

The event that prompted action

Typhoon 'Reming' was one of the strongest typhoons that hit the Bicol Region on November 30, 2006. It was a Category 5 tropical typhoon with gustiness of more than 250 kph causing landfalls in Virac, Catuandanes, Albay, and Camarines Sur. The heavy rains brought by the strong typhoon caused the mudslides from the accumulated debris from the yearly eruption of the Mayon Volcano. This buried several barangays and caused injuries, deaths, and cases of missing persons.

With the intensity of the typhoon and with most houses built with light materials, houses were uprooted and other infrastructures suffered severe damages. In addition, lifelines broke down while a significant number of families were displaced to evacuation centers or temporary shelters.

Health facilities were not spared. Some Rural Health Units (RHUs), Barangay Health Stations (BHS), and even hospitals were structurally damaged during the typhoon: 1) roofs were blown-off 2) roof framings, ceiling, ceiling framing, eaves, fascia were damaged 3) window glazing were broken, and 4) electrical wires, wiring devices, & plumbing system were destroyed.

The Bicol Regional Teaching and Training Hospital (BRTTH) was hardest hit: some hospital personnel were victims themselves; lifelines such as water, communication, and electrical supply were down; some hospital equipment were damaged; some hospital areas became non functional; yet it remained functional to deliver the much needed health services.

Action Taken

In order to support the Bicol Regional Teaching and Training Hospital immediately after the impact of the typhoon, Medical Teams were deployed from Manila and neighboring regions. Medicines, power generators, water tanks, and other supplies and equipment were provided based on assessed needs. The hospital was alerted for some possible disease outbreaks and kept ready with possible needed medicines and supplies. Other support activities were properly coordinated with the Hospital Health Emergency Structures.

A technical evaluation of the Physical Recovery and Rehabilitation needs of Typhoon-Damaged Essential Health Care Facilities in the Provinces of Albay and Camarines Sur was conducted in collaboration with the WHO two months after. This was to formally determine which existing health care institutions have priority for vulnerability studies and disaster impact reduction measures. Health Facilities GIS Mapping in Albay was also conducted to strengthen coordination, collaboration and networking among stakeholders.

Usually, final repair or reconstruction of health facilities takes 2 to 5 years post-disaster or emergency. In Bicol's experience, this was achieved in less time with proper coordination and strong administrative support.

Synergy of a Good Hospital Network and the Provision Post-Disaster Medical Care

Natural and complex disasters both increase dramatically the demand for emergency medical care. Mass casualties are an integral feature of many disasters. Hospitals play a vital role in managing the health impact to the community. As a consequence, affected and collaborating facilities led by the DOH join efforts to find ways and means to facilitate immediate provision of medical care to victims. An obvious solution seems to be the organization of a good hospital network.

Health facilities and health services—a community's lifeline in normal times, but especially so in times of crises—can be severely damaged or, at the very least, left unable to function in the aftermath of disasters and emergency situations. There are countless examples of health infrastructure—from sophisticated hospitals to small but vital health centers and Barangay Health Stations—that have suffered this fate. One such case occurred in the Bicol Region when the Bicol Regional Teaching and Training Hospital was hit by typhoon Reming.

The safety of health facilities must be ensured such that health services shall remain accessible and functioning at maximum capacity during and immediately after disasters, emergencies or other crises. And in order for health facilities to protect the lives of patients and staff, they must be physically resilient and able to remain operational and continue providing vital health services. The attainment of this objective is hampered by a number of reasons, including an erroneous perception that building resilient health infrastructure is prohibitively expensive and also the lack of involvement of multi-disciplinary experts. But Bicol Regional Teaching and Training Hospital rose from the ruins through its networks.

Based on Bicol's experience, many factors must be taken into account when selecting the location of a health facility, as well as when designing, building, maintaining and operating it. These considerations range from structural resistance requirements to disaster response planning, to the installation of a range of nonstructural elements and equipment. To top it all, the functionality shall define its complementation value.



BRTTH (Bicol Regional Teaching and Training Hospital)

There are important lessons to be learned from past natural disasters such as:

1. In Bicol Regional Teaching and Training Hospital (BRTTH), structural and non-structural damages did not stop the hospital operation during the disaster because of the strong functional structure in place.
2. The immediate activation of the Incident Command System gave full authority to the head of the hospital to remain in control of the operation during the disaster and in strong coordination with the Central HEMS for assistance.
3. A good and strong network can fill the gaps of needs in terms of logistics supply, financial, and even manpower support during disaster.
4. The presence of competent and committed hospital administrators and staff can satisfactorily augment the needs of an affected facility to manage humongous surge of patients.

 World Health Organization
Western Pacific Region
Emergency and Humanitarian Action



Philippines

Optimizing maximal functionality
of DOH-hospitals amidst damages
by strong typhoons

