In this issue: The health response to the crises in South Sudan and Pakistan. WHO marks the one year anniversary of super-typhoon Haiyan

South Sudan

Situation highlights

The crisis in South Sudan began in December 2013 with political disagreements evolving into an armed conflict that later took on an ethnic dimension. Armed clashes have been reported in the states of Upper Nile, Unity and the northern part of Jonglei. Central Equatoria, Lakes, Warrap and Eastern Equatoria states are hosting displaced populations from conflict-affected areas. About 1.4 million people are internally displaced and 477 388 are refugees in neighbouring countries.

Tension at the Protection of Civilians (PoC) site in Malakal, Upper Nile State prompted humanitarian partners to review their presence and leave only critical staff on the ground to maintain the safety and security of humanitarian workers early in November. However, the situation has improved and service delivery resumed. Insecurity is hindering the population’s access to health services, and an increase in gunshot wounds and related injuries has been reported in Unity and Upper Nile states. According to the WHO field office, gunshot wounds and injuries from other weapons are the leading cause of mortality (23%) in the PoC site in Malakal.

Public health concerns

Cholera: Although no new cholera cases were reported in the last week of November, 63 cases with no deaths were reported in the first three weeks of November from Ikotos and Kapoeta South Counties. The total now stands at 6421 cholera cases including 167 deaths (CFR 2.60%) from 16 counties. The cholera outbreak has subsided, but recurring outbreaks remain a concern and reflect the need for sustained prevention and control activities while addressing the underlying causes by ensuring consistent access to clean water.

Visceral Leishmaniasis: Kala-azar cases have been on the decline in recent weeks. As the number of cases reported this year (6802 cases and 195 deaths (CFR 2.9%) reported from 17 treatment centres) has more than doubled when compared to last year, the decline in kala-azar cases in recent weeks is largely attributed to under-reporting and poor access to endemic areas due to floods and insecurity. The cases have been reported in the endemic states of Jonglei, Unity and Upper Nile.

Vaccine derived polio virus: Two cases of circulating vaccine-derived polio virus (cVDPV) were reported at the PoC in Bentiu town, Unity State. An investigation was immediately carried out, followed by a supplementary polio vaccination campaign that reached 95% of children under 15 years. Following concerns by health partners about the low immunization coverage in the PoC, it was agreed that the knowledge of community volunteers on immunization be strengthened to enable them to raise awareness on the importance of immunization.

Hepatitis E Virus: Cases of HEV have been reported in Mingkaman and Bentiu, with 124 cases and four deaths reported in Mingkaman, March – November 2014.

Meningitis: On 26 November 2014, Chotbora primary health care centre in Upper Nile state reported seven suspected meningitis deaths, all occurring among children. WHO immediately prepared supplies including ceftriaxone, lumbar puncture kits and transport media, and chartered a flight for a verification team led by MedAir.

Floods: Following recent floods in Northern Bahr El Ghazal, Unity and Warrap...
states, health partners continue to monitor for possible disease outbreaks.

**Poor waste disposal:** Poor medical waste management and disposal by private clinics remains a health concern, particularly in Bentiu and Mingkaman.

**Mass causalities/Gunshot wounds:** Continued fighting in Jonglei, Unity and Upper Nile states has led to an increase in gunshot and weapon-related injuries. An upsurge in gunshot wounds and mass casualties is anticipated in those areas and this may further strain the already fragile health facilities.

**Ebola and Marburg threat:** No rumours or alerts of Ebola Virus Disease (EVD) or Marburg virus have been reported in South Sudan since 26 October.

### Health response

**Visceral Leishmaniasis:** Health partners have scaled up the kala-azar response by expanding the kala-azar treatment services. WHO and MSF provided drugs and testing kits to all treatment facilities, along with technical support to strengthen case management, surveillance, laboratory diagnosis and nutritional supplements.

**Vaccine derived polio virus:** In response to the cVDPV cases in Bentiu PoC, partners led by WHO, conducted emergency polio vaccination from 13 to 16 November, reaching about 20 000 in the Bentiu PoC and Guit county.

**National Immunization Days (NID):** WHO, in collaboration with the Ministry of Health (MOH) and partners, completed the third round of the nationwide polio immunization campaign targeting over 3.2 million children in all 10 states. The campaign surpassed its target, reaching more than 3.4 million children in the seven states of Lakes, Central, Eastern and Western Equatoria, Northern and Western Bahr El Ghazal and Warrap between 4-8 November. Plans to start the campaign in the three conflict-affected states of Jonglei, Unity and Upper Nile in areas where access is gained or improved are at an advanced stage. This campaign is the third of four rounds that take place annually, with the fourth one scheduled for December. WHO trained about 20 000 volunteers who went from door to door, vaccinating children between 0 and 59 months against polio. In addition, WHO provided about US$1.2 million for operational costs as well as technical support to the MOH for planning and implementing the campaign.

In Warrap State, the NIDs took place over two phases (4-6 and 8-11 November) due to delays in the cold chain. Three counties - Gogrial West, Twic and Abyei - were covered from 4 to 6 November, while Tonj South, Tonj East, Gogrial East and Tonj North conducted the campaign 8-11 November.

**Ebola Virus Disease:** Partners continue to support the MOH with preparedness activities for EVD and to enhance its capacity for outbreak response. The national Ebola Task Force is coordinating and implementing the national Ebola contingency plan. A training of trainers workshop on Ebola for 30 participants from the four high risk states of Central, Eastern Equatoria and Western Equatoria as well as Western Bahr El Ghazal took place 4-8 November.

**Other interventions by WHO:** In Juba, Central Equatoria State, WHO supported a national Health Cluster meeting attended by more than 50 health partners. Public health threats like the emergence of cVDPV in Bentiu were discussed and a call for effective coordination at state level to support the current response efforts was made. In addition, the 2015 Strategic Response Plan (SRP) strategy was discussed with the cluster partners.

In Eastern Equatoria State, a combined team of WHO and the national MOH conducted a monitoring visit to Torit and Kapoeta to support ongoing efforts in the cholera response. Community health workers were trained and a community surveillance network was established to enhance the existing surveillance activities. WHO provided funding support for community surveillance of cholera.

In Bor, Jonglei State, WHO visited Bor hospital and PoC clinic for active case search
of acute flaccid paralysis. In addition the Organization conducted training for Pentavalent vaccine for 12 health workers in the PoC.

In Mingkaman, Lakes State, a team comprising WHO and the MOH directorate of preventive health services conducted a follow up support supervision visit to the IDP settlement to monitor the progress of the implementation of secondary health services. There is a service gap in the area following the withdrawal of a humanitarian partner who was running a secondary health care facility. Modalities on how best to support the secondary health care facility in Mingkaman were discussed.

In Western Equatoria State, WHO and partners launched the HIV treatment centre at IBBA Primary Health Care Centre, during which 10 clients were enrolled on chronic care. Assorted supplies of drugs, test kits and monitoring tools were delivered to the IBBA antiretroviral therapy site.
Pakistan

Situation highlights
At the start of 2014, 970,000 people were displaced in the Federally Administered Tribal Areas (FATA) and the Khyber Pakhtunkhwa province. Since June, military operations in Pakistan’s North Waziristan Agency, have led to further large scale population displacements. A total of 96,222 families/624,013 individuals (male: 117,150; female: 124,108 and children: 382,755) have been registered by the FATA Disaster Management Authority (FDMA) as of 3 December. Approximately 6657 displaced families are currently residing in three IDP camps (New Durrani, Jalozai and Togh Sarai) while a larger majority of the displaced families are residing in hosting communities of Khyber Pakhtunkhwa province.

Winterization kits for the displaced population (both new and existing IDPs) remain critical before the onset of winter. The existing basic social services (health, WASH, nutrition, education services) in the hosting communities are already over-stretched. The additional influx of IDPs - with 90% of the 96,222 families/624,013 individuals expected to reside in the hosting communities - will exert further pressure on the social services.

Health Cluster needs
- Provision of emergency mother and child health-care services and basic and comprehensive emergency obstetric care services.
- Strengthening of referral mechanisms and provision of mental health and psychosocial support.
- Capacity building of Health Cluster partners.

Health Cluster response
- Health Cluster partners and the Department of Health are using the Disease Early Warning System to monitor and respond to reported outbreaks (including leishmaniasis, diphtheria and measles).
- Provided 77 Emergency Health Kits, 20 Diarrhoeal Disease Kits, 300,000 oral rehydration salt packets and other essential medicines.
- Provided 6500 Vitamin A supplements in measles prevention campaigns.
- Provided 4085 Meglumine injections to treat 817 Leishmaniasis patients.
- The Health Cluster is supporting and strengthening 40 health facilities including Bannu’s Women and Children Hospital, the KGN teaching hospital and District Headquarters Hospital to respond to the health needs of IDPs.
- WHO has increased the supplies of medicines to health posts responding to the IDP needs as the patient turn over at the facilities has increased (and reportedly has doubled in many of the facilities).
- Merlin, with support of WHO, will establish a new health post with integrated services (primary health care, nutrition, etc.).
- For IDPs residing outside of the camps, the Health Cluster is preparing an integrated primary health care and maternal and child health project.

WHO’s emergency activities in 2014 in Pakistan have been supported by the Central Emergency Response Fund and the United States of America.

For more information:
http://www.who.int/hac/crises/pak

Statistics
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<td>Population</td>
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<td>Total expenditure on health as % of GDP (2012)</td>
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* purchasing power parity international $
** per 1000 population
Source: WHO/GHO.

Funding US$ 2014
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Health Cluster Funding information source: OCHA Humanitarian Dashboard 25 November
One year anniversary of super-typhoon Haiyan

8 November marked one year from the day that super-typhoon Haiyan (locally known as Yolanda) made landfall in the Philippines. With maximum winds of 235 km/hour it had devastating effects, causing destruction across the Central Philippines. According to the Philippine National Disaster Risk Reduction and Management Council, at the peak of the event 4.4 million people were displaced and 1551 evacuation centres were housing 39,8377 people. Over 600 health facilities were damaged or destroyed, over 6300 people died and 28,689 were injured.

WHO Philippines has worked with the Philippine Department of Health as co-leads of the Health Cluster to manage the response and still maintains two field level hubs, one in Palo and one in Cebu. As co-cluster coordinator for health, WHO worked with the Department of Health to coordinate the response and to determine where help was needed most. Together the organizations began coordinating over 150 foreign medical teams and more than 500 tonnes of medical supplies and equipment that arrived in response.

The health priorities came in four waves. In the first month the health response was focused on coordinating the national and foreign medical teams to treat injuries and attend to pregnant women and newborn children. The second wave focused on preventing disease outbreaks. WHO worked with the Department of Health to activate disease surveillance systems across the affected areas, organise the mass immunization of children against measles and polio and clean up debris and prevent the spread of diseases such as dengue and typhoid.

Within three months a third wave of health needs included the necessity to treat non-communicable diseases such as heart attacks and diabetes. Patients had lost medicines or were experiencing new complications due to the stress of the typhoon and its aftermath.

After six months the fourth wave revealed the need to address mental health as communities struggled to restore their lives. WHO worked with the Department of Health to provide psycho-social first aid in the first weeks and months after the typhoon. At six months mental health problems can and did increase (a trend WHO witnessed in the aftermath of the Tsunami in 2001) requiring further specialised training for key health workers to respond.

As the Health Cluster moved from the humanitarian response towards recovery, foreign medical teams began to leave and temporary health facilities started to transition from tents to buildings. Approaching the one year anniversary of Typhoon Haiyan, there has been a rise in births – a trend that often occurs after an emergency. With each new life comes much joy and also a further increase in the demands for health care now and in the future. This is a fifth wave of health needs: WHO has worked with the Department of Health to pinpoint where it is vital to invest funds to rebuild health services based on factors such as shifts in population size and location.

Over the past 12 months WHO has worked with the Department of Health and health partners to rehabilitate facilities, donate equipment and scale up health services. To date there has been no major disease outbreak in the Haiyan-affected areas while services such as reproductive health care, mental health provision and water quality testing are now available in areas that previous had none. To ensure future resilience requires a robust health system with universal access to health care.

“Typhoon Yolanda was a natural disaster of enormous proportions. It demanded we all rise to the challenge and work together to provide immediate health care and improve health services for the long term. We are proud of the work that we have done alongside the government of the Philippines and Health Cluster partners and today we continue to support communities to recover. We are grateful to all the donors who have supported our work. Together we aim to build back a better, more resilient health system for the future. Together we are putting health at the heart of healing.” said WHO Country Representative in the Philippines, Dr Julie Hall.

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