The Philippines

Situation highlights: Typhoon Haiyan recovery
Five months have passed since Typhoon Haiyan struck the Philippines. As of 28 February, Typhoon Haiyan affected over 16 million people including the over 4 million that were displaced. Reports show that there have been 28 600 people injured, 6201 deaths and 1785 remain missing.

The Government and humanitarian partners are working together on recovery operations. Communicable diseases continue to be a major concern in the typhoon-affected areas. Acute respiratory infection accounts for 37% of total consultations and is the leading cause of consultation. A total of 180 suspect cases of measles with two deaths were reported in Eastern Visayas since the typhoon.

Health priorities
WHO and Health Cluster partners are focusing on the following priority areas in the Typhoon Haiyan recovery:
- Rehabilitation of health facilities
- Communicable disease surveillance and control
- Vaccination and cold chain
- Vector control
- Mental health and psychosocial support
- Reproductive health
- Water and Sanitation Hygiene (WASH)
- Nutrition

Health Cluster response
Communicable disease surveillance and control
- A Program Implementation Review on Event-based Surveillance and Response (ESR) with the Disease Surveillance Officers in 17 regions is ongoing.
- An ESR system has been developed which will provide near real-time data on potential and confirmed disease outbreaks and other public health events.

Vaccination
- A measles immunization campaign has been conducted in Eastern Visayas targeting 26 508 children under five years.
- In Leyte province, a measles immunization campaign was conducted in 10 municipalities and Tacloban city, covering 30 barangays.

Vector control
- As of 18 February, 470 suspected cases of dengue fever including two deaths were reported by the Department of Health in Eastern Visayas.
- Vector control measures, like targeted fumigation, have been intensified in the whole of Region VIII.

Tuberculosis control
- In order to further improve diagnostic capacity in the typhoon-affected areas, eight additional units will be installed providing diagnostic services for suspected tuberculosis and MDR-TB (Multi Drug Resistant Tuberculosis).
- WHO has supported the training on testing methods for 22 medical technologists from typhoon-affected areas.

Mental health and psychosocial support

WHO’s emergency activities in response to Typhoon Haiyan in the Philippines have been supported by Australia, Canada, Japan, Kuwait, Monaco, Norway, the Republic of Korea, the Russian Federation, the United Kingdom and the Central Emergency Response Fund.

For more information:

Statistics
Total population 96 707 000
Gross national income per capita* 4140
Life expectancy at birth m/f (years) 66/73
Probability of dying between15 and 60 years m/f ** 256/137
Total expenditure on health per capita* (2010) 169
Total expenditure on health as % of GDP (2010) 4.1

* purchasing power parity international $
** per 1000 population

Funding US$ Health
Cluster
Requested 79 431 944 28 332 250
Received 47 579 996 20 475 169

Source: OCHA/FTS
In Tacloban andOrmoc, core and supplemental trainings on the Mental Health Global Action Program (mhGAP) for primary health care doctors and nurses were conducted. The mhGAP is the WHO programme to scale up care for mental, neurological and substance use disorders.

Reproductive health
- WHO is conducting a comprehensive inventory of the available maternal and child health services, facilities and human resource in the disaster affected areas.
- An estimated 3.5 million women of child-bearing age require special needs and protection in the typhoon-affected areas. More than 250,000 women are pregnant and about 170,000 are breastfeeding mothers with babies up to six months of age.
- Since the beginning of February, a total of four reproductive health medical missions were conducted in Region VIII (2 in Ormoc, 1 in Leyte, 1 in Guian).
- A total of 17 women friendly spaces/breast-feeding spaces were established in different evacuation centres in the affected areas and more than 3000 dignity and hygiene kits were distributed.
- In Tacloban 30 youth volunteers were trained by Save the Children in peer education on adolescent sexual reproductive health.

Water and Sanitation
- The Department of Health and WHO conducted a training workshop on water quality monitoring for local government units. More than 30 sanitary inspectors and staff from Eastern Leyte Municipalities attended the training workshop.
- An assessment of capacities in health care waste management was completed in Region VI.
- The WASH cluster coordination meeting in East Samar identified a need for strengthening health promotion and sanitation.

Nutrition
- A total of 87,517 (77%) children from the age of 6 - 59 months have been screened in Leyte since the typhoon.
- A new inpatient treatment facility is now operational in Ormoc City
- Municipal nutrition action officers and community nutrition/health workers are currently being trained in Tacloban and in Eastern Samar.

Rehabilitation of health facilities
- The Department of Health is preparing a photo book of 31 of the 96 Community Health Centres (CHC) to advocate for support for the rehabilitation of these centres. Each CHC profile includes photos and information on the location, workforce, services delivered, population served, extent and description of damages and the approximate cost for repairs of infrastructure and equipment.

For further information on specific activities for the health response to typhoon Haiyan, please refer to [http://www.wpro.who.int/philippines/typhoon_haiyan/en/](http://www.wpro.who.int/philippines/typhoon_haiyan/en/)
Situation highlights

A number of factors, including violence, attacks on the social and economic infrastructure, and disruption of public services, are the central drivers of the humanitarian crisis. Certain densely populated areas have witnessed alarming levels of civilian casualties. As the crisis continues, humanitarian needs inside the Syrian Arab Republic are increasing across all sectors. The United Nations estimates that 6.5 million people are internally displaced and a total of 9.3 million people are in need of humanitarian assistance, 46% of whom are children.

In March, previously hard to reach areas in the northeastern governorate of Al-Hasakah received humanitarian assistance. On 25 March, a 78-truck United Nations convoy delivered humanitarian supplies for thousands of vulnerable and displaced people. Medical supplies included in the convoy and contributed by WHO, cover the needs of 60 000 people and 1000 surgical interventions. A series of airlifts from Damascus earlier in March, delivered medical supplies from WHO for more than 335 000 vulnerable and displaced Syrians in Al-Hasakah.

The HeRAMS (Health Resources and services Availability Mapping System) report for the fourth quarter of 2013 indicated that 65% of Ministry of Health public hospitals (59 out of 91) are reported as open and providing some services (ie. “functioning”). Twelve hospitals (13%) are reported as not functioning, while 20 hospitals (22%) were not able to report due to security and accessibility challenges.

Four out of 12 hospitals in the Homs governorate are reported as functioning, although none of them are in Homs city. More than half of the reported functioning hospitals (31) are operating without emergency physicians. In Dar’a, six out of nine functioning hospitals are operating without emergency physicians, while two of them reported no specialists. The report also shows that availability of specialized healthcare services is limited in public hospitals. For example, management of severe acute malnutrition is only available in 30 % of the public hospitals.

The Early Warning And Response System (EWARS) reported a marked increase in the number of measles cases across various governorates, but concentrating in Deir-ez-Zor where 118 out of 206 cases have been reported.

Health priorities

Health priorities identified by WHO and health partners focus on increasing access to life-saving emergency assistance and essential services, through interventions in the fields of:

- primary health care, including services for reproductive health, child health (immunization), mental health, malnutrition and strengthened referral services;
- secondary healthcare services (including the management of chronic illnesses and comprehensive emergency obstetric care);
- trauma care (including treatment at secondary and tertiary level);
- expansion of the Early Warning, Alert and Response System (EWARS) with the aim of alert, response and monitoring outbreaks of priority communicable diseases;
- availability of essential medicines, medical supplies and equipment;
- further strengthening of the Health Information System using HeRAMS (Health Resources and services Availability Mapping System), for regular, timely and accurate collection and dissemination of data.

WHO/Health Sector response

There are 4.6 million direct beneficiaries reached through the distribution and delivery of health care, medicines and health equipment:

- 1.5 million people have been reached through the delivery and distribution of health kits;

For more information:

http://www.who.int/hac/crises/syr
1.86 million children (between 6 months and 15 years old) have been reached through the measles, mumps and rubella vaccination campaigns, as well as 2.2 million children under five years of age targeted for polio vaccination (six rounds have been scheduled December 2013 - April 2014).

Health authorities in Damascus were provided with dialysis sessions and non-communicable disease medicines for 198,516 direct beneficiaries, in addition to two anaesthesia machines.

Al-Moujtahed, Az-Zahrawi and Children hospitals in Damascus have received life-saving medicines for 2804 direct beneficiaries, in addition to one anaesthesia machine.

In Lattakia, health authorities were provided with dialysis sessions and non-communicable disease medicines for 45,518 direct beneficiaries.

Two shipments, containing 128 boxes of medicines for the most common diseases, were dispatched to secondary health care facilities in Aleppo, including the University dormitory medical point, Al Akramia polyclinic, and Al Taoulf outpatient clinic, which provide services to an average of 1350 patients per week.

Another batch of medicines reached Homs, including for chronic illnesses (hypertension, coronary diseases, asthma) and for acute diseases (upper respiratory infections, flu, digestive problems).

Mobile teams and fixed health centres continue to provide primary health and referral services for complicated cases in vulnerable and displaced communities, reaching 21,647 children in all governorates except Ar-Raqqa.

During 2014 in Damascus, two medical points and one first aid response centre provided 3204 curative consultations and 444 first aid services.

Vulnerable Iraqi refugees were provided with 371 consultations and services in eight private clinics covering Internal Medicine, Gynecology, Orthopedics, Dermatology, Ophthalmology and Pediatrics.

A medical point in Dar’a provided 2158 consultations, including internal medicine and gynaecology specialization.

In response to the seasonal upsurge in influenza viruses (H1N1), 135 health professionals from Aleppo, As-Sweida, Damascus, Dar’a, Deir-ez-Zor, Hama, Homs, Lattakia, Quneitra, Rural Damascus and Tartous, were trained on management, definition and complications of A (H1N1) cases.
The Republic of South Sudan

Statistics

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<th>Category</th>
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<td>Total population</td>
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<td>Gross national income per capita*</td>
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<tr>
<td>Life expectancy at birth m/f (years)</td>
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<td>Probability of dying between 15 and 60 years m/f **</td>
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<td>Total expenditure on health per capita* (2010)</td>
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<td>Total expenditure on health as % of GDP (2010)</td>
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* purchasing power parity international $
** per 1000 population
Source: WHO/GHO.

Funding US$

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<th>Year</th>
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<td>2014</td>
<td>61 324 020</td>
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<td></td>
<td>10 950 000</td>
<td>4 757 195</td>
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Source: OCHA/FTS

WHO’s emergency activities in 2013 and 2014 in South Sudan have been supported by the Central Emergency Response Fund, the European Commission Humanitarian Aid and Civil Protection Office, Finland, the UNDP Common Humanitarian Fund and the United States of America

For more information:
http://www.who.int/hac/crises/ssp

Situation highlights

The number of displaced people within the Republic of South Sudan has reached 803 035 and 202 500 have fled into the neighbouring countries of Uganda, Kenya and Ethiopia since the onset of the conflict on 15 December 2013.

As of 26 March the estimated number of civilians seeking safety in eight protection sites is 68 000 (32 000 in Juba, 21 500 in Malakal, 5694 in Bor and 7407 in Bentiu). These overcrowded camps lack sufficient water and sanitation facilities. Current projections indicate that more than one million people will be internally displaced by June 2014.

The health situation across South Sudan remains fragile and is characterized by some of the worst health indicators in the world and extremely low health care coverage caused by a shortage of functioning health facilities and a lack of skilled health care workers. Over 75% of health facilities in the counties of Jonglei, Unity and Upper Nile remain closed or not accessible. Due to insecurity, Health Cluster partners are unable to access some health facilities in areas affected by the conflict and there are reports of severe shortages of life-saving drugs across the country. Food insecurity in the country is affecting more than 3.7 million people.

Displaced people living inside and outside the camps are at high risk of contracting communicable diseases due to poor sanitation, shortages of water, crowded living conditions, malnutrition, and poor immunity. Young children and pregnant women are particularly vulnerable. The main causes of morbidity are respiratory tract infection (21%), malaria (16%) and acute watery diarrhoea (12%). A measles outbreak has been reported with over 650 cases and 80 deaths (CFR 12.3%).

Health priorities

- Restore emergency and essential primary and secondary health services for trauma, infectious diseases, reproductive health (especially safe deliveries/obstetric care and acute newborn care), care for victims of sexual and gender-based violence, and continuity of treatment for chronic conditions.
- Procure, store and distribute life-saving and essential medicines and supplies.
- Provide safe drinking water, adequate sanitation and hygiene facilities.
- Provide referral and care for children with medical complications of severe acute malnutrition.
- Ensure the protection of health care workers and health facilities.
- Strengthen the early warning surveillance and response system for outbreak-prone diseases.
- Vaccinate against measles (and polio) with vitamin A supplementation.
- Strengthen infection control in health care facilities including safe transfusion and medical waste management.
- Support vector control, especially the provision of Long Lasting Insecticidal Nets (LLINs) against malaria.
- Strengthen emergency mental health and psychosocial care.
- Provide public health risk communication.

Health Cluster response

WHO and health partners continue to support the current health emergency response by:
- Deploying technical experts (WHO has deployed 18 additional staff) to the country to provide surge capacity.

Emergency Risk Management and Humanitarian Response
March 2014
Health emergency highlights

- Conducting rapid health assessments (12 initial rapid assessments conducted in conflict affected areas)
- Delivering life-saving emergency health care services to IDPs and providing mobile clinics to deliver life-saving health care services in IDP camps
- Delivering medical and surgical supplies to hospitals, Primary Health Care Units/Centres and mobile clinics
- Providing emergency drugs and other medical supplies to 21 health partners operating in five crisis-affected states
- Prepositioning emergency medical supplies in preparation for the upcoming rainy season and prepositioning supplies for additional response capacity in Juba
- Supporting the management and referral of wounded patients (e.g. over 197 patients were transferred to referral facilities with surgical capacity)
- Providing technical support, capacity building and the dissemination of reproductive health messages for reproductive health services in the camps
- Conducting a preventive cholera vaccination campaign targeting more than 120,000 people in Awerial and Juba camps using the Oral Cholera Vaccine.
- Conducting an Oral Cholera Vaccination Campaign in Tongping and Mingkaman IDP camps, reaching over 54,000 people in the second round.
- Vaccinating 33,244 people in response to the high risk of a meningitis outbreak in Mingkaman IDP camp.
- Establishing systems in the camps for communicable disease surveillance, early warning and rapid response to outbreaks
- Monitoring trends of epidemic prone diseases
- Promoting mental health and psychological support for IDPs living in UN compounds
- Coordinating the Health Cluster response in Juba and in four sub-national hubs
- Supporting health coordination mechanisms at central and state levels including deploying additional staff to enhance the Health Cluster coordination at central and sub-national levels
- Advocating for the involvement of more Health Cluster partners in high risk states
- Promoting key health messages on the importance of hygiene, water and sanitation and environmental health
Foreign Medical Team (FMT) response in sudden onset disasters has been the subject of a specific project and Working Group under the Global Health Cluster for the last three years. With support from the Australian, United States, United Kingdom and Spanish Governments much has been achieved to date, in particular:

- The creation of a new classification system for FMTs along with minimum standards while responding to Sudden Onset Disasters.
- Engagement of key regional mechanisms, for example the East Asian Summit countries as well as UN response mechanisms of the International Search and Rescue Group (INSARAG), The UN Disaster Assessment and Coordination (UNDAC) and the UNOCHA coordination system in discussion on FMT coordination.

The use of the new classification system, for the first time, during the Typhoon Haiyan response allowed the Department of Health and the WHO to more clearly match offers of assistance with need. Within days of the request for assistance, the Secretary of Health issued an official letter requesting registration of all arriving FMTs using the new classification system. Mapping and reporting were considered more effective, and many teams displayed high levels of preparedness, self-sufficiency and a willingness to be coordinated by the Ministry of Health during the response.

Next steps

With support from Australia and the United Kingdom, a full time project coordinator is now based in WHO headquarters. With further support from these countries along with Spain and the United States, a registration system for FMTs is in the final stages of development, and a series of trainings, further technical and advocacy document writing and regional engagement will occur in the near future.

Key areas of focus for the project in the next year will include:

- Further engagement of regional Government mechanisms in endorsement of the concept and value of a standard classification and minimum standard for all FMTs responding during disaster.
- Delivery of national capability building initiatives in priority countries most likely to receive FMTs in the near future. This will commence in the Asia-Pacific and Americas regions.
- The formation of a steering group and secretariat with regular meetings, as well as the strengthening of the FMT working group and technical subgroups.
- The rollout of a Global registration system for FMTs which will include close collaboration with existing systems within WHO and UNOCHA.
- Assimilation of FMT coordination training within existing WHO surge and UN On-Site Operations Coordination Centre and UN Disaster Assessment and Coordination training courses.

Information on the work surrounding FMTs is available at the following website:

http://www.who.int/hac/global_health_cluster/fmt/en/