



Newsletter /Circular 176 | 16-04-2009.

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Dear Members and Guests

In this Newsletter I try to introduce a specific topic theme as an information.

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 2. – WHO Workshop on Partnerships for Structural and Non-Structural Safety of Health Facilities in Emergencies, 17-19 February 2009, Tunisia3. "Safe Health Facilities in Emergencies"
 - 3.- World Health Day 2009 of the WHO
 - 4.- Further comment and information reported by Hans Eggen
- ANNEXE: Check lists for making health facilities safer in emergencies.

But first of all I show the reduced pdf forms of the up-dated registration forms for the seminar in Buenos Aires. You can download them from our web site:



29th International Seminar of the UIA-Public Health Group
Buenos Aires, Argentina, November 2nd to 6th, 2009

1. NEW REGISTRATION FORMS FOR THE SEMINAR IN BUENOS AIRES

For all those who have already submitted the preliminary registration forms and for all those who have not yet registered please send these 3 new forms which are enclosed with the mail for the Newsletter duly filled to the corresponding addresses:



The UIA Public Health Group invites to participate at the **29th International Seminar of the UIA - Public Health Group**, "New Trends in Health Facility", in the City of Buenos Aires, Argentina, **from 2 to 6 November, 2009**.

The Seminar will be organized by the CIRFS FADU UBA Research Centre on Health Facility Planning, Faculty of Architecture, Design and Urbanism of the University of Buenos Aires, Argentina and UIA PHG the Public Health Group of the International Union of Architects.

More information for registration: <http://www.uia-public-health-group.org>

Abstracts submission form: cientifico@anajuan.com



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1. The **Registration Form**
2. together with the **CREDIT CARD DEBIT AUTHORIZATION**
both to be sent by Fax: +54 11 4313 360 ext.124
3. The **Abstracts submission Form** per mail to: cientifico@anajuan.com

More information for registration: <http://www.uia-public-health-group.org>
We will have the same information on the web site soon.

Hotel propositions

For information concerning the hotels please contact Mrs. Celia Ottino who is the person responsible from Ana Juan Congresos & Tourismos to help us to organise the hotels. You can reach her per mail:

celia@anajuan.com



2. WHO- WORKSHOP ON PARTNERSHIP FOR STRUCTURAL AND NON-STRUCTURAL SAFETY OF HEALTH FACILITIES IN EMERGENCIES , 17-19 February 2009, Tunisia

The WHO Clusters for Health Action in Crises, and Health Systems and Services, and WHO Regional Offices, organized a workshop on Partnerships for Structural and Non-Structural Safety of Health Facilities in Emergencies at the WHO Mediterranean Centre for Health Risk Reduction in Tunisia from 17-19 February 2009, supported by the World Bank Global Facility for Disaster Reduction and Recovery, and the Secretariat of the International Strategy for Disaster Reduction. The International Union of Architects – Public Health Group was invited to participate in it.

The workshop was an important event in the WHO's efforts to support Member States in making health facilities safe and prepared to deliver health care in emergencies. It will be part of the build up to World Health Day on 7 April 2009, which is focused on the theme of Health Facilities in Emergencies. The slogan of WHO is: "Save lives. Make hospitals safe in emergencies."

The workshop focused on critical issues related to the safety of Health Care Buildings: sitting, design, construction, retrofitting and reconstruction of health facilities in the context of emergencies, disasters. The participants were representatives of key organizations as well as subject-matter experts from the fields of architecture, engineering, spatial planning and health.

The participants spent three days to share experiences, review tools and identify strategies to advance the work of planning, design and construction of safe health facilities. Such as:

Safety of Health Facilities in Emergencies, Estimation of Vulnerability and functionality of Hospitals in disasters, Architectural aspects and new ideas in facing health facility design, etc. In order to form a leaflet with instructions to face disaster in health facilities three basic questions were posed in order to be answered:

- A. Type of health facility or installation (Hospital, Mental Health Facility, Geriatric Units, etc)
- B. Type of disaster (Earthquake, Tsunami, Flood, Avalanche, Heat Wave, Snow Storm, Chemical Waste, Nuclear, War, Social Conflicts, etc)
- C. Structural problem (Building Frame, Columns, Beams, Walls, Equipment, etc) or non structural – functional- problem (circulation problems, fear, enough stock of pharmaceuticals, electricity power, etc)

A number of parameters were raised in order to define what would be done globally or on national level as

- Develop policy & legal framework for safe health facilities
- Develop guidelines for design & construction of safe buildings
- Training & education of health staff & others involved in health facilities design, construction & function (architects, engineers, contractors, etc.)
- Co-ordination platform with Ministry of health, Country Office World Bank, WHO, Ministry of Finance, etc.
- Formation of Technical Working Group
- Assessment of Vulnerability of Hospitals using Hospital Safety Index
- Study on the impact of disasters on the health sector

There were many ideas but also limitations: Proposals for a number of working groups under the auspices of WHO in order to develop a general plan and plans for National Action Plans.

It became clear also to engineers that the architects job is crucial in designing safe Health Care Facilities as well as to create alternative solutions in case of emergencies. We all agreed that architects must continue to be trained as engineers also. This is a basic decision in formulating the programs of Schools of architecture around the world. It is the responsibility of the academics but also of the International Architectural Bodies.

Reported by: Professor Fani Vavili-Tsinika, Dr.Architect
Department of Architectural Design & Architectural Technology
ARISTOTLE UNIVERSITY OF THESSALONIKI



3 WHO WORLD HEALTH DAY 2009 (WHD)

The massive earthquake in Sichuan Province last year, but also multi hazard events all over the world have caused enormous damages in the past. Very often hospitals which are not built strong enough are affected too. Sometimes only the installations are broken or the equipment fully is destroyed. In most cases the staff of such hospitals had absolutely no emergency plan or a training of how to react efficiently in such situations when it would be most needed.

Therefore the WHO has on its anniversary on the 7th of April announced a programme for this year's priority. I enclose the programme which contains names of experts within the WHO and I will also add as scans some of the documentation which has been available during this day.

There will be a number of conferences during this year but at the WHO they could not yet give me more details concerning places and dates.

World Health Day: Health Facilities in Emergencies Tuesday 7 April, 2009

World Health Organization (WHO) Executive Boardroom

Opening from Chair: Dr Carissa Etienne, Assistant Director-General, Health

- World Health Day theme: Save lives. Make hospitals safe in emergencies
- Brief background of World Health Day

Dr Daniel Lopez-Acuna, WHO

Director, Recovery & Transition Programmes, Health Action in Crises (HAC) (representing Eric Laroche, ADG/HAC):

- Context of the issue and magnitude of the problem and country example(s)

Mr Jonathan Abrahams, WHO

Coordinator, Risk Reduction & Emergency Preparedness, Health Action in Crises (HAC):

- WHO's six-point action plan for making hospitals safer in emergencies
- Today's event kicks off the development of our new Global Programme for Safe Hospitals

Screening of WHO World Health Day 2009 short film

Guest speaker: Dr Salvano Briceno

Director, Implementation of the Hyogo Framework for Action in the UN Secretariat for the International Strategy for Disaster Reduction

Screening of clips from WHD event in Beijing, China:

- This year's World Health Day will be launched in Beijing as China recovers from a massive earthquake in Sichuan Province, which last year killed more than 87,000 people and destroyed or damaged over 11,000 hospitals and clinics.
- Dr Margaret Chan, Director-General, will be joined by Dr Shin Young-Soo, Regional Director WPRO, CHEN Zhu, Minister of Health China (TBC) and international film star Jet Li, WHO's new Goodwill Ambassador.

Comments and questions:

- You will all have an opportunity to be involved in shaping and implementing this important new venture. Comments and questions from partner organizations, guests and WHO staff

Summary and closing statement: Dr Carissa Etienne



4. FURTHER COMMENT AND INFORMATION (reported by Hans Eggen)

4.1. DOCUMENTATION AND CHECKLIST FOR SAFER HOSPITALS

As you can find above, one of 2009th conferences organised by the WHO was already in February 2009 in Tunisia. We received the corresponding information however only 2 weeks before the conference and I passed this message to members of our PHG living in the vicinity. I can imagine that others would have been interested if we would have received the information early enough. Finally Prof. Fani Vavili from Thessaloniki could participate and has sent me her report.

The WHO announced during the World Health Day that there will be a further event in Geneva already in June 2009, concerning this subject, however they could not give me more details for the moment.

On the other hand I found at the WHO in Geneva, for all those which are actually working on the topic subject of making hospitals safer, some concentrated documentation for the planning approach and a helpful checklist which I include at the end of this letter.

4.2. NEW PROPOSED DATES FOR THE PHG SEMINAR 2010 IN MALAYSIA

Prof. Norwina Mohd Nawawi has written to me recently that she is proposing to organise the Seminar 2010 in Kuala Lumpur **in November 2010** and not in May as originally intended. I welcome this development, avoiding an overlapping with the ongoing preparation for Buenos Aires in 2009 and giving us again a normal preparation time for the proposed PHG Seminar in Tokyo in 2011.

I hope that we will be able to discuss the details at our next annual meeting in Buenos Aires.

4.3. IDENTIFICATION OF NEW ARCHITECTS TO PARTICIPATE IN OUR PHG Especially from countries which are not yet represented:

We have found someone from : Latvia

and we are working on the official representation from Brazil and France. The most difficult step is apparently the approval from the national architect's organisation.

If someone has a contact with a hospital architect who wants to participate in our work programme, he is welcome. We will also include engineers in the future. We definitively require someone from the following countries: Austria, Denmark, India, Ireland, Poland, Russia, Sweden, Turkey and others please let me know. I am prepared to make the follow-up.

4.4. COLLABORATION WITH THE IHF (International Hospital Federation)

I have been informed that the IHF is interested to obtain articles to publish. In their first Newsletter they are formulating it as follows:

Call for papers IHF Journal World Hospital and Health Services

The primary publishing activities of the IHF encompass its official journal, World Hospitals and Health Services (WH&HS) first launched in 1929 as Nosokomeion, and renamed World Hospitals and Health Service. You probably can find it also on the Website of the IHF: www.ihf-fih.org



ANNEXE 1-4

World
Health
Day 2009

Planning framework for a national policy and programme for making health facilities safe in emergencies

WHO urges Governments to develop multisectoral policies and programmes to make health facilities safe in emergencies. Countries that have established a “Safe Hospitals” programme will have taken an important step towards protecting their health facilities and providing health care in emergencies. The following planning framework can be used for developing a national programme.

The vision of a national programme for safe hospitals could be: “the health community and partners will work together to ensure health facilities are safe and continue delivering health care effectively in emergencies.” The goal of the programme might be to: “save lives, reduce injuries and illness and improve health outcomes in emergencies,” while a set of programme objectives should include:

- Protect the lives of staff, patients and visitors in health facilities.
- Deliver health services in emergencies.
- Protect the economic investment in health facilities.
- Facilitate community recovery after emergencies.

The following strategies for making health facilities safe in emergencies should be considered:

Development of national policies and programmes

- Develop comprehensive national policies as well as specific policies focusing on building safety and emergency preparedness of health facilities and staff.
- Coordinate programmes related to the safety of health facilities and emergency preparedness in the ministry of health and other health agencies.
- Call for similar policies and programmes in other sectors (e.g. water and sanitation, energy, finance, emergency committees, media, police, roads and transport).
- Integrate health facility policies, programmes and plans with national disaster risk reduction platforms and emergency management plans in alliance with national emergency services and civil protection organizations.

Integration of safety and emergency preparedness in health facility investment projects

- Advocate safe and cost-effective health facility development to relevant government agencies, regional and international financial institutions.
- Ensure development proposals and plans for all new health facilities include hazard and vulnerability assessments.
- Apply technical guidelines for safe development of health facilities and include these in the terms of reference of its design, construction and operations.
- Assess existing health facilities to identify the priorities for retrofitting and other action.
- Implement independent mechanisms to control and supervise infrastructure projects, such as by involving qualified professionals to work with the project team.



Application of good practices

- Develop and apply comprehensive and integrated system design, including land-use planning, architectural design, and building codes standards for the development and maintenance of health facilities.
- Integrate safety and emergency preparedness into standards for licensing and accreditation of health facilities.
- Provide guidance and promote best practice for:
 - assessment and maintenance of safety of health facilities before and after disasters, including structural, non-structural and functional safety;
 - emergency preparedness programmes in health facilities;
 - multi-task training to manage basic life-saving emergency and surgical interventions;
 - development of safe and resilient health facilities in safe locations;
 - retrofitting and reconstruction of existing vulnerable facilities;
 - safe working environments for health workers;
 - safe infrastructure for health facilities, including continuity of essential services for power, water and waste disposal, and of medical and health supplies of during times of emergency.
- Develop training courses in safety and emergency preparedness in undergraduate, graduate and continuing professional courses. These courses could be situated within health agencies, universities, research centres and professional associations related to the construction and operation of health facilities.
- Support, promote and capture experiences of health facilities exemplifying good practice in safety and emergency preparedness.

Essentials for making health facilities safer

- Develop and implement national policies and programmes.
- Select safe sites for the location of health facilities.
- Design and construct safely.
- Assess safety of existing facilities and take action to reduce vulnerabilities.
- Protect the safety and security of health workers.
- Protect equipment, medicines and supplies.
- Ensure health facilities receive essential services before, during and after emergencies.
- Form partnerships between facilities and the community.
- Create emergency risk management programmes in health facilities.
- Develop health facility emergency response plans.
- Test and update response plans with drills and exercises.
- Train health workers to respond to emergencies.
- Learn lessons from past emergencies and disasters.



World
Health
Day 2009

Frequently asked questions

1. What is an emergency?

Emergencies are situations that demand immediate action and response. Natural events such as floods, hurricanes or earthquakes, and armed conflicts or wars can all lead to public health emergencies.

In some situations, outbreaks of disease can also lead to an emergency. Hospitals themselves can sometimes worsen an epidemic because they are badly designed, damaged or not able to function properly. Other causes of emergencies include: tsunamis, famine, drought, chemical spills, and large-scale accidents.

Emergencies can take a heavy toll on human life and health. Natural disasters alone have killed 235 816 people in 2008, a death toll that was almost four times higher than the average annual total for 2000–2007. Two events – Cyclone Nargis which left 138 366 people dead or missing in Myanmar, and the Sichuan earthquake in south-western China which killed 87 476 people – accounted for the vast majority of deaths. Natural disasters affected 211 million people in 2008 and cost US\$ 181 billion. Asia was home to nine of the countries in the world's top 10 for disaster-related deaths. Floods were one of the most frequent disasters along with other weather-related events.

2. How do emergencies affect health facilities?

By damaging or destroying hospitals and other health facilities, emergencies can disrupt or even halt life-saving services. Structural and infrastructural damage may be devastating exactly at the time when health facilities and health services are most needed. Health workers and patients can be killed in collapsing hospitals. The number of other deaths and injuries is compounded when a hospital is destroyed or can function only partially. Health facilities should be able to provide care when disasters strike but, if they are damaged or put out of action, the sick and injured have nowhere to get help.

But functional collapse, not structural damage, is the usual reason for health facilities failing in emergencies. Functional collapse occurs when the hospital or clinic can no longer perform because the disaster has overloaded the system.

Not only are survivors of a disaster unable to receive care, but people who need routine health services are left without them. These include women who need help in child birth, children who need routine vaccines, and those who need regular treatment for HIV/AIDS or depend on dialysis or surgery to stay alive.

Disasters may destroy not only architectural spaces, such as laboratories or operating theatres, but also:

- wipe out medical records as well as medical and support services;
- damage non-structural elements, such as water heaters or storage tanks, mechanical equipment, shelving and cabinets, which enable the facility to operate and often account for 80% or more of the facility's cost;
- kill or displace health workers, thus compromising care for the sick and injured;
- prevent the delivery of medical supplies, equipment, food, water and other critical resources;
- leave facilities with limited capacities to help when equipment and drugs are looted.

3. Why keep hospitals safe?

The first reason to keep hospital safe is to save lives and protect health. When the work of hospitals and other health facilities is disrupted or their buildings are damaged, both urgent and routine health care is interrupted and may be halted altogether – leaving the sick and injured without the care that they need.

The second reason for keeping hospitals safe is to protect investment. The most costly health facility is the one that fails. Hospitals and health facilities are enormous investments for any country and their destruction or

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damage imposes major economic burdens. In some countries, up to 80% of the health budget is spent on hospitals and other health facilities. Rebuilding a hospital that has been destroyed virtually doubles the initial cost of the facility.

In some situations, a failed hospital can also create social instability and this is the third reason for making hospital safe in emergencies. Public morale can falter and political discord be ignited if health and emergency services fail during emergencies. Conversely, an effective emergency response and functional health service can reinforce social stability and cohesion. Hospitals are a haven for the public during conflicts and other emergencies due to their neutrality, impartiality and ability to protect a community's social and health capital.

4. How vulnerable are health facilities to emergencies?

More than half of the 16 000 hospitals in Latin America and the Caribbean are in areas at high risk for disasters. In other parts of the world, the vulnerability of health facilities has been evidenced in the damage caused to them during emergencies. For example:

- 2001: a magnitude 7.7 earthquake in Gujarat, India, destroyed 3812 health facilities.
- 2003: an earthquake in Algeria rendered 50% of health facilities in the affected area non-functional.
- 2004: the Indian Ocean tsunami affected national and local health systems that provided health services for millions of people. In Indonesia's northern Aceh province, 61% of health facilities were damaged.
- 2005: the earthquake in Pakistan completely destroyed 49% of health facilities in the most-affected areas, from sophisticated hospitals to rural clinics and drug dispensaries.
- 2008: in the area of Myanmar affected by Cyclone Nargis, 57% of all health facilities suffered damage and one in five was completely destroyed.
- 2008: more than 11 000 health facilities were damaged or destroyed by the earthquake that struck China on 12 May.
- 2008-2009: during the three-week Gaza Strip emergency, 16 health staff were killed and 25 injured while on duty, 15 hospitals and 41 primary health centres and 29 ambulances were damaged.

5. What role do health facilities play in emergencies?

Health facilities play vital roles during emergencies by providing acute emergency health care to the injured such as emergency surgery and blood transfusions. They provide life-saving services to the critically ill – as in outbreaks of communicable disease. Health facilities deliver longer-term medical and health care to communities, such as maternal and child services, management of chronic diseases and mental health services and psychosocial support, in urban, rural and remote areas. Health facilities also offer triggers for the early warning and detection of communicable diseases by regularly collecting and analysing data on cases and deaths, and provide critical health services, through therapeutic feeding centres, laboratories, blood banks, ambulance services, rehabilitation facilities, aged care facilities and pharmacies.

6. How can we protect health facilities from emergencies?

Planning and preparation are needed to protect health facilities and ensure they can keep providing health care during and after emergencies. Also building hospitals safe from disaster or making existing ones safer by retrofitting can be cost-effective.

- Assess the safety of your hospital.
- Protect and train health workers for emergencies.
- Plan together for emergency response.
- Design and build resilient hospitals.
- Adopt national policies and programmes for safe hospitals.
- Protect equipment, medicines and supplies.

7. How expensive is it to make a health facility safer?

Building a hospital is a significant capital investment. In calculating the cost, one must include both the structure itself and the non-structural elements. However building health facilities safe from disaster or making existing ones safer by retrofitting is surprisingly cost-effective. In many new health facilities, incorporating disaster protection from earthquakes and extreme weather events into the designs from the beginning will add no more than 4% to the cost. The extra cost will become negligible if the health facility is resilient and can keep providing care during emergencies. Retrofitting non-structural elements in an otherwise structurally sound facility costs about 1% of the hospital's budget but will protect up to 90% of its value.