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HIGH LEVEL PLENARY PANEL 4

Concept Note

"Safer Schools and Hospitals"

Thursday, 18 June 2009 09:30-11:00

Abstract: High Level Panel 4 on "Safer Schools and Hospitals" will review progress on making schools and hospitals safer from disasters, by strengthening structural, non-structural and emergency preparedness elements. Panellists from all geographical regions will provide experiences from global, national and local level to illustrate both successes as well as challenges for providing safe environments both in schools and for health care. Participants will also be informed by this related background paper, which presents statistical evidence and also draws lessons from the implementation of the ISDR World Campaigns on "Disaster risk reduction begins at school" (2006-2007) and "Hospitals Safe from Disasters (2008-2009)" with its detailed annex. A key consideration for the debate will be the question why – despite the availability of appropriate technology and practices which are proven to be effective – children, teachers, patients and health workers are at risk because HFA priorities for safe education and health facilities have not been implemented.

Session objectives

The objective of this session is to achieve a commitment to reduce disaster losses by addressing the safety and preparedness of health and education facilities and to prevent unnecessary death and suffering when our schools and hospitals fail in emergencies. The expected outcomes are:

- 1. A shared understanding of the critical factors required to effect a change in policy and practice at national and local level (drawing on the successes and challenges presented during the session).
- 2. The identification of regional, national and local mechanisms (including cross-sectoral collaboration) or modalities that can be supported by Governments and National Platforms for Disaster Risk Reduction or the wider ISDR System and partners.
- 3. A set of suggested targets up to 2015.

The session begins with introductory remarks by the moderator to introduce the topic and the objectives. The speakers from selected countries will present stories (focusing on what worked as well as what did not). The speakers will be representatives of the countries with experience of implementation of these projects. Seven brief presentations will cover examples from health and education sectors.

Agenda

- 1) Introduction by Moderator
- Dr Virginia Murray (Prof), Health Protection Agency, United Kingdom
- 2) Presentations by panelists
- Dr Carmencita Banatin, Director of Health Emergency Management Staff in the Department of Health, Philippines
- Mr. Gérard Bonhoure, General Inspector, Ministry for National Education, France
- Ms. Laura Gurza Jaidar, General Coordinator of Civil Protection, Mexico
- Dr. Eric Laroche, WHO Assistant Director-General, Health Action in Crises
- Mr. Sulton Rahimov, Head of the State Commission and Emergencies and Environment, Tajikistan
- Ms. Zoubida Allaoua, Director, World Bank to launch 'Guidance Notes on Safer School Construction', developed jointly with International Network for Education and Emergencies
- 3) Plenary discussion on solutions
- 4) Call for action



Key principles for agreement

The ISDR system and its partners are well placed to lead on developments in the following areas:

- 1. Health and education are critical elements of a holistic, all hazards, and risk-based approach to disaster risk reduction. Both of them underpin the work of the disaster reduction community, and are reliant on the contribution of many other sectors.
- 2. Critical services and infrastructure such as health facilities and schools must be safe from disasters. Damaged infrastructures cause injuries and death, increase the vulnerability of affected populations to the environment, cause disruptions to education and health services and exacerbate poor health and pre-existing disease. The principle approach must consider structural and non-structural elements of schools and hospitals, as well as emergency preparedness, including issues such as evacuation and sheltering and health and safety of teachers, children, health workers and patients.
- 3. Education on all levels, comprehensive knowledge management, and greater involvement of science in public awareness-raising and education campaigns is needed.
- 4. The broad range of physical and mental health consequences from disasters can extend from the immediate impact to long-term health effects. These health effects need to be addressed in policies, programmes and supporting research of health and other sectors which contribute to the health of communities.

ISDR partners and ISDR Scientific and Technical Committee member organisations are well placed to lead on developments in the following area:

5. In health and in education, as well as other sectors, it is essential that scientific information be shared and translated into practical know-how that can readily be integrated into policies, plans and practice. Case studies of the effect of disasters on health facilities and schools, as well as effective risk reduction projects, are needed for this research. All members of the ISDR system should prepare and develop internationally valid research strategies, drawing upon the human capital resources of the ISDR system and the support of the ISDR Scientific and Technical Committee.

Draft main proposals for supporting these principles and adoption of targets paving the way for subsequent implementation of commitments for *Safer Schools and Hospitals*

On Safer Hospitals:

Damage to health systems from disasters are human tragedies, resulting in devastating impacts on health and health services, huge economic losses, causing significant blows to development goals and shaking of community confidence. Making hospital and health facilities safe from disaster is therefore a health imperative and an economic requirement, as well as a social and ethical necessity.

In 2008/2009, the biennial World Disaster Reduction Campaign focuses on 'Hospitals Safe from Disasters'. Its aims are to:

- Protect the lives of patients and health workers by ensuring the structural resilience of health facilities;
- Make sure health facilities and health services are able to function in the aftermath of emergencies and disasters; and



 Improve the risk reduction capacity of health workers and institutions, including emergency management.

ISDR system member organizations, especially governments, should consider:

- 1. Ensuring that the health sector is represented on all national and regional platforms for disaster reduction by 2011.
- 2. Establishing a global technical platform for health risk reduction by 2011.
- Conducting national assessments of the safety of existing health facilities and establishing a schedule for retrofitting the most critical and vulnerable ones by 2011.
- 4. Adopting comprehensive national multisectoral Safe Hospital policies and programmes by 2015 to ensure:
 - a. health facilities can withstand the risks they are exposed to,
 - b. health workers and patients are protected and
 - c. health facilities can provide health services in disasters.
- 5. Ensuring that health facilities develop disaster and emergency risk management programmes by 2015, including emergency response plans, exercises to test these plans, and training of health workers for their response roles and for their personal protection.
- 6. Establishing regional and global strategies among health, finance, building, infrastructure, academic and donor partners to achieve multisectoral, international support for national actions by 2015.

On Safer Schools:

Children are among the most vulnerable groups during a disaster, especially those attending school at the time of the catastrophe. In recent years, disasters destroyed large numbers of schools, taking away the precious lives of children and teachers and stalling access to education activities. Protecting schools and children is a political, social and moral responsibility of all governments. Governments, with support of UNISDR partners, should consider:

- 1. Developing a comprehensive national plan for disaster risk reduction to secure that:
 - a. Buildings of school and universities can withstand the risks they are exposed to.
 - b. All students and teachers have adequate information, knowledge and capacity to protect themselves from potential disasters when a disaster occurs by 2011.
- 2. Integrating disaster risk reduction into the educational system, from primary education to high education, in order to make sure that disaster risk reduction is an integral part of our future leadership, education and socio-economic development by 2015.

On joint Safer Schools and Hospitals:

ISDR partners, supported by the ISDR Scientific and Technical Committee and other Thematic Platforms should consider:

- 1. Developing and implementing internationally-valid risk reduction research strategies for health and education, giving priority to assessing and reducing climate change effects, by 2011
- 2. Developing and implementing research, case-studies, guidelines and projects to increase the effectiveness of emergency evacuation and sheltering in communities, with an emphasis on the role of health facilities and schools, by 2011

Governments, supported by ISDR partners should consider:



- 3. Elaborating comprehensive national strategies and policies and result based action plans for integration of DRR in the Health and Education sectors by 2015.
- 4. Resources to achieve these targets and implementation of national, community and global commitments for Safer Schools and Hospitals should be considered. As well as financial support via sustainable funding mechanisms for project implementation, further capacity development strategies, such as face-to-face and e-learning training courses, research, exchanges of personnel and experience-sharing forums, should be considered

