Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

AUG 04 2020

ADMINISTRATIVE ORDER
No. 2020 - 0036

SUBJECT: Guidelines on the Institutionalization of Disaster Risk Reduction and Management in Health (DRRM-H) in Province-wide and City-wide Health Systems

I. RATIONALE

With the constant threat of emergencies and disasters in the country and their resultant negative health consequences, Republic Act (RA) 10121 or the "Philippine Disaster Risk Reduction and Management Act of 2010" and the Implementing Rules and Regulations (IRR) of RA 11223, "Universal Health Care Act" stress the need to adopt an integrated disaster risk reduction and management (DRRM) and climate change mitigation and adaptation approach and to develop province-wide and city-wide health systems (P/CWHS) with timely, effective, and efficient preparedness and response to public health emergencies and disasters; thus ensuring delivery of essential population-based health services.

Further, the National Objectives for Health (2017-2022) espouses the development of resilient health systems to manage health risks brought about by natural, biological, technological and societal hazards. To support this, Administrative Order (AO) No. 2019-0046 or the "National Policy on Disaster Risk Reduction and Management in Health" provides strategies for the institutionalization of disaster risk reduction and management in health (DRRM-H) at all levels of the health system.

To ensure that DRRM-H becomes an integral part of the health systems management and service delivery functions of P/CWHS, the DOH hereby issues this Order to guide the local government units (LGUs) in the institutionalization of DRRM-H in P/CWHS.

II. OBJECTIVES

A. General Objective

This Order shall provide guidance to LGUs, and key stakeholders in the institutionalization of DRRM-H in P/CWHS.

B. Specific Objectives:

1. Provide an operational framework on the institutionalization of DRRM-H in P/CWHS.
2. Define the scope and minimum level of functionality of an institutionalized DRRM-H in a P/CWHS.

3. Identify relevant activities, mechanisms and resources to support the institutionalization of DRRM-H in a P/CWHS.
4. Delineate the roles and responsibilities of key stakeholders on DRRM-H institutionalization leading towards the development of resilient health systems.

III. SCOPE OF APPLICATION

This policy shall apply to LGUs with public and private healthcare facilities; DOH Central Office (DOH-CO), DOH-Centers for Health Development (DOH-CHDs), DOH Hospitals, and DOH attached agencies; National Government Agencies (NGAs); local and international Non-government Organizations (NGOs). This AO shall also cover the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) as provided for in RA 11054 "Organic Law for the BARMM."

IV. GUIDING PRINCIPLE

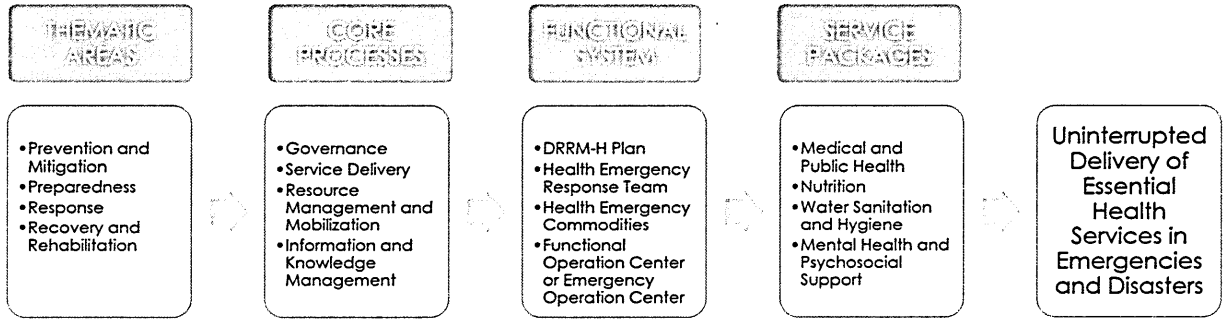

Figure 1. Operational Framework of DRRM-H Institutionalization into P/CWHS

Using the above operational framework, the institutionalization of P/CWHS shall guarantee the uninterrupted delivery of essential health services during emergencies and disasters. To contribute to the resiliency of health systems, objectives set in each of the thematic areas of DRRM-H (prevention and mitigation, preparedness, response, recovery and rehabilitation) have to be addressed. These can be concretized by the conduct of core DRRM-H processes namely governance, service delivery, resource management and mobilization and information and knowledge management. These then are translated to the functionality of the DRRM-H system at the P/CWHS level as evidenced through the following indicators: DRRM-H plan, health emergency response teams, health emergency commodities; and a functional operations center. Concomitantly, this should allow for the means and resources to deliver health sector cluster services in emergencies and disasters: Medical and Public Health; Nutrition; Water, Sanitation and Hygiene; and Mental Health and Psychosocial Support.

V. GENERAL GUIDELINES

A. The P/CWHS shall institutionalize a functional DRRM-H System as key feature of Universal Health Care managerial, technical and financial integration.
B. The P/CWHS shall install critical initiatives and operational mechanisms on the DRRM-H core processes: Governance, Service Delivery, Resources Management and Mobilization and Information and Knowledge Management.
C. The P/CWHS shall secure sustainable investments on DRRM-H to improve health outcomes and ensure efficient and equitable use of health resources.
D. In case of the BARMM, the adoption of the integrated P/CWHS shall be in accordance with Article IX Section 22 of RA 11054 and subsequent laws and issuances as enacted by the Bangsamoro Government.

VI. IMPLEMENTING MECHANISMS

A. Managerial Integration in a Functional DRRM-H System

1. **Implementation arrangement on institutionalizing DRRM-H system in the P/CWHS**
   a. Institutionalization of a functional DRRM-H system shall be covered in all phases of implementation arrangements of P/CWHS and integrated within their Health Care Provider Networks (HCPN), based on AO No. 2020-0021 or the "Guidelines on Integration of Local Health Systems into Province-wide and City-wide Health Systems," to include a separate compliance of minimum requirements for sub-provincial health system.
   b. The P/CWHS shall enact through appropriate ordinances the adoption of DRRM-H and mechanisms of cooperative undertakings, among LGUs and their partners from the government or non-government organizations, and/or private sector among others, to include pooling and sharing of resources within the network to ensure effective and efficient delivery of essential health services especially in emergencies and disaster situations.
   c. The Provincial/City Health Office under the stewardship of the Provincial/City Health Board shall be responsible for the integration and supervision to organize and manage the institutionalization of DRRM-H in its P/CWHS, at the same time also represent the health sector in relevant DRRM activities. A DRRM-H Manager shall be appointed to be responsible for the development, improvement and overall management of the DRRM-H Program
   d. The P/CWHS performance shall be monitored based on latest standards expected of LGUs based on AO No. 2019-0027 or the "Guidelines on the Implementation of the LGU Health Scorecard," the Local Health System Maturity Model (LHSMM) guidelines, both its revisions and other relevant issuances.
   e. The Provinces and Cities that have not committed to the P/CWHS, shall adopt the standards and provisions stipulated in AO 2019-0046.

2. **Minimum requirements of a functional DRRM-H System in the P/CWHS**
   a. P/CWHS shall institutionalize its DRRM-H and render it functional.
      i. DRRM-H Plan shall be unified (combined and agreed inputs of the province, component cities and municipalities or the Highly Urbanized Cities/ Independent Component Cities and their barangays); comprehensive; and coherent (demonstrates consistency in the convergence of efforts and network arrangement).
      ii. Health emergency response teams for public health and hospitals shall be organized, trained and self-sufficient.
      iii. Essential health emergency commodities shall be available and accessible along with an equipped, servicing ambulance or patient transport vehicle and arrangement for a field implementation facility.
      iv. Functional Health Operations Center under the management and supervision of the Provincial/City Health Office
   b. The minimum standards set in the LGU Scorecard and its monitoring tools shall apply unless inconsistent with the requirements herein stated. Checklists and monitoring tools shall be developed for its appraisal separate from this issuance.

B. Technical Integration in a Functional DRRM-H System

The institutionalized DRRM-H P/CWHS shall be functional with guidelines and procedures, mechanisms, resources and relevant activities.

1. P/CWHS shall strengthen governance and drive better execution through leadership and management capacities, coordination, and support mechanisms necessary to enhance functionality.
   a. Develop local ordinances or adopting policies, strategies and commitment on DRRM-H P/CWHS
   b. Organize a planning committee to formulate the P/CWHS strategic DRRM-H Plan, as well as contingency plan, public service continuity plan, communication and promotion plan among others.
   c. Adopt an Incident Command System with structure and with defined roles and responsibilities for command and control, coordination, and communication.
   d. Organize/strengthen functional local clusters on medical and public health, nutrition, water sanitation and hygiene, and mental health and psychosocial support.
   e. Strengthen coordination with the local DRRM Office and forge partnerships (public and private) with other stakeholders.
   f. Develop and implement local monitoring and evaluation mechanisms such as program implementation review and generating insights from post-incident evaluations among others, and use of findings for policy recommendation and program standardization and development.
   g. Implement promotion and advocacy activities e.g. awards and recognition of best practices, disaster risk communication and DRRM-H campaigns.

2. P/CWHS in public health emergencies and disasters, shall ensure the availability and accessibility of essential quality health products and services to the affected population at appropriate levels of care of the HCPN and /or of the Apex Hospital.
   a. Ensure primary health care providers and health facility workers shall effectively and efficiently engage the resources of the P/CWHS to navigate affected population within the appropriate levels of the HCPN or outside the network as necessary.
   b. Deliver uninterrupted essential health services in a coordinated and seamless manner as per AO No. 2017-0007 or the "Guidelines and Standards on the Delivery of Essential Health Services in Emergencies and Disasters" and its revisions while maintaining synchronized response operations to include but not limited to local epidemiology surveillance, disease prevention and control, health promotion and the disaster risk reduction and management.
   c. Establish mass casualty management approach which includes pre-established procedures for resource mobilization, field management or pre-hospital care in the management of affected population.
   d. Reorganize management of resources of the P/CWHS in responding to emergencies and disasters, while maintaining resource-sharing to non-P/CWHS sites ("twinning").
   e. Guarantee safety in the health facility through Administrative Order No. 2013-0014, "Policies and Guidelines on Hospitals Safe from Disaster" and its revisions.

3. P/CWHS shall ensure reliable access to DRRM-H P/CWHS resources through effective and efficient management and mobilization.
   a. Develop manual of operations/process algorithms, as applicable based on structure and arrangements in the P/CWHS.
   b. Strengthen systems at the P/CWHS such as in logistics management, e.g. contracting health supplies and services, utilizing local disaster risk reduction and management fund; learning and development to improve competencies of DRRM-H responders and workers; staffing needs to address surge requirements.
   c. Develop strategies for continuity of health services and mechanisms for response and early recovery.

4. P/CWHS shall develop information and knowledge management systems to serve as foundation for assessing, monitoring, analyzing and forecasting risk trends, bolstering early warning systems, planning responses, coordinating various actors and resources available during response, monitoring the coverage of the various interventions, and evaluating performance.
   a. Establish a functional Public Health Operations Center (PHOC) at the P/CWHS and maintain its counterpart in hospitals and cities/municipalities for an effective and efficient command and control, coordination, and communication; and dispatch.
   b. Utilize a functional information/knowledge management system to gather and utilize information (e.g. hazard, risk profiles, sex and age disaggregated data, etc.) systematically as basis for decision making of critical actions and services needed during crises, as well as in research

c. Upgrade and regularly update the reporting system on DRRM-H to capture and document post mission/action activities, lessons and utilization of results to improve future implementation.

C. Financial Integration in a Functional DRRM-H System

1. P/CWHS in public health emergencies and disasters shall deliver population-based health services financed by the government at the point of service. Services not categorized as population-based such as hospitalization due to trauma and other illnesses shall automatically be covered under individual-based health services which shall be financed primarily through pre-payment mechanisms of Philhealth.
2. The P/CWHS Special Health Fund shall include financial resources for establishing and sustaining a functional DRRM-H system.
3. P/CWHS shall invest on DRRM-H, and establish or enhance contingency funding for disasters, through Local Investment Plan for Health (LIPH) and other sources.
   a. The participating LGUs shall commit to specify in its LIPH and annual operational plans the resources necessary for the implementation of a functional P/CWHS DRRM-H system.
   b. The LGU shall earmark through an ordinance a portion of its local health budget to finance the institutionalization of a DRRM-H system and strengthen its institutional capacities including the use of the Special Health Fund for emergencies and disaster situations. Allocation of funds and resources for DRRM-H shall be 70% for preparedness and 30% for response activities.
   c. In cases wherein participating LGUs opt to organize a sub-provincial health system, the LGUs shall also submit a separate consolidated investment plan for their network to the Provincial Health Board as an input to the LIPH.
   d. Other financing for DRRM-H and other sources such as but not limited to donations, grants, and other forms of technical assistance shall be identified in the aforementioned investment plan.

VII. 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 developments on health emergencies and disasters and actual experiences.

B. Ensure the institutional, operational monitoring and evaluation of DRRM-H in all levels of governance, as well as in the P/CWHS.

C. Monitoring and formulating strategies shall be established to make LGUs, particularly the P/CWHS perform better such as provision of incentives, conferment of awards or recognition on good performance, or publication of performance status.

VIII. ROLES AND RESPONSIBILITIES OF KEY AGENCIES

A. **Department of Health**

1. The Health Emergency Management Bureau shall formulate policies and standards, develop systems, and provide capability building interventions and other technical assistance to CHDs including conduct of monitoring and evaluation.
2. Other Offices identified in AO No. 2019-0046 shall perform their corresponding mandates as stipulated, in the P/CWHS.
3. The CHDs and its DOH Hospitals, shall adopt and cascade the national policies and standards, and through its DRRM-H Managers, trained Program Managers, Epidemiological Surveillance Officers, Health Education Promotion Officers and Development Management Officers provide the necessary technical assistance to P/CWHS, especially, to spearhead the advocacy and promotion of DRRM-H institutionalization.

B. **Ministry of Health- Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARRM)**

This Office shall adopt and cascade national policies and standards and shall provide necessary technical assistance to its LGUs.

C. **National Disaster Risk Reduction and Management Council Members**

1. The NDRRMC or the National Council, in representation of all its members, shall support DOH in its initiative in building and developing resilient health systems and communities.
2. Together with DOH, make available support mechanisms, such as policies, to facilitate institutionalization and integration of DRRM-H Plan to relevant plans.
3. Support the DOH in the conduct of monitoring and evaluation of P/CWHS with an institutionalized DRRM-H system.

D. **Department of Interior and Local Government**

Support the integration of local health systems into P/CWHS through mechanism of cooperative undertakings among the LGUs and partners.

E. **P/CWHS through the LGUs**

1. Ensure managerial, technical and financial integration through their Provincial/City Health Officers to enforce the implementation of P/CWHS functional DRRM-H System and provide the needed resources and support mechanisms to make the integration possible and sustainable.
2. Ensure compliance with the latest standards on DRRM-H.
3. Together with the local Disaster Risk Reduction and Management Council/Office and Public Health Units, Epidemiological Surveillance Units and Health Promotion Units deliver the expected DRRM-H function, essential health service and products in all phases of emergency/disaster.
4. Participate in the capacity and capability building activities.
5. Promote and advocate DRRM-H through various platforms applicable and accessible in the respective LGUs.
6. Implement mechanisms to monitor and evaluate initiatives on the program and report progress.
7. Collaborate and build DRRM-H capacities of P/CWHS through viable partnership.

8. Ensure the use and management of the Special Health Fund for DRRM-H activities.
9. Invest and upgrade systems on DRRM-H supported by the LIPH, Special Health Fund and the local DRRM fund of the local government.

F. **Private Institutions, Non-government Organizations, Civil Society Organizations**
Engage in HCPN through provision of essential public health and hospital services; and resource sharing.

IX. REPEALING CLAUSE

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.

X. EFFECTIVITY

This Order shall take effect immediately following its publication in a newspaper of general circulation.

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Secretary of Health