



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

December 2, 1999

ADMINISTRATIVE ORDER

No. 6-B s. 1999

**SUBJECT: Institutionalization of A Health Emergency Preparedness And Response Program
Within the Department of Health**

I. BACKGROUND

According to the Center for Research on the Epidemiology of Disasters (CRED), the Philippines ranks first relative to other countries in the world in terms of the number of natural disasters these countries experienced for the past several years. The geographic location of the country makes its most vulnerable to disasters and hazards - natural and also, man-made. An average of 19 typhoons occur annually usually resulting in severe / flash flooding particularly in Metro Manila and in other lowland areas. There are also a number of incidents involving volcanic eruptions given the existence of 200 volcanoes in the country,

17 of which are active. The most recent Mt. Pinatubo eruption resulted in lahar overflows and devastated practically most parts of Central Luzon. This was considered one of the worst volcanic eruptions in the world. Further, the country being located in the Pacific seismic belt, there are five earthquakes occurring daily, most of which are imperceptible. In addition to all these natural disasters, the country has been beset with man-made disasters such as maritime and air mishaps, conflagration, worsened at times by armed - political or religious conflicts.

All these disasters result in economic losses, destruction of properties and crops, injuries, disabilities and deaths. Cognizant of the ill-effects and adverse implications of disasters, the government has instituted measures and established mechanisms to be more responsive to disasters and emergencies.

II. RATIONALE

The Department of Health (DOH), as the primary government instrumentality for health concerns, is one major player. It is one of the member agencies comprising the National Disaster Coordinating Council which is the lead agency in coordinating, integrating, supervising and implementing disaster-related functions. While the 1991 Local Government Code has transferred the responsibility for health services from the DOH to the local government units (LGUs), one of the remaining functions of DOH is disaster management focused on preparedness and prevention.

Immediate and direct response to disasters is the primary responsibility of the LGUs.

In cases where disasters have reached proportions, which are beyond the capability of the LGUs, the national government takes control. Under Section 105 of the Code, in the event of 'epidemic, pestilence and other widespread public dangers', the Secretary of the Department of Health may, upon the direction of the President and in consultation with the government unit concerned, temporarily assume direct supervision and control over health operations in any LGU for the duration of the emergency. Chapter 11 of the Department of Health Rules and Regulations Implementing the Local Government Code of 1991 incorporates the following provisions:

- a. defines 'widespread public dangers' to include situations in calamity areas and in relation to a displaced population [Section 43 (a)];
- b. establishes guiding principles; including :
 - the exercising of such authority with a view to enhancing and strengthening the capabilities of LGU's to provide health services and facilities to their constituents, and
 - the authority of DOH to have the final say in determining the presence of 'widespread public dangers' in a particular area or region [Section 44 (b) and (c)], and
- c. establishes procedures, including those of :
 - recommendation to the President for the issuance of an appropriate order directing the DOH to assume direct supervision and control over local health Operations in affected areas, and
 - DOH performance of the functions of preparing, implementing and monitoring plans of actions in such circumstances , and of evaluation of the local health situation [Section 45, (c) and (f)].

These provisions provide the legal basis for the DOH to establish and maintain an effective health emergency preparedness and response (HEPR) program.

It is towards these that DOH established the Disaster Management Unit (DMU) in 1993. Through the DMU, a comprehensive, integrated and efficient mechanism of managing health and health-related disasters in all three phases of the disaster cycle — pre-disaster, emergency and post-disaster has been put into place. Furthermore, DMU acts as the nerve center or the Operation Center where all vital information are sent and which in turn, triggers response and mobilization by DOH.

In February 1994, DOH initiated the STOP D.E.A.T.H. Program — an acronym for Strategic Tactical Option for the Prevention of Disasters, Epidemics, Accidents and Trauma for Health which is an innovative strategy to consolidate the resources and capacities of DOH towards a coherent and effective response in times of crises or emergencies. It emphasizes the crucial role of the regions and the hospitals in establishing a national and health emergency network and aims at institutionalizing emergency preparedness, planning and responsiveness in the periphery and the active participation of health sectors and the community. By 1995 the program has put in place active participation of 38 retained hospitals and 16 regions in different levels of implementation. Furthermore, it became a byword in emergency services being the frontline in major emergencies and national activities.

There are other offices and programs whose services and expertise are needed in disasters and

emergencies. The major functions, however, are played by DMU and STOP DEATH. For a better, more responsive and effective, monitoring coordination and response to disasters at all levels within the DOH, there is a need to integrate and merge the two offices. This will also minimize or avoid overlapping of functions such as training, emergency services, reporting mechanisms. Such overlapping and duplication of responsibilities has caused confusion in the regional offices, the hospitals as well as in other national and international agencies.

III. THE PROGRAM, GOALS AND OBJECTIVES

A. THE PROGRAM

The Health Emergency Preparedness and Response Program (Stop D.E.A.T.H.) shall be a comprehensive, integrated and responsive emergency, disaster related service and research-oriented program manned by competent, dynamic, committed professionals. These services will be provided through a network of regional offices and DOH hospitals in collaboration with different agencies, government and non-government organizations.

B. GOAL

To promote health emergency preparedness among the general public and to strengthen the health sector's capability to respond to emergencies, disasters and calamities.

C. SPECIFIC OBJECTIVES

In order to reduce and prevent morbidity and mortality during disasters and emergencies, the Program shall be responsible in :

- a. Establishing an integrated system for emergency preparedness/response and management within the Department of Health.
- b. Enhancing the capabilities of the health sector in effective and efficient disaster and emergency response.
- c. Promoting emergency preparedness through networking, inter-sectoral collaboration, technical assistance and training and development.
- d. Supporting researches on health emergency preparedness and management and response.
- e. Developing a risk reduction framework for health emergency preparedness and policy development.

D. KEY RESULT AREAS:

- a. Capacity Building - this includes training on health emergency preparedness in all levels of the health sector, from the community to the tertiary levels.
- b. Service Delivery — this should aim at providing timely and appropriate responses in emergency situations. Likewise, competent, compassionate and dedicated professionals would provide the

service.

c. Public Information and Advocacy — this activity aims at informing the public on prevention and preparedness for disasters, basic first aid in managing emergencies at home, at the work place and other public places; and coordinating with other concerned agencies to secure public commitment and support for the implementation of the Program.

d. Networking and Social Mobilization — this aims to network and collaborate with various sectors from the government and the private organizations for advocating and implementing the objectives and activities of the Program.

e. Research and Development - the importance of research cannot be overemphasized as this serves as inputs for policy development as well as improvement of the program.

f. Information Systems and Surveillance

g. Monitoring and Evaluation

IV. MANAGEMENT AND COORDINATING MECHANISM:

A. PROGRAM STRUCTURE:

The Program shall give advice and policy directions. It shall be headed by a Program Manager.

The Program through the Undersecretary of the OHFS shall coordinate with the Regional Office and the Hospitals as well as the different offices at the Central Office. The Regional Directors and Chiefs of Hospitals shall designate their respective HEPR Coordinator. These coordinators shall be directly under the technical and administrative supervision of their respective Regional Directors and Chiefs of Hospitals. (except Metro Manila Hospitals who are directly reporting to the Undersecretary of OHFS).

This shall be composed of two divisions: the Health Emergency Preparedness Division and the Emergency Response and Management Division. Moreover both divisions will be assisted each by a council who will serve as an Advisory Board to all its activities. The Disaster Management Unit ceases to be a unit and shall now be the HEPR Central Coordinating Unit. Henceforth, all coordinators in the Regional Offices as well as in all DOH hospitals will all be called HEPR (Stop DEATH) Coordinators.

A network of Regional centers shall also be established and maintained.

Illustrated below is the Organizational Structure for the program.



B. ROLES AND FUNCTIONS:

B.1 Functions of the Health Emergency Preparedness Division:

B.1.1 This division shall develop and lobby for policies that would prevent, mitigate and improve preparedness that will decrease morbidity and mortality in relation to emergencies and disasters.

B.1.2 This division should take the lead in community emergency preparedness activities.

B.1.3 It should develop guidelines and procedures for risk assessment, hazard mapping and vulnerability reduction.

B.1.4 It should give direction in the formulation and maintenance of valid, viable and up-to-date counter disaster plans which can be brought into effect whenever required especially but not limited to health facilities.

B.1.5 It will be responsible for developing system for information and surveillance, training modules and standards for emergencies, epidemics etc.

B.1.6 It will take the lead in public information and awareness concerning disasters and emergencies.

B.1.7 It will develop a research agenda aimed at preventing and mitigating disasters and improvement in responses to emergencies and disasters. Likewise, the need to produce researches that will serve as inputs for policymaking and program improvement.

B.1.8 It should mobilize and tap resources to improve emergency communications, maintenance of buffer stocks, and provide equipment and other needs for disasters.

B.1.9 It should develop a training agenda to improve the capability of the community up to the tertiary level in response to emergencies and disasters.

B.2 Functions of the Emergency Response and Management Division:

B.2.1 To develop competent, compassionate and dedicated professionals and disaster managers.

B.2.3 To equip the facilities of the DOH for a more effective and efficient response.

B.2.3 To equip the facilities of the DOH for a more effective and efficient response.

B.2.4 To conduct regular emergency skills enhancement and simulation exercises to ensure timely and appropriate emergency responses. during disasters and emergencies

B.2.5 To strengthen intersectoral collaboration and networking with the health sector for better emergency response.

B.3 Regional Networks: HEPR (Stop DEATH) Units in the Regions and the Hospitals

B.3.1 The Unit shall be an integral part of the region/hospital.

B.3.2 For the hospitals the Stop Death Unit shall be ideally established and situated in the Emergency Room Complex (or any room identified for that matter).

B.3.3 The Unit shall be managed by the Stop Death Coordinator who will then be reporting to the Regional Director and Hospital Director respectively. He/She shall be supported by a staff who shall be performing their duties in addition to their regular assignments.

B.3.4 Each Unit shall have the following services:

1. Service
2. Training
3. Research
4. Social Mobilization
5. Networking and Community Involvement

B.4 Responsibilities of the HEPR (Stop Death) Coordinator:

B.4.1 Takes the lead in the preparation of the Emergency Preparedness Plan of the Region/Hospital and ensure that this is disseminated and regularly updated.

B.4.2 Responsible for the organization and dispatching of teams to respond to emergencies and disasters. The team coming from the Regional Office should take charge of the public health aspects of disasters such as rapid assessment, monitoring and social mobilization. The hospital team should be prepared (but not limited) for trauma related disasters.

B.4.3 Responsible for human resource development in the region, the hospitals and the communities in their respective catchment areas.

B.4.4 Ensuring that the necessary equipment, supplies and medicines will be properly stocked and available for emergencies and disasters.

B.4.5 Network with their region, catchment areas and the communities.

B.4.6 Prepare the annual work and financial plan and take the lead in the implementation of the Program's activities.

B.4.7 Document all activities and report to the Program.

B.4.8 Coordinate with the Operation Center for all emergencies and disaster

B.4.9 Submit quarterly reports to the Undersecretary of Hospital and Facilities Services attention to the Program Manager of the HEPR (Stop Death) Program.

B.4.10 Develop research proposals that would aid the Program in policy directions, program implementation and improvement.

B.4.11 Perform all other related activities that maybe assigned from time to time.

The name of the HEPR (Stop Death) Coordinator in all Regions and DOH hospitals shall be submitted to the Office of Hospital and Facilities Service and shall be designated through a Department Order.

B.5 The Role of the Regional Health Offices/Hospitals:

B.5.1 Provide support and encouragement to all the activities of the Program. All regional health offices and retained hospitals, being part of the DOH system should provide medical services and mitigate the sufferings of the victims of disasters and emergencies.

B.5.2 Institutionalize the Program/Units in their respective Regional Health Office and Hospitals.

B.5.3 Designate adequate personnel for this unit and the medical teams taking into account the category and capability of the hospital.

B.5.4 Support the training activities and require all personnel to undergo Basic Life Support and other training that will enhance the preparedness capability of everyone.

B.5.5 Know and link with your communities and develop a networking relationship with all Government Organizations, Non-Government Organizations, Specialty Societies and other People's Organizations who are involved with emergency and disaster.

C. IMPLEMENTATION ARRANGEMENTS

The HEPR (Stop Death) Program shall take the lead in the integration of both programs and shall be established under the Office for Hospital and Facilities Services (OHFS)

V. EFFECTIVITY

This Order supersedes all other issuances inconsistent with this order. This shall take effect immediately.

ALBERTO G. ROMUALDEZ, JR. M.D.
Secretary of Health