Declaration of the Conference on Strength from disaster:

Lessons from the Gorkha earthquake
and other global crises as catalysts to create a resilient healthcare system.

Kathmandu, Nepal, 26-27th April 2016, Baisakh 14-15th 2073

Whereas a magnitude 7.8 earthquake struck the Gorkha region of Nepal on 25th April 2015/12th Baisakh 2072, causing great loss of life, and damage to the healthcare system, with over 8,000 people dead, 22,000 injured, 765 healthcare facilities partly damaged and 462 fully damaged;

Whereas the global healthcare sector faces natural and human-made disasters every year that require emergency response and that can damage the human and infrastructure of the health system threatening its ability to respond as needed;

Whereas the unsound management of health care waste can contribute to antimicrobial resistance, cause environmental pollution and food chain contamination;

Whereas the 2016 WHO global burden of disease assessment indicates almost one quarter of the deaths globally (23%) are linked to environmental factors (http://www.who.int/entity/quantifying_ehimpacts/publications/preventing-disease/en/index.html);

Whereas in September 2015, the UN adopted 17 Sustainable Development Goals (http://www.un.org/sustainabledevelopment/sustainable-development-goals/) including goals on good health and wellbeing, clean water and sanitation, affordable and clean energy and sustainable production and consumption;

Whereas green healthcare can mitigate environmental factors, such as environmental pollution, inadequate sanitation and climate change, which threaten public health;

Whereas many green systems and technologies have advantages in both daily operation and in emergency situations when normal infrastructure and services may be disrupted;

Whereas, through the implementation of these green systems and technologies, the medical sector can be a model for environmentally sustainable living;

The participants of the Strength from Disaster Conference hereby declare that:

Environmental performance should be considered as an indicator or benchmark in the design of healthcare systems and emergency planning for risk reduction.

The health sector should contribute to community resilience through:
- working hand-in hand with the local health facility and relevant stakeholders to promote a culture of resilience in society;
- contributing to multi-stakeholder group to identify and assign responsibilities for the prevention and mitigation of risks;
- identifying short, medium and long terms goals;
- promoting resilience of human resources and health worker health and safety;
- making a commitment to scaling up of best practices.

Safe healthcare waste management (HCWM) should:
- be included in the planning for emergency response;
- include waste segregation and non-incineration waste treatment systems with appropriate backup for water and power;
- replicate proven pilot projects through national government policy and programmes;
- train medical staff and volunteers to ensure continued good practices in crises;
- include HCWM systems in designated hub hospitals with capacity to treat waste from the hubs and their associated satellite hospitals in an emergency situation as an integral part of an emergency preparedness and risk reduction plan;
- include a transport system to allow the waste to be brought to the hub.

International Medical Teams should:
- have capacity to safely manage their own waste through non-burn methodology;
- educate staff and volunteers to segregate and safely dispose of waste.

Water and sanitation systems should help prevent the spread of resistant microbial and other waterborne diseases through:
- having appropriate handwashing and sanitation facilities.
- implementing a water safety plan to reduce risks;
- including regular water quality monitoring at every healthcare facility;
- providing awareness on hand hygiene to staff, patients and visitors;
- harvest rainwater wherever possible;
- having the capacity to provide potable water when normal piped supplies are compromised;

Health systems should conduct vulnerability assessments of health care buildings to determine their structural, non-structural and functional resilience to earthquakes, hurricanes, floods and other extreme weather events and disaster scenarios. Vulnerability assessments and resource mapping should include the following elements:
- structural: age, physical condition, and quality of construction of the building;
- non-structural: mechanical, fire and electrical codes, health and safety, and accessibility;
- functional/organizational: disaster planning, water sanitation and health care waste management, organization, training, critical resources, maintenance etc.;

Hospitals and healthcare centers should be designed or retrofitted in a manner that is both sustainable and better at withstanding future events and will:

- prioritize resilience measures for high priority, vulnerable functions and areas;
- address the repair and maintenance, structural, non-structural and functional gaps identified in the vulnerability assessment.

Health systems should:

- maximise solar and other renewable energy solutions as a priority for heat, light water pasteurisation, and disinfection;
- aim for energy independence through solar and other renewables especially where grid access is poor or unreliable;
- build capacity for local monitoring and maintenance of renewable energy systems;
- Reduce the reliance on diesel fuel for back-up energy generation to prevent carcinogenic emissions.

Food services in the healthcare sector should:

- raise awareness of relationship between food and health;
- implement programmes for environmentally sustainable and climate protective choices with preference to locally produced, pesticide-free food;
- promote vegetarian food and provide information on the health and environmental benefits of reducing meat consumption;
- Ensure meat is produced without non-therapeutic use of antibiotics
- raise awareness of clean cooking by implementing programs for solar cooking and clean cook stoves at healthcare facilities.