

Sound Practice No.4

Health Networking

Overview

As part of the devolution of health function from the central government to local government in accordance with the Local Government Code 1991, government hospitals were either passed on to the provinces, cities and municipalities, or retained with the national government. This caused in several citizens anxieties about how well the health system can be maintained after public hospitals turn local. Retained national hospitals are better equipped and staffed. The levels of health emergency management (HEM) in the cities and municipalities in Metro Manila are of heterogeneous quality and logistical capacities. In the event of emergencies, a referral system among the hospitals is a must to render quick and reliable medical response.

Spearheading the institutionalization of a HEM system at various levels in the Philippines is the Health Emergency Management Staff (HEMS), a staff unit providing support to the Health Secretary. Success to institutionalize the system lies very much on the uptake rate by the local government units. This translates to how well LGUs partner together to devise an HEM with national and regional health authorities and make it work. Many cities responded positively to the challenge brought by the convening of strategic planning workshops which eventually led to the completion of a Health Emergency Network Preparedness Plan for the National Capital Region (NCR). Metro Manila is also known as the National Capital Region. A network planning group with working committees was set up with a two-fold mission: to enhance health emergency preparedness and response, and to promote interoperability of the health sector in Metro Manila. A few cities followed a similar process to draw up preparedness plans. Quezon City now has a plan to deal with floods to complement its Disaster Preparedness Plan.

Background

When the Earthquake Impact Reduction Study for Metropolitan Manila (MMEIRS) was conducted between 2001 and 2004, a review of the health emergency management (HEM) system was also made (JICA, 2004). The review noted the uneven quality and available resources of HEM in the 17 cities and five municipalities of Metro Manila. When the study was conducted, actions were in progress.

Through the facilitating role of the Health Emergency Medical Staff (HEMS) of the Department of Health (DOH), a network structure of health and medical staff and institutions was instituted to serve Metro Manila. At the national level, the

Health Emergency Management Staff (HEMS) provides support pertaining to health emergency management to the Health Secretary and develops relevant policies, strategies, plans, and programs. The relationship between the local, regional and national health offices is working as roles are clearly delineated. Guidance by the HEMS at the national level take into account local needs and realities that enables “health networking” to work in the megacity. Since then, NCR Health Emergency Network Preparedness Plan has been produced by health officials through strategic planning in 2004.

Details

Health services are a devolved function to local government in accordance with the 1991 Local Government Code. Having all local governments bear the burden of operating and maintaining government-owned provincial, district, and municipal/district hospitals posed a threat to reliable health service. Eventually, almost 80 hospitals were retained with national government funded fully by the budget of the DOH. Congress approved only 50% of the cost of devolution functions that local government units were entitled under the Code. The national subsidy to local health workers was also reduced. One impact of the new set-up is that many health workers resented working within local government (Balgos, 2001).

Additionally, the DOH retains disaster management focused on preparedness and prevention. Immediate disaster response is the primary responsibility of the local government. The basic concept guiding health service in times of calamities is that health service is “local government-community effort.” Financially, emergency mitigation and preparedness are becoming more and more local government’s responsibility. The national government share for health expenditure in local government has declined from 35% in 1991 to 20% in 1999. Local government units (LGUs) however need guidance to carry out health-related tasks.

In the JICA study, eight assessment areas derived from the guidelines of the Pan American Health Organization (PAHO) (PAHO, 1995) were found utilized, namely: organization and network, regulation and guideline, emergency management program, pre-hospital care, hospital care, sanitation and epidemiology, training and public education, stockpile and logistics. .

Tackling all the assessment areas presents a big challenge to the health officials of the municipalities and cities that comprise Metro Manila. In Metro Manila, health emergency medical service in terms of pre-hospital care alone is available is through the Emergency Management Service (EMS) and local health workers at the community level. EMS is provided by:

- (1) EAR.net of the Bureau of Fire Protection (BFP): the largest provider of EMS;
- (2) Stop DEATH of the DOH: the second largest provider with 21 retained hospitals serving 7 service zones; each zone has a lead hospital and supporting units;
- (3) Rescue and emergency services of the cities of Quezon, Makati and Marikina.
- (4) Supplementary service by Metro Manila Development Authority (MMDA), Philippine National Red Cross (PNRC), Philippine General Hospital, Philippine Coast Guard, the Chinese Volunteers, and local community fire brigade volunteers.

HEMS led a process to engage the health institutions in Metro Manila after the success of STOP DEATH. STOP DEATH (an acronym for Strategic Tactical Option for the Prevention of Disasters, Epidemics, Accidents and Trauma for Health) is an integrated emergency preparedness and response program that addresses in a comprehensive manner the problem of disasters, epidemics, accidents and trauma. Began in 1994, the program succeeded in human resource development through collaboration between the Department of Health, the Philippine College of Surgeons, the Philippine Hospital Association, the Philippine National Red Cross, and the University of the Philippines College of Public Health, Boston University School of Public Health, and the World Health Organization (ADRC, 2005, p. 60).

HEMS builds upon the lessons learned so far; it utilizes and promotes the networking among health departments of local government units and the DOH retained hospitals. HEMS vigorously promotes information exchange through seminars, conferences and workshops gathering health emergency workers and practitioners and where experiences and recent researches are disseminated. The activities lead to higher awareness and build knowledge that eventually result in better professional capability as emergency managers. Lessons learned from previous experience have been transmitted to all those concerned and assimilated thus greatly improved response and referral among hospitals. Since the Payatas dumpsite slide in 2000 where 224 died and 38 were reported missing, a 24-hour system now operates. The police had been trained by HEMS on how to work together fire and health personnel within the context of unified system of protocols, guidelines and policies.

Through the cooperation between the Center for Health Development-Metro Manila (CHD-MM), HEMS and the LGUs of Metro Manila, the NCR Emergency Network Preparedness Plan (NENPP) was established. CHD-MM is a regional office of the DOH for Metro Manila where the NCR Disaster Operations Center (OPCEN) is located. It renders EMS through the local district hospitals, but can activate the NCR, retained, and private hospitals. The vision of the plan is to serve as the “prime mover in health emergency and disaster.” Through the plan, the Health Emergency Network strives “to enhance health emergency preparedness and response, and to promote interoperability of the health sector” in Metro Manila. The actors include DOH offices (such as CHD-MM); government and private hospitals; other government agencies; NGOs; and “the whole sector” in Metro Manila. The Network consists of an Executive Committee to which report other committees: Resource Mobilization, Communication, Advocacy and Promotion, Human Resource Development, Networking and Coordination, Standard and Protocol.

As an offshoot of the efforts of the above network, Quezon City translated the experience in terms of its own local hazards. Consequently, a “Plan of QC in Case of Flooding” was initially produced. An implementation plan to operationalize the Executive Order No. 13, Series of 1993 of the Quezon City mayor defines the guiding concept and tasks of all operating and responding groups. The lead implementation office, members and “support groups” of eight groups are identified. The groups are transportation, rescue and engineering, health and sanitation, fire, police, relief and evacuation, rehabilitation, public information. In the past, coordination among the health emergency units took place in dealing with the Payatas dump slide and the Ozone fire in Quezon City. This has also been done during threats of SARS epidemic.

Each city has a health office. The city’s health department leads in the process of generating a disaster preparedness program, where its role is defined. All government offices are required to organize disaster control groups according to the calamities and disaster preparedness plan requires all government offices. Manuals on health emergency management since 2001 have been compiled by the DOH.

What have been achieved is the networking among local government hospitals and the retained national hospitals, irrespective of the negative repercussion brought about when health was devolved to LGUs. As a result, a network preparedness plan has been set up by the health sector in Metro Manila. This is in accordance requirement that each sector must have a plan consistent with the calamities and disaster preparedness plan. There are remaining tasks to be done. It is however noteworthy that things have progressed so far.

The Megacity Context

What has been achieved so far is the networking of local government hospitals and the retained national hospitals. The present system has not however involved the private hospitals. DOH manuals may have not reached other organizations yet apart from the DOH offices. The health network has already provided a mechanisms for such concerns.

As already stated, cities like Makati are far better equipped and staffed than the others. Makati uses mutual aid agreements to meet needs in times of emergency. Such an instrument could be one of the tools to be taken into account by the health network. It is imperative to explore alternative strategies in the event of mass casualty emergencies as pointed out by the MMEIRS.

Knowledge Base Coding Reference:

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