensuring the structural resilience of health facilities
- ~ Ensure health facilities and health services are able to function in the aftermath of emergencies and disasters, when they are most needed
- ~ Improve capacity for risk reduction, incl. the emergency management capacity of health workers and institutions



Safe hospitals...

Are health facilities whose services remain accessible and functioning, at maximum capacity and within the same infrastructure, during and immediately following disasters, emergencies or crises



A safe hospital...

- will not collapse in disasters, killing patients and staff
- will be able to continue to function and provide critical services in emergencies
- will be organized, with contingency plans in place and health personnel trained to keep the network operational



Factors that may put hospitals at risk during disasters...

- ~ **Buildings:** location and design specifications, resiliency of materials used contribute to the ability of hospitals to withstand adverse natural events.
- ~ **Patients:** Inevitably, an increase in number of patients.
- ~ **Hospital beds:** Availability of hospital beds frequently decreases even as the demand for emergency care increases.
- ~ **Medical and support staff:** Loss or unavailability of personnel disrupts the care of the injured; hiring outside personnel adds to the overall economic burden.
- ~ **Equipment and facilities:** Damage to non-structural elements can sometimes surpass the cost of the structure itself. Even when the damage is less costly, it can still force the hospital to halt operations.
- ~ **Basic lifelines and services:** A hospital's ability to function relies on lifelines and other basic services such as electrical power, water and sanitation, and waste treatment and disposal. When some services are affected, the performance of the entire hospital suffers.



Protecting health facilities includes:

- Ensuring risk reduction in the design and construction of all new health facilities
- Improving the non-structural and functional vulnerability of existing health facilities
- Adopting legislative and financial measures to select and retrofit the most critical facilities to increase levels of protection



WHO / Western Pacific Regional Office

Health workforce are central to identifying potential health risks from natural hazards and promoting personal and community risk reduction measures

It is essential to strengthen disaster preparedness in health sector



Evidence indicated that people living in low-income countries are 4 times more likely to die from extreme natural disasters than those in high-income countries

Women and men suffer different negative health consequences following a disaster



Gender considerations in Disasters

- The tsunami of 2004 killed much more women than men: females account for 77% to 80% of deaths in four worst-affected villages of Indonesia
- Studies reported an increase in delivery rates during the 48 hours following an earthquake, significant increase in the premature delivery rate, stillbirths and other pregnancy-related complications and infertility



Gender considerations in Disasters

- Female survivors from disasters face more risks and challenges, examples:
 - domestic burden increases
 - less chance to access to information and external aid
 - have to stay in crowded shelters without privacy and sanitation
 - increased domestic and sexual violence against women and girls
 - in disaster response women are not appropriately represented



Gender issues in Disasters

- Women not only need care; they are also part of the main force in disaster response and care providers
- Hospitals/health facilities should not only be safer, but also be more responsive to the needs of women and men, girls and boys, the older persons and the poor.



Principles of good practice

- ~ Involving women in all stages of decision-making
- ~ Collect data disaggregated by sex & use for planning
- ~ Identify & provide for gender-specific needs
- ~ Consider & assess the impact of all response activities on women and men
- ~ Pay special attention to those who may experience social exclusion
- ~ Ensure women's access to assistance & supplies



Minimum Initial Service Package

- Identify an organization/individuals to coordinate & implement MISP
- Prevent & manage consequences of sexual violence
- Reduce HIV transmission
- Prevent excess neonatal & maternal morbidity & mortality
- Plan for provision of comprehensive reproductive health services integrated into primary health care



Hospitals safe from disasters

- **Reduce risk**
- **Protect health facilities**
- **Save lives**



WHO / Western Pacific Regional Office

Thank you!