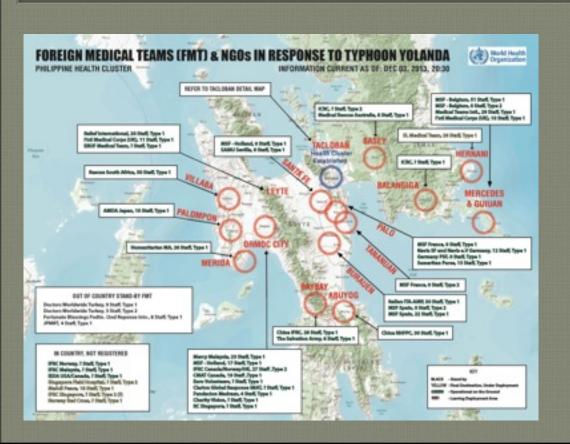
Lessons from Typhoon Yolanda: The Health Sector Response



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Typhoon "Yolanda" Storm Surges



NOVEMBER 8



ESTIMATED COST OF DAMAGE:

Php 36.7 billion (USD119 M)

Initial Estimates of Damage of Health Facilities in Regions IV-B, VI, VII, VIII

Provinces	BHS		Hospit	Total No. of Health	Estimated
		S	als		Amount*
Region VIII				996	3,928,512,300
Leyte			17	249	1,205,618,500
Norther			11	138	661,555,900
Biliran			2	57	187,636,900
Eastern			12	206	723,485,200
Souther			8	99	385,290,500`
Western			11	246	704,925,300
DOH-				1	60,000,000
Region VII				60	21,880,000
Cebu	43	15	2	60	21,880,000
Region VI				1,216	49,932,500
Aklan			9	161	5,244,000
Antique			6	176	10,528,500
Capiz			6	310	4,085,000
lloilo			14	569	30,075,000
Region IV B				8	82,060,000
Culion,		7	1	8	82,060,000
GRAND	1,888	292	99	2,280	4,082,384,800



^{*} Includes infra and/or equipment costs for affected hospitals, RHUs and BHS

Critical Timelines

- •Immediately after impact
- •First 6 hours after the injury has been sustained
- •First 24 to 72 hours
- •After 1 week

Wounds Encountered In Disasters

- •Fractures
- •Lacerations
- Avulsions
- Amputations
- Punctured wounds
- Animal bites
- •Wounds associated with chronic medical illness
- Neglected infected wounds and gangrene
- Tetanus

Wounds /Injuries	Cyclone Nargis	Haiti Earthquake	Typhoon Yolanda
Lacerations	X	X	X
Incised	X	X	X
Punctures	X		X
Abrasion	X	X	X
Skin Avulsions			
Fractures		X	X
Amputations		X	
Animal Bites			X
Wounds associated with chronic illness			X
Infected wounds	X	X	X

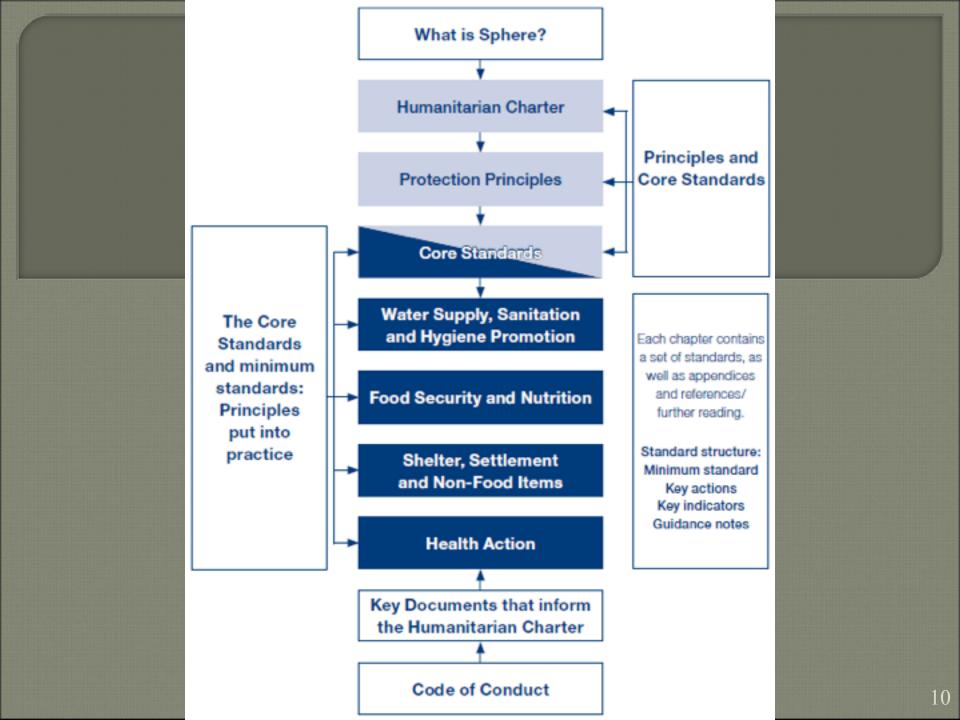
Management And Care of Wounds

- •Government Medical Teams
- •NGO Medical Teams
- •Foreign Medical Teams
- •Military Medical Teams
- •First Aid Philippine Red Cross



Work Interoperability

- •Referral system
- Teamwork collaboration
- •Inter team referral
- •Sharing of resources
- •Case Management Transfer
- Definitive Care
- •Sharing of Expertise and Logistics

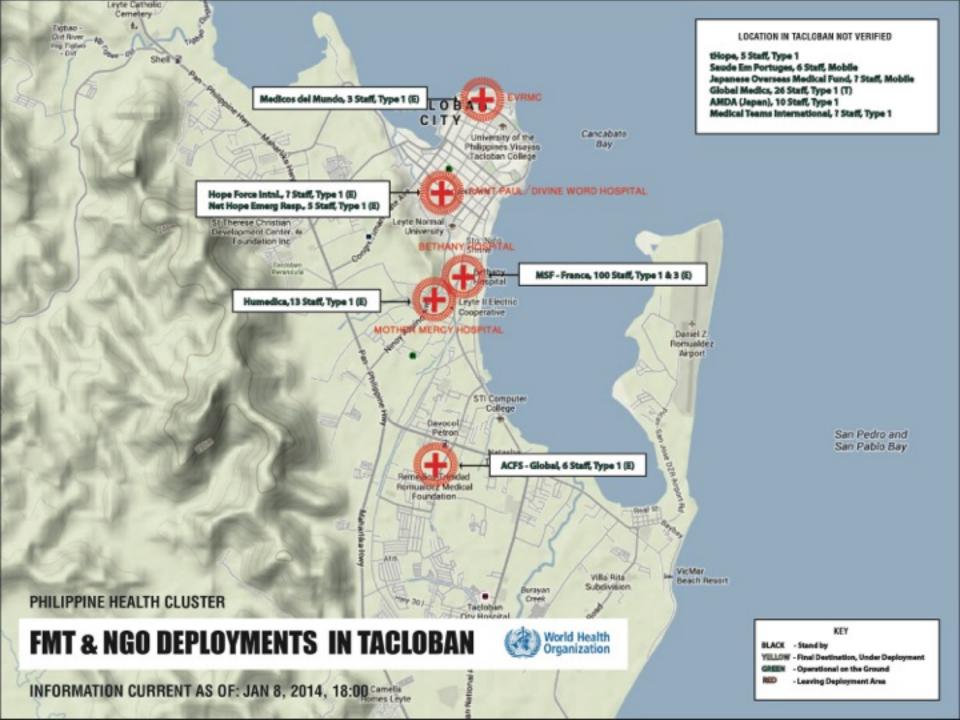










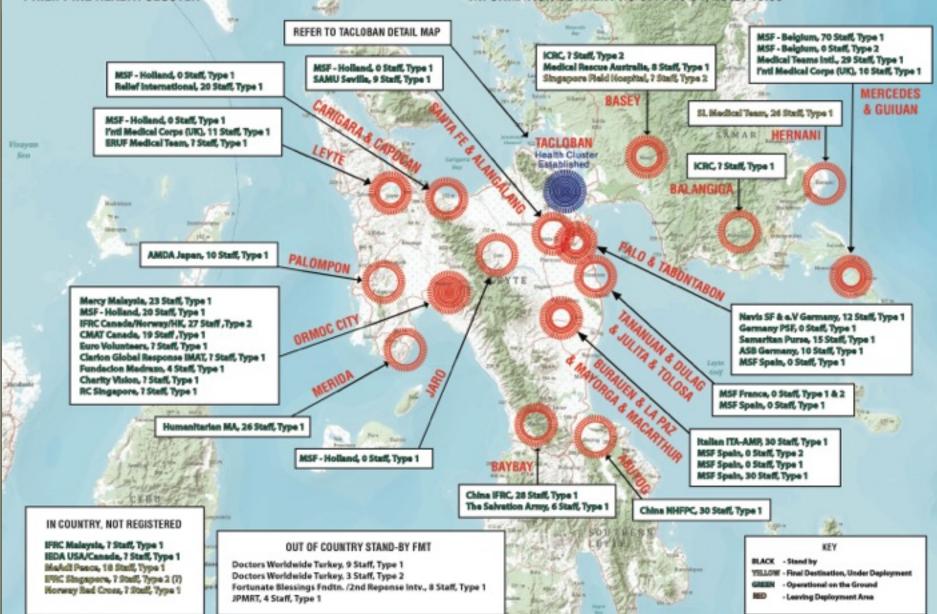


FOREIGN MEDICAL TEAMS (FMT) & NGOS IN RESPONSE TO TYPHOON YOLANDA

World Health Organization

PHILIPPINE HEALTH CLUSTER

INFORMATION CURRENT AS OF: DEC 04, 2013, 18:00



What have been done?

- As the Health Cluster lead, DOH provided support to 151 registered foreign medical teams as well as other local and international NGOs through:
 - Deployment coordination
 - Technical advice through provision of local protocols and guidelines
 - Health services report consolidation
 - Early disease warning detection and response



What have been done?

- Facilitated the acceptance and quality control of donated medicines and medical supplies
- Health promotion activities and other public health advisories
- Provision of cadaver bags
- Assistance to NBI and LGUs in the management of the dead



What have been done?

 Deployment of composite team with toxicology experts to manage the secondary event of oil spill in Barangay Botongan, Estancia, Iloilo



What needs to be improved?

In consideration of the magnitude of Typhoon Yolanda and the *new normal*, there is a need to:

- Modernize logistics and supply management for emergency health sector response
- Ensure Hospitals and health facilities to remain functional during disasters
- Acquire equipment and Improve capacity of response teams
- Review health emergency preparedness and response plans
- Analyze and develop systems for health services especially for mega disasters



Recommendations/Research Ideas

- Increase the logistics capacity and lifelines for health sector response:
 - Emergency communications system
 - Air Transport to, and within the affected areas
 - Emergency logistical needs such as generators, hospital tents, etc.
- Build resilient health facilities

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- Hospitals as the last facility standing
- Hospitals as hubs for energy, water, logistics, communications, and shelter
- Develop self-sufficient teams
 - Properly equipped Mobile surgical, public health teams
 - Physically and psychologically prepared teams to withstand the disaster conditions



Recommendations/Research Ideas

- Improve preparedness, response, and rehabilitation planning across different levels
 - Include worst case scenarios/ mega disasters
 - Consolidation of top-bottom and bottom-up planning
- Strengthen systems for service delivery
 - Improved inter- and intra-operability among all responding agencies
 - Improved information management systems
 - Improved logistics management systems



Lessons:

- A. Factors for Better Patient Outcome
- Timeliness of intervention
- Competency of Health Personnel
- Adequacy of Service Providers
- Available logistics
- Team Work
- B. Existing Partnerships and Agreements
- Facilitates Movement and Entry of Responding Countries, Teams and Partners