



granted powers to discharge functions and responsibilities to provide basic services and facilities. At the Province level, these include, but are not limited to, health and social welfare services;

**WHEREAS**, Section 102 of the same Code provides that one of the functions of the local health board is to propose to the sanggunian concerned, in accordance with standards and criteria set by the Department of Health (DOH) annual budgetary allocations for the operation and maintenance of health facilities and services within the municipality, city or province, as the case may be;

**WHEREAS**, Section 2 (d) of RA No. 10121, also known as the "Philippine Disaster Risk Reduction and Management Act of 2010" provides that the State shall adopt a disaster risk reduction and management approach and promote the involvement of all sectors and all stakeholders concerned;

**WHEREAS**, Section 2 (a) of RA No. 11223, also known as the "Universal Health Care Act" provides that the state shall adopt an integrated and comprehensive approach to ensure that all Filipinos are health literate, provided with healthy living conditions, and protected from hazards and risks that could affect their health;

**WHEREAS**, in March 2019, the National Objectives for Health 2017-2022 was issued by the DOH which elaborated on the country's vulnerability to disaster risks and inadequate local support to disaster preparedness, response and management which then provided its objective and target to intensify strategies to reduce public health threats by working towards institutionalizing resilient health systems, among others;

**WHEREAS**, in October 2019, the DOH issued Administrative Order No. 2019-0046 or the National Policy on DRRM-H, which necessitated the institutionalization of DRRM-H to enhance the capacities of the health system to manage health risks, and attain resilience in the communities;

**WHEREAS**, Section 17.2 of Rule IV of the Implementing Rules and Regulations (IRR) of RA No. 11223, provides that the DOH shall endeavor to contract the network of the province-wide and city-wide health systems for the delivery of population-based health services including those that impact on the social determinants of health. In addition, Section 17.3 (d) of the same provides that province-wide and city-wide health systems shall have timely, effective and efficient preparedness and response to public health emergencies and disasters, and other means to ensure delivery of population-based health services;

**WHEREAS**, Section 41 of Rule XI of the same IRR provides that, at the minimum, managerial and technical integration shall be characterized by functional disaster risk reduction and management in the health system, among other requirements, as its primary focus;

**WHEREAS**, to this end, the Provincial Government of Bataan (PGB) organizes and implements a functional DRRM-H system for public health and hospitals using the procedures and technical specifications necessary for the operationalization and transition, with considerations of the context of the "New Normal" outlined in this ordinance;

**NOW THEREFORE**, be it ordained, as it is hereby ordained by the Sangguniang Panlalawigan in session assembled, that:

  
JOSE ENRIQUE S. GARCIA III  
Provincial Governor

























## CHAPTER I. GENERAL PROVISION

**Section 1. Short Title.** This ordinance shall be known and cited as the "DRRM-H System in the Province-wide Health System (PWHS) Ordinance in the Province of Bataan."

**Section 2. Declaration of Principles and Policies.** It is the policy of the PGB to promote the health and safety of its constituents by ensuring support and assistance. Towards this end, the PGB shall adopt:

- a. Science and evidence-based, easily scalable means to institutionalize and organize a functional DRRM-H system which supports the PWHS, that is resilient to shocks and stresses; and
- b. People-centered, equitable and accessible DRRM-H system able to initially operate and guarantee timely, effective and efficient preparedness and response to public health emergencies and disasters, and other means to ensure delivery of population-based health services.

### Section 3. General Objectives.

- a. Institutionalize a functional DRRM-H system within the PWHS of Bataan to manage and mitigate the adverse effects/impacts and health consequences of emergencies/disasters including climate change;
- b. Organize and implement a functional DRRM-H system through procedures and technical specifications necessary for the operationalization and transition;
- c. Promote the involvement and participation of all sectors and all stakeholders concerned, at all levels, especially the local community; and
- d. Allocate resources for the operationalization of a functional DRRM-H system at the PWHS.

### Section 4. Scope and Coverage.

This ordinance shall include and cover the PWHS of the PGB, including its sub-provincial health systems and all members, public and private, local and international stakeholders/partners.

### Section 5. Definition of Terms.

- a. **DRRM-H** – an integrated, system-based, multi-sectoral process that utilizes policies, plans, programs, and strategies to reduce health risks due to disasters and emergencies, improve preparedness for adverse effects and lessen adverse impacts of hazards to address the needs of the affected population with emphasis on the vulnerable groups.
- b. **DRRM-H Institutionalization** – establishment of a functional DRRM-H system, which includes the following minimum key indicators: approved, updated, tested, disseminated DRRM-H Plan with budget allocation, organized and trained Health Emergency Response Teams (HERTs), available and accessible essential Health Emergency Commodities and Emergency Operations Center (EOC), with command and control,

  
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communication and coordination.

- c. **Functional DRRM-H System** - an operational system which is a contracting network that manages/mitigates the adverse effects/impacts and health consequences of emergencies/disasters including climate change, in the PWHS and is concretized by investment in and conduct of core processes, namely (1) governance, (2) service delivery, (3) resources management and mobilization, and (4) information and knowledge management to guarantee timely, effective and efficient preparedness and response to public health emergencies and disasters, and other means to ensure uninterrupted delivery of population-based health services.

## CHAPTER II. ROLES AND RESPONSIBILITIES

**Section 6.** The following shall be the roles and responsibilities of implementers and other stakeholders of the DRRM-H system, which include but are not limited to the Health Care Provider Network (HCPN):

- a. **Provincial Health Board (PHB)** shall exercise their administrative and technical supervision over health facilities and services, health personnel, and all other health resources within their territorial jurisdiction.
- b. **Office of the Provincial Health Officer (OPHO)** as the principal implementer of this ordinance, shall, under the stewardship of the PHB, be responsible for the integration and supervision necessary to organize and manage the institutionalization of DRRM-H in the PWHS, at the same time also represent the health sector in relevant DRRM activities or delegate such functions as necessary.
- c. **Component City/Municipal Health Office in the PWHS** shall participate and cooperate in the contracting network established by the PGB. They shall endeavor to attain integration requirements as resources permit, comply with standards and ensure upgrading of facilities, and provide support in the submission of necessary reports. All non-UHC integrated component city/municipalities shall pursue transactions through existing mechanisms/processes.
- d. **HCPN** (Primary Care Provider Network including Secondary and Tertiary Hospitals) shall ensure delivery of population-based essential health services and ensure an interoperable system to optimize coordination with patients for smooth transactions, two-way referral and remove barriers to health services especially in mass casualty incidents or in emergencies and disasters.
- e. **Public Health Unit in Hospitals** shall establish a platform where close coordination with local Operation Centers (OC)/EOC is possible in receiving and managing populations within and outside the network.
- f. **Contracted Apex or end-referral Hospitals** shall receive consultations and referrals from population for complicated services and/or specialized care in emergencies and disasters whenever necessary especially in mass casualty incidents or in emergencies and disasters.

  
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### CHAPTER III. IMPLEMENTATION MECHANISM

The PGB shall cooperate and perform the respective duties and obligations to achieve integration outputs and outcomes in managing public health emergencies and disasters.

**Section 7. Institutionalizing DRRM-H System in PWHS.** In consideration of the approved standards and guidelines by the Civil Service Commission and the endeavored organizational structure and staffing pattern as stipulated in the UHC IRR (Rule 19.12/19.14), the OPHO, in their initiative to create Divisions for the following functions: Health Service Delivery and Health System Support, shall study the feasibility and implementation of the following functions for the operation and staffing of DRRM-H in the PWHS:

**a. Organizational Structure of the DRRM-H Unit at the local level.**

The OPHO, as approved by the PHB, shall determine the establishment and composition of the DRRM-H Unit or the Program Management Team, in accordance with the organization of the respective PWHS of the said LGU.

Each DRRM-H Unit or Program Management Team in OPHO and in PGB-Managed Hospitals shall have at least one (1) DRRM-H Manager and (1) Assistant, duly trained on DRRM-H. Other staffing deemed appropriate and necessary shall also follow pending the formal creation or establishment of plantilla positions in the PGB. The PHB in the interim may temporarily designate personnel capable of performing tasks stated herein, and be provided with essential resources, to serve as members of the DRRM-H system.


A Functional DRRM-H system shall be headed by a DRRM-H Manager and shall perform the following functions:

**i. Prevention, Mitigation and Preparedness which primarily focuses on:**

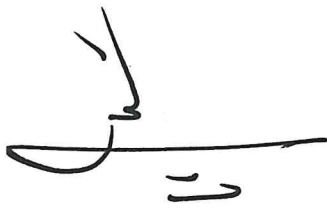
- Dissemination and monitoring of adopted policies/standards based on National Guidelines or developed local policies, plans, programs for health emergency and disaster risk prevention/mitigation and preparedness;
- Facilitation and conduct of capability building activities for various stakeholders;
- Facilitation of partnership and networking activities with stakeholders;
- Provision of other technical/financial assistance (promotion, awareness raising, monitoring and research, etc.).

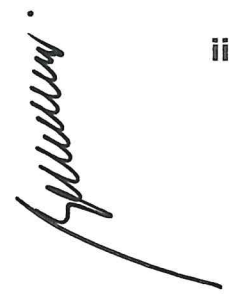
**ii. Response, Recovery and Rehabilitation which primarily focuses on:**

- Dissemination and monitoring of adopted policies/standards based on National Guidelines or developed local policies, plans, programs for health emergency and disaster response, recovery and rehabilitation;
- Delivery of essential health services and products in all phases of emergency/disaster through mobilization of resources such as Technical Experts, HERTs and tangible logistics needed

  
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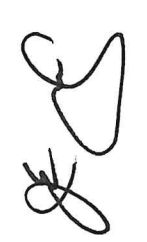


















locally and internationally;

- Management of health emergency and disaster information/knowledge and facilitate coordination activities between partner agencies/organizations;
- Provision of support to recovery and rehabilitation through technical and financial assistance.

**iii. Administration and Finance**

- Performance monitoring of the DRRM-H system to facilitate managerial, technical and financial integration;
- Establishment of accountability mechanisms;
- Management of budgetary allocation and support;
- Other support for DRRM-H system activities and operations.

**b. Concept of Operations.** Pursuant to the DRRM-H Framework AO NO. 2019-0046, the attainment of the societal goals and final outcomes of DRRM-H shall depend mainly on investments in promoting or advocating resilience of the health system and involvement of communities in the province, sustaining its development in all thematic areas. The output, which is the functional DRRM-H system, shall support the delivery of essential health cluster population-based services: Medical and Public Health; Nutrition in Emergencies; Water, Sanitation and Hygiene in Emergencies; and Mental Health and Psychosocial Support.

**c. Operationalization of DRRM-H System.** The Administrative Order No. 2020-0036 on the Institutionalization of DRRM-H in PWHS expounds the initiative needed from the PGB in order to institutionalize a functional DRRM-H system. The following shall be operationalized pursuant to UHC IRR within the six-year transition period commitment for Province-wide integration, wherein managerial and technical integration is expected to be demonstrated in the first three years, and financial integration thereafter. The aim is to institute a workable system that can initiate and perform in coordination with the health system in place and communities at large. The following initiatives shall aid in resilience building, guarantee timely, effective and efficient preparedness and response to public health emergencies and disasters, and provide other means to ensure uninterrupted delivery of population-based health services.

**c.1. Managerial Integration.**

The PGB shall undergo managerial integration over its resources, such as health facilities, human resources for health, health finances, health information system, health technologies, equipment and supplies to deliver the minimum requirements to establish a functional DRRM-H system for the PWHS.

**a. Development of the DRRM-H Plan**

The DRRM-H Plan is a strategic and thematic plan of the PWHS referenced from the DRRM-H Planning Guide and finalized by OPHO in coordination with the DRRM-H Planning Committee. It shall be approved by Local Chief Executive; updated annually or

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as necessary, tested through drills or other forms of exercises disseminated verbally and in writing to stakeholders of the network, and must be funded for operationalization. The DRRM-H Plan shall be an integrated plan of the OPHO and all of its hospitals, and other service delivery units within the HCPN and shall be an input in the PGB's investment, development and operational plan, especially in Local Investment Planning for Health (LIPH), its Annual Operating Plan (AOP) and DRRM Plan.

**b. Organization and Training of HERTs.**

The HERTs are to be organized and mobilized whenever necessary based on the type of events, emergencies, and disasters guided by the minimum requirements for implementation based on the latest updates/guidelines and by the provisions stated in DOH Administrative Order No. 2018-0018 or the National Policy on the Mobilization of Health Emergency Response Teams and its amendments. Their safety, security, and self-sufficiency shall be ensured.

Continuous Professional Education and participation to complete DRRM-H-related training shall be encouraged depending on the needed competency of HERTs based on roles and functions. Within three months from the effectivity of this ordinance, a six-year implementation plan on capability building shall be developed to attain the Local Health Systems Maturity Level (LHS ML) functional level training requirements, and conduct of learning and development needs analysis shall be facilitated for routine assessment.

**c. Availability and accessibility of Health Emergency Commodities (HECs).**

The HECs to be procured or strategically stockpiled are adopted based on guidelines or recommended logistics by the DOH to be procured by the PGB and/or those that are deemed essential based on recent emergencies/disasters experienced in the area. These shall be made available and accessible to the affected population in an emergency, in a disaster or upon the declaration of a state of public health emergency or calamity by the local chief executive or by the President. The PGB shall issue a separate issuance on the guidelines on the procurement and management of essential health emergency commodities for the PWHS.

**d. Establishment and/or activation of OC/EOC for Public Health**

At the very least, a functional EOC shall be established/activated, capable of 4Cs: Coordination Communication; and Command and Control within the OPHO. The EOC shall be interoperable with the Office of the Disaster Risk Reduction and Management Officer for synchronized operations and able to operate 24/7 in emergencies and disasters, whenever necessary. All duty personnel shall receive orientation/training and shall receive adequate support to perform functions and deliver operations based on code alert level.

  
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Within one year from the effectivity of this ordinance, the PGB, through the OPHO or its authorized representative shall evaluate if there is a need to establish a Public Health OC as the main hub for Public Health Emergency concerns. The recommendations shall be duly supported for implementation using this ordinance's appropriation or other relevant funds as available from the implementing office.

**DRRM-H System Management.**

The PGB, through OPHO, shall perform the following for internal system capacitation and quality management:

- a. Risk Analysis and Management. The OPHO or authorized representative shall conduct routine monitoring of potential problems or threats and potential enhancements to improve the probability of success, establishing a functional DRRM-H system. Potential actions shall be identified for the development of action plans whenever necessary and appropriate.
- b. Quality Assurance. The OPHO or authorized representative shall initiate the process of meeting the demands and expectations of the DRRM-H system's smooth operation and public feedback. The following initiative shall aid in this endeavor:
  - Standard Operating Procedures through a Citizen's Charter shall be developed for the office's commitment on standard, quality, and timely service delivery for transparency and accountability;
  - Training programs beneficial to strengthen competency shall be established or participated by all DRRM-H personnel;
  - Office and staff performance monitoring shall also be essential subject to the local office metrics and targeting and also in compliance with the accomplishment and monitoring report requirements by the DOH;
  - The designated area or office to house its members shall be conducive and have adequate logistics/equipment to support operations.

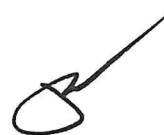
**c.2 Technical Integration.**

The technical integration, which focuses on health service provision from primary to tertiary care, shall be supported by the DRRM-H system in the PWHS through implementation of the following Core Processes:

**a. Governance.**

- i. A planning committee shall be organized to create the PWHS DRRM-H Plan, Contingency Plan, Public Service Continuity Plan and Communication and Promotional Plan within one year from the effectivity of this ordinance, constituted of the following:

  
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Chairperson – The Provincial Governor or his/her authorized representative.

Planning Team:

1. Sangguniang Panlalawigan Chairperson on Committee on Health
2. Sangguniang Panlalawigan Chairperson on Peace and Order and Public Safety
3. Prov'l. Health Officer
4. Prov'l. Disaster Risk Reduction Management Officer
5. Prov'l. Social Welfare Development Officer
6. Prov'l. Engineer
7. Prov'l. Budget Officer
8. Prov'l. Information Officer
9. Prov'l. Treasurer

The Provincial Governor is given authority to add/modify the members of the planning team as may be necessary. Furthermore, the planning team may seek assistance and consult the Department of Interior and Local Government and the DOH in the preparation of the PWHS DRRM-H plan, Contingency Plan, Public Service Continuity Plan and Communication and Promotional Plan.

- ii. An Incident Command System shall be established for the EOC/OC, with members identified and roles and responsibilities defined and made available for public view in the designated area where the EOC/OC shall be established.
- iii. Local clusters on Public Health/Medical including Minimum Initial Service Package for Sexual and Reproductive Health (MISP-SRH), Nutrition in Emergencies, Water, Sanitation and Hygiene in Emergencies, and Mental Health and Psychosocial Support shall be organized through an Executive Order. Its members/representatives shall be supported by an office order with roles and responsibilities identified, rules of engagements expounded and reporting mechanisms discussed.
- iv. DRRM-H system shall be promoted and advocated especially in each year's National Disaster Resilience Month every July, through conduct of awards and recognition of best practices.
- v. Local leaders and health system managers shall strengthen their leadership and management capacities through promoting good governance and management practices, and engaging partners to provide technical assistance.

**b. Service Delivery.** Within one year from the effectivity of this ordinance, the OPHO shall develop the local governments manual of operations on HCPN arrangements, gate-keeping and referral systems within and outside PWHS in emergency/disaster situations, especially in the management of pre-hospital care, field hospital and evacuation center management and hospital surge for the effective and efficient coordination, management of resources and delivery of essential health service packages.

  
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**c. Resource Management and Mobilization.** Within one year from the effectivity of this ordinance, process algorithms shall be developed and shall be attached as an annex to the manual of operations developed for Service Delivery.

**d. Knowledge and Information Management.** There shall be innovative initiatives to maintain and sustain the optimized access and/or monitoring of health emergency and disaster knowledge/information to analyze and forecast trends, bolster early warning systems, and recognize and document best practices, among others, supporting DRRM-H system operations.

**c.3 Financial Integration.**

The PHB shall implement financial integration subject to National Guidelines and in accordance to the terms of partnership in effect for the locality. Recommendations on the needed support in planning and investments, allocation and utilization of Special Health Fund, financial grants, subsidies, donations, etc. for DRRM-H System operations and allocation for Contingency Fund shall be based on the latest assessment conducted by the authorized representative implementing the functional DRRM-H System.

**CHAPTER IV. MONITORING**

**Section 8. Reporting and Monitoring.**

The OPHO shall lead and oversee the regular monitoring and evaluation of the implementation of a functional DRRM-H system. It may designate other relevant office/s or authorized representatives to carry out monitoring activities provided that all data gathered shall be submitted to and consolidated by the OPHO for regular reporting to the PHB. These data shall also be used to decide on the frequency of reporting, which can be periodically modified as necessary based on performance and recommendation. Results shall be made available to the DOH and to its regional counterparts/representatives as requested.

**CHAPTER V. APPROPRIATIONS**

**Section 9. Appropriation.**

The funding necessary to implement the provisions of this ordinance and to implement the program may be sourced from the following, in order of priority:

- a. The LGU's annual National Tax Allotment (NTA);
- b. National Government Agency (NGA) subsidy to related programs, project, and activities through relevant agencies; and;
- c. Supplemental funding requests from relevant NGAs.

Fund allotment shall be based on local investment review and the latest list of activities issued by the DOH through the Health Emergency Management Bureau (HEMB). All fund transfers, disbursements, utilization and accounting of resources shall strictly adhere to all government budgeting, accounting and auditing rules and regulations.

**CHAPTER VI. MISCELLANEOUS AND FINAL PROVISIONS**

*J. Enr. S. Garcia III*  
JOSE ENRIQUE S. GARCIA III  
Provincial Governor

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**Section 10. Implementing Rules and Regulations (IRR).**

The Provincial Governor may issue an IRR as necessary for the proper implementation of this ordinance.

**Section 11. Repealing Clause.**

All other orders and issuances, as well as pertinent rules and regulations thereof, which are inconsistent with any of the provisions in this Ordinance are hereby repealed or amended accordingly.

**Section 12. Separability Clause.**

If any portion of this ordinance is declared invalid or unconstitutional, the remaining parts thereof which are not otherwise affected shall continue to be in full force and effect.

**Section 13. Effectivity**

This ordinance shall take effect immediately upon its approval and compliance with the relevant provisions of the Local Government Code of 1991.

**UNANIMOUSLY ENACTED** this 20<sup>th</sup> day of May 2024.

**I HEREBY CERTIFY** to the enactment of the foregoing ordinance.




ATTY. MARK LORENZ C. QUEZON  
Secretary to the Sangguniang Panlalawigan

  
BENJAMIN C. SERRANO, JR.  
Board Member  
MARIA MARGARITA R. ROQUE  
Board Member  
JOMAR L. GAZA I.D.  
Board Member  
MANUEL N. BELTRAN  
Board Member  
ROMANO L. DEL ROSARIO  
Board Member  
NOEL JOSEPH L. VALDECAÑAS  
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JORGE S. ESTANISLAO, M.D.  
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ANGELITO M. SUNGA  
Board Member  
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JOVY Z. BANZON  
Board Member  
(PCL President)

  
ROMAN HAROLD R. ESPELETA  
Board Member

  
ROMEO A. AUSTRIA  
Board Member  
(FABC President)

  
LOVELY JOY A. POBLETE  
Board Member  
(SKF President)

  
FELICIANO G. MAGAY, JR.  
Board Member  
(IPMR)

ATTESTED:

  
MA. CRISTINA M. GARCIA  
Vice Governor & Presiding Officer

APPROVED:

  
JOSE ENRIQUE S. GARCIA III  
Provincial Governor  
Date: 5-27-2024













