



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

OCT 29 2019

ADMINISTRATIVE ORDER

No. 2019 - 0046

**SUBJECT: National Policy on Disaster Risk Reduction and Management in Health
(DRRM-H)**

I. BACKGROUND AND RATIONALE

The Department of Health (DOH) is mandated to address the health needs of the affected populations in emergencies and disasters, conflicts, epidemics, and pandemics. Administrative Order 2004-168, the National Policy on Health Emergencies and Disasters laid an initial framework on health emergency management, particularly on preparedness and response.

In 2015, the 3rd United Nations World Conference on Disaster Risk Reduction adopted the Sendai Framework for Disaster Risk Reduction 2015-2030. It also aligns with other international covenants (e.g. Climate Change Adaptation (CCA), the Sustainable Development Goals (SDGs), International Health Regulations (IHR) and the Paris Agreement on Climate Change.) that emphasize the need to focus on Disaster Risk Reduction (DRR) with four thematic areas- prevention and mitigation, preparedness, response and recovery and rehabilitation; and the resilience building in the health sector.

The Philippines remains to be one of the 171 countries globally with the highest number of exposure to disasters and risks due to its location and archipelagic nature on top of the physiologic vulnerability of specific population and age groups. In fact, it is third on the 2018 World Risk Report. The country has withstood several natural, biological, societal and technological disasters; namely the Typhoon Yolanda in 2013, the Marawi Armed Conflict in 2017 and the emerging and re-emerging diseases like Ebola and the Middle East Respiratory Syndrome CoronaVirus (Mers-CoV). The DOH has adopted the country's strategic direction such as the AmBisyon 2040 vision of Filipinos being among the healthiest people in Southeast Asia by 2022, and in Asia by 2040; and National Disaster Risk Reduction and Management Plan (2011-2028) of a safer, adaptive and disaster resilient Filipino communities toward sustainable development. Republic Act 11223 or the Universal Health Care (UHC) geared toward reducing vulnerability to climate change and disaster impacts seeks to address health access and equity. Likewise, the National Objectives for Health (2017-2022) as well as *FOURmula One Plus for Health (F1 Plus)* aim to increase access and provision of quality essential health services/ products in emergencies and disasters.

Furthermore, there is a need to institutionalize DRRM-H to enhance the capacities of the health system to manage health risks and attain resilience, thus this policy is vital and necessary.

II. OBJECTIVES

A. General Objective

This Order shall provide guidance to all key stakeholders and agencies for the effective and efficient implementation of DRRM-H Program

B. Specific Objectives:

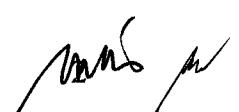
1. Provide policy framework on the institutionalization of DRRM-H at all levels of governance across all phases of emergency and disaster.
2. Identify relevant core processes to support national and international goals as well as targets on DRRM-H.
3. Delineate the roles and responsibilities of key stakeholders in DRRM-H.

III. SCOPE OF APPLICATION

This Order shall apply to the DOH Central Office (DOH-CO), DOH-Centers for Health Development (DOH-CHDs), DOH Hospitals, Sanitaria, Treatment and Rehabilitation Centers (TRCs), Blood Service Facilities, and its attached agencies; all public and private healthcare facilities, National Government Agencies (NGAs); Ministry of Health - Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARRM); Local Government Units (LGUs) including primary care facilities and LGU hospitals; local and international non-government organizations (NGOs); humanitarian/development partners; civil society organizations (CSOs); academic institutions; and all other relevant institutions for the implementation of the DRRM-H.

IV. DEFINITION OF TERMS

- A. All-hazards approach** - involves taking the actions necessary to prepare for, respond to, and recover from hazards of all types.
- B. Disaster Risk Reduction and Management in Health (DRRM-H)** - an integrated, systems-based, multi-sectoral process that utilizes policies, plans, programs, strategies to reduce health risks due to disasters and emergencies, improve preparedness for adverse effects and lessen adverse impacts of hazards to address needs of affected population with emphasis on the vulnerable groups.
- C. DRRM-H Institutionalization** - establishment of a functional DRRM-H system in all levels of governance, which includes the following minimum key indicators: DRRM-H plan with necessary budget allocation; health emergency response teams; essential health emergency commodities; and functional emergency operations center for command, control, communication, and coordination.
- D. DRRM-H Plan** - a long term development plan containing DRRM-H measures in the four thematic areas.
- E. DRRM-H mainstreaming** - the process of integrating DRRM-H concerns in all relevant health and non-health policies, programs, projects and activities.
- F. Essential Health Service Packages** - stipulated in AO 2017-0007 to provide a focused approach for all affected individuals especially the vulnerable and marginalized populations during emergencies and disasters.
- G. Emergency Operations Center (EOC)** - is a physical location in which designated emergency management functions are performed; supports the Incident Management Command Team as to gathering and analyzing data, coordinating and communicating.



- H. Operations Center** - refers to facility that is structurally and strategically located in a pre-identified area during normal condition, conducts monitoring and produces routine reports.
- I. Health Emergency Commodities** - refers to essential medicines, medical supplies, kits, reagents and other laboratory supplies, drinking water containers, equipment, collaterals, and other similar items for use in emergencies and disasters.
- J. Health Emergency Response Team (HERTs)** - all types of teams defined in Administrative Order No. 2018-0018 that are mobilized during events, emergencies, and disasters to provide health and health-related services by any health sector agency/organization, whether local or international.
- K. Health resilience** - the capacity of a health system to absorb, adapt and transform when exposed to shock such as pandemics, natural and human-induced disasters such as armed conflict and still retain the same control on its structure and functions.
- L. Prevention and mitigation in DRRM-H** - avoiding hazards and limiting their potential health impacts by reducing exposure to the hazards and the existing vulnerabilities of the community, through strengthening day-to-day operations of different health programs, assessing and reducing risks in structural resilience or integrity of health infrastructure facilities through regular engineering and maintenance checks.
- M. Preparedness in DRRM-H** - strengthening capacities of communities to anticipate, cope, and ensure early recovery from the negative health impacts of emergencies and disasters.
- N. Response in DRRM-H** - preserving lives, reducing health impacts, and meeting the basic health needs of the affected population during or immediately after an emergency or disaster.
- O. Recovery and rehabilitation in DRRM-H** - restoring and improving health facilities, health conditions, and organizational capacity of affected communities, and reduce disaster risks.

V. GUIDING PRINCIPLES

- A. People-Centered.** DRRM-H implementation shall adopt gender-sensitive and culturally appropriate interventions that address the needs of the affected population, especially the vulnerable and disadvantaged groups.
- B. All-hazards approach in policy, planning and program implementation.** DRRM-H implementation shall strengthen the development of core capacities such as policy, planning and program implementation across all hazards.
- C. Whole of society approach that is holistic and proactive.** DRRM-H implementation shall advance and engage multi-sectoral and multidisciplinary initiatives and interventions across the thematic areas.

- D. Community empowerment and resilience.** DRRM-H institutionalization shall encourage grassroots community participation and forge crucial partnerships among local government units, non-government, and civil society organizations.
- E. Science and evidence based.** DRRM-H shall support decision-making and policymaking through the utilization of evidences from climate and disaster-related data and linkage to multi-hazard early warning systems.
- F. Equity in the delivery of essential health services.** DRRM-H shall promote the improvement of the health status of vulnerable groups particularly low service coverage in high-risk areas.

VI. GENERAL GUIDELINES

The DRRM-H framework embodies the significant input of increase in investments in DRRM-H; defines enabling processes (governance, health service delivery, resource mobilization and management, information and knowledge management) resulting to specific outputs (DRRM-H plan, health emergency response teams, health emergency commodities and emergency operations center) to achieve health outcomes toward a resilient health system in all levels of governance. (Refer to Annex A)

- A. DRRM-H shall be institutionalized at all levels of governance and in all health service delivery units, maintaining resilience of the health system in all phases of the emergency or disaster.
- B. DRRM-H shall be mainstreamed into all health and non-health policies, plans, and programs in order to capacitate and build resilient systems, especially in the communities.
- C. All health service delivery units shall have initiatives on the DRRM-H framework core processes: (a) Governance, (b) Health Service Delivery, (c) Resource Mobilization and Management, and (d) Information and Knowledge Management.
- D. All stakeholders shall make available and accessible essential health services to the affected population during times of emergencies and disasters.
- E. All levels of governance and stakeholders shall support increase investments on DRRM-H to include but not limited to human resources for health, logistics, infrastructure and equipment, information management system.

V. SPECIFIC GUIDELINES

- A. DRRM-H institutionalization shall comprise of at least: (a) an approved, updated, tested and disseminated DRRM-H Plan; (b) organized and trained Health Emergency Response Teams (HERTs); (c) available and accessible health emergency commodities, and (d) functional Operations Center/ Emergency Operations Center (OC/EOC).

4

B. The resilience of the community and the health system shall be sustained through the following mechanisms:

1. Promotion of resilience in new and existing health care facilities thru engineering and maintenance of health infrastructure to also include critical infrastructure like water, energy, transport, and telecommunications.
2. Intensification of health promotion and communication particularly in areas that are high risk for certain natural calamities such as flood-prone areas, earthquake-prone areas and those in the fault line, landslide areas, near seas and oceans community, geographically isolated and depressed areas (GIDAs), to also include Indigenous People (IPs) areas.
3. Conduct of annual emergency drills in institutions such as schools, offices, hospitals and health facilities.
4. Development of a community network of health emergency responders.

C. In the implementation of DRRM-H, the following core processes shall be strengthened through the following measures:

1. Governance

- a. Setting up a mechanism of command and control, coordination, and communication and partnership with all stakeholders;
- b. Creation of standards, recognition of best practices, promotion and advocacy on DRRM-H;
- c. Development of monitoring and evaluation that shall identify core outcome, output, process, and input indicators—and mechanism for generating, processing, analyzing, reporting, disseminating and using these indicators for policy and program development related to DRRM-H.

2. Health Service Delivery

- a. Strengthening of Health Care Provider Network and referral system in emergencies and disasters;
- b. Establishment and maintenance of emergency operations center with an early warning system, communication mechanisms, technology, and equipment;
- c. Updating and upgrading technical and logistical capacities of disaster health workers, community leaders, and volunteers;
- d. Promotion of disaster preparedness, response, and recovery capacities based on implementation of the DRRM-H promotion plan.

3. Resource Mobilization and Management

- a. Provision of essential health service package pursuant to AO 2017- 0007: Guidelines in the Provision of the Essential Health Service Package in Emergencies and Disasters and its amendment;
- b. Organization and mobilization of health emergency response teams that are equipped with adequate and appropriate tools, supplies and equipment;
- c. Mobilization of need-based financial and logistics resources;
- d. Investment on new and existing health care facilities that are safe and disaster-ready.

4. Information and Knowledge Management

- a. Systematic collection and use of baseline information on risks, vulnerability, capacity and exposures, and hazard characteristics;



- b. Upgrade reporting system to include conventional and alternative approaches such as real-time reporting for timely, updated, easily accessible and reliable data on health and emergencies;
 - c. Documentation and post-incident evaluation activities and case reports;
 - d. Conduct of research on DRRM-H to support policy and practice.
- D. Essential health service packages shall utilize the cluster approach that includes: (a) Public Health and Medical, (b) Nutrition; (c) Water, Sanitation and Hygiene (WASH); and (d) Mental Health and Psychosocial Support (MHPSS), as stipulated in A.O. 2017-0007 and its amendments.

VI. MONITORING AND EVALUATION

- A. Specific policy statements shall have an equivalent Standard Operating Procedures (SOPs) with a corresponding biennial report analysis of its adaptation and implementation. Otherwise, this policy and its succeeding SOPs may be revised accordingly based on new evidence, local and international development on health emergencies and disasters.
- B. Ensure the institutional, operational monitoring and evaluation of DRRM-H in all levels of governance.

VII. ROLES AND RESPONSIBILITIES

The DOH Central Office shall act as the lead agency, along with the LGUs, for the implementation of this Order. The following shall summarize the roles and functions of the different groups of stakeholders that have critical roles in DRRM-H.

A. Department of Health Central Office

1. Public Health Services Team (PHST)

a. Health Emergency Management Bureau (HEMB)

- 1) Establish a mechanism of command and control, coordination, and communication in DRRM-H with all stakeholders.
- 2) Develop standards and guidelines to implement DRRM-H and provide technical assistance in the institutionalization at all levels of governance and in the mainstreaming in all health policies, programs, and activities.
- 3) Establish and maintain a 24/7 Operations Center and Emergency Operation Center at the national level.
- 4) Coordinate with other National Government Agencies and other stakeholders in the implementation and institutionalization of the DRRM-H
- 5) Lead in the monitoring of DRRM-H through the Centers for Health Development.

b. Disease Prevention and Control Bureau (DPCB)

- 1) Support the development of DRRM-H related policies and mainstream DRRM-H strategies in relevant programs and activities.
- 2) Support the augmentation of budget, logistics, and provision of necessary technical assistance for the implementation and delivery of EHSP during emergencies and disasters.



MMV6

c. Health Promotion and Communication Service (HPCS)

- 1) Provide technical support in the development of risk communication for informed decisions in times of disasters.
- 2) Provide technical support in the development of information, education and communication (IEC) strategies in support of DRRM-H.

d. Epidemiology Bureau (EB)

- 1) Lead in the conduct of surveillance, and outbreak investigation during emergencies and disasters.

e. National Nutrition Council (NNC)

- 1) Ensure the timely and appropriate delivery of quality package of nutrition interventions as specified on AO 2017-0007 and its amendments

2. Health Policy and Systems Development Team (HPSDT)

a. Bureau of Local Health Systems Development (BLHSD)

- 1) Include the institutionalization of DRRM-H system as a key feature in the policy and health systems development and evaluation of the Health Care Provider Network (HCPN).
- 2) Assist the LGUs, through the DOH Centers for Health Development (CHDs), in the development of local investment plan for health to support DRRM-H.

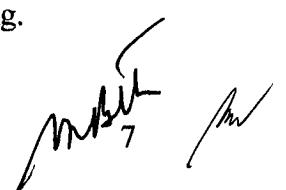
3. Field Implementation and Coordination Team (FICT) shall assist HEMB to oversee and coordinate with its field unit's matters concerning the implementation of DRRM-H.

a. Centers for Health Development (CHDs), DOH Hospitals and other Healthcare Facilities

- 1) Lead in the institutionalization of DRRM-H at the regional level and mobilize different fund sources.
- 2) Create a dedicated and functional unit with clear roles, responsibilities, and lines of accountability to ensure rapid decision-making during emergencies and disasters.
- 3) Implement an approved, updated, tested, disseminated and funded DRRM-H plans.
- 4) Organize and develop a system to capacitate CHD/hospital HERTs.
- 5) Adopt and develop a system for logistics management to ensure the availability and accessibility of health emergency commodities.
- 6) Adopt/develop a system of mobilization of HERTs that are compliant to AO 2018-0018
- 7) Identify, organize and mobilize HERTs in coordination with partners and LGUs
- 8) Establish/ maintain a functional Operations Center.
- 9) Support and participate in the development of relevant, long-term, solution-driven research in DRRM-H.
- 10) For hospitals, comply with Hospital Safe from Disaster Policy, standards, and guidelines.

B. Local Government Units (LGUs)

1. Ensure that health facilities/office/units adopt policy standards on Hospitals Safe from Disasters (2013-0014) and integrate the same to DRRM-H Planning.



2. Develop a local DRRM-H plan that is responsive to the needs of the LGU, compliant to the LGU scorecard, and integrated with relevant LGU plans.
3. Provide DRRM-H learning and development to health service providers.
4. Identify, organize and mobilize HERTs that are consistent with the provisions of AO 2018-0018.
5. Collaborate with CSOs, local and international NGOs, indigenous people groups, vulnerable and disadvantaged communities to improve resilience at the barangay level.
6. Allocate budget for DRRM-H from LGU's internal revenue allotment or other relevant fund allocation/donations.
7. Establish/ maintain a functional EOC.

C. Ministry of Health – Bangsamoro Autonomous Region in Muslim Mindanao (MOH – BARRM) shall perform the roles and responsibilities stated under the section on Centers for Health Development, DOH Hospitals and other Healthcare facilities.

D. National Government Agencies, Non-Government Organizations, Civil Society Organizations, local and international Non-Government Organizations / international Humanitarian Partners/ Development Partners, Academe and Private Sector

1. Support in the provision of technical assistance to all key stakeholders in the implementation of DRRM-H strategies.
2. Participate in relevant, long-term, solution-driven learning and development interventions and researches in DRRM-H.

VIII. REPEALING AND SEPARABILITY CLAUSES

The provisions from Administrative Order 168 s. 2004 and other related issuances that are inconsistent or in contrary to this Order are hereby amended and modified accordingly. Furthermore, all provisions of existing related issuances which are not affected by this Order shall remain valid and in effect.

IX. EFFECTIVITY

This order shall take effect immediately after its publication in a newspaper of general circulation.



FRANCISCO T. DUQUE III, MSc
Secretary of Health

ANNEX A: DRRM- H Framework

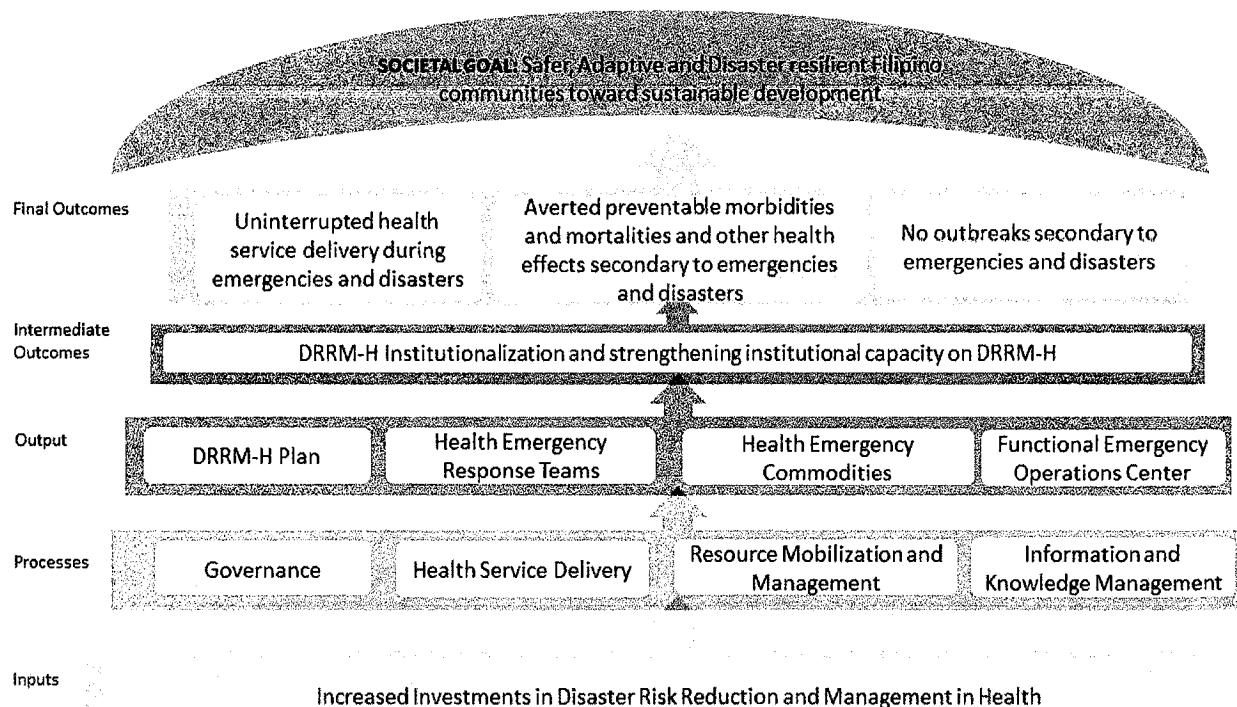


Figure 1: DRRM-H Framework

This Disaster Risk Reduction and Management in Health (DRRM-H) framework at all levels of governance – in the DOH Central Office, Centers for Health Development, DOH Hospitals, and other healthcare facilities, Local Government Units - illustrates that if there are increased investments in DRRM-H inputted in the health system, whether it be in health human resource, commodities, equipment, etc., there will be enhancement in the processes in governance, service delivery, resource mobilization and management and information and knowledge management. Minimum inputs/indicators to institutionalize DRRM-H are the plan, health emergency response teams, health emergency commodities and functional Emergency Operations Center. This will lead to the attainment of the three-fold goal: uninterrupted health service delivery during emergencies and disasters, preventable morbidities and mortalities as well as other secondary health effects averted to have a safer adaptive and disaster-resilient Filipino communities toward sustainable development. This should also be highlighted in the role of other agencies in DRRM-H.

Mak
9

ANNEX B: Roles and Responsibilities of other offices in the DOH – Central and attached agencies

A. Health Policy and Systems Development Team (HPSDT)

- 1. Health Policy Development and Planning Bureau (HPDPB)**
 - a. Ensure the inclusion of DRRM-H in the integrated health agenda of policy, research, planning, and legislative development.
- 2. Bureau of International Health Cooperation (BIHC)**
 - a. Ensure timely processing of requests and acceptance of foreign donations during disasters, including but not limited to food and non-food items, drugs and medicines, medical devices and equipment and other related products in accordance with the existing guidelines on foreign donations.
 - b. Provide guidelines and assist in the processing of documents for the deployment of international HERT/ volunteers.
- 3. Health Human Resources Development Bureau (HHRDB)**
 - a. Serve as a clearinghouse in the development of an integrated DRRM-H capacity development module and training plan.
 - b. In coordination with the DOH CHDs, establish partnerships with tertiary hospitals and academic institutions as training hubs for DRRM-H, and augment in the deployment of HRH with DRRM-H competencies at the community level.
- 4. Philippine Health Insurance Corporation (PHIC)**
 - a. Guarantee continuing healthcare benefits (e.g. case-rate payments) and no balance billing in times of emergencies or disaster.

B. Public Health Services Team (PHST)

- 5. National Voluntary Blood Services Program (NVBSP)**
 - a. Ensure availability of blood and blood products especially during emergency or disaster.

C. Health Facilities and Infrastructure Development Team (HFIDT)

- 6. Health Facilities Development Bureau (HFDB)**
 - a. Develop standards on Hospitals Safe from Disasters.
 - b. Develop guidelines for the continuous operation of health facilities following an emergency and for the construction or rehabilitation of disaster-resilient health facilities.
- 7. Knowledge Management and Information Technology Service (KMTS)**
 - a. In collaboration with HEMB, establish, maintain and utilize an emergency information system between and among the health sector and other relevant partners.
- 8. Health Facility Enhancement Program (HFEP)**
 - a. Monitor the structural and non-structural aspects of health care facilities particularly during emergency and disaster.

D. Health Regulation Team

9. Food and Drug Administration (FDA)

- a. Together with BIHC, develop guidelines and procedures on the entry of foreign-donated emergency drugs, medicines, medical supplies and/or other commodities.
- b. Provide technical inputs in the health sector's plan for nuclear and radiological incidents including the development of guidelines, definition, identification, and management of cases.

10. Health Facilities Services and Regulatory Bureau (HFSRB)

- a. Enforce the compliance of hospitals and other health facilities to Hospital Safe from Disaster requirements.

11. Bureau of Quarantine (BOQ)

- a. Strengthen surveillance and infection control measures to prevent entry and exit of infectious diseases during emergencies and disasters.

12. Pharmaceutical Division (PD)

- a. Reallocate stocks and support in the enforcement of price control of essential medicines in affected areas during emergencies and disasters.

E. Procurement and Supply Chain Management Team

13. Supply Chain Management Office (SCMO)

- a. Establish an efficient logistics management system to improve response operations, but not limited to warehousing, brokerage and hauling of goods and commodities.

14. Procurement Service (PS)

- a. Expedite procurement and delivery systems during disasters.

F. Administrative and Financial Management Team

15. Financial Management Service (FMS)

- a. Facilitate and assist in monitoring the appropriate utilization of the national and regional DRRM-H Fund.

16. Administrative Service (AS)

- a. Provide and facilitate readiness and availability of motor pool at all times during disasters and emergencies and other administrative concerns needed