

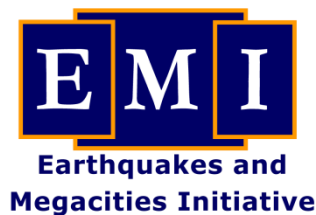
Technical Report

***City Emergency Preparedness:
Assessment Status and Action Plan
Makati City, Metro Manila, Philippines***



2013

Submitted by:



About the Project

This technical report was the final product of a research project funded by the World Health Organization (WHO) and was a joint collaboration amongst the WHO Centre for Health Development (WHO Kobe Centre), the WHO Lyon Office for National Epidemic Preparedness and Response and the WHO HQ Emergency Risk Management and Humanitarian Response. The research project was exempted from review by the WHO Ethics Review Committee on 22 July 2011 and was then implemented and completed by the Earthquakes and Megacities Initiative (EMI) through a Technical Services Agreement with the WHO Kobe Centre.

The research project provides a case study to address the knowledge gap on the level of preparedness of cities to address specific challenges posed by the risk of health emergencies. Improving frontline efforts in urban communities regarding health emergency risk management was envisioned to go a long way in strengthening health systems in urban settings for any eventuality. It emanated from specific recommendations of WHO to “make urban areas resilient to emergencies and disasters” (one of “World Health Day 2010: Urban health matters” calls to action), generate scientific evidence on strengthening resilience of health systems, in this case, city health systems and actualize disaster risk management for health¹.

Project Objectives

The objectives of the project were: (1) to conduct an analysis of Makati City, Metro Manila, Philippines existing health emergency/disaster management policies, programmes and practices; (2) to examine the Makati City’s health emergency preparedness status using a draft checklist for guidance on preparation for health emergencies in cities; and (3) to provide a set of recommended actions for enhancing Makati City’s health emergency preparedness through an indicative action plan and suggest specific mechanisms for follow-up.

Project Team Members (EMI)

Fouad Bendimerad, Ph.D., P.E., Project Director
Jose Mari Daclan, Project Manager
Jerome Zayas, Principal Investigator
Roberto L. Ruiz, MD, M.Sc., Co-Investigator

Project Team Members (WHO)

Jonathan Abrahams, Technical Officer (WHO HQ PEC ERM)
Sophia Desillas, Team Leader (WHO Lyon Office)
Jostacio M. Lapitan, Technical Officer (WHO Kobe Centre)

¹ WHO (2012). Disaster risk management for health fact sheets.
<http://www.who.int/hac/techguidance/preparedness/factsheets/en/index.html>. [Accessed 8 November 2012].

Acknowledgments

The EMI assessment would not have been possible without the cooperation and support of the Mayor of Makati City, Hon. Jejomar Erwin S. Binay, Jr. His endorsement of the project facilitated the full participation of the departments and offices of the Makati City Government, as well as other organizations below, which are hereby being acknowledged by EMI.

Office of the Mayor
 Office of the City Secretary
 City Disaster Risk Reduction and Management Council
 Command, Control and Communications Center
 Makati Health Department
 Ospital ng Makati
 Budget Office
 Department of Education
 Department of Engineering and Public Works
 Department of Environmental Services
 Human Resources Development Office
 Economic Enterprise Management Office
 Information and Community Relations Department
 Liga ng mga Barangay
 Makati Rescue
 Social Welfare and Development Department
 University of Makati
 Urban Development Department
 Corporate Network for Disaster Response
 Makati Medical Center
 Philippine Red Cross

© World Health Organization 2013

All rights reserved. Requests for permission to reproduce or translate WHO publications –whether for sale or for non-commercial distribution– should be addressed to WHO Press through the WHO web site (www.who.int/about/licensing/copyright_form/en/index.html), or to the WHO Centre for Health Development, I.H.D. Centre Building, 9th Floor, 5-1, 1-chome, Wakinohama-Kaigandori, Chuo-ku, Kobe City, Hyogo Prefecture, 651-0073, Japan (fax: +81 78 230 3178; email: wkc@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

The named authors alone are responsible for the views expressed in this publication.

TABLE OF CONTENTS

Executive Summary.....	5
Background of the Assessment.....	6
Methodology.....	7
Findings and Analysis.....	13
Summary of Results.....	24
Conclusion.....	24
Action Plan.....	26
Recommendations.....	30
List of Abbreviations.....	31
References.....	32
Annexes.....	33

Executive Summary

As part of its efforts to increase the capacities of cities to address the unique challenges posed by public health emergencies in urban areas, the World Health Organization (WHO, through its WHO Centre for Health Development (WHO Kobe Centre/WKC), the WHO Lyon Office for National Epidemic Preparedness and Response and the WHO HQ Emergency Risk Management and Humanitarian Response, undertook an assessment of the health emergency risk management capabilities of Makati City, Metro Manila, Philippines as a case study of a particular urban setting. The assessment used a new tool developed by WHO termed as the Draft Checklist for Guidance on Preparation for Health Crises in Cities (Annex 1).

The assessment has three objectives²:

1. To conduct an analysis of existing health emergency/disaster management policies, programs and practices of Makati City as a case study of a particular urban setting;
2. To examine the city's health emergency preparedness status using a Draft Checklist for Guidance on Preparation for Health Crises in Cities; and,
3. To provide a set of recommended actions through an indicative action plan and suggest specific mechanisms for follow-up.

In the Philippines, Makati City was selected as the site for this study based on the city's socio-economic significance to the country, its sizable daytime population, its exposure to vector-borne diseases, natural hazards and human-induced incidents and its previous experience with establishing a city-wide medical emergency management system. Makati City has also been a city partner of Earthquakes and Megacities Initiative (EMI) for many years with proven excellent cooperation and collaboration between the two institutions, which is a significant advantage in trust and efficiency to the research project.

The following activities have been conducted for the assessment:

1. Finalization of Assessment Research Questionnaire;
2. Orientation of Stakeholders on the Assessment Questionnaire;
3. Completion of Assessment Questionnaires by Stakeholders;
4. Validation of Strengths and Gaps Identified by Stakeholders;
5. Key Informant Interviews;
6. Second Validation of Responses; and
7. Action Planning.

The responses to the assessment research questionnaire provided by the participants conveyed a self-assessment that Makati City has a robust and functional system for dealing with health emergencies and disasters. The participants also identified both major and minor institutional/organizational vulnerabilities in each of the three (3) main areas and fifteen (15) sub-areas tackled by the assessment. A total of fifty four (54) distinct strengths and thirty eight (38) gaps were noted from the assessment results. Through validation with the city stakeholders, the initial list of gaps was narrowed down to nine core problems with their corresponding causes. During the assessment, the participants formulated an action plan consisting of nine (9) strategies, each with specific activities and timelines, to address the core problems and enhance Makati City's capacity for health emergency management.

² WHO Centre for Health Development (2011). *Terms of Reference for City Preparedness: Assessment Status and Action Plan*. Kobe: WHO.

Background of the Assessment

The assessment is borne out of the WHO's concern regarding the level of preparedness of countries in general, and cities in particular, for addressing the specific challenges posed by public health emergencies and disasters occurring in urban settings, primarily because the conditions in cities are unique and conducive to the spread of disease. That is why it is a critical requirement of the International Health Regulations that each country develops and maintains "core public health capacities for surveillance and response" to public health emergencies inclusive of epidemics and pandemics. The assessment is an initiative to improve frontline efforts in urban communities regarding health emergency preparedness and response to disease outbreaks, thereby strengthening health systems in the urban setting.³ To undertake the assessment, WHO has developed a tool termed as the Draft Checklist for Guidance on Preparation for Health Crises in Cities (Annex 1). This tool was customized and tested in this project.

The assessment has three (3) objectives:

1. To conduct an analysis of existing health emergency/disaster preparedness policies, programs and practices in a particular urban setting;
2. To examine the city's health crisis preparedness status using an assessment questionnaire developed from the Draft Checklist for Guidance on Preparation for Health Crises in Cities; and,
3. To provide a set of recommended actions through an indicative action plan and suggest specific mechanisms for follow-up.⁴

In the Philippines, Makati City has been selected as the site of the assessment. The Philippines is regarded as one of the countries most vulnerable to disasters. Situated within the Circum-Pacific seismic belt and exposed on its eastern side to the Pacific Ocean, it regularly experiences typhoons, floods, earthquakes, volcanic eruptions, drought, and other natural hazards. With 60% of its total land area exposed to various hazards and 74% of the population vulnerable to disasters, the Philippines has been ranked 8th among sixty (60) countries most exposed to natural hazards.⁵

Makati City is the Philippines' financial and commercial center, being home to the headquarters of 40% of the top 1,000 corporations in the country. As a prime business hub, the city hosts a sizable daytime population of 3.7 million individuals.⁶ However, Makati's position as one of the Philippines' key cities belies the significant disaster risk which it is exposed to. A major seismic hazard, the West Valley Fault, traverses the eastern part of the city. A probable scenario earthquake of magnitude 7.2 generated by a movement of the fault would damage 41.1% of buildings in the city and lead to 2,300 deaths and 7,700 other casualties.⁷ Makati is also highly susceptible to climate-related hazards such as hydro-meteorological phenomena and the spread of vector-borne diseases, as it is a part of Metro Manila, which ranks 7th among 530 Asian cities in vulnerability to climate change.⁸ The city has also experienced human-induced disasters, with the latest incident, a bus bombing, occurring in January 2011.⁹

³ WHO, 2011.

⁴ WHO, 2011.

⁵Global Facility for Disaster Reduction and Recovery. (2011). *Disaster Risk Management Programs for Priority Countries*. Washington, D.C.: The World Bank.

⁶City Government of Makati. (n.d.). *Why Invest in Makati?* Retrieved June 15, 2011 from Makati City Portal: <http://www.makati.gov.ph/portal/index.jsp>

⁷Japan International Cooperation Agency, Metropolitan Manila Development Authority, Philippine Institute of Volcanology and Seismology. (2004). *Earthquake Impact Reduction Study for Metropolitan Manila, Philippines*.

⁸Yusuf, A.A. and Francisco, H. (2009). *Climate Change Vulnerability Mapping in Southeast Asia*. Economy and Environment Program for Southeast Asia.

⁹ABS-CBN News. (Jan. 25, 2011). *4 dead, 14 hurt in bus explosion along EDSA*. Retrieved June 15, 2011 from ABS-CBNnews.com: <http://www.abs-cbnnews.com/nation/metro-manila/01/25/11/7-hurt-bus-explosion-along-edsa-report>

In response to these disaster risks, the city has established the Makati Emergency Management Services System (MEMSS). The MEMSS is a coordination and response structure composed of different local government offices responsible for various emergency services. Its goal is to provide a comprehensive approach to health and emergency management and to address medical and other related emergencies on a day-to-day basis. MEMSS represents a multi-agency approach in delivering emergency services to citizens, which was developed following international and national practices and standards.¹⁰

Makati City has been actively involved in emergency preparedness and response for many years. It has won several awards for its disaster risk management programs, the most recent of which being the 2011 Gawad KALASAG¹¹ for highly urbanized Philippine cities.¹² Due to its experiences in the management of emergency situations, the city government is quite open to participating in initiatives such as the assessment, which can validate the strengths of their emergency preparedness and response practice and pinpoint areas where additional investments of resources are necessary. This awareness and interest on the part of Makati City has facilitated their acceptance of the invitation to be involved in the project.

Makati City has also been a long-time EMI city partner, and the two institutions have collaborated extensively in several projects on urban disaster risk reduction. As such, EMI already enjoys a relationship of trust with the city government. Because of this rapport, EMI was granted full access to Makati City personnel and data, and city government representatives discussed relevant issues candidly and objectively. This openness on the part of Makati City helped to ensure that the results of the assessment reflected as closely as possible the actual state of preparedness for health emergencies and disasters.

An assessment of Makati City's frontline efforts in urban health emergency management, based on the MEMSS, could serve to validate the effectiveness of such a system in enhancing capacity for health emergencies and disasters.

Methodology

Finalization of Assessment Research Questionnaire

Preparatory to the conduct of the actual assessment, an assessment questionnaire (Annex 2) was developed, based on the Draft Checklist of Areas for Guidance on Preparation for Health Crises in Cities provided by the WHO Kobe Centre. The items in the checklist were adapted and customized to the context of Makati City through a two-step process. The first step involved an internal review of the document by members of EMI's technical staff. This review focused on classifying the checklist items into three tiers: (1) those which are essential in assessing health emergency management in Makati City, (2) those which are not absolutely required but may be complementary to the items in the first tier, and (3) those which are not applicable or relevant to the context of Makati City. After the items had been classified according to their relevance, those which were answerable by a simple "yes" or "no" were rephrased to invite more reflection and discussion from respondents.

The next step involved presenting the revised checklist to an initial group of informed city stakeholders, at a workshop held in Makati City Hall on 8 September 2011. The workshop was attended by representatives from the following city departments:

¹⁰Earthquakes and Megacities Initiative. (Nov. 24, 2010). *Makati Emergency Management Services System*. Retrieved June 15, 2011 from Cityriskpedia.com: http://cityriskpedia.com/?title=Makati_Emergency_Management_Services_System

¹¹ Kalasag is the Filipino term for "shield." The Gawad KALASAG is the annual recognition scheme of the National Disaster Risk Reduction and Management Council for excellence in disaster risk management and humanitarian assistance.

¹²Philippine Information Agency (PIA). (October 18, 2011). *Makati's disaster council bags Gawad KALASAG 2011*. Retrieved on Nov. 16, 2011 from the PIA website: <http://www.pia.gov.ph/?m=1&t=1&id=59692>

- Office of the Mayor (2 representatives)
- Health Department (2 representatives)
- Ospital ng Makati (2 representatives)
- Disaster Risk Reduction and Management Council/Command, Control and Communications Center (1 representative)
- Liga ng mga Barangay¹³ (1 representative)

These representatives were invited as their respective city government departments play significant roles in Makati's health emergency management system. Individually, they also have significant first-hand knowledge and experience on the national and local-level contexts for dealing with health emergencies and disasters.

The attendees compared the revised checklist items with those in the original document and validated some of the revisions, while proposing their own changes for other items. The majority of revised items were retained, while a small number were reverted back to their original form. The participants also recommended that the questionnaire contain a section on definition of terms or that standard terminology already in use in Makati City's health emergency system take the place of certain words in the document. The validation workshop also served as a starting point for data gathering, as certain issues relating to the city's health emergency management were discussed in the course of reviewing the questions. The participants also assisted the EMI team in identifying other city departments and external stakeholders that are relevant to the assessment.

The items in the assessment questionnaire also served as the basis for the development of guide questions, which were used during focus group discussions (FGD). The guide questions added depth to the respondents' answers in the questionnaires and clarified issues from the statements.

EMI also requested relevant departments of the Makati City Government for copies of available documents detailing existing plans, policies and programs on health emergency management. Access to the following documents was provided by Makati City and they form part of the documents reviewed for this assessment:

1. Makati Disaster Risk Reduction and Management Council (DRRMC) Disaster Preparedness and Emergency Response Plan;
2. Makati DRRMC Organization, Duties and Functions;
3. Makati Health Department Disaster Emergency Plan;
4. Makati Health Department Task Units;
5. Makati Health Department Disaster Risk Reduction Plan 2011-12;
6. Memorandum of Agreement between Makati City and Rizal Medical Center;
7. Memorandum of Agreement between Makati City and National Children's Hospital;
8. Makati Health Department Protocols for Contact Tracing;
9. Ospital ng Makati Hospital Disaster Plan;
10. Summary of Public Buildings and Other Structures in Makati City;
11. Summary of Public School Buildings in Makati City;
12. Climate Resilience Index of Makati City;
13. Department of Health (DOH) Administrative Order No. 182, s. 2001: Adoption and Implementation of Code Alert System for DOH Hospitals During Emergencies and Disasters;

¹³ A barangay is the smallest administrative unit in the Philippines and corresponds to a village, district or ward in other countries. The barangays in a city or municipality are organized into leagues.

14. DOH Administrative Order No. 155, s. 2004: Implementing Guidelines for Managing Mass Casualty Incidents During Emergencies and Disasters;
15. DOH Administrative Order No. 168, s. 2004: National Policy on Health Emergencies and Disasters;
16. DOH Administrative Order No. 2007-0018: National Policy on the Management of the Dead and Missing Persons During Health Emergencies and Disasters;
17. DOH Administrative Order No. 2008-0024: Adoption and Institutionalization of an Integrated Code Alert System;
18. DOH Department Order No. 2005-1324: Amending Department Order No. 193-D, s.2003: Designation and Responsibilities of the Health Emergency Management Staff (HEMS) Coordinators of the Centers for Health Development and DOH Hospitals;
19. National Disaster Coordinating Council Memorandum Circular (May 10, 2007): Institutionalization of the Cluster Approach in the Philippine Disaster Management System, Designating of Cluster Leads and Their Terms of Reference at the National, Regional, and Provincial Level;
20. Sec. 23, Book 1 of the Local Government Code of the Philippines: Authority to Negotiate and Secure Grants; and
21. WHO Outbreak Communication Guidelines.

Copies of some of the most relevant documents can be obtained through the WHO Kobe Centre.

Orientation of Makati City Stakeholders on the Assessment Questionnaire

The validated assessment questionnaires were presented to Makati City stakeholders on 30 September 2011. The following city government departments, national government agencies, and private sector organizations were represented at this workshop:

1. Office of the Mayor (2 representatives)
2. Health Department (3 representatives)
3. Disaster Risk Reduction and Management Council/Command, Control and Communications Center (1 representative)
4. Ospital ng Makati (1 representative)
5. Liga ng mga Barangay (1 representative)
6. Information and Community Relations Department (1 representative)
7. Social Welfare and Development Department (1 representative)
8. Urban Development Department (2 representatives)
9. Department of Engineering and Public Works (2 representatives)
10. Department of Education (1 representative)
11. Department of Environmental Services (1 representative)
12. Budget Office (1 representative)
13. Makati Medical Center (1 representative)
14. Corporate Network for Disaster Response (1 representative)
15. Economic Enterprise Management Office (1 representative)

This expanded set of participating city departments and external stakeholders was identified by the key informants during the first workshop as those offices or organizations undertaking primary and key support functions in the city government's mechanisms for handling health emergencies and disasters. These

attendees were briefed on the background of the project, its specific objectives and the activities to be conducted. After this, the items in the questionnaire were once again reviewed to ensure that all participating departments/organizations had a common understanding of each question's intent and context. Those present also identified which items were applicable to all participating departments/organizations, and which specific questions should be referred to particular offices that have more information or experience in the area covered by the item.

Instructions were then provided to those present regarding the completion of the assessment forms. The majority of responses were submitted on 21 October 2011.

Validation of Strengths and Gaps Identified by Stakeholders

The responses to each item in the assessment were summarized in a matrix, with each statement being categorized as either a strength or a gap of the city's health emergency and disaster risk management system. The summary of responses is included as Annex 3 of this report.

An additional workshop was conducted on 25 October 2011 to allow the research participants to validate the summary. Aside from the validation, discussions during the workshop qualified the statements made by the respondents and provided additional details for each item based on the knowledge and experience of the attendees with Makati City's health emergency and disaster risk management systems. This third workshop was attended by seventeen (17) individuals representing the following city government departments, national government agencies, and private sector organizations:

1. Office of the Mayor (2 representatives)
2. Health Department (2 representatives)
3. Disaster Risk Reduction and Management Council/Command, Control and Communications Center (1 representative)
4. Ospital ng Makati (2 representatives)
5. Liga ng mga Barangay (1 representative)
6. Information and Community Relations Department (1 representative)
7. Social Welfare and Development Department (1 representative)
8. Urban Development Department (1 representative)
9. Department of Engineering and Public Works (1 representative)
10. Department of Education (1 representative)
11. Department of Environmental Services (1 representative)
12. Budget Office (1 representative)
13. Human Resources and Development Office (1 representative)
14. Economic Enterprise Management Office (1 representative)
15. Makati Medical Center (1 representative)

Each item in the assessment questionnaire, together with the corresponding answers by the respondents was reviewed. The participants were asked to comment on the accuracy of the statements and clarifications were made regarding vague or conflicting answers. Due to the active participation of the attendees and the dynamic nature of the discussion during this validation session, not all of the assessment items were qualified and validated. Only the section on Coordinating Response was completed. A second validation exercise was scheduled in the first week of November to deal with the remaining sections.

Key Informant Interviews

Separate interviews were conducted with the Executive Director of the Disaster Risk Reduction and Management Council and the City Health Officer on 27-28 October 2011, respectively. Being in charge of the city task units with jurisdiction over disaster risk management and health emergency preparedness, discussions with these two key informants were undertaken to gain further insight into existing protocols and procedures used during emergencies to supplement the information provided in the assessment forms. The interviews with these city officials provided details not mentioned in the initial validation of responses, but which served as good inputs in the continuation of the validation workshop.

Second Validation of Responses

A second workshop was conducted on 4 November 2011 to continue the validation of responses by the research participants. The answers to the assessment questions for the two remaining sections of the assessment, Managing Response and Public Health Emergency Communication, were qualified and validated at this workshop. A total of 18 participants representing different city departments/offices and other relevant organizations were in attendance:

1. Office of the Mayor (2 representatives)
2. Health Department (1 representatives)
3. Disaster Risk Reduction and Management Council/Command, Control and Communications Center (1 representative)
4. Ospital ng Makati (2 representatives)
5. Makati Rescue (1 representative)
6. Liga ng mga Barangay (1 representative)
7. Information and Community Relations Department (1 representative)
8. Social Welfare and Development Department (1 representative)
9. Urban Development Department (1 representative)
10. Department of Engineering and Public Works (1 representative)
11. Department of Education (1 representative)
12. Department of Environmental Services (1 representative)
13. Budget Office (2 representatives)
14. Human Resources and Development Office (1 representative)
15. Philippine Red Cross (1 representative)

Action Planning

The validated strengths and gaps were analyzed by EMI's research team, in order to determine which gaps are the most significant contributors to the vulnerabilities of the city's health emergency and disaster preparedness system. Nine core problems and their corresponding causes were identified by EMI's experts. These were presented for validation to representatives of the following offices/organizations at the action planning workshop held on 11 November 2011:

1. Office of the Mayor (1 representative)
2. Health Department (1 representative)
3. Disaster Risk Reduction and Management Council/Command, Control and Communications Center (1 representative)

4. Ospital ng Makati (1 representative)
5. Makati Rescue (1 representative)
6. Liga ng mga Barangay (2 representatives)
7. Information and Community Relations Department (1 representative)
8. Social Welfare and Development Department (1 representative)
9. Urban Development Department (1 representative)
10. Department of Engineering and Public Works (1 representative)
11. Department of Education (1 representative)
12. University of Makati (1 representative)
13. Makati Medical Center (1 representative)
14. Philippine Red Cross (1 representative)

The first part of discussions during the workshop focused on gaining consensus among the assembled city stakeholders on the validity of the identified problems and causes. There was general agreement on the core problems, however, several root causes were either rephrased or discarded during the course of the discussions. The main problems and causes were then used as starting points for identifying specific strategies and activities to address the institutional and organizational vulnerabilities in health emergency management within the city. The participants were able to determine nine key strategies, each to be implemented through a series of three to four activities. The identified activities were classified according to the timeframe for their implementation. Further details on the action plan are discussed in Section VI of this report.

The steps in the assessment process are summarized in the illustration below:

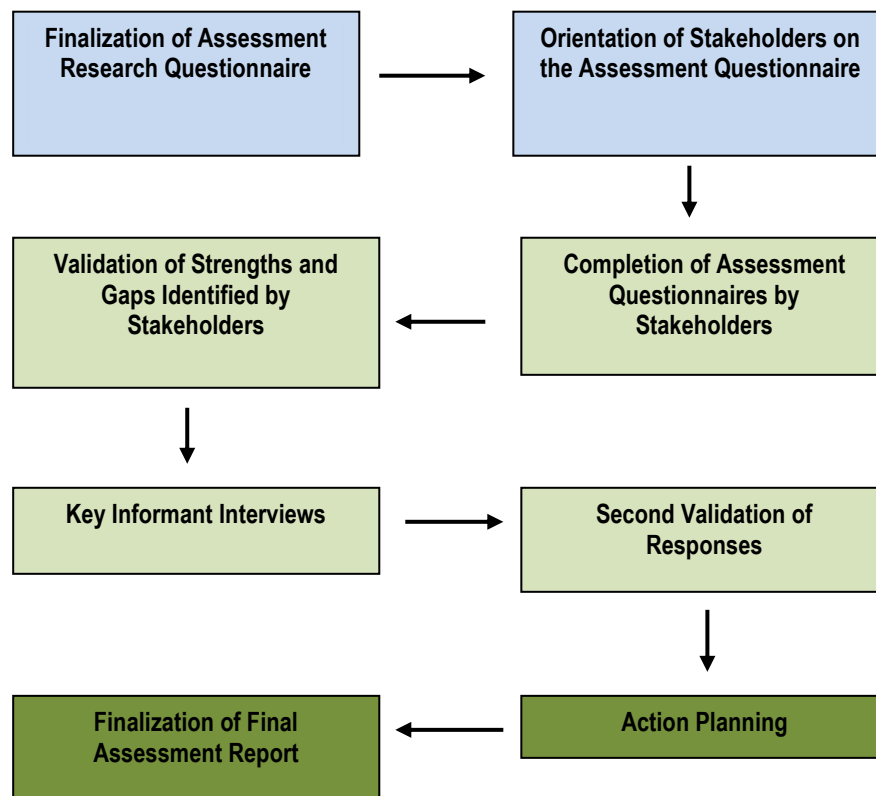


Figure 1. Key activities in the assessment process

Findings and Analysis

The results of the assessment are presented in two parts. The first part highlights the experience of the research team in applying the assessment research tool based on the Draft Checklist of Areas for Guidance on Preparation for Health Crises in Cities, while the second part focuses on the strengths and gaps in Makati City's capacity for health emergency management which were determined in the course of the assessment.

Assessment Process

The full set of participants for the assessment was not pre-determined by the research team, but was identified by a core group of city government officials with extensive knowledge of Makati's health emergency and disaster risk management systems. Gathering inputs from the city stakeholders themselves on who should be involved in the assessment ensured that those participating were actually involved in emergency preparedness and response, and had the appropriate knowledge and experience to properly evaluate the checklist items. Over time, the composition of the set of participants expanded from the initial number, as they would sometimes realize the need to invite specific resource persons who would have additional expertise to contribute in the evaluation of certain items.

As explained in the introduction to the WHO Draft Checklist of Areas for Guidance on Preparation for Health Crises in Cities, individual cities differ in many ways and the intention of the checklist is not to provide a standard set of guidelines applicable to all cities, but instead present common issues that are likely to be encountered by most cities when they deal with health emergencies. Therefore, certain areas for guidance will not be applicable to some cities. Thus, reviewing the checklist items in order to adapt and customize them to the particular setting and conditions of Makati City was a necessary preliminary step to ensure that the assessment process will be relevant to the experience and concerns of the research participants. Such an exercise was useful in achieving the following: (1) help participants appreciate the full scope and intent of the project, (2) generate support of the city stakeholders for the assessment process, (3) streamline the assessment questions by weeding out/removing items which are irrelevant to the context of Makati City, and (4) facilitate a common understanding of key terms and concepts referred to in the checklist. It is important to note that the adaptation and customization of the checklist items was not limited to the initial workshop set aside for that purpose, but was a continuing process, as participants posed clarifications and suggested refinements throughout the period when the assessment was conducted.

The assessment process covered four months and, for the participants, entailed attendance to five full-day workshops, two weeks of completing the assessment questionnaire, and a few hours answering interview questions. It is therefore evident that participation in the assessment required significant contributions of time on the part of the participants, considering their regular work assignments for the city government. The successful implementation of a similar initiative in the future would thus require a careful planning of activities, so that participants could anticipate the occasions when they would be needed for the assessment and adjust their schedules accordingly. Such pre-planning would also help to ensure that more or less the same set of participants will be attending all of the activities. The research team has tried to limit substitutions of representatives by participating offices or organizations, as this affects the consistency and quality of the assessment results, as well as hampers the efficiency of the process, as new participants may not have full knowledge of discussions and agreements during previous activities.

While the city stakeholders view the assessment as an opportunity to validate their strengths and identify opportunities for improvement, they are wary that the gaps noted in the evaluation process will place the city government in a bad light or portray it as unresponsive in certain aspects of health emergency and

disaster risk management. That is why it is important to also highlight the initiatives and good practices already established by the city stakeholders, and frame deficiencies and vulnerabilities within the proper context, recognizing the constraints and limitations of the city government and stakeholders.

Identified Strengths and Gaps

The findings on the strengths and gaps within Makati City's health emergency and disaster preparedness systems, based on the information provided by city stakeholders, are summarized and consolidated in Table 1, which can be found in Annex 3. The following sections provide the full details regarding the assessment results detailed in Table 1.

Makati City's capacity for health emergency preparedness and response was assessed in line with the parameters of the three (3) main areas and fifteen (15) sub-areas covered by the Draft Checklist of Areas for Guidance on Preparation for Health Crises in Cities (Annex 1) provided by WHO. The main areas and sub-fields are enumerated below.

Areas for Guidance on Preparation for Health Emergency Management in Cities		
I. Coordinating Response	II. Managing Response	III. Public Health Emergency Communication
<ul style="list-style-type: none"> - Health Emergency Management and Planning - Coordination Among Diverse Stakeholders - Maintaining City Services - Ensuring Business Continuity - Preparing for the Worst - Human Rights 	<ul style="list-style-type: none"> - Mapping the Spread of Disease and Tracing Contacts - Organizing Medical Response - Community Mitigation Strategies - Travelers and Non-residents - Evacuation - Burial of the Dead 	<ul style="list-style-type: none"> - Risk Communication - Media Relations - Communicating with Subcultures and Immigrant Groups

1. Coordinating Response

In terms of the first major area, the key findings were:

Health Emergency Management and Planning

- With regard to existing collaboration frameworks between the city and higher-levels of government, the Health Emergency Management Staff (HEMS) of the Philippine Department of Health (DOH) oversees an emergency management system that facilitates collaboration between the Makati Health Department (MHD) and regional/national authorities in dealing with various health emergencies. A similar mechanism is in place for managing natural or human-made disasters, which is provided for in the Philippine Disaster Risk Reduction and Management Act of 2010, where the Makati City Disaster Risk Reduction and Management Council (DRRMC) coordinates with the Metro Manila (regional) DRRMC and the National DRRMC depending on the level of health emergency management relevant to a particular situation. However, the city stakeholders noted that operational issues still crop up, particularly when other units and personnel from outside

Makati City are involved, as some of these external partners are often not as well-versed in the existing protocols and procedures as the city task units are. The coordination lapses resulting from such situations still affect the overall quality of Makati's health emergency management..

- With regard to the existence of plans to prepare for and respond to health emergencies and disasters, the CHD has an available Disaster Management Plan which also incorporates a Health Emergency Plan. Outbreak response is guided by the DOH-HEMS health emergency management system mentioned above, which provides for protocols in response and coordination during major medical emergencies. This is supplemented by relevant DOH issuances, such as Administrative Order No. 0024, s. 2008, which adopts and implements a Code Alert System during emergencies and disasters. Natural and human-made disasters are addressed by the Disaster Preparedness and Emergency Response Plan collectively developed by the member-offices of the Makati Disaster Risk Reduction and Management Council (DRRMC). The city stakeholders noted that although the disaster preparedness and response plan was formulated in line with existing national guidelines, there is still a need to subject it to a review, particularly with respect to the alignment of the local plan with the regional and national disaster risk management plans. These higher-level plans were not fully disseminated to local government units, and thus there is the question of whether the city's plan is fully linked with that of the regional and national governments. Those participating in the assessment also noted that the sections of the disaster preparedness and response plan dealing with post-disaster recovery and rehabilitation need to be strengthened, as they provide relatively limited information and guidance when compared with the sections of the plan tackling other aspects of disaster risk management.
- The relevant task units with responsibilities under the health emergency management system for health emergencies and disasters have been identified and are generally aware of their roles and functions during such incidents. However, due to personnel movements, units' newly-designated staff may not be consistently aware of their roles and responsibilities.
- While there are general provisions for private sector involvement in the health emergency and disaster risk management plans, no private organizations are specifically named in the plans nor are the roles and responsibilities of private stakeholders clearly defined. Efforts to actively engage the private sector in planning and coordinating actions for health emergency and disaster preparedness and response have been limited, and consequently, there is a low level of awareness among private organizations on their roles in the city's health emergency and disaster risk management plans.
- The city has existing provisions to expedite administrative and financial procedures during health emergencies and disasters. City stakeholders consider such provisions to be responsive and effective, based on their experience during past incidents.

Coordination among Diverse Stakeholders

- For health emergencies, evaluation is conducted by the Surveillance Group of the CHD. A private hospital, the Makati Medical Center (MMC), also supports the surveillance activities. Health emergency evaluation for disasters is undertaken by the Intelligence and Disaster Analysis Unit of

the local DRRMC. However, the city depends on the national government for scenario building, as the local government has limited capacity and resources to support this function.

- Health emergencies and disasters are managed under separate programs, each with its own coordinator. The activities of these programs follow relevant national government guidelines with DOH Administrative Order No. 168, s.2004 clearly stating the roles and responsibilities of DOH national and regional units, local government health departments, other government offices and non-government organizations during health emergencies.
- The city government has existing mutual assistance arrangements with hospitals within and outside of Makati. There is a referral system involving the MHD and private hospitals in the city, where cases that cannot be handled by the local government are referred to these health facilities. Although this is a longstanding practice, there are no written agreements with the hospitals involved in this system and the scope of responsibilities and cooperation between parties are not clearly defined. Written agreements do exist between Makati City and two hospitals located outside the city, the Rizal Medical Center and the National Children's Hospital, for the provision of medical services to its residents during times of need. However, the city has yet to enter into agreements with other medical facilities and adjoining local governments with regard to managing health emergencies and disasters.
- Although Makati City has not had the experience of receiving outside aid, the city stakeholders expressed confidence that current DOH directives and existing accounting and auditing procedures provide an adequate framework should the local government need to manage donations during health emergencies or disasters.
- As mentioned previously, the participation of private organizations is recognized in the city's disaster management plans, although the roles of specific private companies or organizations are not mentioned, nor are their roles defined. Yet, certain private organizations are quite active in disaster response and relief operations. However, there is a need to raise awareness among private sector that they can contribute to other aspects of the city's health emergency and disaster risk management plans.
- There is an existing incident command system (ICS) in Makati for emergency situations, with the Mass Casualty Management System serving as the ICS for health emergencies. City task units involved in these systems are generally aware of their roles. Regular orientations and re-orientations regarding the incident management systems need to be conducted, as well as strengthening of coordination to facilitate response, as the turnover of personnel sometimes leads to operational lapses.

Maintaining City Services

- In terms of collaboration and resource-sharing with different health systems and organizations, there are no guidelines governing collaboration between the city government and the private sector during health emergencies and disasters. As cited in the foregoing, there are no formal linkages between the MHD and private hospitals and agreements with hospitals in areas outside of Makati are limited. However, the Ospital ng Makati is in the process of signing accreditation/affiliation agreements with private tertiary hospitals and specialty hospitals retained by the DOH.

- Temporary facilities have been designated to cater to non-communicable sick/injured during disasters. Fifty seven (57) locations that can serve as sites for temporary field hospitals have been identified, and regional authorities have also earmarked additional open spaces in the city as sites for evacuation. However, some of the identified locations may be impacted by hazards such as earthquakes and liquefaction. As such, the locations of the designated sites need to be correlated with information on possible bridge/building collapse and road blockages. There is also no existing plan on managing access to these evacuation sites. Further, the designated evacuation/safe haven areas may not meet international standards due to limited facilities.
- Should the city's medical personnel be insufficient to handle a particular emergency, Makati can call on additional support from the national government either through the DOH or the National DRRMC. International humanitarian assistance can also be coordinated through the National DRRMC. The city can also rely on its sisterhood agreements with 111 local and 22 international cities to bring in additional medical resources during health emergencies and disasters. The protocols for deploying and mobilizing additional medical personnel are covered by the incident management system but the procedures are not fully documented and will need updating.
- Although there is limited access to data on city-wide risk and vulnerability assessments, activities aimed at preventing health emergencies and reducing disaster risks are being conducted regularly by different city departments such as vector control by the MHD, and solid waste management and cleaning and de-clogging of waterways by the Department of Environmental Services. There are also ongoing efforts to relocate households occupying hazard-prone locations. However, there is limited collaboration to ensure uniformity and coherence of risk reduction activities and business continuity plans between the private stakeholders and the city government.

Ensuring Business Continuity

- The city government has limited information on how many businesses in Makati have continuity or recovery plans. Discussions with the private sector on maintaining/restoring critical services in the event of a health emergency or disaster have also been limited.

Preparing for the Worst

- There are separate existing nationwide alert systems for health emergencies and natural hazards such as storms or typhoons, earthquakes and volcanic eruptions. The city task units are generally aware of their roles within these systems. They will act within their jurisdiction and will serve as a resource to the national authorities.
- Hospitals within the city have existing protocols for safeguarding patients' rights and the confidentiality of medical information, even during health emergency situations.
- At the Ospital ng Makati ("Hospital of Makati"), drills are carried out every six months. Hospital evacuation and Mass Casualty Management System drills are conducted once a year. However, these drills are largely dependent on the availability of resources. When resources are limited, selected portions of the hospital disaster plan are tested and tabletop exercises are utilized.

Whenever possible, the element of surprise is used to test the plan. A critique is conducted after every drill, facilitated by a panel of evaluators. Standard forms are used to evaluate the conduct of the drills, and are reflected in written reports.

- The local DRRMC regularly conducts the following drills in the city:
 - Building Emergency Evacuation Plan Drill for businesses/commercial establishments, condominiums and high rise buildings (once a year);
 - Fire Emergency Evacuation Plan Drill for businesses/commercial establishments, condominiums and high rise buildings (once a year);
 - Earthquake Emergency Evacuation Drill for Makati City Hall (once a year);
 - Earthquake Emergency Evacuation Drill for public school buildings (three to four times a year);
 - Fire Emergency Evacuation Drill for public school buildings (three times a year); and
 - Bomb Threat Emergency Evacuation Drill for public school buildings (three times a year).
- The Makati Division of the Department of Education also conducts regular bi-monthly disaster preparedness drills focusing on earthquakes, fires, and bomb threats in the city's elementary and secondary schools.
- There is a need to conduct more drills on response to biological agents and weapons of mass destruction, consequence management scenarios and city-wide coordinated drills, as well as provide more resources (financial and manpower) to support the conduct of regular drills, particularly for private establishments. The most recent drills dealing with hazardous materials were conducted at least three to four years ago.
- In terms of evaluating the effectiveness of health emergency interventions, the MHD regularly evaluates efforts to contain the spread of diseases and then reports its findings to the DOH. However, the existing system for evaluating the effectiveness of health emergency interventions is not fully documented.

Human Rights

- Risk communication interventions are in place, through the City Health and Information and Community Relations Departments, to counter rumours and misinformation during health emergencies. During such incidents, the flow of information to city task units is regulated and limited only to relevant staff of involved departments/offices. Information received from the communities and actual conditions are first verified before press statements are issued to inform the public of the accurate picture of any incident. Community assemblies are organized by health center physicians and staff to provide information directly to constituents.
- Non-resident indigents are provided with appropriate medical services in public and private hospitals in the city, regardless of their ability to pay. The cost of treatment is subsidized either by the city government or private hospitals. However, public and private hospitals in the city have no specific protocols for treating legal/illegal immigrants, tourists and visitors, except for notification of their respective embassies or consulates, although these groups can access appropriate medical services, just like Makati City residents.

2. Managing Response

With regard to the second area covered by the assessment, the following strengths and gaps in health emergency and disaster preparedness were noted:

Mapping the Spread of Disease and Tracing Contacts

- The MHD has objective ways of tracing persons or multiple contacts, even in slum areas, through the assistance of community-based health staff and volunteers and the updated database and maps of informal settlers maintained by the city. The city government can also easily access no-go areas through the community-based health workers who have existing contacts in these areas.
- Although residential and commercial establishments are surveyed annually, generating such data as number of household members, access to health services, employment rate, gross family income, and household septage, as well as lists of existing non-government and people's organizations, such socio-economic information is not aligned with epidemiological data.

Organizing Medical Response

- The MHD and Ospital ng Makati have stockpiles of medicines and supplies for common disease outbreaks. However, such stockpiles are not enough for epidemics or other health emergencies. In case of epidemics, emergency purchases of medicines, equipment and supplies using funds from the Office of the Mayor can be availed of. The proposed 2012 Disaster Risk Reduction Budget Plan of the MHD was approved by the City Council, which will be used to stockpile medicines, equipment and supplies for the coming fiscal year. Should city resources become overstretched, local authorities can call upon the national government to provide additional resources. Makati Medical center (MMC), the private tertiary hospital in the city, has an existing framework for identifying the need for stockpiling medicines and equipment.
- The MHD, Ospital ng Makati and MMC are all capable of safe stabilization of persons with infectious diseases, although the Ospital ng Makati can only provide the basic and most common stabilization interventions, as they have limited facilities for isolation.
- For certain commonly known diseases, at-risk groups to be prioritized for distribution of prophylaxis during disease outbreaks have already been identified by the MHD, with community health centers as the main points for prophylaxis distribution. The national Department of Health is the sole partner for prophylaxis distribution, as it provides the medicines.
- In terms of diagnostic services, the MHD has one (1) main and six (6) satellite laboratories. City health officials consider their budget as sufficient to support diagnostic services during health emergencies; however there is a limited number of personnel to handle diagnostic services during such situations. Similarly, although Ospital ng Makati has diagnostic services available 24/7, these may not be able to handle high volumes of cases due to health emergencies. MMC also has sufficient diagnostic centers that operate around the clock, but there is also a question if these will be able to accommodate significant numbers of patients.

- Ospital ng Makati and MMC have procedures in place to allocate additional space for handling increased number of intensive care patients. When additional space is required at Ospital ng Makati for intensive care patients, non-critical patient care areas are emptied by discharging patients who can recover at home with early follow-up care. Portable equipment is deployed and a recall system is in place should additional staff be needed. At the MMC, a Committee on Emergency and Preparedness has been established, chaired by a doctor who plans for emergency situations inclusive of temporary treatment units. MMC has protocols for admission to critical care units where there is prioritization for certain medical cases for the use of critical rooms. There is also a procedure in case rooms are not available.
- With regard to isolation during health emergencies, barangay (“village” or “community”) health centers have areas for isolating suspected infectious cases while they are being examined. These were established initially for those suspected with tuberculosis, but can be used in dealing with other diseases. However, the MHD depends primarily on the Ospital ng Makati and other hospitals in the city for isolating infectious cases, although Ospital ng Makati has limited facilities for isolation. The MMC has dedicated facilities for isolation of infectious cases. In cases of outbreaks, they follow procedures established by their Emergency and Preparedness Committee on isolation and quarantine. The CHD adheres to and enforces the relevant guidelines of the Department of Health on isolation and quarantine.
- The MHD also follows the guidelines of the Department of Health on preventing the spread of airborne diseases in hospitals. Both Ospital ng Makati and the MMC have protocols in place to prevent the spread of airborne diseases in their facilities, although the city hospital’s procedures on containment of spread of airborne infections are still in the process of being formally documented. At the Ospital ng Makati, such cases are cohorted in one area. Air conditioning is shut off and portable air cleaners are utilized to prevent the spread of airborne infection throughout the facility, while at MMC the air conditioning system is zoned for every floor and such design eliminates the spread of disease from floor to floor. Hepa filters and UV rays are present in the air conditioning system to capture and kill airborne pollutants.
- The city government and MMC comply with a national law authorizing the payment of hazard pay and subsistence and laundry allowance, as well as monetary and non-monetary remuneration for overtime services rendered by health staff, although there may be a need in some city task units to clarify the process for granting of overtime compensation. There are mechanisms in place at the Ospital ng Makati and MMC for accommodating and feeding additional hospital staff during health emergencies and disasters. For protracted responses, resources at the Ospital ng Makati may be limited, but they can request the city government, through the Office of the Mayor, to augment accommodation and food requirements.
- Stress debriefing and counseling services can be provided by the city’s social workers. In case of a disaster of great magnitude with a lot of people in need of stress debriefing and counseling, the city can request for resource augmentation for stress debriefing and counselors from the national government’s Department of Social Welfare and Development. Private partners and NGOs providing these services and based in Makati may also be tapped.

Community Mitigation Strategies

- With regard to the closure and re-opening of schools during health emergencies, existing protocols call for school officials to consult and coordinate with the MHD in order to determine the appropriate courses of action based on objective assessments of the situation. The use of schools as evacuation centers are coordinated by local officials with the respective school principals and school division superintendents.
- In cases when individuals are advised to submit to self-quarantine, the city government is ready to provide limited food and financial assistance to quarantined persons through its program on Aid to Individuals/Families in Crisis Situation (AICS).

Travelers and Non-residents

- There are no existing written procedures or mechanisms for dealing with the situation of non-residents quarantined in the city. Should such situations arise, non-residents and visitors will be accorded the same treatment as Makati City residents, with the International Relations Department (IRD) of the city coordinating with relevant embassies/consulates to apprise them of the condition of their nationals.
- There are no existing written procedures or mechanisms at the city level for closing roads and transportation hubs due to disease. The city will refer to guidelines coming from the national government, if any. Also, the MHD has no facilities to identify and isolate potentially infected commuters or motorists. These will be referred to the Ospital ng Makati and other hospitals in the city.

Evacuation

- As mentioned previously, the City DRRMC has several types of building evacuation plans that are practiced several times a year. The city government also conducts clustered evacuation drills among groups of buildings in selected areas. However, current emergency drills do not include community-level or city-wide evacuations due to the extensive logistical preparations needed for such exercises and the considerable disruption of normal city activities associated with drills of such a large scale.

Burial of the Dead

- In this area, Makati City is guided by the mechanisms for handling the dead contained in DOH Administrative Order No. 2007-0018, the National Policy on the Management of the Dead and Missing Persons during Emergencies and Disasters. With regard to the identification of space for burials during health emergencies and disasters, such a function is responsibility of the national government, in consultation with the city government. This particular issue poses a problem for the city, as there is no available public land that can be used for burial of the dead within Makati. Unless suitable sites in nearby locations are identified, the city government may have to resort to alternative methods of handling the dead, such as cremation, which may not conform to the religious beliefs and/or cultural practices of certain groups within the city. However, the city does

not currently have sufficient facilities, such as crematoria, to handle a large volume of deceased within a relatively short timeframe.

3. Public Health Emergency Communication

The following results were obtained from the last area covered by the assessment:

Risk Communication

- Although a written risk communication plan is still being developed, the city government has a practice in place with long-standing protocols for gathering, verifying and communicating information on health risks to the general public, which is overseen by the Information and Community Relations Department (ICRD), supported by relevant city government departments, aligned with the national government. The WHO Outbreak Communications Guidelines are also used as a reference by the ICRD, MHD, and City DRRMC.
- During crisis situations, the city government communicates information rapidly to the general public by issuing news bulletins and alerts through television, radio and print media. It also uses available communication tools including the internet, fax, text messaging and fixed line telephone communications. Information provided to radio and television stations are broadcasted not just within the city, but also nationwide within the same day these are released. Community assemblies and press conferences are also conducted to help provide additional information directly to city residents.
- Given the significant number of foreigners living and working in Makati, the city government provides information in Filipino and English in order to communicate effectively to all groups. Personnel who are responsible for relaying risk information, such as Makati Health Department staff, are also trained to communicate equally well with all people, city constituents as well as other groups/nationals.
- Communication between the different city task units and with other city stakeholders are carried out using readily available communication equipment such as two-way radios, telephones, mobile phones, e-mail and other internet-based communication channels. Currently, there are limited contingencies in place to deal with situations when conventional communication modes are not operational. For worst-case scenarios, the city government expects to resort to the use of messengers for relaying information.

Media Relations

- Based on their responses to the assessment questionnaire, the member-departments of the Makati City DRRMC is sensitive to the importance of providing timely and accurate information to the general public during emergencies in order to keep city residents updated on developments during a particular situation and provide guidance to community members on the actions they need to carry out. Past experience has also shown that the existing incident command system provides an adequate framework for transmitting relevant information between the local communities and city government decision-makers. Through this system, the Liga ng mga Barangay coordinates the

information flow between communities and the MHD or local DRRMC, where such information is verified, consolidated and analyzed, before being passed on to the ICRD for public dissemination.

- The official spokesperson of the city government is the Officer-in-Charge of the ICRD. If permitted by the Mayor, other key officials with in-depth knowledge of the situation may speak for the city government. In this case, their position will be the stand of the city government. The city government has friendly and long-standing professional relations with media. Pertinent issues are discussed openly with them, based on facts and realistic assessments of situations. During press conferences, city officials in attendance answer media questions candidly. Information is provided to all media outlets, even those which are critical of the city government.
- During crisis situations, the city government holds news briefings as soon as new developments arise. Briefings are typically conducted once a week, but in extreme cases, at least two press briefings may be called within a week.
- Training in risk communication is seen as an urgent need, as not all key officials have undertaken risk communication training. There are no Makati Health Department staff that have received this type of training.

Communicating with Subcultures and Immigrant Groups

- Aside from local media, the city government also sends out press releases and press conference invitations to the Foreign Correspondents Association of the Philippines, Associated Press and Reuters. Aside from releasing information in Filipino and English, the city government does not have the capacity for translating information into other local and foreign languages at present. However, the city government has access to locally-based translation firms, as well as internet-based services that offer translation within 24 hours.
- The ICRD makes use of other city government offices, such as the Mayor's Action Command, and barangay leaders to distribute urgent information to all groups in the local communities. Its staff also regularly distributes information materials to the barangays and establishments around the city. Through the city's IRD, coordination is also undertaken with foreign embassies for the issuance of advisories to their respective nationals.
- The MHD and Social Welfare and Development Department are the city task units primarily focused on communicating with and catering to the needs of identified vulnerable groups within the local communities. Their staff members are trained to engage with and elicit the participation of members of such groups in the city's emergency preparedness initiatives.
- In order to mitigate criticism and legal challenges, the city government carefully studies its actions before implementing these, so that the rights and welfare of the people are not compromised. In the face of criticism, local authorities explain the benefits that will accrue from such actions. The Law Department also reviews legal documents and draft ordinances for their legal implications, prior to their final passage.

Summary of Results

The assessment identified 54 items that can be considered as strengths of Makati City's health emergency and disaster management system. The bulk of these items (22) were in the area of coordinating response, with the management of response and communication of information during public health emergencies also showing many positive aspects, with eighteen (18) and fourteen (14) strengths, respectively. Thirty eight points for improvement were also noted from the assessment results. The majority of these (23) are also focused on the coordination of response, with most gaps seen in the sub-areas of maintaining city services, coordination among stakeholders, and health emergency management and planning. Eleven gaps were identified under the management of response, with the majority being in the sub-field of organizing medical response, while four items under public health crisis communication were tagged as needing further improvement.

Conclusion

The triangulation of research methodologies (documents review, key informants interviews and focus group discussions), as well as further analysis of the gap areas point to nine main problems that have significant implications on health emergency and disaster management. These core problems contribute to a situation where Makati City is not fully or optimally prepared to deal with a full-scale citywide disaster.

In terms of **Coordinating Response**, there are four primary issues, which are discussed below.

1. The first of these is the **limited awareness by private sector organizations on their roles in the city's health emergency and disaster management plans**. According to the city stakeholders, this can be traced to the following causes:
 - Limited initiatives by the city government to engage private groups, particularly the business sector, and include them in the process of developing and implementing such plans;
 - Private companies or organizations are not specifically mentioned in the plans; and
 - Roles of companies or organizations are not clearly defined in the plans.
2. The second significant issue in terms of coordination of response is the **limited access by Makati City to assistance from adjoining cities and private hospitals in Metro Manila during health emergencies and disasters**. Such a problem results from the following concerns:
 - Limited number of formal agreements between the city government and private hospitals in Makati for resource sharing;
 - Limited number of formal agreements with neighboring cities for support in the management of health emergencies and disasters; and
 - Limited formal agreements with hospitals outside of Makati City.
3. A third issue in terms of coordinating response is the **need to update the existing disaster preparedness strategies and, separately, disaster response plan of the city**. Several factors have contributed to this gap, namely:

- Weaknesses in the procedures of sharing of plans between the relevant national/regional government agencies and local government units leading to a situation where elements of the local plan may not be fully aligned with these higher-level plans;
- Private sector business continuity plans, including those of utilities and other service providers are not factored into the city's existing disaster and response plan, limiting the development of a holistic post-disaster recovery and rehabilitation plan for the city; and
- Limited access to comprehensive data on risk and vulnerability in the city, as such information is not fully disseminated among relevant city task units and stakeholders.

4. The last major issue in coordinating response is focused on the **occurrence of operational issues during actual response involving diverse stakeholders, despite existing protocols and procedures**. This can be traced to:

- Not all staff and units are consistently aware of their roles during health emergencies and disasters due to occasional turnover of personnel;
- Limited documentation on existing protocols and procedures; and
- Limited resources for the regular conduct of a broader range of drills, particularly on response to biological agents and weapons of mass destruction, as well as consequence management scenarios and large-scale coordinated drills.

With regard to the **Managing Response**, there are three main issues.

5. The first of these deals with the **limited city-level resources for dealing with large-scale health emergencies**. The factors contributing to this problem are:

- Insufficient stockpiles of medicines and supplies for large-scale health emergencies, due to the limiting of buffer stocks to avoid waste and spoilage of medicines and supplies;
- Limited facilities for isolation of infectious cases at the MHD and Ospital ng Makati; and
- Limited diagnostic services at the MHD and Ospital ng Makati for handling large volume of cases from health emergencies.

6. Another core problem in managing response is the **limited preparedness for situations which would require large-scale, possibly city-wide, quarantine and evacuation**. The factors contributing to this problem are:

- City government has had limited experience in planning for or conducting drills related to this because of concerns regarding the serious disruption in Makati's socio-economic activities that such exercises would entail;
- Existing written procedures for quarantine are not comprehensive to account for such situations; and
- Existing city-level procedures to guide the closure of roads and transport hubs to prevent the spread of infectious diseases are insufficient.

7. The third major issue within the area of managing response is the **absence of space for mass burials in the aftermath of health emergencies and disasters**, primarily due to:

- The lack of suitable unused public land in Makati City for that purpose; and

- The lack of identified alternative burial sites outside of Makati City.

In terms of **Public Health Risk Communication**, two key gaps were identified.

8. The first is the **lack of a written risk communication plan**, owing to:

- The limited awareness on the need to institutionalize risk communication protocols;
- The limited time and manpower available to develop the plan; and
- The lack of funds dedicated specifically for this purpose.

9. The second main issue in the area of communications is the **limited back-up communications system**. The setting up of a system of redundancy for communications has not been seen as an urgent need because there have almost been no past situations where conventional communications equipment could not be used. However, the city's experience during Tropical Storm Ketsana in 2009, when information was relayed through the use of messengers due to the failure of conventional means of communication, shows that the failure of regular channels of communication is possible and should be something that is planned for.

Action Plan

The following tables identify the nine strategies formulated by the assessment participants meant to address each of the core problems and enhance the capacity of Makati City for preparing for and responding to health emergencies and disasters, together with corresponding activities and indicative timelines to enable implementation of each strategy. The proposed implementation timelines are divided into four time horizons: immediate (0-1 year), short-term (1-3 years), medium-term (3-5 years) and long-term (more than 5 years).

1. Coordinating Response

Strategy 1: Advocacy to increase awareness and involvement of the private sector on their roles in the city's disaster and health emergency management plans				
Activity	Timeline (Years)			
	Immediate	Short-term	Medium-term	Long-term
Creation of city ordinance on awareness and involvement of the private sector on their roles in the city's disaster and health emergency management plans	█			
Information dissemination and seminar-workshops for the private sector regarding their roles in the city's disaster and health emergency management plans	█			
Implementation of and monitoring of compliance with city ordinance involving the participation of the private sector in the city's disaster and health emergency management plans		█		
Periodic review/revision of city preparedness plan (every 3 years min., or as needed)		█		

Strategy 2: Strengthen linkages on access to assistance from adjoining cities and private hospitals in Metro Manila during health emergencies and disasters				
Activity	Timeline (Years)			
	Immediate	Short-term	Medium-term	Long-term
Update directory of hospitals and identify their capabilities and facilities				
Creation and implementation of Memorandum of Agreement (MoA) with adjoining cities and private hospitals during health emergencies and disasters				
Joint exercises with partner cities and hospitals				
Annual review of existing MoAs with partner cities and hospitals				

Strategy 3: Update existing city disaster preparedness and response plan				
Activity	Timeline (Years)			
	Immediate	Short-term	Medium-term	Long-term
Annual review existing city disaster preparedness and response plan				
Seminar-workshops and training on disaster preparedness and response for DRRMC member-offices/departments and private sector				
Enhance existing recovery and rehabilitation plan				
Information dissemination of disaster preparedness and response plan and activities through use of information technology				

Strategy 4: Enforce the strict implementation of existing protocols and procedures during actual emergency response				
Activity	Timeline (Years)			
	Immediate	Short-term	Medium-term	Long-term
Identify, compile and document existing protocols and procedures				
Creation and implementation of city ordinance on observance of existing protocols and procedures in Makati City				
Orientation/re-orientation of stakeholders on their roles during disasters and health emergencies				
Conduct training seminars and drills to increase number of personnel familiar with handling HAZMAT				

2. Managing Response

Strategy 5: Ensure availability of resources for dealing with large-scale health emergencies				
Activity	Timeline (Years)			
	Immediate	Short-term	Medium-term	Long-term
Review of existing MoAs with suppliers				
Identify additional suppliers				
Augment city government facilities for isolation of infectious cases, and storage of food and medical supplies				
Augment diagnostic services and personnel of the City Health Department and Ospital ng Makati to handle large volume of cases				

Strategy 6: Develop plan for quarantine of large number of cases and city-wide evacuation				
Activity	Timeline (Years)			
	Immediate	Short-term	Medium-term	Long-term
Organize seminar-workshop with concerned offices/departments and private sector, to be facilitated by DOH, to develop quarantine and city-wide evacuation plan				
Creation/enforcement of city ordinance on quarantine and city-wide evacuation				
Identification of areas and transport systems for quarantine of large number of cases				

Strategy 7: Identify alternative space or methods for mass burial during disasters and health emergencies				
Activity	Timeline (Years)			
	Immediate	Short-term	Medium-term	Long-term
Coordinate with national government to identify possible alternative burial sites				
Purchase refrigerated trailer van to serve as temporary storage to handle large volume of dead				
Expropriate private land to serve as site for mass burial				
Inclusion of mass burial or crematory services as part of MoAs with partner cities/municipalities				

3. Public Health Emergency Communication

Strategy 8: Develop written risk communication plan				
Activity	Timeline (Years)			
	Immediate	Short-term	Medium-term	Long-term
Coordination between C3 and ICRD to develop risk communication plan	██████████			
Develop risk communication plan based on WHO and other relevant (EU, US) risk communication guidelines	██████████			
Training of concerned offices/departments and private sector partners on risk communication	████████████████████			

Strategy 9: Install alternative back-up communications system				
Activity	Timeline (Years)			
	Immediate	Short-term	Medium-term	Long-term
Identify appropriate equipment and products for alternative back-up communications system	██████████			
Identify alternative sites for back-up repeaters	██████████			
Purchase and installation of back-up communications system	██████████			
Training of concerned offices/departments on use of back-up communications system	██████████			

Recommendations

The formulation by the assessment participants of indicative strategies and activities is an initial attempt at addressing the more significant gaps affecting Makati City's health emergency and disaster preparedness system. However, to move beyond the scope of this assessment and to start implementing the action plan, clear mechanisms for carrying out these initiatives need to be identified. As currently laid out, the plan calls for the immediate implementation of twenty nine (29) activities. While the enthusiasm of the city government representatives to upgrade their capabilities for handling health emergencies and disasters is commendable, addressing so many recommendations in a relatively short time period will not be viable, and a process of prioritization will need to be carried out to determine which strategies and activities can be realistically pursued within the immediate term, and which should be set aside for the short- to long-term.

While the stakeholders are correct in identifying the Makati City DRRMC and Makati Health Department as the primary local government departments who will oversee the implementation of the developed strategies and activities, the actual conduct of such initiatives will also require the identification of the city task units and other stakeholders who will be involved, as well as their respective roles and responsibilities. The determination of needed levels of funding and other resource requirements, as well as the source of such resources, will also have to be agreed upon.

Once the following have been identified: (1) priority strategies and activities, (2) focal departments/offices, and (3) resource requirements and funding sources, and the action plan has been streamlined accordingly, it is recommended that these proposed courses of action be formalized through their incorporation in an updated, comprehensive and widely disseminated written city disaster preparedness policy and plan that can be tested and evaluated through actual continuing citywide drills with the participation of the private sector. It is also suggested that the plan be formally presented, discussed and adopted by the Makati City Council and endorsed by the Mayor to ensure that resources are provided to implement the plan.

List of Abbreviations

AICS	Aid to Individuals/Families in Crisis Situation (AICS).
DOH	Department of Health
DRRMC	Disaster Risk Reduction and Management Council
EMI	Earthquakes and Megacities Initiative
FGD	Focus Group Discussion
HEMS	Health Emergency Management Staff
ICS	Incident Command System
ICRD	Information and Community Relations Department
IHR	International Health Regulations
IRD	International Relations Department
MHD	Makati Health Department
MoA	Memorandum of Agreement
MEMSS	Makati Emergency Management Services System
MMC	Makati Medical Center
WHO	World Health Organization
WKC	WHO Kobe Centre

References

- Barcelo, Ryan F. (2011). *City Preparedness: ASAP Questionnaire*. 19 October 2011.
- Barrios, Estela P. (2011). *City Preparedness: ASAP Questionnaire*. 13 October 2011.
- Barrios, Estela P. (2011) *Interview on Health Emergency Preparedness of Makati City*. Conducted by Daclan, J. on 10/28/2011 at Makati City Hall
- Beltran, Juan Francisco G. (2011). *City Preparedness: ASAP Questionnaire*. 14 October 2011.
- Cruz, Lamberto S.A. (2011). *City Preparedness: ASAP Questionnaire*. 21 October 2011.
- Department of Health. (2004). *Administrative Order No. 2004-0168: National Policy on Health Emergencies and Disasters*. Manila, Philippines.
- Department of Health. (2008). *Administrative Order No. 2008-0024: Adoption and Institutionalization of an Integrated Code Alert System*. Manila, Philippines.
- Gueta, Visitacion D. (2011). *City Preparedness: ASAP Questionnaire*. 18 October 2011.
- Loveria, Arnolfo B. *City Preparedness: ASAP Questionnaire*. 10 October 2011.
- Makati City Health Department. *Disaster Emergency Plan*. Makati City.
- Makati City Health Department. (2011) *Disaster Risk Reduction Plan 2011-12*. Makati City, Philippines.
- Makati City Health Department. *City Health Department Task Units*. Makati City, Philippines.
- Morales, Nelson B. (2011). *City Preparedness: ASAP Questionnaire*. 7 October 2011.
- Ospital ng Makati. *Hospital Disaster Plan*. Makati City.
- Reyes, Hector. (2011). *City Preparedness: ASAP Questionnaire*. 21 October 2011.
- Reyes, Hector. (2011). *Interview on Health Emergency and Disaster Preparedness of Makati City*. Conducted by Daclan, J. on 10/27/2011 at Makati City Hall
- Soriano, Aileen M. (2011). *City Preparedness: ASAP Questionnaire*. 19 October 2011.
- Walde, Anthony Xenon L. (2011). *City Preparedness: ASAP Questionnaire*. 19 October 2011.
- WHO (2012). *Disaster Risk Management for Health Fact Sheets*. 8 November 2012.

Annexes

Annex 1. Draft Checklist for Guidance on Preparation for Health Crises in Cities

Annex 2. Assessment Research Tool

Annex 3. Summary of Stakeholder Identified Strengths and Gaps

Annex 1. Draft checklist of areas for guidance on preparation for health crises in cities

Draft checklist of areas for guidance on preparation for health crises in cities

(Draft – June 2011)

CONTENTS

- 1. INTRODUCTION**
- 2. COORDINATING THE RESPONSE**
 - Crisis management and planning
 - Coordination among diverse stakeholders
 - Maintaining city services
 - Ensuring business continuity
 - Preparing for the worst
 - Human rights
- 3. MANAGING THE RESPONSE**
 - Mapping the spread of disease and tracing contacts
 - Organizing the medical response
 - Community mitigation strategies
 - Travellers and non-residents
 - Evacuation
 - Burial of the dead
- 4. COMMUNICATING IN A PUBLIC HEALTH CRISIS**
 - Crisis communication
 - Media relations
 - Communicating with subcultures and immigrant groups

1. INTRODUCTION

These “areas for guidance” (they are not yet guidelines) are derived from discussions that took place at an international technical consultation on “Cities and Public Health Crises” held in Lyon, France, on 29-30 October 2008. The consultation, jointly organized by the World Health Organization (WHO) and Lyonbiopôle, brought together some 70 public health specialists and others experienced in dealing with disease outbreaks in cities. The aim of that consultation was to share experiences and to propose ways of managing public health crises in cities.

A critical requirement of the International Health Regulations is that each country shall develop and maintain “core public health capacities for surveillance and response” to public health emergencies such as epidemics and pandemics. WHO is concerned about countries’ level of preparedness to address the specific challenges posed by public health crises in cities – precisely because the conditions in cities are conducive to the spread of disease. Current guidance on the response to disease outbreaks, whether from governments or from WHO, tends to be generalized and does not focus on the unique circumstances of cities.

The checklist below is a preliminary draft to which you are invited to contribute. Proposals for additions, deletions, rewording and any other changes are welcome. Indeed, they are expected, since WHO’s intention is to frame guidance to city authorities on the basis of evidence and experience.

Globally, cities differ in many ways, and it is unlikely to be possible to provide specific guidelines that apply to all cities. That is why the term “areas of guidance” has been used here – it means that there are certain issues that a city is likely to have to deal with when an outbreak occurs. Just how those issues are tackled will depend very much on the nature of the disease and the local situation. WHO’s aim, with your assistance, is to update and refine the checklist so that it can offer meaningful advice to city authorities and others.

2. COORDINATING THE RESPONSE

1.1 Crisis management and planning

1) In most cities, especially capital cities, there will be both national and city authorities. It must be clear who is responsible for what. Otherwise there could be overlap in use of resources. A framework for collaboration between national and local authorities in times of crisis should be in place before a crisis occurs. It should indicate how responsibilities will be shared between national and city authorities.

✓ Has a framework for collaboration between national and city authorities been agreed?

? Yes

? No

? Don’t know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

2) How a public health crisis is managed, and who is involved, will vary according to the local situation. Whatever the situation, it is important that all groups (national and city authorities, commerce and industry, transport, voluntary groups etc) taking action in the crisis should work together. Cities should have a crisis management plan in place that makes clear the areas of responsibility and how they will be coordinated. The crisis management plan should normally be led by a crisis management team or committee with the legal power to make decisions.

✓ Is there a crisis management plan available?

Yes

No

Don’t know

N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

3) Because of the variety of services that support public health, one crisis management team will not be able to handle everything itself. Subgroups should be set up to deal with specific areas of the response.

The number of subgroups is less important than the fact that they should all be coordinated by the crisis team. Members of the crisis team should be present at meetings of the subgroups.

✓ Have subgroups been defined?

Yes No Don't know N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

4) All crises are different. An outbreak of an infectious disease requires a comprehensive outbreak response plan that is developed with the involvement of all sectors before an outbreak occurs. This may be a subset of the crisis management plan, though the outbreak response plan will require specific public health expertise and maybe a dedicated outbreak response team to lead it.

✓ Has an outbreak response plan been developed with involvement of all sectors?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

1.2 Coordination among diverse stakeholders

5) It is important to identify stakeholders who will be part of the crisis management structure. The most important criterion is that they represent decision centres that can facilitate action. They may represent public services, tourism, large companies, an international airport, the chamber of commerce, ethnic subpopulations, a major NGO, or in some cases an occupying power or military faction. The media are also a stakeholder but should not be involved in the core planning group. The group of stakeholders will vary by location, but the need for coordination will be the same.

✓ Have all key stakeholders been identified?

Yes No Don't know N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

6) In addition to bringing together a team to lead the management of the crisis, consider setting up a separate group to evaluate how the crisis is developing and what may happen next. A group with epidemiologists and persons skilled in scenario modelling could attempt to provide options for action to minimize risk in different potential situations.

✓ Would you have a crisis evaluation group?

Yes No Don't know N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

7) City authorities must coordinate emergency response activities with neighbouring administrative areas. Resources will be needed not just for the city but for affected areas or people outside the city boundaries. The crisis management team should ensure that national guidelines are followed in all locations since variations could cause confusion and waste.

✓ National guidelines are available in all relevant locations?

Yes No Don't know N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

or result-oriented)			

8) If a city is close to an international border, the administration of the neighbouring areas must be involved even if they are in another country. In some cases two or more large cities are close to each other on opposite sides of a frontier and large numbers of commuters cross the border every day. When an outbreak occurs, it may be too late to ensure a consistent response to the emergency in neighbouring locations with different medical and public health systems operating in different legal frameworks; a joint plan should be agreed beforehand.

✓ Has a joint cross-border plan been agreed?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

9) Virtually all commercial enterprises in the city will have an interest in surviving the public health crisis. Large companies may push for more direct involvement in the crisis management structure. Branches of multinational companies may be subject to business and financial pressures from outside the country. All commercial enterprises are stakeholders but, since most will be small or medium-sized enterprises, they are best represented through the chamber of commerce or another group.

✓ Are companies aware of how they will be represented?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

10) It is important to ensure that members of the crisis management team are kept fully informed, that they make their decisions rapidly and transparently, and that there is clear leadership and a clear incident management system. Mixed messages should be avoided.

✓ Is the incident management system clear and understood?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

11) Policies may need to change as the crisis evolves. As the situation changes, keep fully informed and be prepared to adjust your response.

✓ Do your plans allow for flexibility in the response as the crisis evolves?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

1.3 Maintaining city services

12) Cities generally have many resources for dealing with health problems and even with emergency situations. However, health care systems in large urban settings tend to be more complex than in rural areas. Health facilities may be part of the public government-run system, they may be private, or they may be run by philanthropic organizations, or even by the military. A plan for coordinating these services,

and even for sharing their facilities and stocks of drugs and equipment, must be in place before a mass emergency takes place. Otherwise people who need medical help may be turned away from health services because they belong to the wrong population group.

✓ Is an agreement in place for collaboration and resource-sharing between different health systems and organizations?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

13) A rapidly spreading outbreak of infectious disease will cause a surge of patients seeking medical help. If hospitals are full with infectious disease cases, alternative medical services need to be identified for other sick persons. Additional facilities such as sports halls may need to be fitted out as temporary hospitals. These need to be identified before an outbreak occurs.

✓ Have temporary facilities been identified for the non-outbreak sick?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

14) In a major emergency situation in a large city one can probably rely on most medical staff to carry out their responsibilities beyond the call of duty. However, it is only to be expected that some will not – due to fear, sickness, or failure of the transport system. At the same time, there will be a sharp increase in patients. Additional staff will be needed and could be found in other parts of the country. However, in some countries, medical staff are licensed to practise only in the province or region where they qualified. This system should be reviewed in the light of possible needs during a public health emergency.

✓ Are additional health-care staff from other parts of the country permitted to practise in your city during an emergency?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

15) As the health-care workload increases and existing health care staff become overwhelmed, the need to find extra medical help may become urgent. The city will contain a number of retired medical personnel who may be prepared to help, as well as other potential volunteers with medical training. It may be worth considering when and how these people can contribute to the outbreak response..

✓ Do you have a database of retired medical personnel in your city? Would they and others be permitted to assist in an emergency?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

16) An airborne infectious disease will spread rapidly in a city thanks to the constant closeness of large numbers of people. Many people, including many who provide public services, will fall ill. City authorities must plan ways to keep city services functioning. Many amenities are provided not by the city itself but by private companies. Continuation of these services in a public health emergency may not be fully within the control of the city authorities. Nevertheless, the city must ensure that essential municipal services,

such as waste management, water supply and wastewater treatment continue. Otherwise the risk of infection from a variety of diseases will increase.

✓ Are essential city services ensured in an outbreak?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

17) Public transport could be a problem if many staff fall sick and stay off work – which they would be advised to do rather than expose tens of thousands of passengers to the illness. Some people will avoid using public transport in any case, since large numbers of people in confined spaces could encourage the spread of disease. But to keep the service running, private excursion companies may need to assist with routine transport duties. This will entail negotiation both with them and with trade unions and other employees' representatives. Just how these arrangements can be managed needs to be decided in advance.

✓ Is there a citywide plan to keep public transport running?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

1.4 Ensuring business continuity

18) Closing businesses could mean economic ruin for both employers and employees. Yet if travel (in a crowded bus or subway, for instance) and close contact with other people (such as at work) represents a risk of contagion, some may feel it makes better sense for everyone to stay at home. Stopping all commercial activity will mean there is nowhere to buy food or other necessities. That could lead to desperation and looting. The crisis management team should normally advise the sick to stay home and the healthy to carry on their normal work.

✓ Do all stakeholders understand the importance of business continuity?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

19) In virtually all large urban settings, most people are employed in small or medium enterprises. The crisis team will need to decide whether there needs to be direct liaison with these enterprises (of which there will be many) or whether a representative body such as a chamber of commerce or another kind of business association can serve in a liaison function.

✓ Is it clear how links with small and medium enterprises will be managed?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

20) A number of business continuity courses are on offer to help companies prepare for emergency situations. It is important that such courses should include a public health perspective.

✓ Do business continuity courses in your city include a public health perspective?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

1.5 Preparing for the worst

21) One feature that may help avert a public health crisis – or at least give increased warning of it – is a nationwide alert system that provides all cities with the same information.

✓ Do you have a nationwide alert system?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

22) An extraordinary event may call for extraordinary action to be taken. Questions may arise concerning the legality of quarantining the infected, or sharing a patient's data with researchers, or trying out new treatments because the approved ones do not work. Human rights must be respected and issues may also arise about a person's right to privacy and confidentiality. There must be clear legal provisions for actions that become necessary.

✓ Have legal provisions been made for emergency actions to be taken, while protecting privacy and confidentiality?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

23) An essential element of preparing for a crisis is to carry out emergency drills with the staff who are likely to be involved and even with potential volunteers. Such drills should focus on specific scenarios such as the sudden outbreak of an unknown infectious disease in a city, or on the evacuation from the city of huge numbers of people.

✓ Are emergency drills carried out regularly?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

24) Information on the effectiveness of crisis interventions is lacking and research in this area is needed. It is recommended to plan in advance for a team of people to have the specific task of gathering data on each intervention as it is carried out.

✓ Have the members of the data-gathering team been identified and do they understand their role?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

1.6 Human rights

25) Past experience shows that if a person who can be identified as belonging to a particular social group is thought to be the first to be infected, that social group may be blamed for “causing” the disease. The crisis management team should take a lead in supporting citizens’ rights and in countering negative attitudes to specific social groups.

✓ Are you prepared to counter social stigma and accusations against social groups?

? Yes ? No ? Don’t know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

26) Immigrant communities may include a number of people – especially elderly dependants – who do not understand the local language. Such persons may not work in regular employment and could be difficult to trace. They may be reluctant to seek medical care or, if they do, will need to be accompanied by someone who can translate into the local language so that appropriate medical treatment can be given.

✓ Are you prepared to help immigrants in their own language?

? Yes ? No ? Don’t know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

27) Also within an immigrant subpopulation there may be persons who are in the city without proper immigration documentation. In a public health emergency these persons may prefer to hide so that they do not come in contact with officials, even from the health sector. It must be remembered that the purpose of the crisis response is to protect health, not to prosecute illegal immigrants.

✓ Are you prepared to offer care to illegal immigrants?

? Yes ? No ? Don’t know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

28) According to international agreement, tourists and visitors have the right to benefit from prompt and easy access to local health services. They also have the right of access to their consular representatives. The host country, not the consulate of the visitor’s home country, is responsible for the health care of tourists.

✓ Are your health services capable of caring for tourists and visitors caught up in an emergency?

? Yes ? No ? Don’t know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

3. MANAGING THE RESPONSE

1.7 Mapping the spread of disease and tracing contacts

29) In a public health emergency, maps are important for identifying areas that are affected and those that are not, for locating people at risk, tracing contacts, identifying where resources are, or for tracking

the spread of disease. However, in a city three-dimensional maps that extend to several levels below ground and many levels above it are needed if people are to be located effectively and danger points for disease spread identified accurately. A means of representing this visually in a convenient and operational way to support an emergency response is urgently needed.

✓ Do you have accurate three-dimensional city maps available?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

30) Slum areas of cities are often uncharted territory for which no reliable maps exist. In such a case, a great deal of time may need to be spent simply trying to locate people. This is better done before an emergency occurs than while one is under way.

✓ Do you have accurate ways of tracing people even in slum areas?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

31) In a large city, attempts to trace contacts can never hope to be 100% successful. If the infected person has been in a public place, which is normal in a city, most of the contacts will not be known until the infection has developed and they seek medical help. Can a recommendation be made?

✓ Are you prepared for contact-tracing in a situation where there may be multiple contacts?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

32) A database is an essential tool if contact-tracing is to stand any chance of success. The database can be set up in readiness – not just to contain names and addresses but to show the links from one contact to another and on to others. In many cities, police databases contain a great deal of information about the city infrastructure, about places where people gather, and about citizens' habits, relationships and pet animals. There should be consideration of aligning epidemiological data with a police database so as to better assess the spread of disease not only geographically but also in relation to behaviour patterns and social interactions. However, objections are likely as this may be considered an invasion of privacy.

✓ Is your database of citizens up-to-date with all relevant data? Can you ensure protection of personal data?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

33) In slum areas contact-tracing will be hampered by the fact that the makeshift homes may have no formal addresses. And no-go areas may be too dangerous for outsiders to enter. Yet such areas may be breeding grounds for disease. Ways may be needed to enlist community help in slum areas and to negotiate "truces" with those who have influence in no-go areas.

✓ Do you have contacts who can enlist community help and negotiate truces in no-go areas?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

or result-oriented)			

34) The homeless who live on the streets may be hard to find – unless they sleep in welfare shelters. Many will be poorly nourished and in a poor state of health, rendering them particularly susceptible to infectious disease. They, and their contacts, need to be traced and offered advice and care.

✓ Do you know where the homeless can be found and are you able to contact them?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

1.8 Organizing the medical response

35) If the city is facing an outbreak of a known disease, standard treatment protocols must be followed (though medical staff may be dealing with the disease for the first time – and certainly on such a large scale). There may be a sudden demand for large supplies of medicines or equipment that are normally required only in small quantities. Cities should make plans for emergency transportation, or permanent stockpiling, of the supplies that will be needed in a public health crisis.

✓ Are medicine/equipment stockpiles large enough for an outbreak, and do you know how you can obtain extra supplies quickly?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

36) If the disease is unknown, patients will need to be stabilized until the nature of the illness is identified.

✓ Can you ensure safe stabilization of persons with infectious diseases?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

37) In an urban setting with an outbreak of disease, it may not be clear which people are most at risk and therefore who should be a priority for prophylaxis. This may result in a decision to give mass prophylaxis to the entire population of the city, including commuters and tourists, which will cause massive disruption. Vaccinating everyone will also slow down the outbreak response and therefore may compromise those most in danger. It may be best to define at-risk groups beforehand.

✓ Have you identified at-risk groups who will be priorities for prophylaxis in cases of disease outbreaks?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

38) Providing large-scale prophylaxis in cities is a major logistical problem. Points of prophylaxis distribution or vaccination centres need to be identified and the population must be notified of the need for prophylaxis and where the centres are. The centres will need to be supplied and staffed, they are liable to

become overcrowded, and there may be problems of security. Civil society organizations will need to help, and company medical services can also play an important role.

✓ Have you identified points of distribution for prophylaxis, and do all the partners know the parts they are to play?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

39) In a public health emergency, health service staff will need to be backed up by rapid and effective diagnostic services. In a city with an epidemic of an unknown disease, the length of time it takes to identify the infectious agent will make the difference between success and failure – and between life and death for many people. The crisis management plan must include rapid turnaround of results from diagnostic services that are available 24/7.

✓ Can you rely on rapid and effective diagnostic services?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

40) Most hospitals have only a few beds for intensive or critical care. Temporary locations will need to be found where treatment units can be set up specifically for the treatment of persons with the outbreak disease. These locations, with sufficient washrooms and sanitation facilities, should be identified before the crisis.

✓ Have temporary facilities been identified for intensive care?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

41) A crisis is not an environment to carry out clinical trials. However, there may be cases where not-yet-approved drugs or non-standard treatments seem promising when all else has failed. The crisis management team must abide by standard medical and clinical procedures.

✓ Do you have clear policies on which clinical procedures to use? And do you have a clear policy on when and how these procedures may be changed?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

42) City hospitals may have a number of beds in a section specially designed for cases needing isolation. However, in a mass outbreak the number of persons needing isolation will far outstrip the capacity of current facilities. One response is to isolate the cases in a location far from centres of population to minimize the risk of their infecting others. In a modern city isolated locations are few and far between. Such as they are, they must be identified early.

✓ Have you identified accommodation where persons can be isolated if necessary?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

43) Modern city hospitals often have multiple levels and are sealed from the external atmosphere by air conditioning units that provide a stable temperature. Even if the different floors of a hospital can be sealed in an emergency, the air conditioning system may circulate the air between floors, thus potentially spreading an airborne infection to patients and staff in other parts of the hospital. Hospital authorities should take steps to ensure before an outbreak occurs that this is not the case in their hospital.

✓ Have all steps been taken to prevent spread of airborne infections in health facilities?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

44) Experience shows that in a public health crisis many health workers will work unusually long hours. However, it cannot be assumed that people will work regular overtime, putting themselves in the front line of risk for long periods, for the same pay as others who work only the hours stated in their employment contract. City authorities may need to negotiate terms with trade unions or other employees' representatives.

✓ Do you have an agreed remuneration package for health staff in an outbreak emergency?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

45) Hospitals may need to find nearby accommodation for their staff. Experience shows that health workers caring for patients with infectious disease may not wish to travel home because of the risk of infecting family members and others. If that happens, the authorities will need to identify hotels or other facilities near the hospital where they can stay. Such places should be identified in advance and informed that they may be called on to perform this function in an emergency.

✓ Has temporary accommodation for staff been identified?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

46) If there is a public health crisis in a city, it can be expected that rates of psychological stress will rise among those who have lost family members, among health workers, and among those involved in handling large numbers of corpses. The crisis management team in a public health crisis should anticipate the need for psychosocial counselling and for post-crisis emotional debriefing.

✓ Can psychosocial counselling be made available to all who need it?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

1.9 Community mitigation strategies

47) Schools, universities and other educational institutions may be public or private, so any decision to close them in an emergency must be taken in collaboration with those responsible. But if young people simply exchange going to school for socializing with their friends in the street or in cafés, little will be achieved in protecting their health. If schools are closed during a disease outbreak, many children may need a parent to stay home from work, and children with special needs may not be adequately catered for. Clear guidelines will be required on what conditions need to be fulfilled in order for schools to reopen.

✓ Do you have clear guidelines on when schools may close and when they should reopen?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

48) Food supply will be an important issue. Most city residents will depend on markets and food stores. Not only will food stores wish to stay open for business, but it will be essential for the population that they do so. Deliveries from suppliers to those stores will need to continue, as will the delivery of medicines that many of the population take regularly. There should be specific liaison with the main food stores and pharmacies, and their suppliers, to ensure their business continuity.

✓ Can supplies of food and medications be ensured?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

49) Persons with mild symptoms are likely to be told to go home and stay there. There must be a legal framework in place for city medical authorities to instruct people to quarantine themselves. Self-quarantined persons will need to rely on friends, neighbours and family members to bring them food or other necessities (and to fetch them money from the bank) since social welfare agencies are likely to be overwhelmed. However, persons with special needs may need additional help.

✓ Do you have laws that allow for self-quarantine, and are there services to support it?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

50) This system of "social distancing" can have serious financial consequences if an employer does not pay wages, or if there is no insurance compensation, when an employee stays home sick. Some persons may be tempted to ignore the quarantine order for this reason, though experience shows that most people will quarantine themselves if advised by the medical authorities to do so. Nevertheless, paid sick leave is likely to increase compliance. Before social distancing is recommended, the possible economic impact on businesses and individuals must be considered.

✓ Will people lose financially if they stay home sick? If so, what can be done to prevent this?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

1.10 Travellers and non-residents

51) In planning for emergencies in cities, the presence of large numbers of visitors and tourists must be taken into account. The population in some locations will swell from that of a small town to that of a city in the tourist season. Most international airports are located in capital cities and passengers who are ill or in the incubation phase of an illness can spread disease on a vast scale within a matter of hours. Emergency plans must therefore include non-residents.

✓ Do your emergency plans take the presence of non-residents and visitors into account?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

52) Foreign consulates will need to be informed if their citizens are sick (since they may have brought the disease from the home country or they may be prevented from returning home in order to avoid spreading the disease further). In any case, foreigners have the right of access to their countries' consular representatives.

✓ Do you have a database of consular contacts?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

53) Most non-residents who are in a city when a public health emergency unfolds will want to leave as soon as possible, putting a strain on transport resources which may be overstretched anyway. In the case of an emergency involving an outbreak of infectious disease, there may be pressure to stop people from leaving the city for fear of spreading the infection. However, in many cases, no one will know how many non-residents are in the city or where they are staying (though foreign visitors could potentially be contacted via their mobile phones, if they have them). It is probably pointless trying to prevent apparently healthy non-residents from leaving the city. If they are asked to remain, they will need accommodation and food.

✓ Have you resolved how non-residents will be accommodated if they cannot leave the city?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

54) If the airport is closed, travellers may be stranded there, but where will they be accommodated? Airport authorities should consider in advance what to do if a large number of people are suddenly grounded for an indeterminate time because of a ban on flying to or from that particular city.

✓ Is your airport able to cope with large numbers of stranded people? If not, have you identified places where stranded persons can be accommodated?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

55) Closing an airport, especially an international one, will cause a great deal of chaos and create problems in other places. It is important for potential travellers – whether by road, rail or air – to be given

the earliest possible warning that a crisis is developing so that they do not travel somewhere and simply add to the problem because they become stranded.

✓ Have you guidelines on when the airport may be closed due to disease, and are you able to communicate this rapidly?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

56) Scanners that scan persons for infections have been used to screen people arriving by air from certain locations. Just how cost-effective scanners are in a major public health crisis is uncertain. Virtually all arrivals are healthy, and even a passenger with a dangerous infectious disease will need to have reached the infectious stage for the disease to be noticed by the scan. One value of infection scanners is that they provide visible evidence that efforts are being made to detect infections and prevent their spread.

✓ Are you able to carry out entry or exit screening of travellers, for instance by using scanners if they are recommended?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

57) If infection scanners are used, the airport will need to have facilities to isolate both the infected passenger and everyone else on his/her plane until they can be declared infection-free.

✓ Does the airport have facilities to isolate potentially infected passengers and air crew?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

1.11 Evacuation

58) When a natural disaster threatens, panic may lead to a chaotic mass exodus that chokes roads, overloads transport services, paralyzes airports, and leaves behind those who are least able to fend for themselves. Panic has to be avoided. If those managing the crisis consider that it is necessary to have large numbers of people move out of the city to other locations, this is best done by an organized evacuation that gives priority to the most vulnerable. Any evacuation must take into account the needs of a wide variety of population groups – including the need to ensure a supply of appropriate medications to persons who take them regularly. For an evacuation to run smoothly, there must be ample preparation in large-scale emergency drills involving all relevant services before the event.

✓ Do your emergency drills include city evacuation? Do you have a viable emergency evacuation plan?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

1.12 Burial of the dead

59) Bodies should be collected and identified and it will be necessary to discuss with families what funeral rites are acceptable. It is helpful to work with the religious authorities who can help families to understand that acting according to medical advice is acceptable within their faith.

- ✓ Do you have contacts who can negotiate with families and religious authorities on sensitive issues?
 ? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

60) In a city that suddenly finds itself with huge numbers of dead, there is likely to be a shortage of space for a very large number of burials within a short period. City authorities should draw up plans for an alternative solution in case this situation occurs.

- ✓ Do you have space for large numbers of burials? Do you have alternative for disposal of the dead?
 ? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

4. COMMUNICATING IN A PUBLIC HEALTH EMERGENCY

1.13 Crisis communication

61) Crisis communication, which includes a broad range of communication specializations from media relations to social mobilization, is essential to managing a public health emergency. It enables the public to adopt protective behaviours, helps heighten disease surveillance, reduces confusion, and promotes better use of resources – all of which are necessary for the response to the emergency to be effective. The main task of crisis communication will be to convey complex scientific information to people in a clear and simple manner.

- ✓ Is there a crisis communication plan available?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

62) WHO's "outbreak communication guidelines" are based on five overall principles: trust, announcing early, transparency, listening, and planning. The principle of **trust** means building, maintaining or restoring trust between the public and the crisis management team. **Announcing early** means giving people the latest information when it is available. Maintaining trust calls for **transparency** – including timely and complete information about real or potential risks and what is being done about them. During a public health crisis **listening** is important to find out people's views, concerns, beliefs and practices. And **planning** is just as important in communication as it is in any other aspect of crisis management.

- ✓ If you do not have a crisis communication plan, do you have a copy of WHO's outbreak communication guidelines?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

63) Despite its importance, crisis communication represents a significant challenge during serious public health events. Common failures include withholding information about a real or potential risk, not coordinating communication with partners, and not listening to those affected by the emergency – thereby failing to understand risk perceptions, social norms and potential cultural barriers to public health interventions.

✓ Do you have the means to communicate information rapidly and sensitively to partners and the general public?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

64) Target populations may be diverse in socioeconomic status and social structure, and may have different languages and ethnic traditions. Information must be disseminated through channels that take into account different levels of literacy and the language used. Some subpopulations will have gaps in their knowledge, different perceptions of risk, and possibly limited trust in what the authorities tell them.

✓ Are you able to communicate equally well with the city's different social and ethnic subgroups?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

65) During an emergency in a city, as very large numbers of people try to get in touch with friends and relatives, some communication channels may become overloaded and some may not work because essential staff are ill.

✓ Can you ensure communication for priority purposes amid heavy use of services?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

66) Information for the public should be technically accurate, it should support the policies that are being put into effect, and it should not be patronizing. It is important to show respect for people's concerns. People will respect the facts they are given but that will not prevent fear. A crisis leader may wish to empathize with people by admitting his or her own fear, but at the same time should clearly explain the way forward.

✓ Are you ready to provide leadership in the face of fear in the community?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

1.14 Media relations

67) The media can be a great asset since professional journalists will always check their stories or at least ask for a comment from those in charge of the situation. Good relations with the media will help support the response to a public health emergency. Information provided to the media should be science-based and accurate. In the early stages of an emergency, when it may not be possible to be accurate about everything, outline what the most likely possibilities are and make clear that these are only possibilities and not facts. If rumours arise, address them promptly with objective factual information. The aim of the communication effort is to give citizens information so that they can protect themselves and their families. The media can help this to happen

✓ Do you have good relations with the media? Are you ready to discuss with them openly?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

68) Past experience shows that the media will automatically tend to support the crisis response effort in the early days. Afterwards, however, they will start to interview relatives of someone who has died, or local politicians who may wish to win political capital by criticising the authorities' efforts. Later still, the media may turn to more detailed assessments of the situation that apportion blame. Whatever the media may do, it is not the job of the crisis team to defend or attack the local authorities but to continue supplying factual evidence in a balanced manner.

✓ Have you a clear understanding of the communication role in an emergency?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

69) The media will often find things out more quickly than the authorities so the crisis management team needs a good information flow so that it can announce news to the media rather than the other way round. The credibility of those leading the crisis response will suffer if journalists consistently find out about developments before the people who are supposed to be in charge.

✓ Is your incident management system efficient enough to keep you fully and promptly informed?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

70) Even before any emergency occurs, it is useful to identify reliable media contacts – including those serving minority language groups – who can be useful during a crisis, and who are likely to continuing operating in an emergency situation. An inventory of media outlets and their audiences can be created with a view to reaching the maximum number of people. A meeting with media representatives provides an opportunity to discuss how you might work together if a crisis occurs. During the crisis, the media should be addressed regularly – at least daily – and information released to them all at the same time. It will create bad feeling and criticism if certain journalists or news outlets are favoured.

✓ Have you identified all relevant media contacts?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

71) If several people from the crisis team speak to the media and express different views, they run the risk of communicating mixed messages. If this happens, journalists and their readers will get the impression that the crisis team doesn't know what it is doing. It may be wise to appoint one spokesperson to carry out media liaison for the team. If several people speak to the media it is essential that they should all communicate the same messages. Bear in mind that if the spokesperson is a political appointee, this may undermine credibility.

✓ Have you identified a spokesperson?

? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

72) The term “mixed messages” refers not only to what is spoken or written. It also refers to the way people act. A politician or civic leader who tells citizens there is no danger and then leaves town is sending a mixed message that ruins the credibility of the leadership.

✓ Are the city leaders committed to identify themselves with the citizens and to stay put?
 ? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

73) The media may wish to interview the mayor of the city or local politicians so it is important that they too should be prepared. Crisis communication training will help them to speak openly, tell what they know and admit what they do not know, and avoid discussing crazy theories.

✓ Have your civic leaders done crisis communication training?
 ? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

74) Web sites, blogs and personal accounts of the crisis may start appearing on the Internet. The city may publish news about the crisis on its own web site; if so, it should make sure that this is technically accurate and up to date. However, other sites may be written by individuals who are more interested in disseminating their pet theories than in sharing reliable information. The best way to deal with this is to ensure that the news journalists have a regular briefing where they are kept up to date on the crisis and how it is being handled.

✓ Does your communication plan include regular news briefings for journalists?
 ? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

75) In a public health crisis due to an outbreak of infectious disease, policies may need to change as the crisis evolves. As more becomes known about the infection and the way it spreads, advice is likely to change. Citizens and the media need to understand this. It is best to make clear in advance that early decisions must be made on the evidence available at that stage, and that later decisions may be different as more information becomes available.

✓ Have you briefed the media that the situation may change rapidly during a crisis?
 ? Yes ? No ? Don't know ? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

76) The media will typically ask for numbers (e.g. of the sick, or the dead, or the numbers of doctors needed). Explain that they will be given precise numbers at the start of the crisis when the figures are

small. At a later stage, if numbers become large, only approximate totals will be given – though make sure that any approximation is as close to the truth as possible.

✓ Do you have easily accessible statistics about the city?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

1.15 Communicating with subcultures and immigrant groups

77) In an emergency, subpopulations such as immigrant groups will need information – whether written or spoken – in their own language, and will also need translation assistance when sick or injured. Many organizations and citizens' groups – including migrant and expatriate groups – have their own media services, often in other languages. It is important to keep these up to date with news and advice along with the major news services. This will help ensure that immigrants and other subgroups receive the same messages as the rest of the population.

✓ Have you included migrant and expatriate media services in your media contacts?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

78) Information from the authorities will need to be issued rapidly and almost certainly in multiple languages. Because of the urgency, translations will have to be done rapidly and distribution will have to be through the ethnic communities.

✓ Do you know how to get multiple translations rapidly? Do you have ethnic contacts for distributing urgent information?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

79) Large numbers of educated professionals, often university graduates, live or work in urban areas. Many citizens will have considerable scientific or medical knowledge and may question instructions given by the city authorities or may refuse to cooperate. An educated population is usually aware of its rights, and lawyers will be available to help people defend those rights. The actions of city and national authorities will be under scrutiny in a public health emergency and legal objections may be raised if a citizen feels that his or her rights are being abused. Any communication approach will need to include the educated as a specific target audience.

✓ Have you considered what criticisms and legal challenges may need to be faced? Have you considered how to face them?

? Yes

? No

? Don't know

? N/A

Action Plan

What needs to be done (outcome or result-oriented)	Responsible	How and when	Resources

Annex 2. Assessment Research Tool

Section 1: General Information

1. Name of person completing the questionnaire: _____
2. Official Title: _____
3. Date: _____
4. Name of department: _____
5. Telephone, fax, email: _____

Section 2: Information on Coordinating Response

Health Emergency Management and Planning

1. In most cities, especially capital cities, there are both national and city authorities. It must be clear who is responsible for what. Otherwise, there could be overlaps in the use of resources. A framework for collaboration between national and local authorities in times of crisis should be in place before a health emergency occurs. It should indicate how responsibilities will be shared between national and city authorities.

What is the existing framework for collaboration on health emergency management and planning between national agencies (DOH, DSWD, NDRRMC-OCD, MMDA, etc.) and city authorities?

**To be answered by all departments/offices/organizations represented in the Makati City Disaster Risk Reduction and Management Council (DRRMC)*

2. How a public health crisis is managed, and who is involved, will vary according to the local situation. Whatever the situation, it is important that all groups (national and city authorities, commerce and industry, transport, voluntary groups, etc.) taking action in the crisis should work together. Cities should have a crisis management plan that includes hazards identification, risk assessment and business impact analysis in place in order to clarify the areas of responsibility and how these will be coordinated. The crisis management plan should normally be led by a crisis management team or committee with the legal power to make decisions.

Are there separate health emergency and disaster management plans? Is there an outbreak response plan available? Do these plans mitigate, prepare for, respond to and help to recover from incidents that threaten life and property? (Please attach available copies of plans for naturally occurring hazards, intentional or unintentional human-caused disasters and technology-caused events)

**To be answered by the City Health Department and DRRMC*

3. Because of the variety of services that support public health, one crisis management team will not be able to handle everything itself. Subgroups should be set up to deal with specific areas of the response. The number of subgroups is less important than the fact that they should all be coordinated by the crisis team. Members of the crisis team should be present at meetings of the subgroups.

Have all key task units and external stakeholders been identified? Do they have specific roles in the different health emergency/disaster management plans and are they aware of their roles? Describe the role/s of your particular department/office in the health emergency/disaster management plans.

**To be answered by all departments/offices/organizations represented in the Makati City Disaster Risk Reduction and Management Council (DRRMC)*

4. Crisis management and planning requires financial procedures and controls to support the health emergency/disaster management program before, during and after an emergency. There are necessary procedures to expedite fiscal decisions in accordance with established authorization levels and fiscal policy.

Do you have these financial procedures in place? What do these include? How is the administrative process documented? Is there sustainable governance in times of disaster?

**To be answered by the DRRMC, Health Department, and Budget Office*

Coordination among Diverse Stakeholders

5. In addition to bringing together a team to lead the management of the crisis, consider setting up a separate group to evaluate how the crisis is developing and what may happen next. A group with epidemiologists and persons skilled in scenario modelling could attempt to provide options for action to minimize risk in different potential situations.

Is a crisis evaluation group with specific roles included in the health emergency and disaster management plans? Describe the roles of the crisis evaluation group as specified in these plans.

**To be answered by the City Health Department and DRRMC*

6. City authorities must coordinate emergency response activities with neighboring administrative areas. Resources will be needed not just for the city but for affected areas or people outside the city boundaries. The crisis management team should ensure that national guidelines are followed in all locations since variations could cause confusion and waste.

What guidelines emanate from national government agencies to guide local authorities in health emergency preparedness? Are local authorities aware of the existing national guidelines for health emergency preparedness? (Please attach copies of these guidelines.) Is there an advisory committee or program coordinator to ensure compliance with these guidelines? What are the specific functions of the committee or coordinator?

**To be answered by the City Health Department and DRRMC*

7. If a city is adjacent to other local governments, the authorities of the neighboring areas must be involved. In some cases, two or more large cities are close to each other and large numbers of commuters move between them every day. When an outbreak occurs, it may be too late to ensure a consistent response to the emergency in neighboring locations with different medical and public health systems, operating in different legal frameworks. A joint plan should be agreed beforehand.

What agreements does the city have with adjoining cities/regions in terms of managing health emergencies? (Please attach copies of these mutual aid/assistance agreements.) Are there established procedures for managing donations of solicited and unsolicited goods, services, personnel, facilities and money?

**To be answered by the City Health Department*

8. Virtually all commercial enterprises in the city have an interest in surviving a public health emergency. Large companies may push for more direct involvement in the crisis management structure. Branches of multinational companies may be subject to business and financial pressures from outside the country.

Do private companies have specific roles in the city's health emergency and disaster management plans? What roles are assigned to private companies in these plans? Are private companies aware of their roles in these plans?

**To be answered by the Corporate Network for Disaster Response*

9. It is important to ensure that members of the crisis management team are kept fully informed, that they make their decisions rapidly and transparently, and that there is clear leadership and a clear incident management system. Mixed messages should be avoided.

Is there an incident management system in place? Do those involved in the system have a clear understanding of their roles and responsibilities? Describe the role/s of your particular department/office in the existing incident management system. Do these roles encompass coordinating response, as well as continuity and recovery activities? Are there service and support systems in place, like facilities, transportation, refueling, supplies, feeding, communications, medical supplies and responder rehabilitation, among others?

**To be answered by all departments/offices/organizations represented in the Makati City Disaster Risk Reduction and Management Council (DRRMC)*

Maintaining City Services

10. Cities generally have many resources for dealing with health problems and even with emergency situations. However, health care systems in large urban settings tend to be more complex than in rural areas. Health facilities may be part of the public government-run system, they may be private, or they may be run by philanthropic organizations, or even by the military. A plan for coordinating these services, and for sharing facilities and stocks of drugs and equipment, must be in place before a mass emergency takes place.

What are the agreements in place for collaboration and resource-sharing between different health systems and organizations (e.g. other private and public health facilities)? (Please attach copies of these agreements.)

**To be answered by the DRMMC*

11. A rapidly spreading outbreak of infectious disease will cause a surge of patients seeking medical help. If hospitals are full with infectious disease cases, alternative medical services need to be identified for other sick persons. Additional facilities such as sports halls may need to be fitted out as temporary hospitals. These need to be identified before an outbreak occurs.

In the existing health emergency management plan, what temporary facilities been identified to cater to those non-communicable sick/injured during disasters?

**To be answered by the DRRMC and Engineering Department*

12. As the health care workload increases and existing health care staff become overwhelmed, the need to find extra medical help may become urgent. The city will contain a number of retired medical personnel who may be prepared to help, as well as other potential volunteers with medical training. It may be worth considering when and how these people can contribute to the outbreak response.

Describe the existing mechanism to bring in additional medical personnel to the city to assist in an emergency. Is there a written response and deployment plan? If yes, was this plan developed through collaboration with other stakeholders and the community?

**To be answered by the City Health Department*

13. An airborne infectious disease will spread rapidly in a city thanks to the constant closeness of large numbers of people. Many people, including those who provide public services, will fall ill. City authorities must plan ways to keep city services functioning. Many amenities are provided not by the city itself but by private companies. Continuation of these services in a public health emergency may not be fully within the control of the city authorities. Nevertheless, the city must ensure that essential urban services, such as waste management, water supply and wastewater treatment continue. Otherwise the risk of infection from a variety of diseases will increase.

What risk reduction activities have been conducted for specific natural and health hazards to minimize their impacts on essential city services (e.g. water and power supply, transport, waste management, wastewater treatment, livelihood, etc.)?

**To be answered by the DRRMC, Health, Environmental Services, and Social Welfare and Development Departments*

Ensuring Business Continuity

14. Closing businesses could mean economic ruin for both employers and employees. Yet, if travel (in a crowded bus or subway, for instance) and close contact with other people (such as at work) represents a risk of contagion, some may feel it makes better sense for everyone to stay at home. Stopping all commercial activity will mean there is nowhere to buy food or other necessities. That could lead to desperation and looting. The crisis management team should normally advise the sick to stay home and the healthy to carry on their normal work.

Do stakeholders in the private sector, including small and medium-scale enterprises, have business continuity plans? Are these plans supported by management and adequately funded? Do they identify the impacts of potential losses and contain viable recovery strategies for the continuity of governance, services and operations after a disruptive event?

**To be answered by the Corporate Network for Disaster Response*

15. A number of business continuity courses are on offer to help companies prepare for emergency situations. It is important that such courses should include a public health perspective.

Do business continuity courses in your city include a public health perspective? Please provide specific details for your answer.

**To be answered by the Corporate Network for Disaster Response*

Preparing for the Worst

16. One feature that may help avert a public health crisis – or at least give increased warning of it – is a nationwide alert system that provides all cities with the same information.

Describe the existing nationwide alert system and your department/office/organization's role in the system.

**To be answered by the DRRMC, ICRD, Health Department, Liga ng mga Barangay, and DepEd*

17. An extraordinary event may call for extraordinary action to be taken. Questions may arise concerning the legality of quarantining the infected, or sharing a patient's data with researchers, or trying out new treatments because the approved ones do not work. Human rights must be respected and issues may also arise about a person's right to privacy and confidentiality. There must be clear legal provisions for actions that become necessary.

What legal provisions and operational safeguards are in place to protect patients' rights to privacy and confidentiality during health emergencies?

**To be answered by Ospital ng Makati and Makati Medical Center*

18. An essential element of preparing for a crisis is to carry out emergency drills with the staff who are likely to be involved and even with potential volunteers. Such drills should focus on specific scenarios such as the sudden outbreak of an unknown infectious disease in a city, or on the evacuation from the city of huge numbers of people.

Are emergency drills carried out regularly? What are the types of drills and how frequently are they carried out? Aside from emergency drills, what other exercises are regularly carried out for health emergency or disaster preparedness? How are these drills/exercises evaluated? What is the process for undertaking corrective action based on the evaluations?

**To be answered by the DRRMC, Ospital ng Makati, Makati Medical Center, DepEd*

19. Information on the effectiveness of crisis interventions is lacking and research in this area is needed. It is recommended to plan in advance for a team of people to have the specific task of gathering data on each intervention as it is carried out.

Describe the existing organizational structure and mechanism for evaluating the effectiveness of health emergency interventions?

**To be answered by the DRRMC and Health Department*

Human Rights

20. Past experience shows that if a person who can be identified as belonging to a particular social group is thought to be the first to be infected, that social group may be blamed for “causing” the disease. The crisis management team should take a lead in supporting citizens’ rights and in countering negative attitudes to specific social groups.

What risk communication interventions are in place to deliver accurate information to counter rumors and misinformation during emergencies?

**To be answered by the DRRMC, Health Department, ICRD, Liga ng mga Barangay, and DepEd*

21. Members of disadvantaged groups, particularly those without regular employment, may be reluctant to seek medical care. There should be provisions in place so that they can receive appropriate medical treatment.

What provisions does the city have for addressing the needs of non-resident indigents without health insurance coverage?

**To be answered by the Health Department, Ospital ng Makati and Makati Medical Center*

22. *According to international agreement, immigrants, visitors and tourists have the right to benefit from prompt and easy access to local health services. They also have the right of access to their consular representatives. The host country, not the consulate of the visitor's home country, is responsible for the health care of foreign nationals*

How capable are your health services in caring for legal/illegal immigrants, tourists and visitors caught up in an emergency?

**To be answered by the Health Department, Ospital ng Makati and Makati Medical Center*

Section 3: Information on Managing Response

Mapping the Spread of Disease and Tracing Contacts

23. *Slum areas of cities are often uncharted territory for which no reliable maps exist. In such a case, a great deal of time may need to be spent simply trying to locate people. This is better done before an emergency occurs than while one is under way.*

What is your capability for accurately tracing people, even in slum areas and among informal settlers?

**To be answered by the Health and Social Welfare Departments, Ospital ng Makati, Liga ng mga Barangay, and DepEd*

24. *In a large city, attempts to trace contacts can never be 100% successful. If the infected person has been in a public place, which is normal in a city, most of the contacts will not be known until the infection has developed and they seek medical help.*

How prepared are you for contact-tracing in a situation where there may be multiple contacts?

**To be answered by the Health and Social Welfare Departments, and Liga ng mga Barangay*

25. *A database is an essential tool if contact-tracing is to stand any chance of success. The database can be set up in readiness – not just to contain names and addresses but to show the links from one contact to another and on to others. In many cities, public databases contain a great deal of information about the city infrastructure, about places where people gather, and about citizens' habits, relationships and other details. There should be consideration of aligning epidemiological data with existing databases so as to better assess the spread of disease not only geographically, but also in relation to behavior patterns and social interactions.*

What types of socio-economic data of residents are collected and how often are these updated?

**To be answered by the Liga ng mga Barangay*

26. *In slum areas contact-tracing will be hampered by the fact that the makeshift homes may have no formal addresses. And no-go areas may be too dangerous for outsiders to enter. Yet such areas may be breeding grounds for disease. Ways may be needed to enlist community help in slum areas and to negotiate "truces" with those who have influence in no-go areas.*

How do you enlist the help of the community in no-go areas?

**To be answered by the Liga ng mga Barangay*

Organizing Medical Response

27. If the city is facing an outbreak of a known disease, standard treatment protocols must be followed (though medical staff may be dealing with the disease for the first time – and certainly on such a large scale). There may be a sudden demand for large supplies of medicines or equipment that are normally required only in small quantities. Cities should make plans for emergency transportation, or permanent stockpiling, of the supplies that will be needed in a public health crisis.

What is the mechanism for ensuring that medicine/equipment stockpiles are adequate for an outbreak, and that extra supplies can be obtained quickly?

**To be answered by the Health Department, Ospital ng Makati and Makati Medical Center*

28. If the disease is unknown, patients will need to be stabilized until the nature of the illness is identified.

What capacity do your health services have to ensure safe stabilization of persons with infectious diseases?

**To be answered by the Health Department, Ospital ng Makati and Makati Medical Center*

29. In an urban setting with an outbreak of disease, it may not be clear which people are most at risk and therefore should be a priority for prophylaxis. This may result in a decision to give mass prophylaxis to the entire population of the city, including commuters and tourists, which will cause massive disruption. Vaccinating everyone will also slow down the outbreak response and therefore may compromise those most in danger. It may be best to define at-risk groups beforehand.

How do you identify at-risk groups who will be prioritized for prophylaxis in cases of disease outbreaks?

**To be answered by the Health Department*

30. Providing large-scale prophylaxis in cities is a major logistical problem. Points of prophylaxis distribution or vaccination centres need to be identified and the population must be notified of the need for prophylaxis and where the centres are. The centers will need to be supplied and staffed, they are liable to become overcrowded, and there may be problems of security. Civil society organizations will need to help, and company medical services can also play an important role.

What are the identified points of distribution for prophylaxis? Who are your civil society and private sector partners in prophylaxis distribution, and do they know the parts they are to play?

**To be answered by the Health Department and Ospital ng Makati*

31. In a public health emergency, health service staff will need to be backed up by rapid and effective diagnostic services. In a city with an epidemic of an unknown disease, the length of time it takes to identify the infectious agent will make the difference between success and failure – and between life and death for many people. The crisis management plan must include rapid turnaround of results from diagnostic services that are available 24/7.

How sufficient are the available diagnostic services to handle expected health emergencies? What criteria do you use to determine the sufficiency/insufficiency of such services for coping with health emergencies?

**To be answered by the Health Department, Ospital ng Makati and Makati Medical Center*

32. Most hospitals have only a few beds for intensive or critical care. Temporary locations will need to be found where treatment units can be set up specifically for the treatment of persons with the outbreak disease. These locations, with sufficient washrooms and sanitation facilities, should be identified before the crisis.

What temporary facilities have been identified for handling the increased number of intensive care patients during health emergencies?

**To be answered by Ospital ng Makati and Makati Medical Center*

33. City hospitals may have a number of beds in a section specially designed for cases needing isolation. However, in a mass outbreak the number of persons needing isolation will far outstrip the capacity of current facilities. One response is to isolate the cases in a location far from centers of population to minimize the risk of their infecting others. In a modern city, isolated locations are few and far between. Such as they are, they must be identified early.

What facilities are available for isolation during health emergencies? What are your existing policies on self-isolation/quarantine, as well as decontamination?

**To be answered by the Health Department, Ospital ng Makati and Makati Medical Center*

34. Modern city hospitals often have multiple levels and are sealed from the external atmosphere by air conditioning units that provide a stable temperature. Even if the different floors of a hospital can be sealed in an emergency, the air conditioning system may circulate the air between floors, thus potentially spreading an airborne infection to patients and staff in other parts of the hospital. Hospital authorities should take steps to ensure before an outbreak occurs that this is not the case in their hospital.

Describe your existing protocols for preventing the spread of airborne infections in health facilities in the event of an increase in the number of patients during emergencies?

**To be answered by the Health Department, Ospital ng Makati and Makati Medical Center*

35. Experience shows that during a public health emergency, many health workers will work unusually long hours. However, it cannot be assumed that people will work regular overtime, putting themselves in the frontline of risk for long periods, for the same pay as others who work only the hours stated in their employment contract. City authorities may need to negotiate terms with trade unions or other employees' representatives.

What are the existing provisions to account for the additional time of health staff in an outbreak?

**To be answered by the Health Department, Budget Office, Ospital ng Makati and Makati Medical Center*

36. *Hospitals may need to find nearby accommodation for their staff. Experience shows that health workers caring for patients with infectious disease may not wish to travel home because of the risk of infecting family members and others. If that happens, the authorities will need to identify hotels or other facilities near the hospital where they can stay. Such places should be identified in advance and informed that they may be called on to perform this function in an emergency.*

What temporary accommodations (board and lodging, including safe food and water supply) are available for the use of staff during health emergencies?

**To be answered by Ospital ng Makati and Makati Medical Center*

37. *If there is a public health crisis in a city, it can be expected that rates of psychological stress will rise among those who have lost family members, among health workers, and among those involved in handling large numbers of corpses. The crisis management team in a public health emergency should anticipate the need for psychosocial counseling and for post-crisis emotional debriefing.*

What resources are available for providing psychosocial counseling to all who need it?

**To be answered by the Social Welfare Department and DepEd*

Community Mitigation Strategies

38. *Schools, universities and other educational institutions may be public or private, so any decision to close them in an emergency must be taken in collaboration with those responsible. But if young people simply exchange going to school for socializing with their friends in the street or in cafés, little will be achieved in protecting their health. If schools are closed during a disease outbreak, many children may need a parent to stay home from work, and children with special needs may not be adequately catered for. Clear guidelines will be required on what conditions need to be fulfilled in order for schools to reopen.*

What are the guidelines during health emergencies on when schools may close and when they should reopen? What are the existing guidelines for using schools as evacuation centers? (Please attach copies of these guidelines)

**To be answered by DepEd and University of Makati*

39. *The system of self-quarantine can have serious financial consequences if an employer does not pay wages, or if there is no insurance compensation, when an employee stays home sick. Some persons may be tempted to ignore the quarantine order for this reason, though experience shows that most people will quarantine themselves if advised by the medical authorities to do so. Nevertheless, paid sick leave is likely to increase compliance. Before social distancing is recommended, the possible economic impact on businesses and individuals must be considered.*

What mechanisms are in place to compensate people for lost income/livelihood while on self-quarantine?

**To be answered by the Social Welfare Department*

Travellers and Non-residents

40. In planning for emergencies in cities, the presence of large numbers of visitors and tourists must be taken into account. The population in some locations will swell from that of a small town to that of a city in the tourist season. Most international airports are located in capital cities and passengers who are ill or in the incubation phase of an illness can spread disease on a vast scale within a matter of hours. Emergency plans must therefore include non-residents.

How do your emergency plans take the presence of non-residents and visitors into account?

**To be answered by the DRRMC and Health Department*

41. Non-residents who are in a city when a public health emergency unfolds will want to leave as soon as possible, putting a strain on transport resources which may be overstretched anyway. In the case of an emergency involving an outbreak of infectious disease, there may be pressure to stop people from leaving the city for fear of spreading the infection. However, in many cases, no one will know how many non-residents are in the city or where they are staying (though foreign visitors could potentially be contacted via their mobile phones, if they have them). It is probably pointless trying to prevent apparently healthy non-residents from leaving the city. If they are asked to remain, they will need accommodation and food.

How will non-residents be accommodated if they cannot leave the city?

**To be answered by the DRRMC and Health Department*

42. If the airport is closed, travellers may be stranded there, but where will they be accommodated? Airport authorities should consider in advance what to do if a large number of people are suddenly grounded for an indeterminate time because of a ban on flying to or from that particular city.

In the event of an airport closure, what are the identified places where stranded persons can be accommodated?

**To be answered by the DRRMC*

43. Closing roads, train stations, and airports will cause a great deal of chaos and create problems in other places. It is important for potential travellers – whether by road, rail or air – to be given the earliest possible warning that a crisis is developing so that they do not travel somewhere and simply add to the problem because they become stranded.

What are the existing guidelines on when roads and train stations may be closed due to disease, and are you able to communicate this rapidly?

**To be answered by the DRRMC*

44. The city will need to have facilities to isolate infected commuters/motorists and everyone else riding in the vehicles with them until they can be declared infection-free.

What facilities does the city have to isolate potentially infected commuters/motorists?

**To be answered by the Health Department, Ospital ng Makati and Makati Medical Center*

Evacuation

45. When a natural disaster threatens, panic may lead to a chaotic mass exodus that chokes roads, overloads transport services, paralyzes airports, and leaves behind those who are least able to fend for themselves. Panic has to be avoided. If those managing the crisis consider that it is necessary to have large numbers of people move out of the city to other locations, this is best done by an organized evacuation that gives priority to the most vulnerable. Any evacuation must take into account the needs of a wide variety of population groups – including the need to ensure a supply of appropriate medications to persons who take them regularly. For an evacuation to run smoothly, there must be ample preparation in large-scale emergency drills involving all relevant services before the event.

Do your emergency drills include city evacuation? Do you have a viable emergency evacuation plan that includes designated evacuation centers, as well as identifies who has responsibility for telling the people to evacuate and outlines how they will be evacuated?

**To be answered by the DRRMC*

Burial of the Dead

46. Bodies should be collected and identified, and it will be necessary to discuss with families what funeral rites are acceptable. It is helpful to work with the religious authorities who can help families to understand that acting according to medical advice is acceptable within their faith.

What are your mechanisms for handling the dead and their relatives? Do these take into account cultural and religious sensitivities?

**To be answered by the DRRMC and Health Department*

47. In a city that suddenly finds itself with huge numbers of dead, there is likely to be a shortage of space for a very large number of burials within a short period. City authorities should draw up plans for an alternative solution in case this situation occurs.

What are the available spaces for large numbers of burials? What are your alternatives for disposal of the dead?

**To be answered by the DRRMC and Health Department*

Section 4: Information on Public Health Emergency Communication

Risk Communication

48. Risk communication, which includes a broad range of communication specializations from media relations to social mobilization, is essential to managing a public health emergency. It enables the public to adopt protective behaviours, helps heighten disease surveillance, reduces confusion, and promotes better use of resources – all of which are necessary for the response to the emergency to be effective. The main task of crisis communication will be to convey complex scientific information to people in a clear and simple manner.

Is there a risk communication plan available? (Please attach a copy of the plan.)

**To be answered by the DRRMC, ICRD and Liga ng mga Barangay*

49. WHO's "outbreak communication guidelines" are based on five overall principles: trust, announcing early, transparency, listening, and planning. The principle of trust means building, maintaining or restoring trust between the public and the crisis management team. Announcing early means giving people the latest information when it is available. Maintaining trust calls for transparency – including timely and complete information about real or potential risks and what is being done about them. During a public health crisis listening is important to find out people's views, concerns, beliefs and practices. And planning is just as important in communication as it is in any other aspect of crisis management.

If you do not have a risk communication plan, do you have a copy of WHO's outbreak communication guidelines? (Please attach a copy of the guidelines.)

**To be answered by the DRRMC, Health Department, ICRD and Liga ng mga Barangay*

50. Despite its importance, risk communication represents a significant challenge during serious public health events. Common failures include withholding information about a real or potential risk, not coordinating communication with partners, and not listening to those affected by the emergency – thereby failing to understand risk perceptions, social norms and potential cultural barriers to public health interventions.

What means do you have to communicate information rapidly and sensitively to partners and the general public?

**To be answered by the DRRMC, Health Department, ICRD and Liga ng mga Barangay*

51. Target populations may be diverse in socioeconomic status and social structure, and may have different languages and ethnic traditions. Information must be disseminated through channels that take into account different levels of literacy and the language used. Some subpopulations will have gaps in their knowledge, different perceptions of risk, and possibly limited trust in what the authorities tell them.

How do you ensure that you are able to communicate equally well with the city's constituents and other groups/nationals?

**To be answered by the DRRMC, Health Department, ICRD and Liga ng mga Barangay*

52. During an emergency in a city, as very large numbers of people try to get in touch with friends and relatives, some communication channels may become overloaded and some may not work because essential staff are ill.

How do you ensure that there are sufficient equipment and resources in place to for uninterrupted communication during health emergencies?

**To be answered by the DRRMC, Health Department, ICRD and Liga ng mga Barangay*

Media Relations

53. The media can be a great asset since professional journalists will always check their stories or at least ask for a comment from those in charge of the situation. Good relations with the media will help support the response to a public health emergency. Information provided to the media should be science-based and accurate. In the early stages of an emergency, when it may not be possible to be accurate about everything, outline what the most likely

possibilities are and make clear that these are only possibilities and not facts. If rumors arise, address them promptly with objective factual information. The aim of the communication effort is to give citizens information so that they can protect themselves and their families. The media can help this to happen.

How would you characterize your relations with the media? Are you ready to discuss with them openly?

**To be answered by the DRRMC and ICRD*

54. Past experience shows that the media will automatically tend to support the health emergency response effort in the early days. Afterwards, however, they will start to interview relatives of someone who has died, or local politicians who may wish to win political capital by criticizing the authorities' efforts. Later still, the media may turn to more detailed assessments of the situation that apportion blame. Whatever the media may do, it is not the job of the crisis team to defend or attack the local authorities but to continue supplying factual evidence in a balanced manner.

Do you have a clear understanding of the communication role in an emergency?

**To be answered by all departments/offices/organizations represented in the Makati City Disaster Risk Reduction and Management Council (DRRMC)*

55. The media will often find things out more quickly than the authorities so the crisis management team needs a good information flow so that it can announce news to the media rather than the other way round. The credibility of those leading the crisis response will suffer if journalists consistently find out about developments before the people who are supposed to be in charge.

How efficient is your incident management system in keeping you fully and promptly informed?

**To be answered by the DRRMC and Liga ng mga Barangay*

56. Even before any emergency occurs, it is useful to identify reliable media contacts who can be useful during a crisis, and who are likely to continue operating in an emergency situation. An inventory of media outlets and their audiences can be created with a view to reaching the maximum number of people. A meeting with media representatives provides an opportunity to discuss how you might work together if a health emergency occurs. During the health emergency, the media should be addressed regularly – at least daily – and information released to them all at the same time. It will create bad feeling and criticism if certain journalists or news outlets are favored.

What is the process for identifying relevant media contacts?

**To be answered by ICRD*

57. *If several people from the crisis team speak to the media and express different views, they run the risk of communicating mixed messages. If this happens, journalists and their readers will get the impression that the crisis team doesn't know what it is doing. It may be wise to appoint one spokesperson to carry out media liaison for the team. If several people speak to the media, it is essential that they should all communicate the same messages. Bear in mind that if the spokesperson is a political appointee, this may undermine credibility.*

Have you identified a spokesperson?

**To be answered by ICRD*

58. *The media may wish to interview the mayor of the city or local politicians, so it is important that they too should be prepared. Risk communication training will help them to speak openly, tell what they know and admit what they do not know, and avoid discussing crazy theories.*

What risk communication training have your civic leaders undertaken?

**To be answered by all departments/offices/organizations represented in the Makati City Disaster Risk Reduction and Management Council (DRRMC)*

59. *Web sites, blogs and personal accounts of the health emergency may start appearing on the Internet. The city may publish news about the health emergency on its own web site; if so, it should make sure that this is technically accurate and up to date. However, other sites may be written by individuals who are more interested in disseminating their pet theories than in sharing reliable information. The best way to deal with this is to ensure that the news journalists have a regular briefing where they are kept up to date on the health emergency and how it is being handled.*

How regular are the news briefings for journalists in your risk communications plan?

**To be answered by ICRD*

60. *The media will typically ask for numbers (e.g. of the sick, or the dead, or the numbers of doctors needed). Explain that they will be given precise numbers at the start of the health emergency when the figures are small. At a later stage, if numbers become large, only approximate totals will be given – though make sure that any approximation is as close to the truth as possible.*

What are your protocols for making health emergency statistics accessible to the media? What mechanisms are in place to protect patients' confidentiality in the information to be released? Is there a back-up system for record-keeping of health emergency statistics?

**To be answered by DRRMC*

Communicating with Subcultures and Immigrant Groups

61. *In an emergency, subpopulations such as immigrant groups will need information – whether written or spoken – in their own language, and will also need translation assistance when sick or injured. Many organizations and citizens' groups – including migrant and expatriate groups – have their own media services, often in other languages. It is important to keep these up to date with news and advice along with the major news services. This will help ensure that immigrants and other subgroups receive the same messages as the rest of the population.*

Which migrant and expatriate media services are included in your media contacts?

**To be answered by ICRD*

62. Information from the authorities will need to be issued rapidly and almost certainly in multiple languages. Because of the urgency, translations will have to be done rapidly and distribution will have to be through the ethnic communities.

How do you get multiple translations rapidly? Do you have ethnic contacts for distributing urgent information?

**To be answered by ICRD*

63. Large numbers of educated professionals, often university graduates, live or work in urban areas. Many citizens will have considerable scientific or medical knowledge and may question instructions given by the city authorities or may refuse to cooperate. An educated population is usually aware of its rights, and lawyers will be available to help people defend those rights. The actions of city and national authorities will be under scrutiny in a public health emergency and legal objections may be raised if a citizen feels that his or her rights are being abused. Any communication approach will need to include the educated as a specific target audience.

What mechanisms are in place for handling criticism and legal challenges?

**To be answered by ICRD and Legal Department*

64. Vulnerability is created by limited social, physical and economic capabilities.

How do you deal with people with disabilities, the illiterate, compromised, senior citizens, women, children, people living in poverty and those living in close proximity to a known hazard? How do you communicate with these vulnerable populations?

**To be answered by the DRRMC, Health Department, , Social Welfare and Development, ICRD and Liga ng mga Barangay*

Annex 3. Summary of Stakeholders Identified Strengths and Gaps

	Strengths	Gaps
I. Coordinating Response		
i.i Health Emergency Management and Planning	<p>There are existing collaboration frameworks between the city and national authorities, both for health emergencies and disasters. Generally, all the city task units are aware of their roles within the framework.</p> <p>The city has existing disaster preparedness, health emergency and outbreak response plans, which are circulated to all city government departments and are exercised through scenario-based drills.</p> <p>The relevant city task units have all been identified and are generally aware of their roles during health emergencies and disasters.</p> <p>The role of private sector has also been incorporated in the city's health emergency and disaster management plans.</p>	<p>Stakeholders noted that although the protocols and procedures are clear, there are still issues that arise during implementation. One way of resolving this would be to institute mechanisms that would encourage greater collaboration between operating units.</p> <p>The stakeholders noted that although the local disaster preparedness and response plan was developed according to national government guidelines, there is a need to review its linkages with the regional and national disaster plans, as these higher level plans were not fully disseminated to local government units by the relevant national government agencies.</p> <p>In the updating of the local disaster preparedness and response plan, greater efforts should be exerted to gather the recommendations and other inputs from all relevant city task units and external stakeholders.</p> <p>Greater focus should also be placed on the sections of the plan devoted to recovery and rehabilitation, as these are considered as weak areas in the city's disaster and health emergency preparedness.</p> <p>Not all personnel and units are consistently aware of their roles, mainly due to the turnover of personnel.</p> <p>There is also a need to increase the awareness of private sector organizations on their roles in the city's health emergency and disaster management plans.</p>

	<p>The City has administrative and financial procedures in place for health emergencies and disasters, which are regarded as responsive and effective by most stakeholders.</p>	
	<p>Delays in administrative and financial requests during emergency situations are related mostly to incomplete requirements from requesting units or unavailability of stock from suppliers.</p>	
<p>i.ii Coordination among Diverse Stakeholders</p>	<p>The City Health Department has an epidemiologist on staff and crisis evaluation is carried out by its surveillance group.</p> <p>Health emergency evaluation for disasters is undertaken by the Intelligence and Disaster Analysis Unit of the city's Disaster Risk Reduction and Management Council (DRRMC).</p> <p>The relevant city government departments are aware of and compliant with the different national government guidelines on health emergency and disaster preparedness.</p> <p>There are separate existing programs for health emergencies and disasters, each with their own coordinators.</p> <p>The city government has agreements with two hospitals outside Makati for the provision of medical services to its residents during times of need.</p> <p>There is also a longstanding referral system among the City Health Department and certain</p>	<p>The city has limited capacity and resources for scenario building, a function which is lodged with the national government.</p> <p>Some of the national guidelines need to be localized to take into account the level of capacity and resources present within local government units.</p> <p>The city has yet to enter into agreements with adjoining cities with regard to managing health emergencies.</p> <p>There are no written agreements with the hospitals involved in the referral system.</p> <p>Private hospitals would be encouraged</p>

hospitals in Makati City, where cases that cannot be handled by the city government are referred to private hospitals. to participate in the referral system if there were clear guidelines on the extent of their participation and remuneration for their services.

The city's own accounting and auditing procedures, complemented by directives from the Department of Health, are sufficient to manage any donations received by the city government.

The participation of private organizations is included in the provision of the city's disaster management plans. There are no private companies or organizations that are specifically mentioned in the city's health emergency and disaster plans, nor are the roles of private organizations defined.

Private organizations are active in disaster response and relief operations. There is a need to raise awareness among private companies that they are part of the city's health emergency and disaster risk management plans.

There are separate existing incident management systems for health emergencies and disasters. Relevant city task units are generally aware of their roles within these systems. Regular orientations and re-orientations regarding the incident management systems need to be conducted, as well as strengthening of coordination to facilitate response, as the turnover of personnel sometimes leads to operational lapses.

The duration of response is limited by the city's amount of resources. There is a need for further consideration on stockpiling and mutual aid agreements for multiple, major and mass casualty incidents.

i.iii Maintaining City Services

There is a mutual assistance agreement for Metro Manila cities, as part of recommended actions in the report of the Metro Manila Earthquake Impact Reduction Study. There are no formal linkages between the City Health Department and private hospitals.

There are no guidelines governing actual response between the city government and the private sector.

Makati can also call upon its sister cities for assistance during emergencies and disasters, as part of their

There are limited agreements with hospitals in areas outside of Makati.

sisterhood agreements.

The Ospital ng Makati is in the process of inking accreditation/affiliation agreements with private tertiary hospitals and specialty hospitals retained by the Department of Health.

The Makati Medical Center (a private hospital) supports the City Health Department in surveillance, as part of relevant Department of Health programs.

The city government has identified at least 57 locations that can serve as sites for temporary field hospitals to provide medical services to non-communicable sick or injured.

Regional authorities have also identified additional open spaces for evacuation.

Makati's sister city agreements are one mechanism for bringing in additional medical personnel and resources during emergencies.

There are also mechanisms in place for tapping international humanitarian assistance.

The deployment of additional medical personnel is covered by the current incident

Some designated locations may be impacted by hazards.

Due to lack of needed facilities, the designated evacuation/safe haven areas may not meet international standards.

Clearance of access to evacuation sites needs to be managed, although there is an existing plan.

In case of an earthquake, the locations of existing sites for temporary medical facilities needs to be correlated with information on possible bridge/building collapse and road blockages.

The protocols for deploying and mobilizing additional medical personnel are covered by the incident management system but the procedures are not fully documented (notification, activation and deployment).

management system in place.

i.iv Ensuring Business Continuity

Disaster risk reduction activities are being conducted regularly by different city departments such as vector control, solid waste management, and cleaning and de-clogging of waterways.

There is a lack of city-wide risk and vulnerability assessments.

There is also a need for greater focus on transferring informal settlers from areas affected by hazards.

There is a need for better coordination in terms of the business continuity programs of service providers, to see how they consider risks.

There is a need to determine how many establishments in the city have business continuity plans.

Saving and back-up of data is one aspect of business continuity that is often overlooked.

There is also a need to prioritize which businesses should be able to operate immediately after a health emergency or disaster (i.e. providers of food, water, power, and communications).

i.v Preparing for the Worst

There are separate existing nationwide alert systems for health emergencies and natural hazards such as storms or typhoons, earthquakes and volcanic eruptions. The city task units are generally aware of their roles within these systems.

Hospitals within the city have existing protocols for safeguarding patients' rights and the confidentiality of medical information, even during crisis situations.

At the city hospital, drills are conducted every six months, based on the existing emergency plans. Hospital evacuation and mass casualty management drills are conducted yearly.

There is a need to conduct more drills on response to biological agents and weapons of mass destruction, as well as consequence management scenarios and city-wide coordinated drills.

For disasters, various types of evacuation drills are carried out throughout the city 3-4 times a year.

There is a need to provide more resources (financial and manpower) to support the conduct of regular drills, particularly for private establishments.

There are evaluation processes in place to assess the conduct of the drills and for making corrective actions.

The City Health Department regularly evaluates efforts to contain the spread of diseases, then reports its findings to the Department of Health

The organizational structure or mechanism for evaluating the effectiveness of health emergency interventions is not fully documented.

Most of the department's staff are already trained in surveillance.

i.vi Human Rights

Risk communication interventions are in place, through the City Health and Information and Community Relations Departments, to counter rumors and misinformation during health emergencies.

Non-resident indigents with health insurance coverage are provided with appropriate medical services in public and private hospitals in the city, regardless of their ability to pay. The cost of treatment is subsidized either by the city government or private hospitals.

Public and private hospitals in the city have no specific protocols for treating legal/illegal immigrants, tourists and visitors, except for notification of their respective embassies or consulates. These groups can access appropriate medical services, just like Makati City residents.

II. Managing Response

ii.i Mapping the Spread of Disease and Tracing Contacts

The City Health Department has accurate ways of tracing persons or multiple contacts, even in slum areas, through the assistance of community-based health staff and the updated database and maps of informal settlers maintained by the city.

Residential and commercial establishments are surveyed annually, generating such data as no. of household members, access to health services, employment rate, gross family income, and household septage. Lists of existing non-government and people's organizations based in the local communities are also compiled

The city government can easily access no-go areas through the community-based health workers who have existing contacts in these areas.

ii.ii Organizing Medical Response

The City Health Department and Ospital ng Makati have stockpiles of medicines and supplies for common disease outbreaks. In case of epidemics, they can avail of emergency purchases of medicines, equipment and supplies using funds from the Office of the Mayor.

Current stockpiles of medicines and supplies are not enough for epidemics or other health crisis.

Private hospitals such as the Makati Medical Center have existing frameworks for identifying the need for stockpiling medicines and equipment.

The City Health Department, city hospital and the city's tertiary private hospital are all capable of safe stabilization of persons with infectious diseases.

At-risk groups to be prioritized for distribution of prophylaxis during disease outbreaks have already been identified by the City Health Department.

Community Health Centers are the main points for prophylaxis distribution.

The Department of Health is the main partner for prophylaxis distribution, as they provide the medicines.

In terms of diagnostic services, the City Health Department has 1 main and 6 satellite laboratories. Its budget is sufficient to support diagnostic services during health emergencies.

The Makati Medical Center has sufficient diagnostic centers that operate 24/7.

The city hospital and Makati Medical Center have procedures in place to allocate additional space for handling increased number of intensive care patients.

The city hospital can only provide the basic and most common stabilization interventions, as they have limited facilities for isolation.

Although the budget of the City Health Department is sufficient, there is limited number of personnel to handle diagnostic services during health emergencies.

While the city hospital has diagnostic services available 24/7, these may not be able to handle high volumes of cases due to health emergencies.

The City Health Department adheres to the relevant guidelines of the Department of Health on isolation and quarantine

The City Health Department depends primarily on the Ospital ng Makati and other hospitals in the city for isolating infectious cases. The city hospital has limited facilities for isolation.

The Makati Medical Center has sufficient facilities for isolation of infectious cases. In cases of outbreaks, they follow procedures established by their Emergency and Preparedness Committee on isolation and quarantine.

The City Health Department follows the guidelines of the Department of Health on preventing the spread of airborne diseases in hospitals.

The city hospital's written protocols on containment of spread of airborne infections are still being drafted.

Ospital ng Makati and the Makati Medical Center have protocols in place to prevent the spread of airborne diseases in their hospitals. The city government complies with a national law authorizing the payment of hazard pay and subsistence and laundry allowance, as well as monetary and non-monetary remuneration for overtime services rendered by health staff.

The Ospital ng Makati needs to be re-oriented on policies related to the granting of overtime pay for health staff.

The Makati Medical Center is adequately staffed and can make provisions for extended working hours. For outbreaks, epidemics and other emergencies, there is pooled manpower that can be called upon.

At the Ospital ng Makati, facilities to accommodate staff during health emergencies are available, but limited. For protracted responses, they depend on the city government to augment accommodation

and food requirements.

Food and water supply are readily available at the Makati Medical Center, while temporary lodging can be decided by the management using any of the offices or rooms.

Stress debriefing and counseling services can be provided by the city's social workers. In case of a disaster of great magnitude with a lot of people in need of stress debriefing and counseling, the city can request for resource augmentation for stress debriefing and counselors from the national government's Department of Social Welfare and Development. Private partners and NGOs providing these services and based in Makati may also be tapped.

ii.iii Community Mitigation Strategies

In case of self-quarantine, the city is ready to provide some food and financial assistance to quarantined persons through its program on Aid to Individuals/Families in Crisis Situation (AICS).

ii.iv Travelers and Non-residents

Non-residents and visitors are accorded the same treatment as Makati City residents. However, coordination with their respective embassies/consulates is done in certain cases through the International Relations Department of the city.

There are no existing written procedures or mechanisms for dealing with the situation of non-residents quarantined in the city.

There are no existing written procedures or mechanisms at the city level for closing roads and train stations due to disease. The city will refer to guidelines coming from the national government, if any.

The City Health Department has no facilities to isolate potentially infected commuters/motorists. These will be referred to the Ospital ng Makati and other hospitals in the city.

ii.v Evacuation

The city government has several types of evacuation plans which are exercised several times a year.

Current emergency drills don't include city evacuation, as there are many difficulties in organizing and carrying out such a large-scale exercise.

ii.vi Burial of the Dead

Mechanisms for handling the dead are contained in Department of Health Administrative Order No. 2007-0018, the National Policy on the Management of the Dead and Missing Persons during Emergencies and Disasters.

There is a need to localize the national policy on management of the dead to take into account the capabilities and resources of local governments.

Identification of space for burials during disasters is responsibility of the national government, in consultation with the city government.

3. Public Health Emergency Communication**iii.i Risk Communication**

The city government has risk communications protocols in place, overseen by its Information and Community Relations Department.

A written risk communications plan is still being developed.

Relevant city government departments have copies of and are familiar with WHO's Outbreak Communications Guidelines.

During crisis situations, the city government communicates with residents by issuing news bulletins and alerts through the tri-media. It also uses available communication tools including the internet, fax, SMS and landlines. Information provided to radio and television stations are broadcast nationwide within the day. Community assemblies and press conferences are also conducted to help provide additional information directly to residents.

In order to communicate effectively to all groups, the city government provides information in Filipino and English.

City Health Department staff are also trained to communicate equally well with all people, city constituents as well as other groups/nationals.

The city government currently relies on readily available conventional communication equipment such as two-way radios, telephones, mobile phones, e-mail and other internet protocols.

There are no contingencies in place yet to deal with situations when conventional communication modes such as landlines and mobile phones are not operational.

iii.ii Media Relations

The city government has friendly and professional relations with media. Pertinent issues are discussed openly with media, based on facts and real assessments of situations. During press conferences, city officials in attendance answer media questions candidly.

Generally, the city government departments are aware of the important functions of communication during a crisis. The existing incident command system provides a workable framework for transmitting relevant information from the local communities to city government decision-makers.

The official spokesperson of the city government is the OIC of ICRD. If permitted by the Mayor, other key officials with in-depth knowledge of the situation may speak for the city government. In this case, his or her position will be the stand of the city government.

Not all key officials have undertaken risk communication training. There are no City Health Department staff that have received this type of training.

During crisis situations, news briefings are conducted as soon as new developments arise. Briefings are typically conducted once a week, but in extreme cases, at least two press briefings may be called within a week.

iii.iii Communicating with Subcultures and Immigrant Groups

Aside from local media, the city government also sends out press releases and press conference invitations to the Foreign Correspondents Association of the Philippines, Associated Press and Reuters.

The Information and Community Relations Department makes use of Mayor's Action Command and barangay leaders to distribute urgent information to local communities. Its staff also regularly distributes information materials to the barangays and establishments around the city.

The city government does not have a multi-language translator at present. However, if the need arises, there are locally-based translation firms, as well as internet-based translation services that offer translation within 24 hours.

The city government carefully studies its actions before implementing these, so that the rights and welfare of the people are not compromised. In the face of criticism, defends its actions by explaining to the people the benefits that will accrue from such actions. The Law Department also reviews legal documents and draft ordinances for their legal implications, prior to their final passage.

Staff members of the City Health and Social Services Departments are trained to communicate and cater to the needs of identified vulnerable groups within the local communities.



**World Health Organization Centre for Health Development
(WHO Kobe Centre – WKC)**



I.H.D. Centre Building, 9th Floor 1-5-1 Wakinohama-Kaigandori
Chuo-ku, Kobe 651-0073 Japan
Telephone: +81 78 230 3100
Facsimile: +81 78 230 3178
E-mail: wkc@who.int
URL: http://www.who.int/kobe_centre/