WHO is requesting US$ 750 000 to address the urgent health needs of the population affected by typhoon Bopha in the Philippines.

Current situation

Typhoon Bopha (locally referred to as “Pablo”) struck the Philippines in eastern Mindanao on 4 December. The typhoon caused heavy rains and flooding throughout Mindanao, Central Visayas, Western Visayas and Palawn.

The National Disaster Risk Reduction and Management Council (NDRRMC) reported on 11 December that the total population affected by the floods included 5 412 140 people (487 364 families) in 287 cities and municipalities. Thirty provinces in Regions 4B, 6, 7, 8, 9, 10, 11, 12, and CARAGA were affected. A total of 114 583 houses were damaged. The number of evacuation centers, housing 116 404 people, have decreased from 569 (7 December) to 134 (11 December).

As of 11 December, the NDRRMC reported 714 deaths, 1906 injuries and 890 missing people, mainly in Compostela Valley province.

On 10 December, the Health Emergency Alert Reporting System confirmed that in Region XI, 70 health facilities had been damaged including, four rural health units, 65 barangay health stations and one provincial hospital. Only three of these are currently functional. In the CARAGA Region, three rural health units and two barangay health stations have been partially damaged but remain functional. In total, only eight of 75 health facilities that were damaged are still functional.

The Centre for Health Development in Davao Region conducted the Typhoon Pablo Rapid Health Assessment on 4 December in the province of Davao Oriental. The major concerns include:
• a disruption in the emergency health service delivery,
• difficulties in accessing and collecting health data due to transportation and communication breakdowns,
• disruption of electricity with possible consequences on the vaccine cold chain,
• urgent needs for additional medical staff
• inadequate medicines and medical supplies.
WHO strategic priorities

1. Provide Health Cluster coordination;
   - Establish and maintain the health 4W database (who is doing what, where and since when)
   - Consolidate field assessments for the Department of Health (DOH)
   - Monitor the health situation and the health sector response
2. Support the disease surveillance and early warning system in affected areas through the activation of SPEED (Surveillance in Post Extreme Emergencies and Disasters);
3. Support health sector relief and early recovery operations (basic health service delivery), with priority for Davao Oriental Province being the most affected by the typhoon.

WHO response to date

1. WHO internally classified the Typhoon Bopha event as Grade 1 as per WHO’s Emergency Response Framework (ERF). The rationale for the grading of this event took into account the four criteria suggested by the ERF, namely the scale, the urgency, the complexity and the context.
2. Event management teams have been activated in both the Country and Regional Offices.
3. A Country Office technical focal point has been deployed to the affected area to support the DOH health assessment.
4. The first health cluster bulletin was released on 10 December.
5. The health 4Ws matrix has been sent to the partners for completion and was discussed in 11 December’s Four-clusters (Health, Nutrition, WASH and Mental Health and Psychosocial Support) meeting in Davao, Mindanao.
6. WHO is supporting the DOH surveillance teams at field level. Twenty-five health staff from all local government units of the province of Davao Oriental received the health emergency management training earlier this year and passed the SPEED simulation exercise.
7. WHO is providing pre-positioned water purification and sanitation items requested by DOH.

Funding required

WHO is supporting health authorities and health partners to coordinate the response to the affected population.

An estimated US$ 750 000 is urgently needed for the initial response phase.

These funds will support the following main activities:
1. The decentralization of the Health Cluster coordination from national to regional and provincial level. This will require the establishment of temporary sub-national hubs and recruitment of staff.
2. The strengthening of the regional and provincial SPEED surveillance and early warning system including transportation for assessments and outbreak verification.
3. Supporting the DOH in deploying health professionals for assuring basic health service delivery. This will include transport and temporary relocation of health professionals.
4. Improving the collection, analysis and dissemination of health data for decision-making purposes by providing technical support and training for regional and provincial DOH medical staff.
5. The provision of medicines and medical supplies (emergency health kits, water purification supplies, etc.)