

Statement of the Pan American Health Organization to the III Session of the Regional Platform for Disaster Risk Reduction in the Americas

A disaster, before anything else, is about human impact on its physical, mental and social well-being. Destruction, even if sudden and massive, without repercussion on the population is not a disaster. Disaster Risk unacceptability is related to substantial and overwhelming effect on people's health. Those aspects must receive the most attention in the post Hyogo Framework for Action.

Up to now the major achievement of the 1994 Yokohama Strategy for a Safer World and the 2005 Hyogo Framework for Action has been to convince large number of decision level persons and institutions at national and international level that disaster risk can be reduced to a significant extend. One of the key contributors to this has been the focus of the 2008-2009 World Disaster Reduction Campaign on Hospitals Safe from Disasters, organized by the International Strategy for Disaster Reduction (UNISDR) and the World Health Organization (WHO) in partnership with governments, international and regional organizations, non-governmental organizations and individuals worldwide to raise awareness about why and how to redouble efforts to protect health facilities and ensure they can function during and in the aftermath of disasters. This came more than two decades after the 1985 resolution of the Ministries of Health of the Americas decided to reduce the vulnerability of health facilities in order to avoid what has happened with Hospital Juarez and many other hospitals in Mexico after the 1985 earthquake.

Today we may not be as far as expected a couple of decades ago but real progress have been accomplished: a groundbreaking and simple hospital safety index allows, through the assessment of 145 aspects, to define the probability of a hospital to remain functioning after disasters; Currently, at least 10% of the 17,600 hospitals in Latin America and the Caribbean have been assessed; 57% of the low and average safe hospitals have been intervened; a Regional Plan has been approved by the Ministers of Health to ensure that all new facilities are built safe. Even other sector such as education, adapted the hospital safety index and is now implementing the Safe Schools initiative, mirroring the health sector approach. However, these significant advances cannot hide the underlining challenges that must quickly be addressed.

One challenge for the post 2015 is that the risk reduction community has still not been able to really have a proper weight in the general preoccupation of people or convince the politicians at large. Credit has to be given to many senior persons in governments and donors who have allowed important results and advances, but more support can be obtained if the risk reduction community defines at least a few visible and predictable results.

The main rule for defining the post 2015 will be to identify reachable targets. With the better understanding, even if far from enough, on how vulnerability has been created; authorities, media and communities expect to have a much more practical and a reasonable proposal from the risk reduction community. It took decades to build the

vulnerability of our society. So no one should expect to revert the trend quickly as unfortunately has been too often promised.

A second challenge will be to identify targets that could be reached by governments in less than 4 years. A third challenge is the stove pipe approach of our society. Almost systematically solutions is given by isolating a problem from its context, putting the necessary energy to analyze it, find a solution and then put in back in its context. However the vulnerability of society resides more often in the area that connects one specialty to another. Engineers are good at designing structures and architects good at designing non structural elements but if they do not communicate to the builder the size of the screw that is needed to anchor the window to the structure, the hurricane wind will find its way and destroy the entire building.

At a larger scale in a society, a similar example is found when a hospital director has to ensure that its facility keeps functioning in disasters even though he has no control over the road access or the public utilities on which the hospital depends. This and many other examples show that vulnerability is still too much linked to specific hazards and the person in charge of the function or service. Post 2015 cannot solve all these problems but must at least identify common across-the-sector targets (multi-sector). The benefit will be to learn from the multi-dimension root of vulnerability.

The success and likelihood to obtain support to post 2015 DRR will depend on whether the selected topics will have the potential to be incorporated into people's everyday life by linking (more) concretely risk reduction to protecting community physical, mental and social well-being.

The second criterion is more technical. We perceive why vulnerability exists but still don't fully understand its roots. Post 2015 priority will have to identify at least one "multi-sectorial" risk reduction topic. A health issue in which all sector can contribute may be the best indicator of our post 2015 success. A health post in a community or a hospital in a larger city that can be made safe, will serve as a powerful incentive to also intervene other critical infrastructure.

The Pan American Health Organization (PAHO/WHO) remains firmly committed at working with all partners: governments, private, public, academic or NGO sector in finding ways to ensure that community resiliency will be high enough to live with natural hazards. We work towards a disaster-resilient health sector in the Americas: "A future when there is adequate, nationally-led and sustained capacity to reduce disaster risk in the health sector, both to prevent damage to infrastructure and service delivery and to provide a timely and effective response to disasters."

More information on safe hospitals and other disaster management topic can be found at www.paho.org/disasters and the Knowledge Center on Public Health and Disasters at www.healthanddisasters.info