Report Facilitators Meeting

Joint WHO and Department of Health (DoH) Meetings on WHO Integrated Management for Emergency and Essential Surgical Care

Pampanga, the Philippines
21 - 26 May 2007
Background

The Philippines is a middle-income country, constrained by deficit spending and challenged with increasing demands for better public service; poverty is predominant in rural areas as well as urban settlements. Urbanization has accelerated; Manila has at least 11 million inhabitants. The country is prone to natural disasters such as landslides, floods, typhoons, active volcanoes and earthquakes. The country, with more than 7000 islands in Southeast Asia, has a total area of 300,000 km$^2$.

Poverty reduction programmes tend to have a short life span with changes in Philippine administration, hence their difficulty in realizing the full impact of such efforts. Vulnerable populations are growing in numbers and include groups such as disadvantaged young people, workers in the informal sector, marginalized ethnic groups and urban settlers. Gender issues prevail in the health sector with the several ongoing health-related concerns such as: high fertility rates; the gap between desired and actual number of children; a declining nutritional status for young and adult women; and health consequences due to increasing gender-based violence, among others.

Serious challenges and threats remain with regard to the Millennium Development Goal (MDG) targets on maternal health, nutrition, access to reproductive health, universal primary education and environmental sustainability. The Health Sector Reform Agenda (HSRA), initiated in 1999, set targets for hospital reform, public health funding, local health system strengthening, and capacity of regulatory agencies, yet these have remained largely unmet. Good progress has been made however in advancing the National Health Insurance Programme (NHIP), which covered 80% of the population as of 2004. Sustaining this coverage remains an ongoing challenge. Service delivery is lagging due to minimal investment and resources for health, both at national and local levels.
Retention of staff is another critical issue. More and more trained, skilled and experienced health professionals emigrate each year (70% of nursing graduates work overseas). The Philippines is now the biggest
supplier of nurses. Certain large hospitals have been losing an average of 10-12 nurses a month since 2001. The main causes of morbidity and mortality have changed only slightly in recent years. Noncommunicable conditions cause most deaths, especially cardiovascular disease, cancers and accidents.

**Objectives**

- Meetings with policy makers, key health providers and stakeholders to support training of doctors.
- Meetings with focal persons in WHO Country office and WPRO.
- Joint WHO and the Department of Health (DoH) and Health Emergency Management. Staff (HEMS) Training of Trainers' workshop on Emergency and Essential Surgical Care (EESC).
- Meetings with executive members of surgical and anaesthesia societies of The Philippines.

**Field Visits to the health facilities**

Participants visited the District Hospital in Pampanga for situation analysis, case discussions and use of equipment linked to the emergency and essential surgical procedures.

**Joint WHO and DoH Facilitators Meeting**

- A Joint WHO and DoH facilitators meeting was held on WHO Emergency and Essential Surgical Care (including anaesthesia) towards strengthening capacities of health personnel at district hospitals and health centres in The Philippines. The meeting participants represented key policy makers and health providers, directors of surgical, obstetrics, anaesthesia and nursing departments.
- The WHO IMEESC toolkit was introduced, its applicability demonstrated with regards to the day to day practice, training, and guidance on policy decisions at all levels of the healthcare system aiming to reduce death and disability in trauma, pregnancy related complications and infection (including HIV).
Discussions

The discussions were on the following issues:

- Incorporation of the WHO IMEESC tools in the emergency and disasters training programme in The Philippines, medical schools, residency programme, and for ready reference material in the field.
- Applicability of WHO IMEESC toolkit was demonstrated in strengthening capacities to reduce death and disability in injuries, disasters, pregnancy related complications and HIV/AIDS prevention.
- Experience of introduction of the WHO IMEESC toolkit in other countries, particularly the example of Mongolia.
- The Global Initiative for Emergency and Essential Surgical Care (GIEESC) project activities on Advocacy, Research and Training.
- WHO manual SCDH could be reproduced for dissemination by the DOH-HEM and made available for dissemination to each district hospital as early as possible.
- WHO IMEESC toolkit should be made available for dissemination in district hospitals.
- There is lack of data on situation analysis of access to basic emergency and essential surgical care at district hospitals therefore, there is need for publications to raise the profile of benefits and access to emergency and essential surgical care both during disasters and normal conditions, particularly at first referral level in health care facilities.
- An action plan was prepared for further training adaptation of the WHO IMEESC to The Philippines.
- The report of the ToT will be prepared for dissemination to all participants, focal persons in WHO, DoH and respective websites.

Recommendations and Action Plan: Refer to Annexe - 1

Conclusions

The meeting resulted in a consensus towards a standardize training for the frontline health personnel required to provide basic emergency and surgical interventions at district hospitals and health centres through adaptation of the WHO IMEESC training tools to the local clinical setting.

Acknowledgements

- Department of Health, Republic of the Philippines
- WHO Country Office, the Philippines
<table>
<thead>
<tr>
<th>Activities / Time frame</th>
<th>Targets</th>
<th>Required</th>
<th>Available</th>
<th>Source / Responsible person</th>
<th>Performance Indicators</th>
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<tbody>
<tr>
<td>Advocacy / 3rd Quarter 2007</td>
<td>LGU, RHO, PHO, CHO, CHD, NDCC, Surgeons, Anes, OB Gyne, nurses (% of ), Signed MOA</td>
<td>Venue, Supplies, funds, Brochures. Local situation insights, MOA</td>
<td>Generally available</td>
<td>DOH-HEMS, LGU, NGO other GA's / HEMS coordinator</td>
<td>No. meetings, No. MOA signed, No. brochures distributed, level of acceptance</td>
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<td>Needs Assessment and Prioritization / 4th Quarter 2007</td>
<td>DH, Trainees</td>
<td>Transport, supplies, per diem, honoraria, subcontractor, admin, analysis</td>
<td>WHO IMEESC Toolkit</td>
<td>DOH-HEMS, LGU, CHD, NGO other GA's WHO / HEMS coordinator, subcontractor</td>
<td>No. of DH's assessed/prioritize d, validation of assessment/prioritization</td>
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<td>Organize Faculty / 3rd quarter 2007 1st quarter 2008</td>
<td>CMPS, HEMS Surgeons anesthesia OB, nurses</td>
<td>Standardized curriculum, teaching aids, compensation, venue, logistics</td>
<td>Standardized curriculum, teaching aids, compensation, venue, logistics</td>
<td>MD's RN's, Prof. Orgs, Schools and Universities / HEMS coordinator</td>
<td>No. of competent faculty, No. of teams</td>
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<td>Conduct Training / 3rd quarter 2007 2nd quarter 2008 3 day training</td>
<td>HEMS Coord, Surgery, Anesthetist, OB etc</td>
<td>Venue, Supplies, funds, accommodation s, meals, transport, invitation, repro of materials(tool-kits), official time</td>
<td>WHO, DOH-HEMS, LGU, NGO other GA's, JICA, Intl Aid agencies, Participant fees / EESC HEMS core group. National coordinator</td>
<td>No. of training/trainees, No. of toolkits distributed</td>
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<td>Evaluation and Monitoring / post training &amp; months after training</td>
<td>No. of DH, No. of Trainees certification</td>
<td>Supplies, transport, computers, camera, secretariat, TEV, subcontractor, regular reports</td>
<td>WHO, DOH-HEMS, LGU, NGO other GA's, JICA, Intl aid agencies / EESC HEMS core group. National coordinator for EESC or appointed (Professional Organization, Universities, LGU etc)</td>
<td>Decrease in referral to Regional Centers; Decrease surgical mortality rate, Decrease surgical morbidity rate, Decrease EESC standards, institutionalization of EESC standards, licensing and reimbursement with Phil health</td>
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