Situation highlights
Typhoon Haiyan

At the time of publication of this issue of the Health Emergency Highlights, Typhoon Haiyan has just struck the Philippines. Super Typhoon Haiyan made its first landfall in Eastern Samar province of the Philippines on 8 November, moving on to the province of Leyte, with maximum winds of 235 km per hour where it had devastating effects, and ultimately causing destruction in 36 provinces and affecting more than 11 million people.

Initial estimates counted several thousands dead, many more injured and around three million displaced. Between 11 and 13 million persons are estimated to be affected. The health infrastructure is severely damaged or destroyed in many areas, disrupting the delivery of essential health services. The regional hospital in Tacloban was hit by a severe storm surge, patients in lower floors have drowned and much of its medical equipment was damaged. Many health workers have themselves been affected by the typhoon.

In light of the scale and complexity of this emergency, WHO categorized this event as grade 3 – the highest internal emergency category and mobilized organization-wide support for the country. Financial, technical and human resources were deployed in support of the humanitarian response and health cluster leadership in the Philippines. This was a direct application of the Emergency Response Framework (ERF), which, following the 2012 World Health Assembly resolution 65.20 on WHO’s role for health in humanitarian emergencies, defines WHO’s critical functions, response procedures and performance standards that the Organization commits to deliver in emergencies.

The most immediate health risks identified were complications of untreated injuries (e.g. death, infection, tetanus, disability), the spread of infectious diseases (such as diarrhoea due to breakdown of water and sanitation infrastructure, and respiratory infections and measles due to overcrowding), poor access to obstetric care for the thousands of women expected to deliver over the coming weeks, disruption of health services, and lack of medicines and supplies.

Following the ERF procedures, an experienced and pre-qualified senior health officer was deployed to assist WHO’s Representative to manage the field operations. WHO fielded 21 health and emergency experts to five locations, including Tacloban, Roxas, and Cebu. The hubs are being staffed with emergency teams composed of a Health Cluster Coordinator, an Information Management Officer, a Public Health Officer and a Logistics/Administrative Officer.

An initial shipment of five emergency kits with medicines and supplies to cover basic health needs of 150 000 people during one month and supplies to perform 400 surgical interventions were deployed. Four diarrhoeal diseases kits with medicines and supplies to treat 3000 cases of acute diarrhoea were also shipped. The Global Health Cluster and the Global Outbreak Alert and Response Network (GOARN) were activated.

WHO provided support to the Philippines Department of Health (DOH) in developing a health response strategy and action plan, leading the Health Cluster, coordinating the deployment of field hospitals, foreign medical teams (FMTs) and forensic teams (to manage dead bodies), and restoring the national health system for basic emergency services. Also as part of the ERF, WHO is assisting the DOH to strengthen the early warning alert and response network to rapidly detect and prepare for disease outbreaks and other public health threats.

WHO appealed for US$ 15 million. Five days after the launch of the appeal WHO had received pledges for US$8.7 million, over half of the funds requested. Further details...
Donors to the Typhoon Haiyan response are, as of 15 November: Australia, CERF, Japan, the Russian Federation and Norway. Rapid deployment of staff and medical supplies has been made possible thanks to contributions to enhance WHO’s surge capacity for acute emergencies from the governments of the Russian Federation, Sweden and the United States of America, and from the European Commission Humanitarian Aid and Civil Protection (ECHO).

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

Bohol earthquake:
On 15 October a 7.2 magnitude earthquake struck Bohol island affecting nearby provinces in central Bisayas, Philippines. Reports indicate 3.1 million people are affected, 344 347 people have been displaced and more than 53 300 houses are severely damaged or destroyed. As of 25 October, 198 people have died and 651 are injured.

The initial rapid health assessments conducted by the Department of Health and the Philippines’ Red Cross reported a total of 136 damaged health facilities (20 hospitals, 31 rural health units, 83 barangay health stations and 3 birthing facilities) of which 111 were partially damaged and 25 totally destroyed.

There is an urgent need to re-establish the essential health services delivery and ensure an adequate referral system for patients through mobile clinics as well as temporary primary and secondary health care facilities. The emergency health services are providing support for trauma and surgical care, medical consultations and treatment, mental health and psychosocial support and reproductive health services. Emergency obstetric care and provision of equipment need to be delivered rapidly to avert possible maternal deaths arising from pregnancy complications.

Given the low vaccination coverage in Bohol province the Early Warning Surveillance System (SPEED) needs to be enhanced/re-established enabling quick detection and response to any potential communicable diseases outbreaks. Suspected cases of measles and leptospirosis have been reported as well as new diarrhoeal cases. Mass vaccination against measles needs to be initiated especially in the evacuation centres.

Particular attention should be given to environmental health as the water distribution and sanitation system were severely damaged; access to safe water remains a major issue which increases the risk for water-borne diseases. Medical waste disposal and management should also be re-established.

Health Cluster response to the earthquake in Bohol
- WHO and the Philippine Red Cross (PRC) provided hospital tents.
- A rapid cold chain assessment mission is on-going.
- Health Cluster partners have deployed 35 medical teams 237 personnel.
- Treatment and consultation are provided in 13 evacuations centers and 17 communities. First-aid covered in two evacuation centers and 12 communities.
- Two sets of reproductive health clinical delivery assistance kits have been provided. Each kit contains supplies to serve the needs of 30 000 people for three months.
- The Health Cluster supplied of 200 hygiene kits for pregnant and lactating woman in evacuation centres.
- Mass immunisation campaign was carried out in Maribojoc, Tubigon, Clarin, Loon, Calape, Sagbayan and Inabanga for children ages 1-15 years.
The Democratic Republic of the Congo

Situation highlights

There are 2.7 million displaced people in the Democratic Republic of the Congo (OCHA October 2013). In the east of the country the humanitarian situation is driven by violent clashes between rebels and the country’s armed forces.

In North Kivu the fighting between the M23 movement and the armed forces have led to over one million internally displaced people (IDP) since November 2012 and there has been renewed fighting since July 2013. October saw a further resurgence of violence in the Nyiragongo and Rutshuru territories North of Goma, causing new displacement, death and injuries among civilians. The General Hospital of Kamango, both staff and patients, was targeted and several health centres have been looted. The capacity of the health system to provide surgical and gyneco-obstetric care has been severely hampered. Displaced populations which fled violence in July from the Kamango health zone to Nobili, are still waiting for security to improve in the border areas with Uganda to return to their home villages.

In South Kivu, where 1200 people on average are moving every day, there are a total of almost 600 000 IDPs. OCHA reports that 60% of the country’s displaced population are in North and South Kivu.

In the province of Katanga, the humanitarian situation continues to deteriorate following the attacks by the Mayi Mayi group. There are now over 375 000 displaced people in Katanga.

New fighting between the armed forces of the Democratic Republic of the Congo and the Patriotic Resistance Front (FRPI) at the end of September resulted in approximately 800 men, women, girls and boys being displaced and in need of primary and secondary health services in the Area of Irumu in Ituri of Orientale province.

This insecurity limits access to health care and life saving vaccination services and increases the risk of communicable disease outbreaks. Between January and end of September more than 21 000 cases of cholera and 376 deaths were recorded with 99% of these cases in the conflict- ridden eastern provinces of the country: South Kivu, North Kivu, Province Orientale and Katanga. The main area of concern, due to limited local response capacity, are health zones in South Kivu: (Uvira, Baraka, Minova and Bukavu, the provincial capital of South Kivu).

More than 74 299 measles cases have been reported since the beginning of this year, resulting in the deaths of 1160 children, according to WHO.

Health priorities

- Increase access to a minimum package of health services including required life-saving interventions such as basic health care, surgical services and emergency obstetric care to reduce maternal and child mortality among displaced populations and host families
- Promote access to water and sanitation in areas at high risk for the spread of epidemics,
- Strengthen technical and institutional capacities in the surveillance and response to diseases with epidemic potential
- Strengthen coordination of health partners to improve contingency plans and adapt responses to emerging situations.
- Strengthen communities’ capacities to prevent and mitigate the impact of recurring communicable disease outbreaks
- Increasingly address risk factors of disease and strengthen the health system’s ability to cope with health effects of humanitarian emergencies and epidemics
- The Health Cluster advocates for the protection of the medical mission in conflict affected areas

Health Cluster response

- An integrated measles vaccination campaign targeting 6 809 321 children aged from 6 months to 9 years was conducted in Equateur and Orientale provinces (24 – 28 September) in more than 56 health zones where measles mortality among children was highest. The measles response was combined with polio vaccination for the age groups of under five years. Similar campaigns are planned in November in the Kivu provinces and next year in all other affected provinces.
- An epidemiological surveillance and immunization campaign targeting 96 600 displaced
people in Maniema province was launched in October.

- More than 1.05 million displaced men and women, girls and boys and host family members were treated against cholera and diarrheal diseases in 2013. Concrete examples from Katanga and North Kivu show that improved quality in cholera treatment centres results in increased access and better case management of diarrhoeal diseases in general.
- In the Kamango, Rutshuru and Nyiragongo areas of North Kivu, in Ituri and in Pweto/Katanga, access to health care was improved for primary and secondary care and emergency reproductive health services through direct support to health centres, mobile clinics, referral health services and targeted immunization campaigns reaching more than 250,000 people since July (Merlin, WHO, Save the Children, UNICEF, COOPI, UNFPA)
- Health partners have treated at least 10,753 patients (displaced and host families) for common diseases through mobile clinics between late July and mid-October
- Two health posts opened near the Geti Mission and Munobi have treated 500 people every day in pediatrics, emergency surgery, maternity, and Intensive Care Unit.
- In October WHO started a process of country capacity assessment, assessing the country health system’s capacity to respond and identifying strategic areas of improvement.
Living with Disability and Disasters - International Day for Disaster Risk Reduction, 13 October

October 13 is the International Day for Disaster Risk Reduction and the theme for 2013 was “Living with Disability and Disasters”. An estimated 15% of the world’s population live with some form of disability, yet they are among the most vulnerable and neglected in any type of emergency.

The “Guidance Note on Disability and Emergency Risk Management for Health” was launched in New York on 10 October during events to commemorate this day. This guidance note provides an overview of the impact of emergencies on people with disabilities and describes the principles that should underpin practical action related to emergencies.

**People with disabilities are more vulnerable:** Across the world, people with disabilities face widespread barriers to accessing services such as health, education, employment and transport. Emergencies in particular can increase the vulnerability of people experiencing disability.

**Emergencies can increase the number of people with disabilities:** Emergencies create a new generation of people who experience disability. This is due to injuries, poor basic surgical and medical care, emergency-induced mental health and psychological problems, abandonment, and breakdown in support structures and preventive health care. Appropriate health care can significantly reduce future disability.

**Emergency risk management needs to be disability inclusive:** Despite the increased risk and impact of disability, the basic and specific needs of people with disabilities are frequently ignored or overlooked in emergency risk management. This guideline explores and identifies key areas to address the issues of emergencies and disability offering cross-cutting solutions with specific reference to health.

Annual meeting of the Global Emergency Management Team (GEMT) 15 – 17 October

Central to the reform of WHO’s work in emergencies has been the establishment of the GEMT, that brings together WHO senior management from the areas of Emergency and Health Security (WHO’s Category Five: Preparedness, Surveillance and Response) with relevant regional divisional directors, HQ emergency directors, and technical advisers responsible for global capacities for alert and response, pandemics and epidemics and humanitarian emergencies. The GEMT leads the planning, management, implementation, monitoring and evaluation of WHO’s work across the emergency risk management continuum including risk reduction, preparedness, response and recovery, regardless of the hazard.

Central to the work of the GEMT is the establishment of common practices, interoperability and a common operating platform for WHO’s work in emergencies.

Over the course of this three day annual meeting, the GEMT (1) examined current WHO capacity and performance in acute emergencies, (2) reviewed performance in protracted emergencies, (3) looked for a common approach to WHO’s work in emergency risk management, particularly with regard to prevention, risk reduction and preparedness. The over-riding objective of the meeting was to identify those actions that could lead to a transformation of WHO’s performance in each of these three areas in the coming biennium.

By the end of the third day, three major objectives had been agreed for the 2014-15 biennium, and specific near and medium-term activities established across six areas of work that would be needed to achieve the kind of transformative change that the GEMT is collectively seeking: (1) engagement (especially with WHO representatives in key countries and with partners and donors), (2) staffing (especially in regional offices and in ten focus countries with protracted humanitarian emergencies), (3) readiness (especially for surge capacity, updating of the emergency SOPs, establishment of a common ‘readiness’ checklist for WCOs), (4) performance monitoring, (5) information management and (6) budget, planning, and funding.

The GEMT will continue to meet quarterly via videoconference to monitor progress on the implementation of decisions made until its next annual meeting.

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