In this issue: The health response to the crises in Libya and the typhoon in the Philippines. Regional Director WHO South-East Asia Region makes a statement on the 10 year anniversary of the South-East Asia tsunami

Libya

Situation highlights

The current clashes in the capital city of Tripoli and several other areas of the country represent the most serious conflict since the Libyan revolution in 2011. As of December 2014, an estimated 452 000 people have been displaced within and around Tripoli, Benghazi and Ubari. Also, since 13 July the conflict has led the majority of the international community, including the United Nations, to temporarily withdraw their international personnel from the country.

The intense fighting caused a rapid deterioration of living conditions, including shortages in food, fuel, water and electricity, lack or limited access to health services, lack of cash liquidities, along with a rise in criminality. Significant damage and destruction was reported to public installations in Tripoli’s southern and western suburbs, including the international airport, the main oil depot, roads and bridges. Serious destruction was also reported in parts of Benghazi including damage to health facilities (AlJumhuria, Benghazi Medical Centre). Many hospitals in Benghazi are being forced to close due to security reasons.

Under the current emergency situation the already weak public health system in Libya has been further debilitated. As a consequence of the violence, medical warehouses were destroyed, leaving the eastern part of Libya with limited quantities of medicines and supplies. In the early phase of the conflict, some hospitals were mainly devoted to treating the wounded (Zintan), while others were overwhelmed by the additional burden of the tens of thousands of IDPs. In the south, the health facilities are struggling to cope with the increased number of patients (including hundreds of wounded and thousands of IDPs) coupled with a weakened supply chain, since roads are closed due to security constraints. The situation is worsened with the departure of a large number of foreign health workers, which comprised the majority of the nursing staff and almost half of the doctors in Libya.

Public health concerns

- Over-burdening of the hospitals and primary health care clinics in areas with high numbers of IDPs (safe parts of Benghazi, Misrata, Tripoli, Sabha).
- Overwhelming of the hospitals with injuries/traumas (Benghazi, Sabha).
- Increasing strain on Emergency Medical Services (including obstetric care) and insufficient capacity of health services to cope with increasing numbers requiring emergency health care due to decreased staff numbers.
- Diminished access to care for patients with chronic diseases and mental health disorders.
- Tremendous strain on maintaining the supply chain of medical supplies
- Significant risk of transmission of communicable disease (TB, HIV and possibly Ebola) through the thousands of illegal immigrants passing through Libya.
- Increased possibility of outbreaks (especially measles) due to the recent displacement and the disruption of the primary health care network in the main cities; increased risk for diarrhoeal and respiratory diseases.

Health response

WHO provides humanitarian support to the local health authorities in Libya. In addition to donating essential medicines and supplies, WHO is providing technical support and together with the health sector has conducted assessments of the
health care system. WHO also provides trainings for local health care workers, and supported the establishment of new sentinel sites to strengthen the disease surveillance system and reporting.

WHO is also providing trauma and surgical supplies together with other health partners including International Committee of the Red Cross and International Medical Corps.

In addition, WHO is reactivating the Early Warning Alert and Response System (EWARS) in the existing Centres for Disease Control and Prevention (CDC) branches in all regions in Libya. The revitalization of the EWARS will allow regular reporting and will activate timely response to alerts, diminishing the risk of communicable disease outbreaks.

Malawi and Mozambique floods

Situation highlights

Malawi and Mozambique are currently experiencing severe flooding. According to the latest situation updates, the floods are affecting 638,000 people in Malawi and 150,340 people in Mozambique. As of 28 January, an estimated 106,000 people have been displaced in Malawi and 50,689 displaced in Mozambique. The number of deaths in both countries is reported to be 137 and 153 people are missing.

The floods have had a devastating impact on health systems. More than 10 health facilities have been destroyed and access to services including emergency care is restricted.

WHO declared the situation a Grade 2 emergency on 28 January.

Public health concerns

- Access to quality emergency primary health care.
- Provision, distribution and replenishment of emergency medicines and medical supplies.
- Monitoring, analysis, detection and response to outbreaks.

Health response

- WHO has deployed staff to Mozambique and Malawi to support health response activities.
- Five Interagency Emergency Health Kits have been sent to increase the availability of emergency stocks of medicines and other medical supplies. Each kit provides medical supplies to cover 10,000 people for three months.
- WHO is providing support to strengthen disease outbreak surveillance, early warning and response systems.

WHO did not receive funding support for its health humanitarian activities in Malawi or Mozambique in 2014.

For more information:
http://www.who.int/disasters
Philippines – Typhoon Hagupit

Situation highlights

Typhoon Hagupit made first landfall in Eastern Samar province on 5 December, 2014 with maximum sustained winds of 175 km/h and gusts of up to 210 km/h. The typhoon affected about 3.9 million people in nine regions (Metro Manila, III, IV-A, IV-B, V, VI, VII, VIII and Caraga) according to reports from the National Disaster Risk Reduction and Management Council (NDRRMC). There have been 18 deaths reported and 915 people were injured. Approximately 156 000 people remain in 463 evacuation centres.

Public health concerns

- A total of 18 barangay health stations were damaged by the typhoon and are non-functional. All hospitals and rural health units are functional.
- The birthing facility of Villareal rural health unit (Western Samar) and the tuberculosis treatment centres in Lope de Vega (Northern Samar) and Dolores (Eastern Samar) were destroyed.
- Reproductive health supplies in the Samar Provincial Hospital (Catbalogan City, Western Samar) and rural health units need augmentation.
- The most common causes of consultations in affected areas in Region VIII include acute respiratory infections, open wounds and bruises, skin diseases, diarrhoea and hypertension.

Health Cluster response

- Mobile health teams from least-affected municipalities in Eastern Samar are providing health services in neighbouring affected municipalities.
- Additional personnel were deployed to ensure collection of disease surveillance reports from difficult-to-access municipalities.
- Reproductive health emergency kits were provided to the Samar Provincial Hospital. Medical missions are conducted in the municipalities of Villareal and Santa Rita (Western Samar).
- WHO has supported the Department of Health in re-activating Surveillance in Post Extreme Emergencies and Disasters (SPEED) — a mobile-based disease monitoring and reporting system — in affected areas. Data from SPEED indicate people are currently seeking medical help mostly for acute respiratory infections, diarrhoea and infected wounds.
- WHO will continue to work and support the Department of Health in assessing public health risks; coordinating with all sectors to ensure that the delivery of health services, disease surveillance and response, as well as the health issues facing mobile and displaced populations are supported.

Statistics

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<th>Value</th>
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<tbody>
<tr>
<td>Population</td>
<td>98 394 000</td>
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<tr>
<td>Gross national income per capita*</td>
<td>7820</td>
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<tr>
<td>Life expectancy at birth m/f (years)</td>
<td>65/72</td>
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<tr>
<td>Probability of dying between 15 and 60 years m/f **</td>
<td>258/138</td>
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<tr>
<td>Total expenditure on health per capita* (2012)</td>
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<td>Total expenditure on health as % of GDP (2012)</td>
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* purchasing power parity international $ 
** per 1000 population 

Source: WHO/GHO

Typhoon Haiyan funding:

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<th>Health Cluster</th>
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<tr>
<td>Requested</td>
<td>79 431 944</td>
<td>28 332 250</td>
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<tr>
<td>Received</td>
<td>53 895 764</td>
<td>20 452 874</td>
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Source: OCHA/FTS

WHO’s emergency activities in response to Typhoon Haiyan in the Philippines were supported by Australia, Canada, Japan, the Japan Kindergarten association, Kuwait, Monaco, the Republic of Korea, the Russian Federation and the United Kingdom.

For more information:
http://www.who.int/hac/crises/phl
Ten years ago, on 26 December massive tsunami waves hit countries in the South-East Asia Region causing death, destruction and devastation of unbelievable scale. Over 200,000 lives were lost, 800 primary and secondary health facilities destroyed and coastal villages and people’s livelihoods completely wiped out. That mega disaster was a turning point. It put the spotlight on the need to be prepared to respond to the most unexpected disaster, anywhere, anytime.

Concerted efforts have been made since then. WHO South-East Asia Regional office (SEARO) and WHO country offices have worked closely with the member countries for building emergency preparedness and response capacities to respond to such disasters.

A set of Benchmarks for Emergency Preparedness and Response have been developed by WHO SEARO. These include standards, indicators and guided questions to measure what is in place in terms of legal frameworks, plans, finance, coordination mechanisms, community capacities, capacity development and early warning.

WHO has also established the South-East Asia Regional Health Emergency Fund (SEARHEF) for predictable funding of emergencies.

Countries are using the WHO benchmarks for capacity development and assessment for risk management in the health sector. Indonesia, Thailand, India, Sri Lanka and Maldives continue to improve risk management systems using knowledge and tools developed through the lessons of the tsunami. Even countries in the WHO South East Asia, not affected by tsunami, are doing so using the same knowledge.

The WHO Benchmarks and SEARHEF, which were established after the 2004 tsunami, have served us well in recent years. As a result, preparedness and response capacities have increased phenomenally, which has been demonstrated in the handling of recent events such as the massive earthquake in Indonesia on 11 April 2012. Timely evacuation, tsunami warning in the entire South-East Asia region with adequate government and community action resulted in minimal deaths and destruction.

While preparedness is the key to minimize the impact of disasters, measuring preparedness is a sound basis for addressing risks, no matter what the cause. There is a need to continuously measure the actions objectively and identify and address gaps, to be able to respond better.

Our efforts and investments into planning for and responding to emergencies must continue. We need to make risk management capacities pervasive in all levels of society – in all sectors – because as our capacities increase, so do our risks. We must continue to invest and strengthen our capacities for prevention and preparedness to save more lives.

- Dr Poonam Khetrapal Singh, Regional Director WHO South-East Asia Region