

Mr Elton Georges, former Deputy Governor of the British Virgin Islands

**Presentation on 8 October 2008
International Day for Disaster Reduction
New York**

‘HOSPITALS SAFE IN DISASTERS’ – A Caribbean Small Island Developing State Perspective

The case for building disaster resistant health facilities is very strong, an easy case to make. The need for safe hospitals is even more pronounced in the Caribbean region where a resurgence of strong hurricanes over the past 20 years have wreaked serious damage on hospitals and clinics a a number of countries. The destruction of such facilities on small islands has a much more devastating impact because there is often only one hospital on the island, and one clinic in smaller islands. Hospitals are being rebuilt somewhat safer partly owing to the fact that architects and engineers are more aware as are donor and lending agencies which are requiring buildings to code. (The latter can do much more. Tony Gibbs, speaking from his close involvement with a number of hospital rebuilding projects in the region, observed that multi-lateral funding agencies were “remarkably reluctant to impose appropriate technical standards as conditions precedent to disbursing grants and loans” This is clearly an area where improvement is possible in exerting pressure on countries.) Insurers and private banks can also play pivotal roles. In the BVI the construction of a new hospital is about 55% - 60% complete, but only now is an EIA being undertaken, and it is at the insistence of the lead private bank that is being now brought into the financing mix. Hospitals safe in disasters, however, requires higher standards than the less critical structures for which the codes cater.

Three 'pieces of advice' for Governments and international or regional agencies

1. Governments should accept that hospitals and other primary health facilities need to be built to higher technical standards than, say, office buildings, other things being equal. The tolerance for failure should be somewhat lower in the case of hospitals.
2. In an environment of scarce resources ways must be found of making the most of what

there is. There is a need for Health disaster management programmes to be better coordinated with national disaster management programmes. The programmes tend to work in relative isolation partly owing to usual 'turf' or territorial perceptions. Agencies such as PAHO and CDERA have a role to play here in promoting close collaboration and in developing models for the Health DM programmes. Governments should also open up the process of planning critical health facilities to other agencies that have an interest in safety and not confine it to health planners.

3. Institute proactive maintenance programmes for such facilities that again recognise the special and complex requirements for hospital safety. Adopt and use the excellent Hospital Safety Index that PAHO has developed to help to identify maintenance and retrofit issues. Every hospital should regularly undergo integrated in-depth hospital vulnerability assessments including the well known three elements: structural vulnerability, non-structural vulnerability and organisational and administrative vulnerability. Action indicated to bring the institution to acceptable safety standards should always follow. Especially for the smaller islands, **external** checks and periodic validation by a competent external body should be the norm.