

5. Focusing on hotspots in the response to Typhoon Koppu

In October 2015, Typhoon Koppu hit the Philippines at peak strength, with sustained winds of 240 kph – a Category 3 typhoon – causing widespread devastation, with flash floods and landslides across 14 provinces on the northern part of the main island of Luzon. In the wake of the typhoon, food security, malnutrition and other health problems affected more than 3.1 million people.

Adopting an innovative approach, priority activities were implemented in selected “hotspots” in the most-affected municipalities. This focused approach differed from that employed in previous large-scale disasters. Resources were concentrated on the most vulnerable groups: about 220 000 of the one million people affected in four priority provinces. Activities included mobile medical teams, screening and treatment for acute malnutrition among children younger than 5 years of age, and the establishment of surveillance and early warning systems for epidemic-prone diseases.

WHO and the Department of Health, in coordination with provincial health authorities, jointly assessed the damage caused by the flooding, the prevalence of malnutrition and level of access to health-care services. Municipalities were selected based on the direct impact of the typhoon – for example, most-affected populations and cost of agricultural losses – and local health system vulnerabilities, such as the number of functioning health facilities



A nurse performs a screening to detect acute malnutrition in La Paz, Tarlac, during the response to Typhoon Koppu in the Philippines.

and health workers per 10 000 people. Pre-event vulnerabilities, such as poverty and certain communicable disease rates, indicate the coping capacity of affected communities.

The response model of identifying hotspots calls for documenting pre-event vulnerabilities of at-risk populations and local health systems, as part of developing a preparedness agenda. ■