

WHO/Philippines

Applying STAR at the subnational-level

Why STAR in the subnational level?

- Response to request of DOH subnational offices to capacitate technical staff in conducting health emergency risk assessment to enhance preparedness and response planning (including pandemic plan)
- Identify hazards and describe most likely scenario to require the activation of subnational response
- Assess the likelihood of the risks occurring and estimate impact of the risks in their areas



Republic of the Philippines
DEPARTMENT OF HEALTH
Metro Manila Center for Health Development



CONCEPT NOTE

EMERGING AND RE-EMERGING INFECTIOUS DISEASES (EREID) PROGRAM

STRATEGIC TOOLKIT FOR ASSESSING RISKS (STAR) WORKSHOP

I. RATIONALE

Delivery of quality health care in responding to outbreaks of Emerging and Re-emerging Infectious Diseases (EREID) is very relevant and responsive to the current needs of the country. For instance, the health crisis brought about by COVID-19 has proved that when it comes to containing widespread epidemics and pandemics there is still a lack of preparedness and response from our country. The COVID-19 outbreak greatly affects not only the health sector but also the economic and social dynamics in the country. It underscores the risks and the need to strengthen local, national, and worldwide preparedness for pandemics in the future.

Disease outbreaks of emerging and re-emerging infections are unpredictable and create a gap between planning and concrete action. To address this gap, there is a need to come up with proactive systems that would ensure preparedness and response in anticipation to negative consequences that may result in pandemic proportions of diseases. Proactive and multi-disciplinary preparedness must be in place to reduce the impact of the public health threats.

EREID outbreaks serve as a reminder that a well-developed preparedness plan is important in order for the government and private sector to prepare and respond accordingly to the public health threats brought about by these diseases. Risk assessment is critical in the development of an outbreak preparedness and response plan. The Strategic Toolkit for Assessing Risks (STAR) is a comprehensive toolkit for all-hazards health emergency risk assessment that serves as a critical resource in navigating the complex landscape of health emergency preparedness and response. The toolkit encapsulates a comprehensive framework designed to facilitate robust risk assessment processes across a spectrum of potential health emergencies, encompassing infectious disease outbreaks, natural disasters, and other hazards, thus the conduct of the activity.

II. OBJECTIVES

- To empower participants to become proficient in conducting health emergency risk assessments and contribute effectively to enhancing preparedness and response efforts in their respective contexts.
- To identify hazard(s) and describe the most likely scenario to require activation of regional response.
- To assess the likelihood of the risk occurring and estimate the impact of the risk to the region.
- To discuss issues and concerns and draft key recommendations and priority actions based on the risk ranking
- To integrate recommendations into the regional and local action planning process.



STAR Metro Manila; June 2024



- Metro Manila is comprised of **16 cities + 1 municipality** (economic and political centre) with an estimated 14.9M people
- **Participants grouped by districts to consider hazards/likelihood/impact related to cities** (5 total groups)
- **Multisectoral participation**
 - Department of Education, Bureau of Fire, Department of Interior and Local Government, Metro Manila Development Authority
- Partners: Medical societies, IOM, USAID, Task Force Global
- Reference hospital and laboratory: San Lazaro Hospital and Research Institute for Tropical Medicine
- PoE: DOH-Bureau of Quarantine

STAR Metro Manila (After Consensus Building)

Impact	Critical					
	Severe		Disease X		Earthquake (the big one)	Transport accidents Fire Infodemics Flood TB
	Moderate			Pertussis HIV/AIDS	Rabies	COVID-19 Dengue Cholera/Acute Watery Diarrhea
	Minor					Leptospirosis
	Negligible					
		Very Unlikely	Unlikely	Likely	Very Likely	Almost certain
Likelihood						

Major discussions:

- **14 hazards** were identified with major consensus
- **Impact of flooding in different cities varies from minor to severe**, depending on geographic topology and volume of rain in the city and typhoon category
- Impact of **TB** due to lack of medicines and human resources for contact tracing
- Likelihood of **Disease X** as 70-80% of travellers passes through its international airport

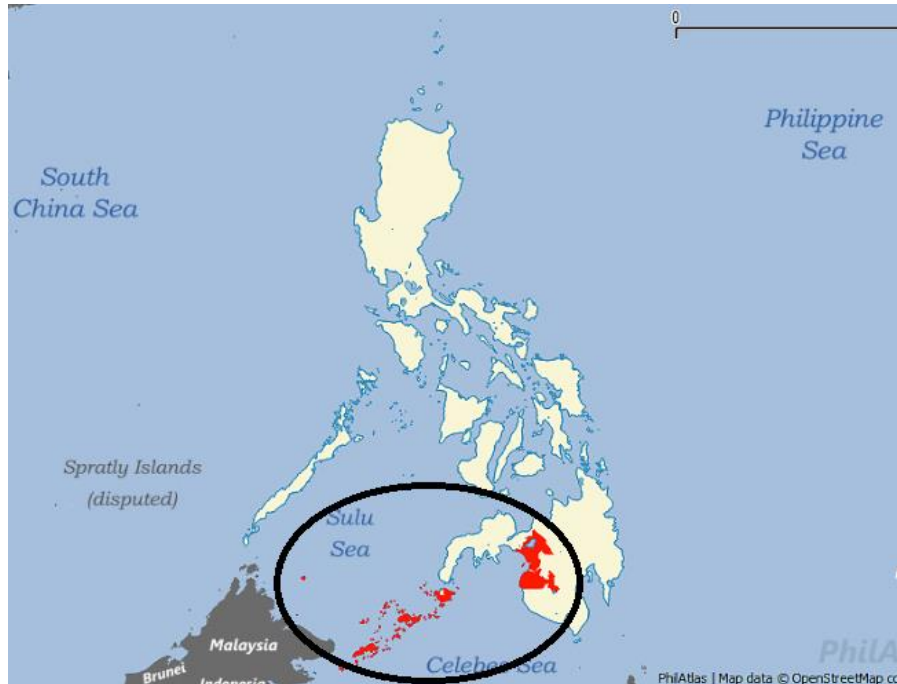
STAR Metro Manila (example actions)

Specific Hazard	Risk Level	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Tuberculosis	Very high												
Transportation accidents	Very high												
Fire	Very high												
Infodemics	Very high												
Dengue	High												
Rabies	High												
COVID-19	High												
Cholera/ Acute Watery Diarrhea	High												
Flood	moderate												
Pertussis	Moderate												
HIV/AIDS	Moderate												
Leptospirosis	Moderate												
Disease X	Moderate												

Disease X	Re-activation of IATF (through meeting)
Disease X	Development of guidelines
Disease X	Implementation of Infection Prevention Control (meetings, capacity building, procurement of logistics and commodities)
Disease X	Coordination and collaboration with other organization (health partners)
Disease X	Monitoring and Surveillance

Transportation accidents	Strict implementation of traffic rules
Transportation accidents	Promote road safety education (communities, schools)
Transportation accidents	Conduct of clearing operations
Transportation accidents	Intensify regulatory requirement on applying drivers' license
Transportation accidents	Conduct of checkpoints "Oplan Sita"
Fire	Strict implementation of fire code (through inspection)
Fire	Zoning of evacuation centers and referral facilities
Fire	Conduct of Fire Prevention Campaigns
Infodemics	Media Literacy campaigns
Infodemics	Creation of organization to counter-attack the misinformation

STAR/ Bangsamoro Autonomous Region of Muslim Mindanao (BARMM) July and August 2024



BARMM is the **only autonomous subnational level** and located in the southernmost part of the country with **13 Moro tribes and 5 non-Moro Indigenous People tribes**

- Island provinces are near Malaysia and Indonesia
- Armed conflicts exist in different areas of all provinces
- Weather-related hazards increased in the past 3 years

Participants divided into 5 groups and conducted STAR in 2 rounds (Round 1: biological; Round 2: natural + societal hazards)

1st group: Maguindanao

2nd group: Sulu and Tawi-Tawi

3rd group: Lanao del Sur [including Marawi City]

4th group: Basilan [including Lamitan City]

5th group: Special Geographic Areas and Cotabato City

STAR BARMM Round 1 (example actions for dengue + foodborne)

Hazard	Priority Action	Location Identified	Lead
Dengue	1. Capacity Building for RHU Staff on case detection	Basilan province	MOH,Dengue program, RESU
Dengue	2. Intensify Health Education campaign and radio plugging emphasizing the 5S.	Basilan province	Provincial and Municipal HEPO, dengue program
Dengue	3. Procurement and Distribution of Olyset net	Basilan province	MOH,Dengue program,PHO,LGUs
Dengue	4. Procurement of NS1 kit	Basilan province	MOH,Dengue program,PHO,LGUs
Dengue	5. Procurement of Insecticide and larvicide	Basilan province	MOH,Dengue program,PHO,LGUs
Dengue	6. Conduct entomological survey	Basilan province	PHO, Dengue Program
Dengue	7. Screening/Testing of suspected dengue case	Basilan province	PHO,RHUs,Dengue Program
Gastroenteritis/Food borne diseases	1. Procurement of water testing kits	Basilan province	MOH, PHO
Gastroenteritis/Food borne diseases	2. Procurement of Aquatabs	Basilan province	MOH,PHO
Gastroenteritis/Food borne diseases	3. Intensify Health Education Campaign emphasizing the importance of proper hygiene and food preparation.	Basilan province	PHO,HEPO

Major points of discussion

- Key actions were based on the **peak season of dengue and foodborne diseases**
- Entomological data are insufficient
- There are identified areas by each group that are prone to **flooding and post-disaster foodborne outbreak**

STAR BARMM Results

Specific Hazard	Risk Level	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Gastroenteritis/Food borne diseases	High												
Dengue	High												
COVID-19	High												
Disease X	High												
Measles	Low												
Rabies	Very low												
Hepatitis B	Very low												

Agreed Next steps:

- Consolidated output and finalization shall be done by the Emerging and Re-emerging Infectious Diseases and Food and Waterborne Disease program coordinators
- Review of rabies risk analysis with MOH Rabies Program Manager
- Share final report with Infectious Disease cluster and Health Emergency Management Service
- **Province-level STAR shall be done in 2025 by MOH-BARMM**

Round 2/STAR

- 10 sub-areas in BARMM reconvened to assess natural + societal hazards


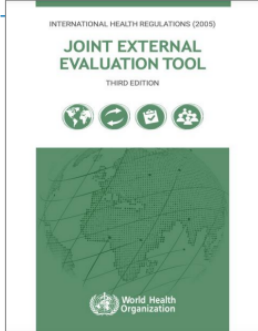
- Major risks identified during in at least one sub-area include: flooding, fire, storm surge, landslide, drought, and conflict

Application of STAR results in Metro Manila and BARMM

- STAR output was used developing **BARMM Disaster Risk Reduction and Management for Health (DRRMH) plan for 2025-2027**
- STAR activities and outputs are included in the best practices of country's self-assessment report for IHR-JEE on 24-29 November 2024

Target: Functional multisectoral, multidisciplinary mechanisms, policies, systems and practices are in place to minimize the transmission of zoonotic diseases (33 from animals to human populations)

Desired Impact: Functional animal health, public health systems and environmental health work individually and collaboratively together through documented mechanisms of coordination and operational frameworks, using a One Health approach and based on international standards, guidance and best practices, to minimize the transmission of zoonotic diseases to human populations.

Level	P5.3. Sanitary animal production practices ³⁹	Choose one level
	Systematic efforts to improve good sanitary practices in the handling of	
Level	P5.2. Response to zoonotic diseases ³⁶	Choose one level
	Despite the existence of mechanisms for the response to certain specific	
Level	P5.1. Surveillance of zoonotic diseases ³⁵	Choose one level
Level 1	No agreed list of prioritized zoonotic diseases. Capacities for the surveillance of zoonotic diseases do exist but are not coordinated between the animal health, public health and environment sectors and exchange of information is on ad hoc basis	
Level 2	A list of priority zoonotic diseases has been agreed on between the animal health, public health and environment sectors. Coordination of surveillance activities between animal health, public health, and environmental sectors is informal, and limited to few diseases. Information sharing is not systematic	
Level 3	Coordination of surveillance activities for listed priority emerging and endemic zoonotic diseases is formalized between the animal health, public health and environment sectors at the national level, ensuring exchange of information, joint assessment of risks, using a One Health approach ⁴	
Level 4	Multisectoral surveillance systems for priority emerging and endemic priority zoonotic diseases are in place at the national level and formal coordination mechanisms between the animal health, public health and environment sectors are also established at intermediate levels, allowing the surveillance of the whole territory	
Level 5	Coordinated surveillance of priority and emerging zoonotic diseases between animal health, public health and environment sectors is tested/assessed/reviewed and improved on a regular basis (annually)	



Thank You!