UNICEF’s evidence based planning for resilient health systems (rEBaP): an effective approach towards health systems strengthening following typhoon Haiyan in the Philippines

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Executive Summary

Being affected by 20 major typhoons every year, flash flooding, volcanoes, and earthquakes, the Philippines is considered the third most disaster-prone country in the world. On November 8th 2013 Super Typhoon Haiyan hit the Philippines affecting over 18 million people and causing infrastructure damage of an estimated US$1.5 billion. The hardest hit geographic areas belong to the most deprived regions in the country with 40% of children living in poverty.

A UNICEF stocktaking exercise after the typhoon revealed that many Local Government Units (LGUs – equivalent to districts) were inadequately prepared for a disaster of such magnitude and did not have plans to guide their disaster response. Thus, UNICEF and DOH (Department of Health; equivalent to Ministry of Health) in collaboration with University of Queensland (Australia) launched an ambitious initiative called evidence based planning for resilient health systems (rEBaP) aiming at making health systems in the Philippines more resilient and equity focused by applying the bottleneck analysis approach. For this initiative, UNICEF was able to draw from previous experience in evidence based planning and budgeting (EBaP) which UNICEF had provided to selected LGUs since 2012.

While rEBaP operates at subnational level, bottlenecks identified at local level feed and translate into upstream efforts to develop policies on health resiliency planning and budgeting: At the local level (local government units – LGUs; equivalent to districts), project partners work with municipal government planning teams to enhance capacity on health resilience planning. During this process municipal planning teams have to undergo 3 modules: (1) a Psychosocial Processing (PsP) exercise; (2) a Basic Health and Emergency Management Course; and (3) Planning workshops using an evidence-based bottleneck analysis approach to develop Health Emergency Preparedness, Response and Rehabilitation Plans (HEPRRPs), which LGUs are obliged to submit to national level in order to leverage financial resources for disaster risk reduction in health. At the national level bottlenecks identified on district level are being consolidated, analyzed and packaged as recommendations with the aim to inform policy development. Until today the Department of Health (DOH) has enforced 14 Health Emergency Management – related policies, however, those policies are outdated or need to be reformulated. Hence, based on rEBaP experience from local level UNICEF and DOH are in the process of reviewing these policies with the aim of drafting a single omnibus on health emergency management policy that is aligned to the national law on disaster risk management.

Our experience shows that post disaster settings offer an excellent opportunity to strengthen health systems and make them more resilient for future emergencies. The initiative aims at reducing morbidity and mortality during emergencies and disasters through improved resilience of local health systems having a direct impact on an estimated 500,000 children and pregnant and lactating women in 50 LGUs of Haiyan affected areas. By developing a national package of broad strategies for investment and disseminating the results of this initiative have potential to reach millions of Filipino children and set new nationwide standards in health resilience in the Philippines.
1. ISSUE

The devastating impacts of natural and man-made disasters including extreme weather events, health pandemics and armed conflict, are exposing the vulnerability of communities and their livelihoods. The most recent example in the Philippines is Super Typhoon Haiyan, which hit the country on November 8th 2013 and affected over 18 million people. The hardest hit geographic areas belong to the most deprived regions in the country with 40% of children living in poverty.

Being affected by more then 20 typhoons each year, the environmental context of the Philippines makes disaster preparedness and resilience in particular critical. The Philippines is the third most disaster-prone country in the world, with high vulnerability not only to typhoons, but also flash flooding, volcanoes, and earthquakes. Politically, the Philippine government has prioritized resilience and passed Republic Act 10121 in 2011 which aims at strengthening the Philippine Disaster Risk Reduction and Management System, and is institutionalized through the so called Municipal Disaster Risk Reduction and Management Plans (MDRMPs). This act has united institutions and sectors across all 38 government member agencies and affords specific Calamity Funds from the national budget. It has been mandated that all Local Government Units (LGUs; equivalent to districts) establish a disaster office and develop designated emergency preparedness and response plans.

During Typhoon Haiyan, the surge in acute and emergency cases overwhelmed the local health system which was also reeling from the damages to infrastructure causing approximately US$1.5 billion damage. The national government with support from the global health community and development partners including UNICEF responded by sending supplies, equipment and health workforce teams. Beyond the acute response, however, there is a need to improve the resilience of the health system for long-term improved ability to withstand and effectively respond to future emergencies.

Figure 1: Path of Super Typhoon Haiyan which hit the Philippines in November 2013
This fact was recognized by the Government of the Philippines, in particular the Department of Health (DOH, equivalent to Ministry of Health) requesting UNICEF to support the documentation, analysis and application of lessons learnt from Typhoon Haiyan.

In response to this request UNICEF supported the DOH in undertaking various qualitative stocktaking assessments with stakeholders in typhoon-affected sites, documenting reflections on resilience of the local health system. These assessments revealed emphasis on emergency procurement of medicines and supplies, first aid, and awareness-raising activities in the immediate phase of the emergency.

However, little attention was afforded to preparation for a resilient health workforce, infrastructure, and emergency preparedness as it is not embedded within standard annual health planning and programming. Further, the stocktaking activity revealed that most LGUs that were affected by Typhoon Haiyan either did not have a Health Emergency Preparedness, Response and Rehabilitation Plan (HEPRRP) or had one that did not prove useful.

As a key anchor in local health sector preparedness and response in emergencies, however, HEPRR Plans are mandatory and a core contribution of the health sector to the municipal (LGU) /provincial/regional Disaster Risk Reduction and Managements (DRRM) Plan. Subnational units of the DOH and different levels of local government (provincial and city/municipal) prepare such plans as blueprints for their actions in the different phases of the emergency. It is intended to be a comprehensive document covering a wide range of issues from categories of emergencies to ad hoc committees that need to be mobilized during an emergency.

Consultations with government counterparts pointed to an urgent need to revisit the planning process and translate experience from district level into Health Emergency Management –related, nationwide policies.

“For every step towards development we take 3 steps back after a disaster hits”

Government Health Official after Typhoon Haiyan
2. KEY ELEMENTS OF UNICEF’s RESILIENT EVIDENCE BASED PLANNING (rEBaP) SUPPORT

The Government’s Recovery and Reconstruction Plan approved in 2014 a budget of almost 2.8 Billion USD for critical and immediate actions. 5.3 Billion USD are planned for medium-term needs (2015-2017). A significant portion of these budgets will be made available to local governments in the affected areas, requiring sound, evidence-informed investment plans. In the aftermath of Typhoon Haiyan, UNICEF and DOH in collaboration with University of Queensland (Australia) launched an ambitious initiative to support resilient health systems in affected regions. A team of national and international experts were drawing on lessons learned from Haiyan as well as best-practice approaches for building resilient health systems to support disaster management in 50 severely affected LGUs. For this initiative, UNICEF was able to draw from previous experience in evidence based planning and budgeting (EBaP) which UNICEF had provided to selected LGUs since 2012.

Funded by the Australian Department of Foreign Affairs and Trade (DFAT), EBaP builds on the formerly known Investment Case or Marginal Bottleneck Analysis tool (MBB). The concept for effective local health planning, programming and budgeting is based on a predefined determinant framework (Tanahashi/ Bottleneck Analysis). Aligned with government geographic focus, subnational - district planning cycles and national planning programs, rEBaP aims at (1) ensuring equity and evidence based planning and budget allocation; development of sound and evidence based Health Emergency Preparedness Response and Rehabilitation Plans (HEPRRPs); capacity building; and policy making on subnational level and subsequently (2) formulation of policies and planning processes on national level.
The broad partnership forged for this initiative are ten partners from government, academic institutions and civil society contributing expertise in local health systems, health emergency management, mental/psychosocial support, community mobilization, evidence-based planning, monitoring and evaluation. The DOH, the Health Emergency Management Services (HEMS) and the Regional Offices in Region VI, VII, and VIII provide general oversight. A significant element of the initiative is improving the capacity of government and national/regional institutions to undertake similar activities in the future.

### 2.1. SUPPORT AT LOCAL GOVERNMENT UNIT (LGU; EQUIVALENT TO DISTRICT) LEVEL

At subnational level, project partners are working with municipal government planning teams composed of municipal health, planning & development, disaster risk reduction and budget officers. During this process municipal planning teams have to undergo 3 modules: (1) a Psychosocial Processing (PsP) exercise; (2) a Basic Health and Emergency Management Course; and (3) Planning workshops using an evidence-based / bottleneck analysis approach to develop Health Emergency Preparedness, Response and Rehabilitation Plans (HEPRRPs) (figure 1). In several LGUs rEBaP was embedded in a “Health Leadership and Governance Program” for mayors (box 1).

![Diagram](image)

**Figure 1:** A three-tiered approach was applied to strengthen the capacity of frontline health workers and LGUs in developing evidence-based Health Emergency Preparedness Response and Rehabilitation Plans (HEPRRPs)
1. **The Psychosocial Processing (PsP) exercise** is intended to prepare LGU participants for the health emergency management course and the subsequent planning workshops. During preliminary scoping workshops UNICEF and DOH had identified latent psychological trauma among frontline LGU officials since both themselves and their families had become victims of Typhoon Haiyan (picture 2). This work included understanding the influence of culture in the impact of the Typhoon disaster and the use of a culturally sensitive Filipino framework towards mental health and psychosocial wellbeing and restoring resilience among LGU state planners and actors. The proposed framework posits that Filipino personhood consists of 4 dimensions reflective of Filipino values: Loob (Inner being), Kapwa (The self in others), Kakayahan (Sense of Empowerment) and Kabuluhan (Meaning). Being adherent to the Filipino cultural understanding, these four dimensions measure as well as reflect coping styles and capabilities.

2. **The Basic Health and Emergency Management Course** consists of a 3-day course designed specifically for frontline LGU-level health officers and was undertaken in 50 typhoon affected LGUs. The basic course draws on an existing but longer (12-day) course on Public Health and Emergencies in Asia and the Pacific (PHEMAP). This basic course covers (1) Overview of the Philippine Disaster Risk Reduction (DRR) Law (2) Management Principles during disasters (3) Elements of an effective health emergency response (4) Public Health in Emergencies

3. **Planning workshops** use an evidence-based, bottleneck analysis approach to develop Health Emergency Preparedness, Response and Rehabilitation Plans (HEPRRPs) that are tailored to the local context and to ensure that those plans are robust enough to leverage funding from national level for resilient health system strengthening. This approach draws on findings from the stocktaking exercise after Typhoon Haiyan, and an extensive review of the literature on approaches for evidence-based planning for health emergencies. The planning process is divided into two
workshops which are set at least one month apart to allow the planning team to undertake local level consultations with stakeholders. The process consists of the following elements: (1) Preparatory work including LGU data gathering (2) Scenario analysis (3) Assessment of vulnerabilities, risk, impact of disasters and surge capacities (4) Validation of core competencies of a resilient health system (5) Identification of gaps and bottlenecks (6) Formulation and prioritization of strategies (7) Consultation with stakeholders, writing up and finalization of the plan.

Box 1: Integration of rEBaP in the “Health Leadership and Governance Program” for mayors: an innovative approach towards influencing mayors’ decision making for resilient health interventions

In selected LGUs, rEBaP has been embedded within the “Health Leadership and Governance Program”, which is being implemented by DOH, the Zuellig Family Foundation (ZFF) and UNICEF. The Health Leadership and Governance Program is a one-year, two module-program and provides leadership training for mayors, municipal health officers and officials of the Department of Health (DOH). The program provides training and leadership coaching on local health system development, with focus on the World Health Organization's six building blocks of health system as a well as introduction of the bottleneck analysis approach. Throughout the process, the mayors and their teams are supported and coached by trained planning facilitators from their respective DOH Regional and Provincial Health Offices. Since much of decision making on LGU level depends on the mayors’ personal view and is often politically motivated rather than evidence based, the commitment of mayors to support health reforms including evidence based health disaster risk reduction interventions, is given significant weight.

2.2. SUPPORT AT NATIONAL LEVEL

While rEBaP operates at subnational level, experience from the local level feeds and translates into upstream efforts to develop policies on health resiliency planning and budgeting. Bottlenecks, reflections, and experiences from subnational/ LGU level (whether from technical, implementing partners or from LGU planners) are being consolidated, analyzed and packaged as recommendations with the aim to inform policy development for health resiliency and disaster risk reduction.

Until today the Department of Health has enforced 14 Health Emergency Management – related policies, however, those policies are outdated or need to be reformulated. Hence, UNICEF and DOH are in the process of reviewing these policies and drafting a single omnibus on health emergency management policy. The goal of this endeavor is to produce a single policy, an omnibus that is aligned to the national law on disaster risk management. This includes the development of LGU-level-Health
Emergency Preparedness and Response Planning (HEPRP) guidelines. More specifically the following policies will be reviewed and further developed (figure 2): (1) Current DOH-HEMS policies vis-à-vis the national DRR Law (RA 10121) and global best practices on health emergency management. (2) Modelling the national program for LGU Health Emergency Preparedness, Response and Rehabilitation (HEPRR) planning and capacity building for local health systems (3) Development of National Guidelines on Health Emergency Management, including HEPRR planning (4) Mainstreaming DRR in the National Health Facilities Enhancement Program. (5) Mainstreaming resilience in the national cold chain standards.

Figure 2: While rEBaP operates on subnational level, experience from the local level feeds and translates into upstream efforts to develop nationwide policies for health resiliency planning.
3. IMPACT AND FUTURE STEPS

In the post disaster context of Typhoon Haiyan, rEBaP has proven to be a useful approach towards resilience-focused, evidence based planning and capacity building on LGU level. rEBaP aims at reducing morbidity and mortality during emergencies and disasters through improved resilience of local health systems and has a direct impact on an estimated 500,000 children and pregnant and lactating women in 50 Typhoon Haiyan affected LGUs. Improved resilience focused plans generated through the support of rEBaP help LGUs in leveraging more financial resources from national government level.

More importantly, rEBaP is a bottom-up initiative bringing the identified bottlenecks at local level up to national level, potentially improving national policies on health emergency management, human resources for health in emergencies and standards for facilities and hospitals among others. The results from subnational level will provide support for review and updating of relevant national health policies and thus have a nationwide impact. In addition, a selection of the indicators pertaining to health system resilience developed during this initiative will be added to the Philippines’ balanced scorecard system to monitor the performance of sub-national governments for disaster management.

Our experience shows that post disaster settings offer an excellent opportunity to strengthen health systems and make them more resilient for future emergencies. There is an urgent need to build capacity for evidence based planning for resilient health systems (rEBaP) in the Philippines. By developing a national package of broad strategies for investment and disseminating the results of this initiative have a strong potential to reach millions children and set new nationwide standards in health resilience in the Philippines.

Box 2: Feedback from LGU Health Officials

“UNICEF was one of those who responded and extended assistance immediately after Haiyan. UNICEF still continues to work with us to ensure that the recovery work and our health preparedness plans are effective and complete”

Health Official, typhoon affected area/ Tacloban

“After the typhoon UNICEF gave us not only money but also provided us with technical assistance to improve our health and nutrition plans. Without UNICEF, we would have not learned how to deal with our acute malnutrition cases. Now, managing malnutrition cases comes naturally for us. We have become more confident and competent in planning and budgeting for health and nutrition basing our plans on evidence.”

Health Official, typhoon affected area/ Roxas
In 2015 the Philippine Department of Health cleared and approved the *National Handbook on Local Investment Planning for Health* (LIPH) which was developed collaboratively with UNICEF. This national policy level document drew on UNICEFs experience in Evidenced Based Planning and Budgeting (EBaP) in selected LGUs. A similar impact on national policy development is being expected from the rEBaP initiative.
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