



Creating safer communities in the Caribbean by strengthening the health network

Lealou Reballos PAHO/WHO 24th October 2011 Hundreds of hospitals are affected by natural phenomena in the Americas

EARTHQUAKES

- Peru, 1970
- Guatemala, 1976
- Mexico, 1985
- El Salvador, 2001
- Peru, 2007
- Haiti, Chile, Mexico, 2010

HURRICANES

- Jamaica, H. Gilbert, 1988
- Dominican Republic, H. Georges, 1998
- Honduras and Nicaragua, H. Mitch, 1998
- Grenada, H. Ivan, 2004
- United States, H. Katrina, 2005
- Guatemala, H. Stan, 2006
- Nicaragua, H. Felix, 2007
- Cuba, H. Gustav & Ike, 2008

OTHER PHENOMENA

- Colombia, volcanic avalanche, 1985
- Peru & Ecuador, El Niño Phenomenon, 1997
- Argentina, floods, 2003
- Haiti & Dominican Republic, landslides, 2004
- Mexico, floods, 2007
- Mexico, Chile, Argentina, Pandemic H1N1 2009



In the Caribbean





Location	Event	Year	Nature of Hazard	Overall Effects
Jamaica	Hurricane Gilbert	1988	Category 5	Twenty-four hospitals and health centers damaged or destroyed; 5,085 patient beds lost

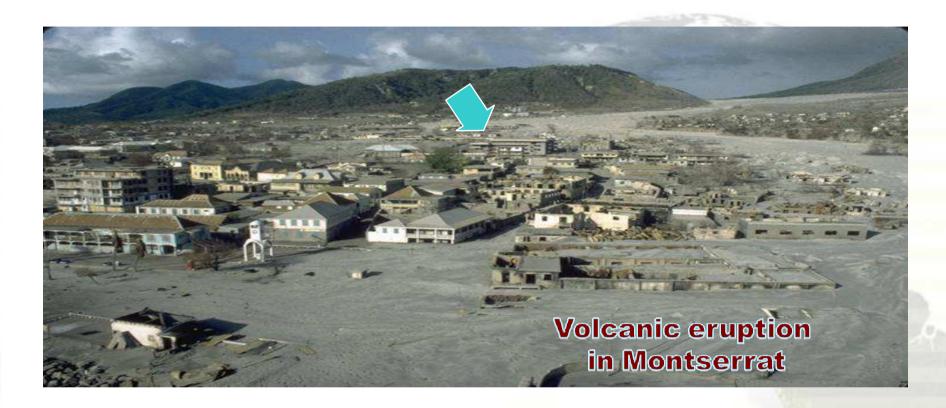


Location	Event	Year	Nature of Hazard	Overall Effects
Saint Kitts and Nevis	Hurricane George	1998	Category 3	Joseph N. France Hospital in Saint Kitts suffered severe damage; 170 beds lost





Location	Event	Year	Nature of Hazard	Overall Effects
Dominican Republic	Hurricane George	1998	Category 3	Eighty-seven hospitals and health centers damaged or destroyed



Location	Event	Year	Nature of Hazard	Overall Effects
Montserrat	Mt Soufriere Eruption	1995- 1997	Volcanic Eruption	Nearly 2/3 landmass evacuated & deemed inhabitable. Loss of medical school and new hospital



Location	Event	Year	Nature of Hazard	Overall Effects
Grand Turk	Hurricane Ike	2008	Category 4	Pharmacy stores and supplies facilities received major damage or total destruction







Location	Event	Year	Nature of Hazard	Overall Effects
Saint Lucia	Hurricane Tomas	2010	Category 1	1 Hospital out of operation and 6 Health centers operated with reduced capacity

The problem

- More than 67% of the nearly 18,000 hospitals in Latin America and the Caribbean are located in areas at higher risk of disasters.
- Hospitals are a huge investment and represent more than 60% of the Ministries of Health Budget.
- Hundreds of them were destroyed as a result of major earthquakes, hurricanes, and floods, causing massive impact in health care and enormous economic loss for the health sector.

The problem

- Common misconception damage to critical health facilities promptly repaired.
- But damaged health infrastructure recovers at a pace slower than other service infrastructure (trade, roads, bridges, telecommunications, housing)
- Even when a building remains standing after a disaster it may be rendered incapable of providing medical care due to non-structural damage (e.g. lack of electricity, water supply, etc)

Safe Hospital

- Is a health facility whose services remains accessible and functioning, at maximum capacity and in the same facility during and immediately after a large-scale disaster or emergency
- Levels of Protections:

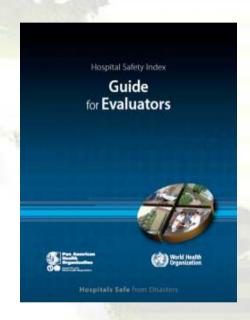
Life Protection

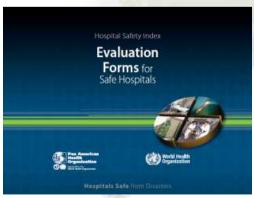
Investment Protection

Operational Protection

Hospital Safety Index

- provides a snapshot of the probability that a hospital or health facility will continue to function in emergency situations.
- By determining a hospital's Safety Index or score, countries and decision makers have an overall idea of its ability to respond to major emergencies and disasters.
- Does not replace costly and detailed vulnerability studies – 1st step toward prioritizing a country's investments in hospital safety





Hospital Safety Index

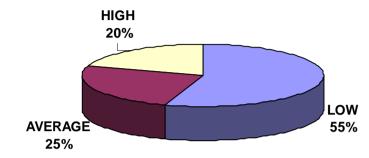
- Location (geological, hydrometeorological, environmental etc)
- 2. Structural safety (history of the buildings, structural systems, construction materials etc)
- 3. Non-structural safety (electrical, communications, water supply systems etc.)
- 4. Organization and management of the institution (disaster plan, EOC, operational and contingency plans etc.)

Safety Index

Safety index: 0.47 Health Facility Status: Category B

Safety index	Category Type	What should be done?
0 – 0.35	Category C	Urgent measures to protect the life of patients and hospital staff
0.36 - 0.65	Category B	Necessary measures are required in the short term to reduce losses
0.66 – 1	Category A	Preventative measures are required to maintain and improve safety

Functional Safety



0.00





Category A 36 % Category B 48 % Category C 16 %

Health Facility Status: Category B

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0.47	Safety index	Category Type	What should be done?
Hospital	0 – 0.35	Category C	Urgent measures to protect the life of patients and hospital staff
	0.36 - 0.65	Category B	Necessary measures are required in the short term to reduce losses
	0.66 – 1	Category A	Preventative measures are required to maintain and improve safety

Creating safer communities in the Caribbean by strengthening the health network (DIPECHO-PAHO)

Countries

Dominican Republic

St. Vincent & the Grenadines

St. Kitts and Nevis

Dominica

Beneficiaries 192.207

Expected Results

- **R1.** Local health disaster EOC and teams established in synergy with other sector response plans in the Dominican Republic.
- **R2.** Safe hospitals strategy adopted in the Dominican Republic.
- **R3.** Hospitals in the Caribbean strengthened to respond to emergencies and disasters.
- **R4.** Establish and manage emergency relief stocks for quick dispatch to disasters in the Caribbean.

Indicators

- R1. One national and 5 local health response plans & teams established, equipped and trained.
- R2. Eighty HSI evaluators accredited by academic institution - Five hospitals improved functional and non-structural safety indexes -Adoption of National Safe Hospitals policy
- R3. Three hospitals with low safety levels improve at least 5% their safety index
- R4. Report created outlining supplies frequently used during disasters-Number and type of supplies procured based on the analysis

DIPECHO Project

PAHO ACTIVITIES

