

Tropical Cyclone Harold Vanuatu National Health Situation Report #1 - 15 April 2020



HIGHLIGHTS

- On 06 07 April 2020, Severe Tropical Cyclone Harold made landfall in Vanuatu and caused widespread damage. The majority of severe damage was in Sanma, Malampa and Penama provinces.
- The National Health Emergency Operations Centre (NHEOC) structure was adapted and a Health Sector Response Plan was developed.
- An initial desktop exercise identified 81 health facilities in areas severely impacted by TC Harold.
- Emergency Medical Teams were formed with eight (8) teams deployed by NHEOC to severely affected areas.
- Health facility assessments by NHEOC and provincial EOCs commenced on 09 April. Results will guide further health sector response activities.

These Situation Reports are issued regularly. The latest is available from the National Health Emergency Operations Center.

BACKGROUND



From 02 April 2020, a tropical low developed over Solomon Islands and intensified to a Category 3 cyclone. It travelled south-easterly and entered Vanuatu waters where it continued to develop off the west coast of Sanma province from 03 – 04 April and intensified to a Category 5 cyclone. Severe Tropical Cyclone Harold made landfall in Vanuatu on 06 – 07 April 2020 and caused widespread and severe damage as it travelled east south-east with the eye passing across Sanma, Penama and Malampa provinces. Hurricane force winds of 215KM/HR (115Knots), gusting to 235KM/HR (125Knots) were experienced. This was accompanied by heavy rainfalls and flash flooding over low lying areas and areas close to river banks including coastal flooding over parts. Very rough to phenomenal seas with heavy to phenomenal swells were experienced over northern and central open and coastal waters today. Red alerts were issued for five of the six provinces of Vanuatu (Torba, Penama, Sanma, Malampa and Shefa).

The potentially affected population estimated by the Vanuatu National Disaster Management Office (NDMO) from aerial assessments is 159,474 persons. Health has been identified as a sector of immediate need in Sanma, Malampa and Penama provinces. This Report summarises the current health situation, ongoing activities, gaps and constrains in the health sector response to TC Harold.

CURRENT HEALTH SITUATION

Direct impacts of TC Harold on the health of the population in affected areas have been deaths and injuries as a result of building collapse, wind-strewn debris or existing illness. NDMO has reported 3 deaths due to TC Harold to date (as per Situation Report #6, dated 09 April 2020). Information on three (3) additional deaths has been received by the Ministry of Health but verification of whether these are directly attributable to TC Harold is ongoing. Information on referrals and injuries are being compiled from provincial EOCs. There have been reports of 3 referrals to Northern Provincial Hospital (NPH) and 2 referrals from NPH to Vila Central Hospital, with 27 reported injuries although it is yet to be confirmed if these were all directly related to TC Harold.

Interrupted public services and water and food shortages have resulted due to infrastructural damage (including to health facilities), restricted access to facilities, destruction of gardens, and contamination of water sources. In the mid to long-term, further impacts to health are probable including increases in communicable diseases such as those that are water- or vector-borne. Short and long term mental health effects are also likely. The full extent of impact on health is not yet known. Further information is urgently needed.

To guide the TC Harold health sector response, an initial desktop Health Facility Assessment was conducted. Information on predicted wind speeds experienced were overlayed with the existing health facility data to identify those most at risk of severe impact of winds equivalent to a Category 3-5 cyclone. This identified 81 health facilities that were functioning before TC Harold struck and that were at the highest risk in Sanma (n = 49), Penama (n = 21) and Malampa (n = 11). This comprised hospitals, health centres, dispensaries, clinics and aid posts. The outcome map is provided as Annex 1.

COORDINATION AND PLANNING

Preparedness and response to Tropical Cyclone Harold is determined by the <u>Disaster Risk Management Act No. 23</u> of 2019. The following groups have responsibility for coordinating and implementing related activities:

- <u>National Disaster Management Office</u> (NDMO): national coordination including inter-cluster coordination and response management.
- National Cluster System: includes an Inter-Cluster (Chair: NDMO Director) and eight technical clusters (Education, Emergency Telecommunications, Food Security and Agriculture, Gender and Protection, Health and Nutrition, Logistics, and Water, Sanitation and Hygiene) responsible for coordinating within and between sectors.
- Hospital and Provincial Health Emergency Operation Centres: day-to-day health sector operations in facilities and provinces (Chairs: respective senior management).
- National Health Incident Management Team: day-to-day health sector operations at national level (Chair: MOH Director of Curative and Hospital Services).

The National Health Emergency Operations Center (NHEOC) was already activated due to the COVID-19 global pandemic. On 07 April, the National Health Incident Management Team met to refine the NHEOC structure and to develop the Tropical Cyclone Harold Health Sector Response Plan. The draft Plan was circulated to Health Cluster members on 08 April and a meeting was convened to discuss the Plan and development partner contributions on 09 April 2020 with a revised Plan circulated on 10 April 2020.

This plan includes two key objectives: (1) Initiate health facilities and communities impact and needs assessment, and (2) Initiate priority response activities. The priority response activities are to:

- Provide life-saving services and essential medical support
- Maintain minimum standards for provision and access to health services
- Minimise the risk of communicable disease outbreaks
- Minimise risk of non-communicable disease related illnesses, including nutrition and psycho-social issues

HEALTH SECTOR ACTIONS TAKEN

The below information provides an update on progress made by the National Health Incident Management Team operating in the NHEOC for health response to TC Harold. The Team is comprised of technical staff from MOH and individuals support by development partners including Australian Department of Foreign Affairs and Trade (Vanuatu Health Program, Australian Volunteers), Butterfly Trust, IsraAID, Overseas Development Institute, ProMedical, Red Cross, United Nations Population Fund, RedR Australia, UNICEF and WHO.

Information management

- A centralise email address has been established for the NHEOC: <u>nheoc@vanuatu.gov.vu</u>
- A Tropical Cyclone Harold Health Sector Response Plan was developed with input from development partners.
- The represents the first health situation report, with additional reports to be provided as needed.
- Templates have been provided for provincial response plans, budgets and situation reports with items received from all provinces.

Health Facility Assessments

• A standard data form (and online data entry tool) developed in 2017 for the purpose of assessing health facility conditions, staffing and needs was deployed for use by provincial teams. Included are assessments of: damage to buildings, medical equipment and medical supplies; facility accessibility; referral system

status; human resources; medical supply stock; water and sanitation; power; reports of deaths, injuries and increases in disease. Main health priorities of concern are also identified for each facility.

- Assessments commenced on 09 April 2020. So far, full reports have been received by NHEOC for 23 health
 facilities of which the vast majority (n = 20) were from Sanma province. Further data are anticipated in the
 coming few days.
- Results from Health Facility Assessments are being compiled and analysed to guide operations.

	SITUATION
Emergency medical teams	 EMTs are generally include at least one medical doctor, nurse, midwife, public health specialist and logistics/health infrastructure officer. So far, eight (8) EMTs comprised of 7 persons each have been deployed by NHEOC to cyclone-affected areas in Malekula, Ambrym, Santo and Pentecost Islands.
Environmental health/community engagement	• Water, sanitation and hygiene (WASH) officers have been dispatched through the WASH cluster to Ambrym, Paama, Pentecost and Santo. A plan for WASH activities in health facilities and improvement of sanitation facilities I sunder development.
Risk communications	 A booklet 'Saeklon ki helt mesej' has been developed to guide health care worker engagement with community members. 10,000 booklets have been printed and are being distributed in Sanma, Malampa and Penama.
Psychosocial support	• A psychologist has been included in the EMT deployed to Santo; future deployments are planned.
Communicable diseases	 An emergency bed net distribution plan has been developed, which will target available bednets to affected areas due to receive replacement nets this year and to emergency evacuation centres. Distributions will commence in Santo. Available medical supplies are under evaluation through the Health Facility Assessments.
RMNCAH	• Initial priority approaches have been drafted for discussion with development partners this week.
Immunization	• Vaccine availability and cold chain are being determined through Health Facility Assessments to identify urgent needs.
Nutrition	• Nutrition supplements have been provided for dispatch with the EMTs, to be coordinated through the Food and Nutrition cluster.
Non- communicable diseases (NCDs)	 A mitigation plan has been developed to prevent high risk individuals from death or the development of severe complications, which targets those of 60 years of age and those with underlying NCDs. Specialist deployments and trainings will commence this week in affected provinces.

Health operations

RMNCAH: Reproductive maternal, newborn, child and adolescent health

Finance, administration and logistics

• Significant support is being provided for dispatch of personnel, equipment and supplies the Emergency Medical Teams and for provision of urgent medical supplies. Supply re-stocked has been completed for all health facilities on Pentecost and Ambrym, including aid posts. Where aid posts are damaged, stocks have been provided to Village Health Works for primary health care outreach to community members.

Provincial support & health operations

• National Health EOC has provided support for establishment and operations of EOCs in provinces severely affected by TC Harold. Further support is urgently required.

Health sector funding situation

- A consolidated budget is under development and will be circulated to NDMO and partners once prepared
- Support is required to establish a system for tracking development partner contributions

CONSTRAINTS AND GAPS IN HEALTH SECTOR

- There are major human resources gaps; medical and public health staff from provinces without severe impacts of TC Harold may be deployed to affected areas, and requests have been sent to development partners for additional support
- There is a critical need for support for information management and logistics given the urgent needs to allocate resources based on needs

MORE INFORMATION ABOUT THE HEALTH RESPONSE TO TROPICAL CYLCONE HAROLD

- National Health Emergency Operations Center: nheoc@vanuatu.gov.vu
- Vanuatu Health Hotline: 119
- National Disaster Management Office: <u>https://ndmo.gov.vu/</u>
- Ministry of Health, Health Promotions Vanuatu Facebook page: <u>https://www.facebook.com/Health-Promotions-Vanuatu-1674266679566197/</u>
- Health Incident Management Team Coordinator: Dr Posikai Samuel Tapo Mobile: 773 7178

Approved by:	Dr Posikai Samuel Tapo, Coordinator - Incident Management Team
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Next SitRep Expected*:	17 April 2020

*The intention is to issue Situation Reports 2-3 times per week, though the frequency will depend on the evolving situation.



Appendix 1. Health facilities potentially affected by TC Harold. Information is subject to update based on arising data.

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