Typhoon Yolanda (Haiyan), Philippines
Situation Report No 2
17 November 2013

This Situation Report is issued jointly by the World Health Organization-Western Pacific Regional Office and the Philippines Country Office. This covers the period 15-16 November 2013. The next health-related update on this emergency will be integrated into the health cluster bulletin.

Highlights

- As of 15 November, 48 of 103 health facilities assessed in Regions IV-B (MIMAROPA), VI (Western Visayas), VII (Central Visayas) and VIII (Eastern Visayas) are not functional.

- 39 medical teams from other regional hospitals of the Philippines (including Metro Manila) were deployed to the affected areas.

- As of 17 November 2013, 23 foreign medical teams (FMT) have been deployed to various municipalities in Regions VI, VII and VIII (map). Six more FMTs are on their way to different affected areas.

- WHO has established operational hubs in Tacloban and Cebu Cities and a presence in Roxas City with a total of 14 WHO staff members having been deployed to these hubs.

Situation Overview

- Super typhoon Yolanda (international name Haiyan) hit the Philippines on 8 November 2013. Storm surges caused widespread flooding in coastal areas and brought damages to 44 provinces, in many Regions in Central Philippines. The most severely affected areas identified so far are Tacloban City, Leyte, Northern Iloilo and Eastern Samar.

- As of 17 November 2013, the Philippine Government (National Disaster Risk Reduction and Management Council Situation Report No 24) reported 3,681 deaths, 12,544 injured and 1,186 missing. More than 10 million people have been affected, almost four million are displaced and among them, 3.5 million are living outside evacuation centers.
Access has been limited to most affected areas due to damaged roads, fallen trees and debris which continue to hamper the humanitarian relief operations and delivery of medical services. Security is also a major concern.

Health Issues and Needs

Public health risk assessment indicates that the principal health issues are:

- wounds and injuries as a direct result of the storm, or associated with post-event flooding;
- lack of food, water, sanitation and hygiene facilities, and related food and water-borne illnesses,
- problems associated with pregnancy and childbirth;
- respiratory infections associated with overcrowding, especially acute respiratory infections in children;
- measles, and potentially polio due to importation;
- malnutrition, especially of infants and young children, leading to increased and more severe disease;
- mental health and psychosocial conditions;
- leptospirosis from exposure to rodent excreta or contaminated water;
- vector-borne diseases, especially dengue and chikungunya fevers (malaria risk is absent or low, except in a few affected provinces); and
- sexually transmitted diseases.

The immediate priorities are:

- the provision of food, safe drinking water, appropriate sanitation, shelter, and other essential non-food items including fuel for cooking;
- trauma care for the wounded with tetanus prevention;
- provision of medicines and medical supplies;
- establishment of emergency primary and secondary care for medical, surgical and obstetric emergencies;
- management of dead bodies with retrieval and identification of victims;
- measles vaccination, and polio vaccination in high risk areas; and
- risk communication to the public.

There is a need to shift soon from trauma care management to essential medical services (primary and referral).

Short term priorities include:

- Re-establishment of essential health care services (primary, referral and hospital care)
- Emergency mental health care and psychosocial support
- Waste management
- Vector control and provision of personal protection against vector-borne diseases
Government Response

- A State of National Calamity was declared on 11 November 2013.

- The National Disaster Risk Reduction and Management Council (NDRRMC) has activated its Emergency Operation Center (EOC) and is now on RED ALERT STATUS. All relevant government machinery had been mobilized to support the Government response.

- As of 17 November 2013, a total of 22,730 personnel, 1,285 vehicles, 77 sea crafts, 110 air crafts and 27,237 other assets/equipment from national and local agencies, responders and volunteer organizations were prepositioned and deployed to strategic areas to facilitate/expedite response operations.

- In anticipation of the influx of donations from the international community (countries and organizations) after the declaration of the national state of calamity, NDRRMC activated a “One-Stop Shop” on 12 November 2013 to facilitate the acceptance of the donations.

- “One Stop Shop” has been activated in Tacloban and Cebu ports to expedite and release relief donations for the affected populations.

- The Government has deployed 39 medical teams to affected areas from other regional hospitals in the Philippines (including Metro Manila).

- A total of 23 field medical teams have been deployed to various municipalities in Regions VI, VII and VIII while six more teams are on their way to different areas of deployment.

- The Department of Health (DOH) has established its own hubs for medical supplies and personnel in Tacloban, Cebu and Catbalogan. Cebu serves as the main hub for medical supplies.

- DOH coordinates the deployment of local and foreign volunteers for health service provision and dead body management.

- Preliminary health assessments have been conducted in all major landfall sites and in-depth assessments have been undertaken in 11 of 66 municipalities of Region VIII. Additional multi-disciplinary teams are being deployed to finalize the assessments in the week of 18 November 2013.

- Immunization campaigns are planned:
  - measles immunization campaign (including vitamin A dosing) is planned to start next week
  - polio immunization to be considered depending on the capacity to keep the cold chain functional

WHO Response

- Due to its scale and complexity, this emergency is categorized as Grade 3 -- the highest internal emergency category under the WHO’s Emergency Response Framework (ERF). WHO is mobilizing an organization-wide support for the country.
• Following WHO’s Emergency Response Framework (ERF) procedures, and to fulfill WHO’s core functions in emergencies, staff from the Western Pacific Regional Office, Headquarters and other regional offices have been repurposed and deployed to support the Philippines WHO Country Office. External health experts in various fields have also been deployed.

• Emergency operations centres across the three levels of the organization were activated on 8 November 2013. The Philippines WHO Country Office established its Emergency Management Team, while Emergency Support Teams were organized in the Western Pacific Regional Office and at Headquarters.

• Operational hubs have been established in Tacloban and Cebu Cities, as well as a presence in Roxas City. A total of 14 WHO staff members have been deployed to these sites between 12 and 17 November 2013.

• About 50 WHO staff and experts have been deployed to the Philippines WHO Country Office to support the response and more deployments are expected. The Global Health Cluster and the Global Outbreak Alert and Response Network (GOARN) have also been activated to mobilize support.

• WHO works with DOH as co-lead of Health Cluster. Daily health cluster coordination meetings have been held in Manila, co-chaired by DOH and WHO, with the participation of 25-30 health cluster partners.

• WHO has shipped four emergency kits with medicines and supplies to cover basic health needs of 120 000 persons during one month and supplies to perform 400 surgical interventions to Tacloban City. Four diarrheal disease kits with medicines and supplies to treat 3000 cases of acute diarrhea were also sent.

• Support is also provided to DOH in coordinating the prioritized deployment of foreign medical teams, ensuring they are deployed to places where there are major needs and avoiding duplication.

Contact

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