HIGH LEVEL PLENARY PANEL 4
"Safer Schools and Hospitals"
Thursday, 18th June 2009

On Thursday, 18th June 2009, Global Platform participants convened to review progress and identify obstacles and how to overcome them in building resilience of communities and nations by making schools and hospitals safer from disasters. The related session background paper asks why – despite the availability of appropriate technology and practices which are proven to be effective – children, teachers, patients and health workers remain often at risk because HFA priorities for safe education and health facilities have not been implemented.

The session moderator, ***Prof Virginia Murray, MD, Health Protection Agency, United Kingdom*** informed participants that the session's objectives was not to review problems alone, but on the contrary to highlight a few good examples related to school and hospital safety. She provided a definition of safer schools and hospitals meaning buildings that are structurally sound and that do not collapse, killing people within. They should be able to function as critical community facilities during a disaster. They should have contingency plans with full training for staff. The moderator summarised the identified needs and the key principles of agreement on the topic of safer hospitals and schools.[1]

Identified needs:
- 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)
- 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
- A set of suggested targets up to 2015

Principle targets: Schools and Hospitals to be safe should:
- Structurally sound and should not collapse and kill school children, patients and/or staff
- Should be able to function and provide services as critical community facilities
- Should have contingency plans
- Should provide training in emergency response for school children, patients and/or staff

She also summarised the basic principles that:
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 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**.

[1] Please see page 3 of concept note for the session accessible at http://www.preventionweb.net/files/globalplatform/entry_bg_paper~HLP4conceptnotefinal%5B1%5D.pdf.

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 considered 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.

The following speakers thereafter provided their insight of the topic:

- Dr Carmencita Banatin, Director of Health Emergency Management Staff in the Department of Health, Philippines
- M. Gerard Bonhoure, General Inspector, Ministry of National Education, France
- Lic. Laura Gurza Jaidar, National Coordinator, National Civil Protection System Mexico
- Mr. Sulton Rahimov, Head of Environment and Emergency Situation, Department of the Executive Office of the President of Tajikistan
- Dr. Eric Laroche, WHO Assistant Director-General, Health Action in Crises

Dr. Carmencita Banatin, Director of Health Emergency Management Staff, Department of Health, Government of Philippines reminded that her country has gradually shifted the paradigm by focusing on hospitals and health facilities under a risk focus. The Department of Health has devised and tested a Hospital Assessment Tool to determine hospitals' capacity to respond to emergencies and disasters. All hospitals are required to develop an emergency preparedness plan; not just a contingency plan. This EP plan must be submitted for the renewal or procurement of an operating license. Moreover, the Department ensures that new hospitals are built and functioning to ensure resilience and it oversees the implementation of mitigation measures/ retrofitting. She also quoted the objectives and pointed out the importance of the 2008/2009 World Disaster Reduction Campaign on Safer Hospitals.

The Department of Health has developed a Hospital assessment tool and tested it in all hospitals and evaluated results. A first batch of hospitals has been assessed and the results fed into planning for others. It has carried out initial assessments of hospitals and will expand it to the whole country. Following a multi-stakeholder approach, engineering, medical experts and architects are involved. Evidence based research is being carried out and serve as inputs for decision making. In the Philippines, capability building of major players nationwide is taking place. A manual for hospital evaluators has been compiled. Exercises and drills are being conducted in hospitals for better preparedness. All hospitals are mandated to work with communities. Also a National design competition for new hospitals has been launched and a laureate will be announced in December 2009. Finally, Dr. Banatin pointed out that additional funding remains to be mobilised to pursue and expand the programme.

Mr. Gérard Bonhoure, General Inspector, Ministry for National Education, France spoke about Education on Major Risks and how it is integrated in education for sustainable development. In France, the main principles for major risk education were to develop scientific knowledge as a basis of citizen's awareness of risk, to build consciousness of the complexity of the situations (social, environmental, economical factors), to learn to think at different scales of space and time: globally and locally, in the « long term » and finally to learn to decide and act, as a responsible citizen.

The ways to "do it", where to ensure that pupils are

1. 1. **Aware:** for this, risk notions are integrated in the curricula of primary and secondary schools and involve several subjects – for example in all schools risk education is integrated into the "Earth Science" course and geography,
2. **Act**, for example through projects in classes and schools (seismic experience, met-experience) - pupils are doing projects to learn risks and link to natural hazards) and finally to
3. **Decide to act**. This is ensured by building in a combination of « knowing » and « acting ». Every school is to build its own plan for risk reduction, and this requires full cooperation between different structures at the local and national levels, including cooperation with other schools, technical services, but also the city administration, the Ministry for Environment and Risks and Education amongst other agencies and organisations. Testing of the plan is integral part of this approach.

Mr. Bonhoure pointed out that the necessary link between education and procedures, the efficiency of the plans designed by the schools and the perception of risk as a factor to be considered even in « low risk zones » still needs to be improved. He also pointed out that parents have to be part of the preparedness planning. For example, it is important that parents do not look for their children during acute disasters and thus expose themselves and their children to further risk, but have also to be educated about the right way of responding in emergencies. The French approach targets a collective method of response under the concept of sustainable development.

Ms Laura Gurza Jaidar, General Coordinator of Civil Protection, Mexico stated that since 1998 5,000 beds in hospitals were lost during Earthquakes. This and other events such as the Tabasco floods triggered changes in policy and led to the adoption of a more preventive approach. Consequently, since November 2006, the Mexican Government has implemented an evaluation system for hospital safety, which is based on PAHO guidelines for Safer Hospitals[2] and other international recommendations and followed by civil protection authorities. Criteria have been unified. Responsibility for the hospital safety programme rests with civil protection-led state committees have been created in every federal state to evaluate the level of safety of Mexican hospitals. One of their primary objectives has been to reduce vulnerability by assessing the safety of health facilities.

Hospitals have been classified in view of their risk exposure and essential hospitals have been identified for primary safety improvement activities. By 2009 all public and by 2011 all private and social clinics will be required to review their safety. Additionally, a fund has been established for natural disaster reduction allowing the implementation of measures to assess progress and also to include a climate change dimension with reconstruction measures (reconstruction and relocation can be funded through this fund). New facilities have been constructed following related guidelines. Ms. Gurza Jaidar also pointed out that major efforts are being undertaken to train all health personnel in emergency management, which starts in July this year. Her Department also developed a manual for safe hospital construction. In 2010 hospital certification programme will be starting classifying facilities in different categories.

Hospitals are strategic centres of sustainability during a disaster. They must be safe and structurally sound places to which people can turn during a disaster.

Ms Gurza Jaidar proposed several ways forward:

1. That civil protection authorities undertake safe hospital evaluation as they are objective and offer a broader perspective on disaster risk reduction measures;
2. That governments establish legal requirements in order to mainstream measures and provided the necessary training to staff on how to deal with patients, especially during pandemics; and

2 For more information, please access: http://www.paho.org/english/DD/PED/SafeHospitalsChecklist.htm.

3. That true information is provided to the media and that training courses should be publicized through the media in order to help people understand what to do and where to go in times of disaster.

Mr. Sulton Rahimov, Head of the State Commission and Emergencies and Environment, Tajikistan reminded the audience that Tajikistan had suffered from two landslides, which occurred on April 21 and May 14 and destroyed more than 300 houses and many thousand people were made homeless. As his country is highly exposed to natural disasters, it has become a high priority for the Government to look into preparedness, emergency management and DRR. Tajikistan, he said, is examining the ability of hospitals and schools to function both during and after disasters. A disaster risk reduction strategy is being finalised and parts are already implemented in schools, e.g. the integration of disaster risk reduction in the education curriculum. The Government proposed the inclusion of disaster risk reduction in both formal (curricula, learning standards and extra-curricula classes) and informal (outdoor exercises, drills, workshops and seminars) education. At present, this means a thorough revision of old curricula, adjustments and enhancement, as school-curricula had formerly focus on emergencies related to defence, rather than natural hazards. As of September 2009 he reported that this will be changing with 70% of the time allotted for emergencies is spent on natural hazard rather than defence.

Since 2005, increased attention has been given to DRR with the help of UNDP and UNISDR and also the Committee for emergency situations and the involvement of the Ministry of Finance.

He proposed that there should be "Professional Advance Training" of education sector specialists, teachers and headmasters through the Tajikistan's Commission of Emergency Situations. This process of educating children is complex which needs to be reflected in many school subjects such as science, biology and geography. Mr. Rahimov concluded by stating that Knowledge, Skills and Competence equals Action.

Dr. Eric Laroche, WHO Assistant Director-General, Health Action in Crises, underlined that 'we know what to do but we do not do it'. He reminded all that action was critical. The need is to save lives and livelihoods: invest in risk reduction and build back better. He stated that the need to be working together for people's health at community level – for natural hazards, climate change, food crises, pandemic etc was vital. Dr. Laroche noted that health workers are often victims themselves, through the direct collapse of health facilities, but also on their return home, may find that they too have lost loved ones. Hospital workers must be protected and to continue to provide services to patients during disasters. There are social and economic issues implied beyond simply erecting safer buildings. Structures must be built back better following a disaster.

WHO provides technical assistance in assessing the safety of health facilities. He reminded all that, an extra 4% more money in planning for safer construction of hospital will achieve safer hospitals. In risk reduction, WHO works also to help governments retrofit hospitals. Only 1% of the annual national budget would be enough to retrofit and protect 90% of the health facilities.

The world disaster risk reduction campaign is a strong catalyst for action to make facilities safe. Also World Health Day 2009 focused on Safer Hospitals .[3] WHO takes this very seriously, he pointed out. The World Health Day was launched in China, because of the Sichuan earthquake in May 2008 when11,000 health facilities in China destroyed or damaged.

Training is important; not only training health workers to deal with special diseases and injuries but to include health workers at the planning stage. Often, they are not. They also need to be trained in business (operational) continuity and medical evacuation procedures. He provided an example from Myanmar, where 377 hospitals had to be evacuated – this illustrates the need for hospital preparedness, including

3 For more information, please access http://www.who.int/world-health-day/2009/en/index.html

planning, training and exercising. Health alone cannot achieve all that is required alone, but needs help and expertise from other professionals in the relevant professional fields (architects, urban planners, engineers, emergency services etc.)

The outbreak of pandemic H1N1 presents new challenges for WHO, health sector and whole -of-society. He stressed that the health sector on its own cannot achieve such preparedness, but that multi-stakeholder partnerships are needed, from school-children to health workers. Dr. Laroche shared examples of local level interventions and how crucial it is to work with local actors, use local knowledge, and make local action more effective.

Dr. Laroche proposed the following priority actions:
1. a global thematic platform on health risk reduction to bring health and other sectors together
2. representation from the health sector in all local, national, regional, global disaster risk reduction platforms in order to give focus to public health in disaster risk reduction.
3. continued investment in safe hospitals at facility, national and global levels, with priority to assessments of hospital safety
4. allocation of 10-20 % of humanitarian funding to disaster risk reduction
5. vital investment in research and building the evidence base to inform decisions and action, ensure best use of resources and to make the case for obtaining relevant funding.

Following the panellists' interventions' the moderator reminded of the session's draft targets and appealed to countries to support, including through financial commitments.

General comment from Delegates

Government of Iran, Iranian technical university official – urged WHO to hasten its actions. Safe hospitals is possible and doable, we need safe sites and multi-sector approach to safety He strongly recommended that WHO convenes meeting of the expert community for safer hospitals construction.

Response Dr Laroche: Governing body of WHO needs to agree, but then ready to do achieve this

IFRC – Safer hospitals is a key element for national societies activities, we are working on this. He asked what is preventing governments from rapidly legislating schools to incorporate into their school curricula emergency and disaster preparedness strategies as well as first aid training.

Gérard Bonhoure/ France response: Integration is necessary, like also a multi-stakeholder approach, necessary to synthesize as well, parents should be part of it, learn about it.

St. Vincent & the Grenadines, Douglas Slater Minister of Health in St. Vincent, thanked ISDR and partners including WHO for allowing his participation. He pointed out that the majority of people are somehow related to disaster preparedness, but not necessarily in the health sector. He argued that we need to make very strong arguments in our countries that resources are made available, hardly ever have the resources to retrofit been made available and that we should all consider the consequences. Expanded programme of immunization can show how effective it is in addressing the issue of investment in health to save lives. PAHO initiatives have been superb.

Laura Gurza response: **Task distribution is necessary – evaluating 6000 hospitals means often an operational rather than structural issue**. This takes time, she said, in Mexico it has been done over 12 years that we have been developing our work.

Lesotho - *A former Health Minister in Lesotho* the delegate pointed out that developing countries face other challenges. For example, education and professional training does not engender in people a desire to remain in their countries. Thus, facilities are inappropriately staffed for responding with any effectiveness on a daily basis. Developing countries sustain unnecessary deaths because they do not have the requisite

human resources to address accidents and hazards. There are deficiencies in critical diagnostic tools – human tools (not having professionals, who leave the country to work elsewhere) and a lack of tools themselves to make the right diagnoses.

ISDR Coalition for Global School Safety – In 2005, 19,000 children died in the Pakistan earthquake. All national platforms should collaborate with the ISDR Platform for Knowledge and Education. Why? Because the question of disaster risk reduction is a complex one so there of course must be a multi-sectoral approach.

Sulton Rahimov response: Mr. Rahimov agreed on the importance of linking the work on Safe Hospitals to the National Platform: cooperation of the approach must be multi-sectoral. In Tajikistan, his State Commission's work is linked to REACT which serves as de facto National Platform.

India - We have 1.2m school buildings, construction of safer school has started under the slogan "Be aware, prepared but not scared". 11,000 hospitals and other categories of health facilities are being reviewed; 3-4% of extra cost for safer construction is foreseen. India invested through special programmes. It needs to happen at the local level so the process of capacity building is very important.

Carmencita Banatin comment: Guiding principles have to come from the top level to have clarity and to have mandate to action, safe hospitals concept must be supported from the highest level, good networking is necessary.

Peru - The delegate referred to the country's recent Pisco Earthquake in 2007. Hospitals had to be evacuated by helicopter with support by Mexico and Chile. Nowadays PAHO standards are being applied and hospital assessments have been done. In Cuzco a school collapsed, fortunately pupils had not arrived yet. Schools built after 1998 build were not affected, as they were respecting the new standards, older schools were affected, churches also collapsed. Old churches collapsed and produced the highest number of victims. The representative noted that the issue of churches is perhaps a delicate issue but churches deserve to be inspected for their safety and security as they serve as important places of sanctuary for the general population in times of disaster.

This was followed by the launch of Guidance Notes on Safer School Construction[4], as a tool to help governments and stakeholders take the next steps for safer schools by ***Ms Zoubida Allaoua, Director, World Bank***. The Guidance Notes were developed jointly with the Inter-Agency Network for Education in Emergencies, the World Bank and ISDR.

Concluding remarks
Following these interventions, the moderator asked panellists to provide some concluding remarks:

Dr. Carmencita Banatin, Director III of Health Emergency Management Staff, Department of Health, Government of Philippines
We need to develop more on health emergency management. Philippines: everything we are doing here in countries can be done, funding is not always a problem. Invest in people. We need passionate and committed people and everything else will follow. We need guiding principles to be provided from the top level down. All hospitals should be part of planning at the early stage. Everything we are talking about can be done. Take the multi-sectoral approach from planning through to implementation. Funding will come when governments know you are passionate and committed.

Mr. Gérard Bonhoure, General Inspector, Ministry for National Education, France

4 The Guidelines are accessible from this website: http://gfdrr.org/docs/Guidance_Notes_Safe_Schools.pdf.

We need to cooperate at every level to share experience and knowledge and provide training on risk reduction and disasters and education to students, adults, professionals. The concept of e-learning can assist in disseminating information. In France, there are virtual universities that provide this type of training.

Ms Laura Gurza Jaidar, General Coordinator of Civil Protection, Mexico
Civil protection systems are cross sectoral. This is the best body to implement this program of safe hospitals and schools. The Mexican Government provides an 80-hour internet training course to support the implementation of the Safe Hospitals programme in Mexico.

Mr. Sulton Rahimov, Head of the State Commission and Emergencies and Environment, Tajikistan
Education is one of the fundamental human rights. This right should not be violated and in fact can be strengthened with disaster risk reduction and preparedness education We need to mobilise all responsible persons including parliamentarians and the media.

Dr. Eric Laroche, WHO Assistant Director-General, Health Action in Crises: For effective health risk reduction, it is important to mobilize all concerned, go beyond the usual silos and involve more than just health sector actors.

Recommendations
The session concluded by a call from the moderator to express whether or not the targets for safer schools and hospitals included in the concept note could be adopted or not. The moderator asked delegates to wave with their concept notes. A majority of delegates waved and thus approved them. This result was agreed that it would be passed to the Chair's final summary of the Global Platform Plenary on Friday 19 June 2009 (see concept note).

<u>What is Proposed</u>
Three draft main proposals for supporting these principles and adoption of targets paving the way for subsequent implementation of commitments for Safer Schools and Hospitals.

1) 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.

2) 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.

3) 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.
   There was widespread delegate support for the Plenary and the draft main proposals for supporting these principles, timelines and adoption of targets.