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Cebu, Philippines

REGIONAL TRAINING ON SAFE HOSPITALS IN EMERGENCIES AND DISASTERS



Save Lives!
Make Hospitals Safe in Emergencies.

Course Overview

BACKGROUND

The UN International Strategy for Disaster Reduction (UN/ISDR) and WHO have embarked on the 2008-2009 World Campaign on Hospitals Safe from Disasters. This reflects one of the five priorities of the Hyogo Framework of Action 2005-2015. A bi-regional launch was conducted in January of 2008 in Bangkok and the regional launch for the Western Pacific was organized August 2008 in Manila. The momentum gained because of the campaign is expected to sustain and mainstream disaster risk reduction into a broader array of health sector initiatives.

Hospitals, health facilities and health services are a community's lifeline in normal times and are especially critical in times of disaster. Many times however, they have been severely damaged or left unable to function in the aftermath of disasters.

Beyond the direct life-preserving roles they play, hospitals and all types of health facilities are also powerful symbols of social progress and a prerequisite for stability and economic development. Special attention must be given to ensuring their physical and functional integrity in emergency conditions.

WHO in fulfilling its commitment to support the campaign has embarked on a series of activities wherein Member States could actively participate in the efforts to make hospitals safer from disasters.

Despite national efforts in the Region to mitigate and lower the impact of disasters from natural hazards, high mortality and morbidity are still common place during disasters. There is failure on two sides of the disaster response and preparedness spectrum: health facilities frequently fail as a consequence of natural disasters.

Several gaps have been identified. Local health managers, hospitals and other health facilities in identified, natural hazard-prone areas around the countries in the Region lack the capacity to respond to emergencies and are vulnerable to the negative impact of disasters themselves. Essential health services are usually disrupted after a disaster when health facilities are damaged or destroyed. Impact on the people is great when lack of knowledge, skills, and tools on disaster preparedness and emergency management is combined with weak guidelines for safe construction and designs.

Further consideration is climate change. Disasters may be expected to increase in frequency and magnitude and their potential impact on health cannot be ignored.

Many health facilities are located in unsafe areas, and governments must understand the potential long term benefits of protection and good site selection. Ministries of Finance and Planning must also understand the need for improved design and construction standards and provide sufficient resources for maintenance and repair of health facilities.

The European Commission Directorate-General for Humanitarian Aid (DIPECHO) has provided funding to undertake a project on Safe Hospitals in key countries namely the Philippines, Vietnam, Lao PDR, and Cambodia. This project will help health sector staff engage local actors in these processes in a practical way and the outputs of this project will contribute input information to these processes and thus make them more relevant to end users in the health sector.

The Safe Hospitals Project aims to provide tools that enable government, communities and institutions to reduce their hospitals' and health facilities' risks from natural hazards and disasters. It

aims to develop, test and publish tools and resources for the health sector to assess and address risks arising from natural hazards.

Specifically, it aims to accomplish the following:

- ▶ Publish tools for mapping the vulnerabilities of health sector's infrastructure
- ▶ Tools and guidelines of health sector disaster management
- ▶ Enhance capacity for disaster preparedness and response
- ▶ Assess structural and functional integrity of selected health facilities
- ▶ Raise awareness of the campaign for community leaders, private sector health staff, planners, decision makers, policy makers, and the general public.

RATIONALE

LONG TERM APPROACH TO SAFE HOSPITAL

The issue of safe hospitals requires a long term and programmatic approach and the overall objectives of the Campaign cannot be reached within a 12 month implementation framework. Therefore, the current proposal puts forward interventions that are considered crucial in the start up or the initial roll-out of activities to further promote the concept/philosophy of ensuring hospitals/health facilities are safe and intact (structurally, non-structurally and functionally) in any emergency/disaster. Actions undertaken will lay the ground for further activities under the Campaign in the coming years and learning from the current project is expected to be replicated in the region.

As a component for capacity development, this training course shall be offered on safe hospitals and hospital preparedness. This will be a take off from the Public Health and Emergency Management for Asia and the Pacific (PHEMAP) training courses offered at the international and national levels. This will therefore be a "special" training course on safe hospitals.

SAFE HOSPITAL: REQUIRES TEAM APPROACH

As a decision maker or member of a hospital staff, have we ever asked ourselves this question: In case of a disaster, will my hospital be able to remain safe, accessible and functioning? Some health professionals within the hospital system they may find this question well beyond their role as health providers and would probably recommend that the question be directed to facilities or building managers or even policy makers. One has to however remember that...

"Supporting safe hospitals entails vision and commitment to ensure that they are fully functional especially in times of emergencies and disasters. There should be involvement of various sectors such as, hospitals operations planning, finance, public services, architecture and engineering, in assessing the vulnerability of hospitals and addressing these concerns." (Safe Hospitals in Disasters. WHO WPRO, 2009)

Indeed, ensuring that we have safe hospitals require teamwork and commitment of all stakeholders. You might now say, ok I get the point, now, how do we get it done? In this course, participants will be introduced to various principles, processes, and basic tools needed to identify and prioritize structural, non-structural, and functional gaps and prepare plans to address these gaps. We hope that graduates of this training program, will also be strong advocates for safe hospitals in their respective country.

EDUCATIONAL GOAL

The course aims to provide health and health related professionals involved in health emergency management with deep understanding of the concepts, principles, and strategies in ensuring the safety of hospitals and health facilities during disasters. In addition, the policy makers are expected to provide the necessary policy and administrative support to the cause. On the part of the planning team, they are expected to be able to contribute to ensuring that the hospitals are functional during disasters. And finally they should serve as advocates and catalysts for safe hospitals in their own countries.

COURSE OBJECTIVES:

At the end of this training participants will be able to:

1. Show appreciation on the importance of policy and administrative support in ensuring safe hospitals.
2. Prioritize gaps in the following safe hospital components:
 - a. Structural
 - b. Non structural
 - c. Functional
3. Prepare an action plan for identified gaps
4. Advocate for safe hospitals in their respective settings.

COURSE ORGANIZATION

The course is following a process based organization of modules. The first module is designed to have two groups of participants and will focus mostly on common understanding of risk management framework and concepts of safe hospital. The team of policy makers and technical people are expected to agree on strategies to mobilize their stakeholders for safe hospital. The second module will start the process of ensuring hospital safe for disaster with gaps identification and prioritization and will end in module three where teams are to propose action plans to address the prioritized gaps.

MODULE 1

Safe Hospital Concepts

Ensuring that hospital is safe at all time requires team effort. And for team members to work together, they should share common understanding of the why's and how's of safe hospitals. It is in this context that Module 1 was designed to have two groups of participants. The first group is composed of hospital policy makers and the second group of technical people. The aim of this module is: a) to introduce (or reintroduce) safe hospital concepts to the hospital teams participating in the training, and b) to act as an advocacy session for health policy formulators and decision makers. It will start with a discussion on Risk Management Framework and will end with participants identifying stakeholders and strategies to mobilize them for the campaign for safe hospitals.

MODULE 2

Safe Hospital Assessment

The first major step towards safe hospital is the acceptance of the fact that there is no such thing as a "hazard" free community. This is the main reason why this module is starting off with a short

exercise on identifying hazards that have been or maybe experienced by a hospital / health facility. The participants will then be introduced to the safer hospital / health facility assessment tool, which will be used in identifying and prioritizing gaps for working towards safe hospital / health facilities.

MODULE **3** **Action Planning for “Safe Hospitals”**

Knowing about possible hospital hazards, risks, and vulnerabilities is just the first step in ensuring an emergency and disaster safe hospital. For existing hospitals, actions will have to be taken to mitigate for the gaps that have been identified, and for still to be built hospitals, policies on ensuring safety should have be put in place. In this module, participants will be developing, in response to gaps identified in Module 2, action plans which they are expected to bring back to their own institution for further discussion and possible implementation. To facilitate action planning, short inputs on prioritizing strategies and action planning will be given.

TEACHING – LEARNING STRATEGY

This training adheres to the principles of adult learning and this is reflected in the choice of training strategies. More than 60% of the training is dedicated to small group discussions and workshops and only about 40% is used of lectures or input. Workshops are designed in such a way that participants prior knowledge are stimulated and maximized from problem identification to program planning.

PARTICIPANTS

This program is designed to have two sets of participants. For the first day, policy makers and technical staff will sit down as teams and together gain common understanding of risk management framework and how it relates to the concept of safe hospital. On the second and third day, the training will have as main participants the remaining member of the hospital team. It is recommended that for those participating as policy makers, they should be currently involved in policy development or formulation and involved in hospital decision making. Those participating as hospital technical people should preferably be involved or will be involved as member of hospital safety committee.

The suggested participants to this course are:

- ▶ policy makers from the Ministry of health and hospital officials
- ▶ planning team/disaster planning committee of hospitals which may include the chief nurse, chief of clinics, technical person responsible for emergency, administrative/facilities manager

In case the policy makers will not be able to participate for the entire duration of the course (three days), they are expected to be present during the whole day of the first day.

ASSESSMENT AND EVALUATION

ASSESSMENT OF TRAINING OUTCOME

While this training program does not come with a design for formal assessment of training outcome, implementers at the local or national level are encouraged to do so in accordance with their respective requirements and contexts.

However, major outputs of the training will be used is indirect measures of achievement of training outcomes. Among them are the following: a) Stakeholders analysis; b) Problem analysis and gaps prioritization; and c) safe hospital action plan.

EVALUATION OF TRAINING

This training is a work in progress and would surely need inputs from participants for its further improvement. This training comes with a one-page self-assessment questionnaire that aims to solicit from participants their comments and recommendations on the following training concerns: a) Course content; b) Course organization; c) Teaching – Learning strategies; d) Time allotment; and e) Materials.

PROGRAM SCHEDULE

Module	Themes/ Units	Time
1: Safe Hospitals Concepts	<ul style="list-style-type: none"> ▶ Risk Management Framework <ul style="list-style-type: none"> ✓ Risk management concepts ✓ 7 Fundamental Terms ✓ Risk management framework ✓ Framework for Community Risk Management ▶ Role of Hospitals in Emergencies and Disasters ▶ Concepts of Safe Hospitals <ul style="list-style-type: none"> ✓ Safe Hospital Campaign ✓ Structure of a Hospital ✓ Special considerations in safe hospital concepts ▶ Ensuring Safe Hospitals: Role of Stakeholders 	1 day
2. Safe Hospital Assessment	<ul style="list-style-type: none"> ▶ Identifying Hazards ▶ Assessing Structural, Non-structural, and Functional Components and Prioritizing Gaps ▶ Presentation of Assessment Results and Prioritized Gaps 	1 day
3. Action Planning for Safe Hospital	<ul style="list-style-type: none"> ▶ Action plan: Why and How ▶ Formulation of an Action Plan ▶ Presentation of Action Plan 	1 day