In this issue: The health response to the humanitarian crises in South Sudan and Nepal and the Global Health Cluster Partner Meeting.

**South Sudan**

**Situation highlights**

Since fighting broke out in December 2013, more than 2 million people have been displaced (over 500 000 refugees and 1.54 million people internally displaced). Protection of Civilians (PoC) sites are providing shelter for nearly 140 000 people (an increase of almost 34 000 people since January 2015).

There are an estimated 8 million people experiencing food insecurity with 4.6 million people facing severe food insecurity by July 2015 (OCHA). Rates of malnutrition are increasing, with one in three children under 5 suffering from acute malnutrition in Greater Upper Nile, Warrap and Northern Bahr el Ghazal States.

There has been extensive disruption of essential primary and secondary health care services due to the conflict in Unity and Upper Nile states which has aggravated the limited capacity for basic service delivery.

- More than 57% of health facilities in conflict affected states have either been looted or destroyed and remain non-functional.
- Preventative care, vaccination campaigns, and cold chain capacity are compromised. Reproductive health services, and psychosocial services are inadequate.
- Humanitarian partners have had to relocate staff from active conflict zones, compromising the effective delivery of emergency health services in the affected areas.
- Approximately 500 000 people are without essential lifesaving support and health services in Southern Unity State.

Communicable disease surveillance and response continues to be a health care priority.

- With the rainy season approaching, an increase in morbidity and mortality due to waterborne infectious diseases is expected in the areas hosting large numbers of internally displaced people.
- Acute respiratory infections remain the top cause of morbidity in congested IDP locations where children under five years have accounted for a significant proportion of mortality attributed to acute respiratory tract infections.
- A cholera outbreak was declared on June 23 in Juba following the first confirmed case on June 1. Cumulative caseload of 396 persons with 26 deaths at end of 28 June. Untreated drinking water, crowded living conditions, consumption of unsafe foods, and open defecation are considered risk factors. Hepatitis E also remains a key public health concern in focal areas with cases reported from Bentiu and Mingkaman.
- A measles outbreak in Bentiu has persisted due to the arrival of new IDPs from Counties that have remained inaccessible to vaccinators due to persistent security concerns.
- Due to the protracted crisis, chronic diseases like tuberculosis and HIV/AIDS have now emerged as significant causes of morbidity and mortality among IDPs.

Trauma cases due to fighting continue to be reported, yet there is a lack of sufficient surgical capacities at state and county levels to effectively manage them.

Reports indicate that sexual and gender-based violence and exploitation have increased since the escalation of the fighting two weeks ago. The lack of...
appropriate health services for survivors is a major gap, especially outside major displacement sites.

**Health Cluster objectives and response priorities**

- Improve access to and responsiveness of, essential and emergency health care, including emergency obstetric care services.
- Enhance existing systems to prevent, detect and respond to disease outbreaks.
- Improve availability and access to health care for survivors of gender based violence, mental health care and psycho-social support (MHPSS) services, targeting highly vulnerable people

**Health Cluster response**

- Active disease surveillance has been strengthened in the IDP camps. Daily reports are generated from the camps, which are then analysed and disseminated to Health Cluster partners. Technical and logistic support is provided to the Ministry of Health to investigate, and contain disease outbreaks
- WHO has supported the measles vaccination of all new arrivals in the POCs in Bentiu to prevent an outbreak. Support was also provided to conduct measles immunization in the displacement camps of Juba, Malakal, Bor, and Awerial.
- Extended emergency health services are provided in conflict affected areas through 36 Health Cluster partners (1.7 million consultations have been reported from January to June 15, 2015)
- WHO conducted a risk assessment in two of PoCs and established that 13.7% and 17% of the IDPs had received two doses of the Oral Cholera Vaccination (OCV) previously. An OCV campaign targeting 74 000 people began in Bentiu on 28 May 2015 and more than 95% of the targeted population was reached in the first round. A second round began on 22 June. In Juba POC over 34 000 people benefited from the OCV campaign on 15 June.
- Secondary health care including surgical and emergency obstetrics and newborn care both inside and outside the POCs was strengthened
- WHO has provided trauma management, emergency surgical and emergency medical kits, IV fluids, tents, antibiotics and other supplies for management of the war wounded and provision of basic health services to the displaced populations in Bentiu, Malakal, Bor, Mingkaman and Lakes State.
- WHO provides ongoing leadership of the Health Cluster and provision of technical guidance to Health Cluster partners to ensure a more focused health emergency response especially in the conflict affected states.
- WHO continues to map technical expertise and capacities of partners to scale-up service delivery in unreached areas and geographical priority locations for scale up to be able to respond to the current operational needs
- WHO has activated its contingency plans in Bentiu and Malakal following the deteriorating humanitarian situation. The plans prioritize mass casualty management, referral paths and outbreak response, with a specific focus on cholera.
Situation highlights

Following the two major earthquakes on 25 April earthquake (7.8 in Richter scale) and 12 May (7.3 Richter scale) and frequent and significant aftershocks, more than 8700 people have died and 22 300 have been injured. A total of 446 public health facilities (including five hospitals, 12 Primary Health Care Centres and 417 Health Posts) and 16 private facilities were destroyed and 765 health facility or administrative structures were damaged (Health Cluster Bulletin – 19 June).

Despite the devastating effects of the earthquake, the health sector was able to mobilize itself quickly to meet the health needs of the affected population thanks in many parts to the extensive preparedness work over the last 10 years carried out by the national government with the support of WHO. All the major hospitals within Kathmandu Valley were functioning and able to provide lifesaving services based on the emergency preparedness plans and measures in place. Health Cluster partners were quickly mobilized to provide support to the Ministry of Health and Population (MoHP) in its response efforts and more than 140 Foreign Medical Teams together with more than 40 National Medical Teams, were in the country providing essential health care services.

The preparedness work paid off also in the quick transition to recovery efforts. As early as week 4, the health sector response began to look towards transition and recovery, especially in terms of the health services provided. The health sector response has transitioned from the management of trauma cases to early recovery with the rehabilitation of the health services. The services provided by the Foreign Medical Teams are being taken over by regular health services resumed through tents and other temporary structures. District Public Health Officers with support from Health Cluster partners have been providing mobile health camps, focusing on a priority set of lifesaving services in addition to the routine package of health services in the most affected districts.

Health Cluster focus has shifted to reaching geographically hard to reach Village Development Committees with the prepositioning of medicines and medical supplies as part of the flood and landslides contingency plan for the approaching monsoon. The hospital based syndromic surveillance of epidemic prone communicable diseases shows no confirmation of outbreak and epidemic.

The MoHP completed the health component of the Post Disaster Needs Assessment (PDNA) in all 14 affected districts. The PDNA exercise focused on collecting and analysing information on damages and losses caused by the earthquake and post-disaster priorities and needs for early recovery and reconstruction. The Government of Nepal presented its recovery plan in the International Conference on Nepal’s Reconstruction on 25 June. Of the US$ 6.6 billion requested for recovery, US$ 4.4 billion has already been pledged.

MoHP has developed the Standard Guidelines for the Post Disaster Reconstruction of Health Facilities with the aim of providing guidance for post-disaster reconstruction work of health facilities and to guide the concerned stakeholders in planning, designing, constructing, monitoring and supervising the reconstruction of health facilities. The Guidelines also provide technical specifications and requirements for pre-fab construction and outlines specific requirements of the health infrastructure that has to be considered before construction.

Health priorities

- The current health priorities include the restoration of disrupted primary health care services, especially in the most remote areas. Health facilities in remote areas of the most affected districts are at the increased risk of being further isolated due to floods and landslides during the monsoon season.
• Provision of rehabilitation support to patients who are discharged from hospital is also a priority as these patients are faced not only with immediate physical disability but also the loss of homes and possessions in the earthquake. Ensuring comprehensive care to these patients remains a challenge that should be addressed with priority. There is need for community level follow-up to prevent long term disabilities and complications.

• There also remains a need for ongoing mental health care for people who are incapacitated by their distress and those already vulnerable due to pre-existing severe mental disorders.

• There is concern about the risk of outbreaks of communicable diseases, including water-borne diseases, vector-borne diseases and acute respiratory infections, in areas of overcrowding and where water, hygiene and sanitation (WASH) systems have been disrupted.

• Ensuring uninterrupted access to essential and life-saving health care for all pregnant women, mothers, newborns and children remains a priority. Health cluster partners together with MOHP are attempting to address this through the provision of essential drugs, medical equipment, tents, vaccines and midwifery kits.

• There is concern for the potential disruption to some patients’ treatment for chronic diseases (TB, HIV, leprosy, diabetes non-communicable diseases etc.) with many treatment centres being damaged in the earthquakes. Similarly severely injured persons, persons with disabilities, children, elderly, and adolescents are also vulnerable to health risk in such a post disaster situation where the regular health services have been deteriorated due to the consequences of earthquake.

Health response

Health Cluster Coordination

• As Health Cluster lead, WHO continues to coordinate medical relief through Health Cluster coordination at the central level and operational cluster meetings in the highly affected districts, with a focus on the severely affected areas. Health Cluster response operation is being decentralized with a focus on district response and planning.

• WHO is also supporting the Health Clusters at national and sub-national levels to map the partners responding in the health sector, the type of support they are providing, where, and for how long.

• A contingency plan for the upcoming monsoon period has been developed with health cluster partners, with a specific focus on the earthquake affected districts. This plan aims to address health concerns that can arise from the monsoon including the disruption of access to health care services through landslides and flooding.

Communicable diseases

• The hospital based syndromic surveillance of epidemic prone communicable diseases initiated by the Ministry of Health and Population/Health Emergency Operation Centre (HEOC) in 14 highly affected districts is now being continued by the Department of Health Services, Epidemiology and Disease Control Division (EDCD). EDCD has been carrying out daily event monitoring.

• Child Health Division under the Department of Health Services/MOHP conducted a Sub-National Immunization Day in 22 districts (including the 14 earthquake affected districts) from 6-7 June 2015 in close coordination with WHO and UNICEF.

Support to health service delivery

• In collaboration with the World Food Programme, UNICEF, UNFPA and the International Organization for Migration, WHO assembled and distributed 50
Global Health Cluster (GHC) Partner Meeting

The Global Health Cluster (GHC) Partner Meeting (17-19 June - Geneva, Switzerland) was attended by 80 participants representing 23 Health Cluster members, four observers, WHO headquarters, regional and country offices and four interested parties. Participants discussed:

- The Executive Board Special Session Resolution and 68th World Health Assembly deliberations on WHO’s future approach to emergency response and their implications for the Health Cluster in relation to the proposed Global Health Emergency Workforce;
- Current and future GHC partner initiatives to strengthen global health response capacity to address critical technical and operational gaps;
- Current GHC partner approach to technical quality assurance including adherence to existing standards and updates on new technical guidance.

Further details including the final agenda, presentations and photos can be found at: [http://www.who.int/hac/global_health_cluster/events/partner_meeting_june2015/en/](http://www.who.int/hac/global_health_cluster/events/partner_meeting_june2015/en/)

The Strategic Advisory Group (SAG) Meeting was held on 16 June 2015, prior to the GHC Partner Meeting. This meeting prepared strategic and coordinated inputs to the Partner Meeting and provided feedback on the development of the multi-year GHC strategy.

---

This monthly report, which is not exhaustive, is designed for operational use and does not reflect any official position of the WHO Secretariat. The designations employed and the presentation of the material do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.