



Republic of the Philippines
OFFICE OF THE CITY MAYOR
City of Naga, 4400



EXECUTIVE ORDER NO. 077

Series of 2025

**INSTITUTIONALIZING AND ADOPTING THE MINIMUM REQUIREMENTS
OF A FUNCTIONAL DISASTER RISK REDUCTION AND MANAGEMENT IN
HEALTH (DRRM-H) SYSTEM IN THE CITY-WIDE HEALTH SYSTEM OF
NAGA CITY**

WHEREAS, on May 2010, Republic Act (RA) No. 10121, also known as the “Philippine Disaster Risk Reduction and Management Act of 2010,” was enacted, providing that the state shall adopt a disaster risk reduction and management approach and promote the involvement of all sectors and stakeholders;

WHEREAS, on February 2019, RA No. 11223, or the “Universal Health Care Act,” was enacted to ensure all Filipinos are health-literate, provided with healthy living conditions, and protected from hazards and risks;

WHEREAS, the Department of Health (DOH) issued Administrative Order No. 2019-0046 and Administrative Order No. 2020-0036, which necessitate the institutionalization of DRRM-H to enhance the capacities of the health system to manage health risks and attain community resilience;

WHEREAS, the Implementing Rules and Regulations (IRR) of RA No. 11223 provide that City-wide Health Systems shall have timely, effective, and efficient preparedness and response to public health emergencies and disasters to ensure the delivery of population-based health services;

WHEREAS, the Local Government Code of 1991 mandates that local government units shall ensure and support the promotion of health and safety within their territorial jurisdictions;

NOW THEREFORE, I, MARIA LEONOR GERONA ROBREDO, Mayor of the City of Naga, by virtue of the powers vested in me by law, do hereby order the following:



SECTION 1. GENERAL OBJECTIVES. This Order seeks to:

- a. Institutionalize a functional DRRM-H system within the City-wide Health System (CWHS) of Naga City to manage and mitigate the adverse effects of emergencies, disasters, and climate change
- b. Organize and implement the system through procedures and technical specifications necessary for operationalization and transition
- c. Promote the involvement and participation of all sectors and stakeholders, especially the local community
- d. Allocate resources for the operationalization of a functional DRRM-H system at the CWHS.

SECTION 2. DEFINITION OF TERMS.

- a. DRRM-H: An integrated, system-based, multi-sectoral process that utilizes policies, plans, and strategies to reduce health risks due to disasters.
- b. Functional DRRM-H System: An operational system concretized by investment in (1) governance, (2) service delivery, (3) resources management, and (4) information management.
- c. DRRM-H Institutionalization: The establishment of minimum key indicators including an approved plan, budget, trained response teams, and an Emergency Operations Center (EOC).

SECTION 3. ROLES AND RESPONSIBILITIES

- a. The Naga City Local Health Board (NCLHB) shall exercise administrative and technical supervision over health facilities, personnel, and resources within Naga City.
- b. The City Health Office (CHO) shall act as the principal implementer responsible for the integration and supervision of DRRM-H in the CWHS.
- c. The Health Care Provider Network (HCPN) shall ensure the delivery of population-based essential health services and ensure an interoperable system for smooth transactions and two-way referrals.



- d. The Public Health Unit in Hospitals shall establish a platform for close coordination with the EOC for managing populations within and outside the network.

SECTION 4. THE DRRM-H UNIT AND STAFFING, AND CONCURRENT ROLES

- a. The City Health Office (CHO), as approved by the City Health Board, shall determine the establishment and composition of the DRRM-H Unit or the Program Management Team.
- b. Each DRRM-H Unit in the CHO and LGU-managed hospitals shall have at least one (1) DRRM-H Manager and one (1) Assistant, duly trained on DRRM-H.
- c. To ensure maximum utilization of existing human resources, staff from the City Health Office may be designated to play additional or concurrent roles within the DRRM-H System. The Local Health Board may temporarily designate personnel capable of performing DRRM-H tasks alongside their primary duties.
- d. Other staffing deemed appropriate shall follow pending the formal creation of plantilla positions. Designated personnel shall be provided with essential resources to serve as members of the DRRM-H System.

SECTION 5. OPERATIONALIZATION OF THE DRRM-H SYSTEM. The City of Naga shall undergo managerial, technical, and financial integration within the prescribed transition period.

A. Managerial Integration

1. A strategic plan shall be reviewed and updated, approved by the Local Chief Executive, updated annually, and tested semi-annually through drills.
2. The Health Emergency Response Teams (HERT) shall be organized and trained according to DOH AO 2018-0018. Members must be physically and mentally fit, with a priority for permanent plantilla personnel
3. The LGU shall procure and stockpile Health Emergency Commodities (HECs), including drugs, kits, WASH equipment, nutrition supplies, and PPE.



4. A functional EOC shall be established/activated within the CHO, capable of Coordination, Communication, and Command and Control (4Cs). The EOC shall be interoperable with the local Disaster Risk Reduction and Management Office for synchronized operations and able to operate 24/7 in emergencies and disasters, whenever necessary. All duty personnel shall receive orientation/training and shall receive adequate support to perform functions and deliver operations based on code alert level.

B. Technical Integration

1. Governance: A planning committee shall be organized to create the CWHS DRRM-H Plan, Contingency Plan, and Public Service Continuity Plan.
2. Incident Command System (ICS): An ICS shall be established for the EOC with defined roles and responsibilities.
3. Service Delivery: The CHO shall develop a manual of operations on HCPN arrangements and referral systems for emergency/disaster situations.

C. Financial Integration

1. The Local Health Board shall implement financial integration, including the allocation and utilization of the Special Health Fund and Contingency Funds for DRRM-H operations.

SECTION 6. FUNDING. The funding necessary to operationalize this Order shall be sourced from the budget of the relevant offices for the current and succeeding fiscal year, subject to applicable laws, rules, and regulations. Additional funding required shall be incorporated and prepared as part of the regular government Office of the City Mayor budgeting process.

SECTION 7. REPORTING AND MONITORING. The City Health Office shall lead and oversee the regular monitoring and evaluation of the DRRM-H system, reporting results to the Local Health Board and the Department of Health.



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SECTION 8. SEPARABILITY. If any provision in this Order or any part hereof is declared invalid, illegal, or unconstitutional, the provisions not hereby affected shall remain in force and effect.

SECTION 9. REPEAL. All orders, rules and regulations, and other issuances or parts thereof that are inconsistent with the provisions of this Order are hereby repealed or modified accordingly.

SECTION 10. EFFECTIVITY. This Executive Order shall take effect immediately.

DONE in the City of Naga, this 26th day of December, 2025.


MARIA LEONOR G. ROBREDO
City Mayor

Attested by: _____

