

**Opening Remarks By  
Sir John Holmes, United Nations Under-Secretary-General for Humanitarian Affairs and  
Emergency Relief Coordinator**

**2009 INTERNATIONAL DAY FOR DISASTER REDUCTION**

London Event

14 October 2009

Ladies and Gentlemen,

Good afternoon and a special welcome to all of you on this, the 2009 International Day for Disaster Reduction. I am sorry not to be with you in person at the Royal Marsden Hospital in the company of representatives of the British Government, the World Health Organization (WHO) and the UK Health Protection Agency. But I hope you will understand the need for me to visit the Asian countries of the Philippines and Indonesia most badly affected by recent natural disasters.

The 2009 International Day for Disaster Reduction focuses on the safety and function of hospitals and health care facilities in disasters. Just as disaster risk reduction is an indispensable tool in protecting the health, welfare and assets of people and communities, so too protecting our hospitals is a priority to reduce disaster impacts worldwide.

In January of last year, the 2008-2009 World Disaster Reduction Campaign set in motion a two-year, worldwide partnership to raise awareness about why and how to re-double efforts to protect health facilities and ensure they can function during and after disasters. Today, the United Nations International Strategy for Disaster Reduction (UNISDR) and WHO, with support from the World Bank, are marking this significant Day by highlighting the work of the Campaign.

Several key initiatives also being announced today exemplify the critical work that we and all of our partners are undertaking to create greater awareness of disaster risk reduction within the global health sector. Among these is the launch of a new Thematic Platform on Disaster Risk Reduction for Health. I will come back to this in a moment.

Pleased as I am about the increasing support for disaster reduction, so much still needs to be done.

A devastating earthquake in Sumatra – Typhoons Ketsana and Parma in the Philippines – mudslides in Sicily – flooding in Asia and West Africa – these terrible events in recent days and weeks have caused untold suffering for millions of people. But crucially, these disasters have also impacted the vital, lifesaving operations of hospitals, clinics and health facilities. In some cases medical structures have been so badly damaged that the displaced and injured have been unable to receive emergency treatment and care when they were most needed. According to WHO, almost 600 hospitals and health facilities were damaged or destroyed by recent disasters in Indonesia, Philippines, Viet Nam, Laos, Samoa and Tonga. The bulk of these facilities were in the first three countries. In 2008, the massive Wenchuan earthquake in China damaged more than 11,000 medical facilities. This is not just an issue for developing countries. Last April, the Aquila earthquake in Italy destroyed a recently built hospital, leaving hundreds of injured and sick people without care.

Ladies and gentlemen, hospital safety is not an option – it is a vital necessity.

Hospitals and health facilities must be able to function effectively when they are most needed. Their role in recovery, social cohesion and economic development both during and after a disaster is indisputable. The WHO has reported that the long-term impact of the loss of public health services exceeds the impact of delayed treatment of trauma injuries. Hospitals are thus central to sustainable recovery from disaster, playing key roles in a society's capacity to rebound from a disaster. And when disaster wipes out key parts of the health systems in developing countries and vulnerable regions, one of the key consequences is a fundamental blow of community confidence. So making hospitals and health facilities safe from disaster is not only a health imperative but also an economic requirement, and a social necessity.

In recent WHO survey revealed that as of 2008, only fifty percent of countries' health sectors had allocated budgets for risk reduction and emergency preparedness. This is far too little.

Nevertheless I am happy to report that the campaign has definitely begun to raise greater awareness and understanding of disaster risk reduction within the health sector. It has established a stronger relationship between the health sector and the disaster risk reduction community, and has increased commitment among decision-makers to make health facilities safer.

In the past two years, we have seen tangible progress in some areas. Countries from Central Asia to the Caribbean and Latin America have undertaken assessments of their respective health facilities to determine how safe they are and, where appropriate, to better equip them to deal with emergencies. Health task forces that bring stakeholders together have been established; and projects to implement more rigorous building codes have been set in place.

Mexico has demonstrated that it is possible to make hospitals safer by applying the WHO and PAHO-designed Hospital Safety Index – a rapid, reliable and low-cost diagnostic tool that serves as a checklist for assessing hospital preparedness. The Hospital Safety Index has already been adapted and applied to facilities throughout Latin America and in countries of other regions, such as Oman, Sudan and Tajikistan. And countries everywhere are training their health professionals in emergency preparedness during disasters.

In June of this year, I chaired the second session of the Global Platform for Disaster Risk Reduction in Geneva – UNISDR’s biennial conference. We set specific objectives for the road ahead. These include increased investment in disaster risk reduction, which is a fundamental requirement; the integration of disaster risk reduction into climate change adaptation and development planning; the acceleration of community resilience and livelihood protection; and a programme to accelerate disaster-proofing of public buildings, especially schools and hospitals.

In particular delegates gave their support to a set of time-bound recommendations to retrofit the most critical and vulnerable health facilities by 2011 and to adopt comprehensive, national, multi-sectoral Safe Hospital policies and programmes by 2015.

I am therefore particularly pleased to announce today a new Thematic Platform on Disaster Risk Reduction for Health which will create a global community dedicated to ensuring that health is a central component of disaster risk reduction.

This Platform will unite local, national and international partners from both the health and non-health sectors behind a common cause: to reduce deaths, injuries and illness arising from emergencies, disasters and other crises; and to improve the health and well being of millions of people at risk, through enhanced risk reduction, emergency preparedness, and response and recovery.

Only by working together will countries and communities be able to deal with these risks most effectively, reducing health sector vulnerabilities and building capacities to mitigate and respond to all types of emergencies that societies will continue to face.

Today, I urge Governments everywhere to undertake comprehensive assessments of their countries' hospitals, clinics and health care facilities, particularly those situated in disaster-prone areas, in order to ensure their capacity to withstand the challenges posed by unplanned and unforeseen natural hazards.

No new hospital should be built unless it can withstand the impact of natural hazards. Health workers must be trained for emergencies. The price we pay for the failure of hospitals and health facilities due to disasters is too high. In comparison, the cost of making hospitals safe from disasters is small indeed.

A hospital is only safe when everyone works together to ensure it is both structurally and functionally safe – that means planners, engineers, educators, government policy makers, doctors, nurses and hospital managers. It also means political will and investment. But that should not be so difficult. Hospitals are after all cornerstones of healthy and functioning communities and symbols of public faith in government and society. I hope that today's launch of this Thematic Platform on Disaster Risk Reduction for Health will therefore engage everyone. The cause is indeed a vital one.

Thank you.