Local government units and WHO: Partners in disaster preparedness

The World Health Organization (WHO) forged a partnership for health with the League of the Municipalities of the Philippines last March 1, 2012 at Summit Ridge Hotel in Tagaytay.

The partnership brought to the fore the Priority Health Programmes of the Local Government Units (LGUs), among which disaster management and preparedness are included.

The WHO initiated this partnership with LMP not just to advocate SPEED but also to ensure the support of the Municipal Mayors and their local government units towards the advancement of specific health programs, to strengthen the local implementation of Kalusugan Pangkalahatan or the Universal Health Care (UHC) and to help facilitate the achievement of health-related Millennium Development Goals (MDGs).

The interface between the two organizations was just one of many interactions slated to take place regularly to discuss health issues at the municipal level.

Surveillance in Post Extreme Emergencies and Disasters (SPEED) supports the local government’s efforts to reinforce the integration of Disaster Risk Reduction and Management (DRRM) into national and local policies and programmes. SPEED supports the implementation of priority DRRM mitigation and preparedness actions such as capacity building, development of tools and frameworks and the strengthening of the national and local capacities to respond to large scale emergencies.

The third phase of SPEED Expansion Plan kicked off early this year with the emergency roll out to Region X when Tropical Storm Sendong (international name: Washi) devastated Cagayan de Oro and Iligan Cities. Sendong took the lives of more than 1000 people and rendered 200,000 homeless.

Proper management training and capacity building at the community level can help mitigate the impact of disasters. Lessons learnt from past catastrophes like Ondoy, Pepeng and Santi have taught us a valuable lesson --- timely, accurate and relevant health information post disaster can prevent secondary disaster from happening. Disease outbreaks can be prevented or caught at its earliest stage to prevent an all out epidemic.

Indeed, when a secondary disaster in the form of Leptospirosis outbreak threatened the hapless residents of Cagayan de Oro and Iligan City, SPEED was already on the ground, its alert threshold catching the disease symptoms early.

SPEED is a powerful tool for health emergency managers to prevent or minimize the loss of lives.

Mayor Strike gives his thumbs up to SPEED during the executive committee meeting of the League of Municipalities of the Philippines held in Tagaytay.
It also establishes a quick response system and immediate alert for cases like leptospirosis, measles and many more.

The realization of how truly important health data management is has inspired the development and roll out of SPEED in the shortest possible time. And the recent catastrophic event that hit Region X, a region not normally prone to natural disaster, has proven that no place in the Philippines is truly exempted. Indeed, we can not prevent disasters from happening but we can be prepared for it.

To date, SPEED has been rolled out in all 17 regions of the country. Hundreds of health workers have been trained. Indubitably, SPEED has proven to be a valuable tool during past disasters like Pedring, Quiel in Bulacan and Pampanga, landslides and floods in Tacloban, flash floods in Mindanao, ARMM, Tarlac and most recently Sendong in CDO and Iligan Cities.

SPEED team assured the Mayors that capacity-building in the local municipalities will be supported by technical people and emergency personnel from the WHO and the Department of Health-Health Emergency and Management Staff (DOH-HEMS). Training of health staff, awareness campaign and advocacy fora for the governors, and mayors down to the barangay level are part of the ongoing expansion plan to prepare all regions in data gathering to prevent or lessen mortality and morbidity when disaster strikes.

Dr Soe Nyunt-U, WHO Representative in the Philippines, together with some of WHO’s technical officers attended the partnership meeting to present the various health programmes of the country. LMP Executive Committee members headed by its hard-working National President, Mayor Strike Revilla welcomed the partnership, urging the other mayors to support the various health programmes and adopt these in their respective municipalities.

The LMP executive members, comprising of mayors from Compostela Valley, Albay, Cebu, Kalinga, Agusan del Norte, Davao del Sur, Aklan, Quezon and North Cotabato gave their commitment of support to the various collaborative health projects of WHO and DOH.

Aside from SPEED, the other programmes presented were:
- Maternal and Child Health: Unang Yakap & Breastfeeding TSEK
- International Health Regulations (IHR) & Asia Pacific Strategy for Emerging Diseases (APSED)
- Dengue, Malaria and Neglected Tropical Diseases
- Good Governance on Medicines
- Medicine Transparency Alliance (MeTA)
- Prevention and Control of Noncommunicable Diseases (NCD)
- Red Orchid Awards for 100% Tobacco-Free Environment

"The WHO supports the Municipal Mayors and their LGU's towards the advancement of their priority health programmes. This partnership will forge collaboration for better health outcomes and implementation of activities towards achievement of universal health coverage," Dr. Soe said.

**Dialogue on Health with the Cavite Mayors' League**

After the successful meeting between WHO Technical Officers led by the WR Philippines and the executive committee members of the League of Municipalities (LMP) last March, the commitment to support the priority health programmes at the local level was once more reinforced during a dialogue with the Cavite Mayors’ League two weeks after.

Initiated by CML head, Bacoor Mayor Strike Revilla, the Dialogue was attended by mayors from Cavite City, Noveleta, Naic, Ternate, Indang, Magallanes as well as various Municipal Health Officers of Cavite.

There was a meaningful Dialogue between WHO’s Technical Officers and the Municipal Health Officers who have a lot of questions on SPEED’s mechanics, the TB project, emerging disease surveillance and response, the anti-tobacco campaign, Unang Yakap (First Embrace) and the programme on noncommunicable diseases.

**WHO-LMP in Davao**

Upon the invitation of Honorable Mayor Roel Paras of Davao del Sur, SPEED project Officer, Dr Aura Corpuz, introduced DOH HEMS’ post disaster surveillance system to Davao del Sur’s 14 Mayors, Municipal Health Officers, Governor Douglas Ra. Cagas, Dra. Azucena Dayanghirang, Davao’s Provincial Health Officer, and DILG Provincial Director Abito Bernasor.

Mayor Paras endorsed the tie-up with WHO to all the participants and gave WHO their collective pledge to support not only SPEED but also the other programmes of WHO in collaboration with DOH in their communities and municipalities.

The WHO-LMP Davao Provincial Dialogue on Health took place at the Pinnacle Hotel in Davao City on 26 March.
How SPEED works

SPEED is an early warning surveillance system activated in post-disaster and extreme emergency situations. It works through the use of current technology such as text messaging, the internet, and other communications facilities available in the area for immediate, efficient and accurate reporting of data on the health status of disaster-affected communities.

Note: MHO = Municipal Health Office; CHO = City Health Office; PHO = Provincial Health Office; LGU = Local Government Unit; CHD = Center for Health Development (DOH regional office); signifies the sending of Immediate Notification Alert when health conditions with high epidemic potential are seen in health facilities.

Virtually real-time snapshot of the health status of the affected population

+ Health information available to stakeholders

= SPEED, a powerful tool for health emergency managers to prevent or minimize the loss of lives

SPEED works this way:

1. Health authorities in a locality assess the situation in their area. If the conditions meet SPEED’s activation criteria, they can begin using the system.

2. Reporting begins at the evacuation centers, health centers, and hospitals caring for disaster-stricken populations. SPEED reporters gather data from consultation logsbooks of these areas where patients are cared for, focusing on the 21 most common health conditions and diseases seen after events like typhoons, floods, and earthquakes. They then transfer the data into appropriate SPEED paper forms (Form 1 for data gathered in evacuation centers and health centers, Form 2 for data gathered from hospitals) and send the data for the day via text messaging everyday at 4pm. Should mobile phone service be unavailable, other data submission modalities like two-way radio calls, landline telephone calls, or personal delivery may be used.

3. The SPEED server or main computer system based at the DOH in Manila receives the reports sent via text messaging. Correctly formatted reports are then made accessible to health emergency managers at all levels of governance through the SPEED website. The SPEED system likewise sends Immediate Notification Alerts to the mobile phones of designated recipients when the number and distribution of specified health conditions go over their threshold, signifying the potential development of a possible outbreak or epidemic.

4. In the SPEED website, health emergency managers generate tables, graphs, and maps through which they analyze the trends and distribution patterns of health conditions affecting the survivors of the extreme emergency or disaster.

SPEED, with the right material and human resource support, can ensure the early detection of increase in communicable and non-communicable diseases and monitors trends of health conditions in the disaster-stricken area thereby enabling the identification of appropriate response to prevent diseases and avert deaths.

April-May
Development of SPEED System
Manual of Operations and
information, education, and
communication (IEC) materials

July
SPEED orientation among
CHD HEMS coordinators
and trainings in pilot sites:
Provinces of Tarlac and Rizal

July-August
SPEED simulation exercises in pilot sites:
review of SPEED system & enhancement
of SPEED IEC materials and SPEED web-
site and text messaging components

September-November
Major SPEED advocacy
events for local
government leaders

Surveillance in Post Extreme Emergencies & Disasters 3
Red Cross Undergoes SPEED Training

Last May 7th, on the eve of the World Red Cross Day 2012, first batch of Philippine Red Cross - twenty five (25) representatives from twenty (20) chapters and its National Headquarters underwent the Basic SPEED Training for Reporters at Hotel Kimberly in Manila.

In her welcome message, PRC Secretary-General Gwendolyn Pang urged her colleagues to embrace the SPEED system as part of their continuing close working relationship and partnership with the Philippine government and the WHO. She explained that SPEED is a tool to help obtain quality health information the soonest time possible during emergencies and disasters.

something PRC also requires in order to provide the appropriate material and human resources to where they are needed the most. She emphasized that PRC can help fill the information gap post-event through the use of SPEED, given PRC’s 100-chapter strong presence across the Philippines.

Chapter coordinators from as far north as Tuguegarao City and down south as Cotabato City participated in the day-long training. They were oriented on the rationale for SPEED’s development, the flow of SPEED reporting, how to fill out SPEED forms, and how to send SPEED reports via text messaging. They were also shown how data was managed using the SPEED website.

The participants appreciated the simplicity of the SPEED forms and the ease of filling them out. The submission of reports via text messaging also got high marks from the participants, especially the prompt reply of the system when a correctly formatted message gets sent or a disease with epidemic potential has been reported.

The PRC and the DOH-WHO SPEED team are exploring the possibility of holding additional Basic Training for SPEED Reporters in the future to capacitate other PRC chapters on the use of the SPEED system.

This is part of the continuing communications and advocacy plan of SPEED to promote its use to other health partners, government agencies and stakeholders and make SPEED part of their disaster management and preparedness plan. SPEED trainers Marlene Galvan (SPEED Focal Person in the DOH-EMSS), Mr. Van Allen Bustos (DOH-EMSS Help Desk OIC), and Dr. Christian Gomez (WHO SPEED Training Coordinator) led the training, made possible in coordination with Mr. Brian Kae Ramirez, RN, PRC National Field Representative, Community Health and Nursing Services and Mr. Ryan Jay Joya, RN, PRC Officer in Charge, Community Health and Nursing Services.

Capability Training For Local Government Units in 17 Regions --- Now Completed!

As of May 18, 2012, the training teams of SPEED have completed the rollout of capability training activities for local government unit health personnel. At least 3,300 municipal, city and provincial health officers, public health nurses, rural health midwives and allied medical professionals from all the 17 regions of the country have successfully undergone the Basic SPEED Training.

Basic SPEED Training participants are from among key health emergency management and disease surveillance officers of the Centers for Health Development of the Department of Health and local government units, overseen by the DOH - Health Emergency Management Staff and the World Health Organization. Several non-government organizations were tapped as partners to render administrative support to the SPEED trainings.

The Basic SPEED Training began on October 2010 in the pilot areas of NCR, Region IV-A, and Region III as part of SPEED Phase I. In the Phase II of SPEED implementation, Regions I, IV-B, V, VI, VIII, XII, CARAGA and select provinces of the Autonomous Region in Muslim Mindanao (ARMM) were covered. SPEED Phase III saw the training of LGU health professionals from Regions II, VII, IX, X, XI, the Cordillera Administrative Region and the rest of ARMM.

Since its conception two years ago, SPEED had been advocated in numerous fora for LGU’s to make this early warning and surveillance tool an integral part of their disaster preparedness and management program. And as workshops were conducted with health personnel to capacitate them in health information management after a disaster, the system had also been activated and constantly tested in real disasters setting as the country was battered by typhoons, volcanic eruptions and landslides. Simulations and post incident evaluations also took place to test the viabilityof SPEED system as well as to improve the knowledge and SPEED application skills of emergency personnel on the ground. All trainings were

Continue on page 5
DOH-HEMS staff joins SPEED skills enhancement training

ON THE GROUND
The many faces of SPEED users

The strength and effectiveness of SPEED lies in the people who use it and had first hand experience in activating, reporting, assessing the health situation, validating and recommending response and action.

Indeed, in times of disaster, the health staff are the most precious resource to ensure that health information of the affected population are updated in order for immediate and appropriate response to avert a secondary disaster (epidemics and outbreaks) from happening.

Here are first hand accounts of ordinary people doing extraordinary work after Tropical Storm Sendong battered Cagayan de Oro and Iligan Cities in Region 10. Their personal experiences showed valuable insights as well as lessons learnt by SPEED users on the ground.

“It was quite an interesting and an easy tool to use for disease surveillance activities. It helped us to understand the trend of diseases and helped plan for response. SPEED for me is really in conjunction with my work as Surveillance Officer for PIDS (Philippine Integrated Disease Surveillance and Response) because before any emerging disease goes beyond its threshold, that is within PIDS core, SPEED is already in action.”

Tristan’s training is centered on data collection and validation though he also got the basic training on the system. “I call it the SPEED WAY,” he said, “because just from its name alone, it is the fastest way to detect sudden rise and fall of figures of incidence of diseases which will prompt the system and mobilize relevant personnel to prevent possible outbreak.”

What do you think are three (3) aspects that need to be improved?

“As Data Manager for SPEED, there is a need for further info management or proper IT diagnosis for accurate input of figures on mortality and morbidity cases. Second, there is a need for more in-depth training as preparation and more practice for refresher. Third, logistics and resources for mobilization and material needs for implementation should be valid.

In all, I believe that the system is a valid and valuable tool for disaster management and preparedness. It is an alarm clock for the people on the ground. As I say: it is time to wake up and make it (disaster unpreparedness) stop before it’s too late.”

The participants and the facilitators from Davao del Norte with Dr Soe Nyunt-U during the SPEED training workshop held on March 21-22, 2012 at Ritz Hotel, Illo, Obrero Davao City.

Tristan, Rajh and Fatima - recount their experiences at SPEED users on the ground.

Tristan Jediah Labidat
SPEED Data Manager CDO/Iligan City

Tristan worked for almost 2 years as PIDS Officer in DOH-CHD Region 10 until recently when he was drafted by WHO to work for SPEED Project in the region.

The participants and the facilitators from Davao del Norte with Dr Soe Nyunt-U during the SPEED training workshop held on March 21-22, 2012 at Ritz Hotel, Illo, Obrero Davao City.

from page 4

undertaken with the support of the Australian Agency for International Development or AusAID. Prior support has likewise been extended by the Government of Finland, the United States Agency for International Development (USAID), the Government of SPAIN through the MDG Fund for Climate Change, and the UN Central Emergency Response Fund (UNICEF) for conflict-affected areas.
Fatima Grace Torrecampo
SPEED Data Manager, CHD Region 10

Fatima is the surveillance officer in Misamis Oriental for almost 2 years and started using SPEED only when Sendong brought havoc in the region.

"I first heard about SPEED during Sendong, and that it is an organized system to detect possible outbreak. I was tasked to do the SPEED report for Center for Health Development (Region 10). I find it a very helpful early warning system and learning about it gave me new knowledge. One challenge I encountered was the texting errors made. LESSONS LEARNED: To always follow up SPEED reporters to text the exact data.

Ms. Nice Bingona
Nurse IV City Health Office, Cagayan de Oro

Ms Nice works as a nurse for 11 years and during SPEED activation, she acted as the nurse supervisor.

According to Ms Nice, she learned of SPEED only when World Health Organization personnel came to their office and informed them of the crash course they will be given because of the emergency roll out of the system after Sendong displaced thousands of people in the evacuation centers. "My general impression of SPEED is that it is an efficient reporting system in detecting disease trends." Acting as Data Manager upon its activation, Ms Nice relates that "Giving quick and immediate health status of specific area which would then enable health managers to give immediate interventions was the best contribution of SPEED. Not to mention that having constant communication with health workers in the field is one of the positive experiences I gained."

However, lack of resources like LOAD, computer with internet capacity, transportation and proper time management are some of the challenges she encountered.

Rauel John "Rhaj" Santos
SPEED Data Manager, CDO

Rhaj worked with the Operation Center of the Department of Health (DOH) in the aftermath of TS Sendong. He underwent a quick orientation with Ms. Julie Villadolid (SPEED Technical Officer) four days after the storm devastated CDO.

"SPEED helped us understand the trend of diseases, thus, it also helped in planning for response. I am more involved in providing technical assistance to the CDO SPEED reporters and managers.

"One positive experience which I found really amazing and commendable is the SPEED Website. A lot of things can be done in the website ‘hassle-free’ and fast.”

LESSONS LEARNED: "Everything was a learning experience for me, starting from the submission of data, validation and generation of reports. Report creation became simpler with the use of excel formulas which can also be used with other programs."

Areas for improvement?

"In the feedback mechanism, reporters should always receive a reply because they might think that their reports were not received. Plus there should be a two-day orientation to hospitals, CHO, BHC and evacuation center managers perhaps including NGOs who are active partners during the response and rehabilitation phase.”

Rhaj finds SPEED a lot of help in the planning process. "It will guide people behind the planning team and other stakeholders on what to do first and how to respond efficiently and effectively.”

Teresita Coronado, RN
Nurse II, Surveillance Coordinator
Gregorio T. Lutch Memorial Hospital

Teresita worked for 3 years as PIDS-P Coordinator. She regularly attends surveillance seminar and submits weekly report to RESU in Cagayan de Oro.

What were the best contribution of SPEED in hospitals?

"Our hospital actively participated not only in a curative aspect but also worked in preventive aspect particularly in the prevention of communicable diseases in times of emergency. My participation during Sendong was in giving immunization to patients who are typhoon victims. Preventive medicines were also given to prevent leptospirosis. Without SPEED, these patients would not be given immediate aid and would have resulted in more deaths.”

LESSONS LEARNED: "SPEED reporters should give careful and accurate reporting of data and reports should be reported promptly."

In her opinion, “Hospitals must organize a SPEED team, informing hospital staff about SPEED activities and the notifiable diseases so that they will help in the collection of data. A budget must be allocated for this. The hospital administrators and department heads, particularly in Pediatrics and Meds must also be tapped in surveillance activities for confirmation and documentation of cases.”
Post Incident Evaluation (PIE) on SPEED System Post Tropical Storm “Sendong”

Two years after the three tropical storms Ondoy, Pepeng and Santi hit the Philippines which caused the biggest leptospirosis outbreak in the world, the country is already armed with an innovative reporting system to capture real time the health conditions affecting the communities caused by disasters. Surveillance in Post Extreme Emergencies and Disasters or SPEED was activated after tropical storm “Sendong” hit Northern Mindanao, causing massive flash flooding in Cagayan de Oro City and Iligan City. Several evacuation centers were set up and SPEED was activated on 22 December 2011 to monitor the occurrence of both communicable and non-communicable diseases in these affected areas.

A Post Incident Evaluation (PIE) was conducted on 31 May 2012 to evaluate the SPEED system’s integrity after its use Post-“Sendong”. This was attended by key players from the affected areas of Northern Mindanao, Cagayan de Oro City and Iligan City. Moreover, teams from the Center for Health Development Northern Mindanao, DoH-HEMS National and the World Health Organization (WHO) also participated. Hospitals that were affected also sent representatives. These were: Capitol University Medical City, Maria Reyna Xavier University Hospital, Puerto Community Hospital, Sabah Hospital, AMCCI-ERD Iligan, Dr Uy Hospital, EMA Hospital and Pharmacy, GTMH Iligan City and Mercy Community Hospital.

The positive experiences noted were: fast data forwarding of the 21 conditions and mobilization of the hospital disaster committee. Human resource was immediately activated with the SPEED Orientation of the hospital and LGU point persons. These point persons were dedicated, cooperative, obedient and hardworking. LGU and LCE provided total support.

The decision making for activating SPEED was noted to be easy, given the identified criteria, and experiences from other emergencies/disasters. Monitoring of the 21 conditions was facilitated by having the system in place readily available hardware and software with already identified personnel to handle SPEED. The criteria for SPEED deactivation was already set and defined from available SPEED manual.

Challenges Encountered and Recommendations

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<th>Challenges Encountered</th>
<th>How it was overcome</th>
<th>Recommendations</th>
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<tr>
<td>No Formal Training on SPEED activation</td>
<td>PHO initiated SPEED activationometer staff for the conduct of SPEED training and continued practice on reporting of SPEED</td>
<td>Regular refreshers for Municipal Health Officers (MHOs) on SPEED activation</td>
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<td>Some SPEED reporters encountered confusion in classifying the 21 disease conditions under SPEED</td>
<td>Continued practice and asking for assistance</td>
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<td>Personal error in sending SPEED format thru SMS</td>
<td>Utilize prepaid Internet, Utilize own computer/laptops</td>
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<tr>
<td>Lack of Internet Connection and Computer</td>
<td>Quick orientation of the EK and OPD personnel and delegation of task</td>
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<td>Absence of the designated SPEED Reporter</td>
<td>Communication and clarification from RESU</td>
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<tr>
<td>Confusion on whose directive to follow</td>
<td>Training/Orientation of all untrained health personnel</td>
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<tr>
<td>Some health personnel are not trained on SPEED Reporting</td>
<td>Provision of transportation, allocation of SPEED forms and communication materials</td>
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<tr>
<td>Difficulty in submission of reports</td>
<td>Use of personal budget</td>
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<tr>
<td>Need budget allocation for SPEED reporting specifically for government.</td>
<td>Official SPEED point person should be oriented</td>
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<tr>
<td>Lacking of Manpower at LGU</td>
<td>LGU should orient all health workers on SPEED</td>
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<tr>
<td>Trending cannot be established because of data inaccuracy</td>
<td>Find other means for sending SPEED report</td>
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<td>Delays in submission of report</td>
<td>START team and technical teams were deployed</td>
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<td>SPEED was not activated within the ideal time frame</td>
<td>Coordinate with CHD</td>
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<td>Reports from evacuation centers were not submitted</td>
<td>Criteria on deactivation is not clear/adequate</td>
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<tr>
<td>Difficulty in determining when to start monitoring and via what the activity of the CHD</td>
<td>LGUs should conduct roll-out of SPEED to other health staff</td>
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December 29-30
Basic SPEED Training for LGU-Health Personnel Iligan City

April 26-
Basic SPEED Training for LGU-Health Personnel Iligan City

May 31
Post Incident Evaluation in N Hotel Cagayan de Oro
The WHO Philippines - Emergency and Humanitarian Action Team

Dr. Soe Nyunt-U, WHO Representative in the Philippines
Dr. Gerardo Medina, EHA Programme Officer
Dr. Aura C. Corpuz, EHA SPEED Project Officer
Julie Villadolid, Technical Officer for DOH-HEMS
Dr. Christian Gomez, SPEED Training Coordinator
Cora Acosta, WHO PHL Communications Officer
Christine Ringor, SPEED Administrative Assistant
Jeffrey Follero, SPEED I.T Administrator & Data Encoder
Ciela Demasuyay, EHA Secretary
Eila Robson

We'd like to hear from you.
For your feedback, comments, and questions you may get in touch with the Emergency and Humanitarian Action (EHA) Team through:
Address: G/F Building 3, Department of Health Compound, Sta. Cruz, Manila

Email: who.speed@gmail.com / who.phl@wpro.who.int
Website: http://wpro.who.int/countries/ph/
Telephone numbers: +632 5295066 / +63 2 3387479
Fax: +63 2 3388605

The SPEED System is a project of the DEPARTMENT OF HEALTH in collaboration with the WORLD HEALTH ORGANIZATION (WHO) and with funding support from the Australian Agency for International Development (AusAID) (Phase3)