



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

OCT 15 2020

**ADMINISTRATIVE ORDER**

No. 2020 - 0053

**SUBJECT: Operational Guidelines in the Delivery of Essential Health Service Packages (EHSPs) for Medical and Public Health Services During Emergencies and Disasters**

**I. RATIONALE/ BACKGROUND**

The Department of Health (DOH), as the nation's leader in health is committed to guarantee equitable, accessible and quality health services, and to ensure that essential health services are not disrupted even during emergencies and disasters. In line with Republic Act (RA) No. 11223, or the "Universal Health Care (UHC) Act of 2019", and Administrative Order (AO) No. 2020-0036, "Guidelines on the Institutionalization of Disaster Risk Reduction and Management in Health (DRRM-H) in Province-wide and City-wide Health Systems", the DOH shall continue to lead and provide guidance for aligning response mechanisms, and ensuring delivery of essential health services, including medical and public health interventions.

With recent events such as the COVID-19 pandemic and other health threats, it is necessary to develop the operational guidelines for providing medical and public health services, and for identifying the responsibilities of different stakeholders involved. This policy seeks to complement AO 2017-0007, "Guidelines in the Provision of the Essential Health Service Packages (EHSPs) in Emergencies and Disasters" which identifies the list of EHSPs for medical and public health services, and Department Circular (DC) No. 2020-0167, "Provision of Essential Health Services during the COVID-19 Epidemic", which reiterates directives on the continuous provision of essential health services under the Code Red Alert.

Furthermore, this Order shall strengthen the health dimension of RA 7160, or the "Local Government Code of 1991", which places Local Government Units (LGUs) responsible for delivering primary health care services, ensuring access to secondary and tertiary health care services, and serving as first responders during emergencies and disasters

**II. OBJECTIVE**

To provide guidance on the delivery of EHSPs for medical and public health services during emergencies and disasters.

**III. SCOPE OF APPLICATION**

This Order shall apply to all offices and attached agencies of the DOH, Centers for Health Development (CHDs), LGUs, and to the Ministry of Health - Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM) subject to the applicable

*mcc*  
*J S*  
*M*

provisions of RA 11054 or the “Bangsamoro Organic Act” and subsequent rules and policies issued by the Bangsamoro government, and to both government and private national and local health facilities, health care providers, and stakeholders.

#### IV. DEFINITION OF TERMS

1. **Essential Health Service Packages (EHSPs)** – consists of essential health services under the four (4) key sub-clusters namely: Medical and Public Health, Water Sanitation and Hygiene (WASH), Nutrition, and Mental Health and Psychosocial Support (MHPSS).
2. **Cluster Approach** – is a system where a group of agencies gather to work together towards common objectives within a particular sector of emergency response.
3. **Health Emergency Alert Reporting System (HEARS)** – a reporting system to alert the DOH at every level to the possible need for implementing emergency response measures.

#### V. GENERAL GUIDELINES

1. LGUs through their local health offices, barangay health stations (BHS), rural health units (RHUs), local hospitals (government and private), and Barangay Health Emergency Response Teams (BHERTs) shall provide the EHSPs for Medical and Public Health Services as enumerated in AO 2017-0007 (see Annex A).
2. During the evacuation and displacement of the affected population, EHSPs shall be provided through the mobilization of health workers, allied health service providers, and stakeholders.
3. LGUs shall coordinate with the next higher level of governance for their resource requirements when needed. RA 7160 Section 17(b)(2)(iii), enumerates the responsibilities of LGUs which include the implementation of programs and projects on primary health care, maternal and child care, and communicable and non-communicable disease control services; access to secondary and tertiary health care services; and purchase of medicines, medical supplies, and equipment needed to carry out the services.
4. The Health Emergency Management Unit (HEMU)/City Health Office (CHO)/Municipal Health Office (MHO) shall establish a Public Health Emergency Operations Center (PH EOC) for the coordination of health response operations.
5. Activities and interventions shall be financed using any available funds allocated for emergency and disasters, and from the Quick Response Fund (QRF) of agencies.

#### VI. SPECIFIC GUIDELINES

##### A. Provision of EHSPs

1. All LGUs through their local chief executives shall implement the delivery of EHSPs during the different phases of a disaster as indicated in the National Disaster Response Plan (NDRP), as a specific task of the Health Cluster under the operations section of the IMT.
2. Evacuation centers used during emergencies and disasters shall provide for a working space where EHSPs can be provided.
3. Delivery of EHSPs under the sub-clusters Medical and Public Health, WASH, Nutrition, and MHPSS shall be through deployment of Health Emergency Response Teams (HERTs), Emergency Medical Teams (EMTs), and technical experts. This will be supported by the mobilization of logistics, financial assistance through QRF, and other resources in support of the local health system and health facilities infrastructure (e.g. BHS, RHU, clinics, sanitarium, and hospitals).
4. LGUs shall ensure the availability of adequate logistics and human resources needed in responding to the emergency or disaster.



5. DC 2020-0167 shall provide the guidelines for the delivery of EHSPs during the occurrence of outbreaks (epidemic or pandemic).

#### **B. Coordination**

1. All LGUs and operating units shall coordinate and obtain directives from the Incident Management Team (IMT)/ Emergency Operations Center (EOC) established for the response.
2. LGUs using the cluster approach based on the Section IV of AO 2017-0007 shall work jointly in providing EHSPs during emergencies and disasters.
3. The National Government or the next higher level of LGU may provide or augment the basic services and facilities assigned to a lower level of LGU when such services or facilities are not made available or, if made available, are inadequate to meet the requirements of its inhabitants (RA 7160).
4. The DOH through its CHDs shall provide the appropriate technical assistance and logistics support when needed or requested.
5. In an event of a large-scale disaster, the primary responsibility to manage the incident shall be in accordance with the provisions of RA 10121 or the "Philippine Disaster Risk Reduction and Management Act of 2010".

#### **C. Reporting**

1. In the immediate post-impact phase of the emergency or disaster, conditions permitting, Rapid Assessment Teams (RATs) shall be deployed to gather information regarding the extent of damage sustained and other issues necessitating appropriate action by the decision makers and the IMT.
2. Documentations and reports shall be submitted to the Provincial Health Office (PHO) and to the CHD daily during the duration of the response.
3. All responders shall submit activity reports to the EOC for consolidation, evaluation, and analysis. A final report shall be submitted to the IMT for appropriate action.

### **VII. ROLES AND RESPONSIBILITIES**

#### **A. Department of Health – Central Office (DOH-CO)**

1. Health Emergency Management Bureau (HEMB)
  - a. Monitor ongoing response operations;
  - b. Coordinate the mobilization of HERTs and technical experts as needed;
  - c. Coordinate the mobilization of medicines, medical supplies, materials; and equipment requested, and,
  - d. Submit a daily report to the office of the Secretary of Health.
2. Disease Prevention and Control Bureau (DPCB)
  - a. Provide technical assistance and guidance for the continuity of health programs such as maternity and child care, mental health services, prevention and control of infectious diseases, WASH, and Minimum Initial Service Package (MISP); and
  - b. Mobilize technical experts as needed.
3. Epidemiology Bureau (EB)
  - a. Conduct disease surveillance and response; and,
  - b. Mobilize technical experts as needed.
4. Supply Chain Management Service (SCMS)
  - a. Package and ensure the delivery of logistics mobilized;

*mcc*  
*J. M.*

- b. Monitor and track the movement of the logistics mobilized ensuring its arrival and acceptance by the end user; and,
  - c. Submit reports on the logistics mobilized to HEMB-Logistics Unit.
5. Bureau of International Health Cooperation (BIHC)
- a. Facilitate the call and receiving of international aid and donations.

**B. DOH-Centers for Health Development (CHDs)**

- a. The CHD - Health Emergency Management Unit (HEMU) through its different health sub-cluster focal points shall ensure the delivery of EHSPs in close coordination with the affected LGUs;
- b. Establish a CHD - Public Health Emergency Operations Center (PH EOC) to monitor ongoing response operations in the affected LGU;
- c. The Disaster Risk Reduction and Management in Health (DRRM-H) Manager shall convene its health cluster and sub-cluster members to ensure the uninterrupted delivery of EHSPs during the response; and,
- d. Submit daily reports to the DOH-HEMB Operation Center following existing reporting guidelines.

**C. Local Government Units (LGUs)**

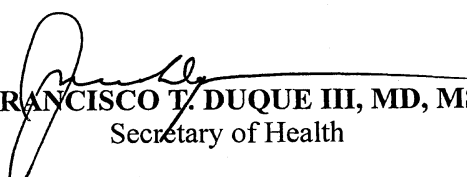
- a. Perform functions as defined in RA 7160.
- b. Deliver the expected DRRM-H functions and EHSPs in all phases of an emergency or disaster together with the local DRRM Council/Office, Public Health Units, Epidemiological Surveillance Units, and Health Promotion Units

**VIII. REPEALING CLAUSE**

All other provisions of existing issuances which are not affected by this Order shall remain valid and in effect.

**IX. EFFECTIVITY CLAUSE**

This Order shall take effect fifteen (15) days following its publication in the Official Gazette or a newspaper of general circulation.

  
**FRANCISCO T. DUQUE III, MD, MSc.**  
Secretary of Health

## ANNEX A: ESSENTIAL HEALTH SERVICE PACKAGES (EHSPs) FOR MEDICAL AND PUBLIC HEALTH SERVICES

AS MANDATED BY ADMINISTRATIVE ORDER (AO) NO. 2017-0007, "GUIDELINES IN THE PROVISION OF THE EHSPs IN EMERGENCIES AND DISASTERS" THE FOLLOWING EHSPs FOR MEDICAL AND PUBLIC HEALTH SERVICES SHALL BE PROVIDED DURING EMERGENCIES AND DISASTERS:

1. Health services for saving lives including those that are needed for search and rescue right after disaster strikes such as Basic Life Support (BLS), Standard First Aid (SFA), and prehospital care. These also include prepositioned first-aid/survival/family health kits and breastfeeding kits.
1. Health services to prevent and control disaster-related morbidities e.g. communicable diseases and vaccine-preventable diseases which involve the following:
  - a. Provision of effective injury and proper wound care
  - b. Provision of prophylaxis for flood-borne diseases such as leptospirosis and acute watery diarrhea, and
  - c. Provision of tetanus toxoid to those with dirty wounds and those involved in rescue or clean-up operations
2. Early treatment and continuation of essential therapies for acute or chronic conditions/exacerbations such as the following:
  - a. Trauma and injuries
  - b. Skin infections
  - c. Non-communicable diseases (NCDs) e.g. lifestyle-related diseases, degenerative diseases, bronchial asthma, pulmonary tuberculosis (PTB), cardiovascular diseases (CVD), diabetes mellitus (DM), and other endemic diseases
3. Maternal, Newborn and Child Health (MNCH), Essential Intrapartum and Newborn Care (EINC), Basic Emergency Obstetric and Newborn Care (BEmONC) which involve the following:
  - a. Ensuring clean and safe deliveries
  - b. Infant and young child feeding counseling
  - c. Measles and oral poliovirus vaccine (OPV) immunization for children aged six (6) months to 15 years old
  - d. Vitamin A supplementation for children aged six (6) months to under-five (5) years old
  - e. Iron and folic acid supplementation for pregnant and lactating women, and
  - f. Feeding support to children under-five (5) years old
4. Provision of safe havens e.g. child-friendly and women-friendly spaces
5. Sexual and Reproductive Health (SRH) services which involve the following:
  - a. Treatment, prevention, and support services for sexually-transmitted diseases (STDs) in accordance to AO 2016-0005, "National Policy on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in Health Emergencies and Disasters"
  - b. Breastfeeding support and counseling to mothers living with STDs, particularly HIV/AIDS

2. Essential services to support vulnerable groups such as the following:
  - a. Health and social services for the elderly, persons with disabilities (PWDs), persons with special needs (PWSNs), and persons with pre-existing mental illness
  - a. Clinical and legal assistance to survivors of domestic and sexual violence
  - b. Systems of referral, communication, safe transport and prehospital care of patients requiring definitive care.

6  
ince  
Q per 2