The Republic of South Sudan

Situation highlights

The health situation across the Republic of South Sudan remains fragile and unpredictable. There are high risks of communicable diseases, floods and drought, low access to safe drinking water, food insecurity, and poor sanitation. Environmental factors contribute to the spread of diseases such as water and vector-borne diseases like diarrhoeal diseases, hepatitis, malaria and dengue fever.

Population displacements and movements secondary to internal and external conflict compound the public health threats. According to UNHCR there are 223 888 registered refugees in the Republic of South Sudan. Since the start of January, about 4700 people returned to the Republic of South Sudan from the Sudan (OCHA, February 2013).

Measles, meningitis and hepatitis E were the most common epidemic-prone diseases recorded in April. The hepatitis E outbreak was mainly concentrated in refugee camps in Upper Nile and Unity states with 662 cases and 12 deaths registered. In April, 154 cases of measles (no deaths) were registered across the country.

Health Cluster priorities

- Provide and maintain basic health packages and emergency referral services, especially in areas of instability, underserved areas and among vulnerable groups.
- Strengthen emergency preparedness, including preparedness for surgical interventions. Focus on training and building skills for emergency and epidemic preparedness, surveillance of disease outbreaks, case management of epidemic-prone diseases, and key emergency surgical and obstetric interventions. Prepositioning of life saving essential medicines, vaccines and equipment (including diarrhoea, trauma and reproductive health kits) so that adequate supplies are easily accessed and available in an emergency.
- Respond to health-related emergencies, including controlling the spread of communicable diseases. WHO supports health partners to respond to emergencies and cover critical gaps to ensure complete service delivery, including primary healthcare, maternal and child health, surgical interventions and referral and reproductive healthcare in line with the Minimum Initial Service Package.

Health Cluster response

- Surgical capacity was strengthened in the high risk states in Jonglei, Unity, Upper Nile, and Warrap with the provision of surgical and trauma kits. This resulted in life saving surgery for 571 patients with gunshot wounds.
- WHO and the Health Cluster coordinated and facilitated the medical evacuation of an estimated 80 war-wounded patients to various referral facilities, through the provision of medical escorts, expansion of admission space by providing emergency tents and shelter and coordinating the deployment of surgical teams at state and national levels.
- A total of 19 emergency kits (Trauma, IEHK, DDK) were prepositioned and donated to frontline health partners to support the response to health emergencies. A total of 121 666 consultations have directly benefited from the supplies across ten states.
- WHO and the Health Cluster conducted a total of 10 training courses on Rapid Response, Integrated Management of Childhood Illness, Trauma Management, and Communicable Disease Surveillance for 203 frontline health workers in six high-risk emergency states. As a result, the states were able to update and revise their emergency response plans.
- WHO has supported the state Ministries of Health to re-activate the flood response task forces and completed the framework for the flood response. The response framework will ensure a uniform response strategy across the states and aid the mobilization and documentation of available resources.
- The Health Cluster carried out health assessments in Unity State, Jonglei State, Warrap state, Upper Nile State, and Eastern Equatorial State.
- Through the national Health Cluster, WHO provided support to the National Immunization Days targeting an estimated 3.3 million children under five years of age.
- In addition, between January – March 2013, rapid response teams investigated 197 outbreak alerts for measles, hepatitis E, cutaneous anthrax, kala azar and malaria which were confirmed and contained/responded to in timely manner.
**Mali**

**Situation highlights**

As a result of the on-going conflict in Mali, there are still large-scale humanitarian needs. OCHA reports that 1,600,000 people have been affected by the conflict. According to the latest estimates, the total number of internally displaced people (IDP) is 282,548 (OCHA 10 April), and 173,779 refugees (UNHCR 24 April) in neighbouring countries. The humanitarian crisis affects both northern and southern Mali – over 80% of the needs are reported to be in the south due to failing social services and IDP movements.

Food insecurity is a major problem in the start of the lean season in the northern regions. The situation, according to OCHA data, is critical in Tessalit and Abeïbara in the Kidal region where at least one household in five faces severe food insecurity. There are only a few humanitarian agencies present in northern Mali due to insecurity. However, humanitarian activities continue in secured areas in the north and the rest of the country.

**Health Cluster priorities**

- Provide emergency healthcare to people affected by violence by providing medicines and medical supplies, deploying trained staff and organizing emergency services.
- Restore essential health services in accessible areas in the north.
- Sustain health service delivery to IDPs and other people affected by the crisis in all parts of the country through medical supply provision and using mobile clinics to fill health service gaps.
- Continuously assess health service availability
- Monitor communities' health status through disease surveillance and response mechanisms
- Strengthen health coordination to ensure an efficient health response based on joint priority setting related to the evolving situation.

**Health Cluster response**

- WHO facilitated the response to the measles outbreak in Gao; 53,000 children were immunized, with support from health partners.
- WHO, UNICEF and other cluster partners supported Polio Immunization Days in all health districts in the regions of Jayes, Koulikoro, Sikasso, Segou, Mopti and Bamako: 1.5 million children under five years of age were immunized. Subsequently, 6.7 million children were immunized during the National Immunization Campaign in 47 districts from 26 – 29 April 2013.
- WHO supported the deployment of 74 health workers (with the Medical Association of Mali) to support regional hospitals in Segou, Mopti, Gao and Tombouctou for war-wounded and surgical and obstetrical emergencies for the displaced population. During the last mission more than 3000 consultations and more than 100 emergency surgeries, including obstetric emergencies, were performed.
- The national Health Cluster has been revitalized. It has developed health response plans and regular updates of he “Who is doing What, Where and When” matrix which maps partners’ location, expertise and capacity. Information is disseminated through the Health Cluster bulletin and the Health Cluster web site (www.clustersantemali.net).
- The national Health Cluster has carried out assessments of health services and advising on the restoration of essential services in the northern areas that are newly re-accessible. Regional Health Directors have returned in Tombouctou and Gao. WHO is supporting two sub-clusters in Mopti and Segou.
- WHO is supporting a health system capacity and needs analysis (HeRAMS). This analysis will provide data for a medium term plan that will address residual humanitarian needs as well as rehabilitation of the health system.
Health emergency highlights

The Democratic Republic of the Congo

Situation highlights

Conflict and insecurity persist across the Democratic Republic of the Congo causing people to flee the violence. According to the Commission de Mouvements de Population, in Katanga province there are more than 350 000 people displaced. There are estimates of over 900 000 displaced people in North Kivu due to insecurity. More than 37 755 refugees from the Central Africa Republic have been registered by UNHCR in Equator and Oriental provinces (as of 3 May), the majority living with host families.

The conflict has destroyed much of the Democratic Republic of the Congo’s health infrastructure. Population movements put people’s health at risk as due to difficulties in accessing water, health care and basic services. The maternal mortality ratio is 540 deaths per 100 000 live births and the under-five mortality rate is 170/1000 (WHO Global Health Observatory 2010). Some of the biggest killers of children are diarrhoea, malaria, malnutrition and pneumonia. Multiple epidemics (malaria, measles, cholera, and typhoid) are posing a serious threat to the health and livelihoods of people in 30% to 50% of the country.

- Cholera mainly affects the eastern provinces, which account for more than 97% of the cases. Katanga province registers 70% of all cases in the country. As of 29 April, 14 725 cholera cases and 296 deaths were registered throughout the country including 9797 cases and 243 deaths in Katanga.
- Since the beginning of the year, 47 487 cases of measles with 617 deaths were registered nationwide.
- Two cases of yellow fever were confirmed in the Lubeo Health Zone/Kasai Oriental Province. A rapid assessment mission to advise on the best response strategy to this epidemic will begin 7 May.
- As part of the rapid response to the emergency health needs of displaced populations in the area of Pweto/Katanga, WHO has trained health care providers on the new protocols for malaria case management and the minimum package of basic health services.

Health Cluster priorities

- Increase access to a minimum package of basic health services including required life-saving interventions such as surgical services and emergency obstetric care to reduce maternal and child mortality.
- Strengthen technical and institutional capacities for the surveillance and response to diseases with epidemic potential.
- Strengthen coordination of health partners to improve contingency plans and adapt responses to emerging situations.
- Strengthen community capacity (women and men, girls and boys) to reduce the risk of communicable diseases and to mitigate the impact of recurrent epidemics.

Health Cluster response

- WHO is supporting the Health Cluster response to the cholera outbreak and has provided lifesaving medicines, IV fluids and basic health care supplies to health centres for cholera affected populations in Katanga, North Kivu and South Kivu.
- WHO carried out three workshops on the promotion of health and risk communication related to the cholera outbreak in Katanga.
- A rapid assessment mission was conducted by WHO to re-evaluate the medical care needs in response to new cholera outbreaks in South Kivu.
- An inter-agency assessment mission to evaluate the health needs of refugees living outside of camps and host families was conducted in Equateur Province.
- In January, WHO organized a national workshop organized by the Health Cluster in cooperation with the WASH cluster to evaluate the cholera response activities of 2011 and 2012.
- WHO supported mass vaccination campaigns against measles in eight of the most affected health zones in Equateur province.
- A joint measles workshop was carried out with UNICEF at national level, aiming at analysing current response strategies and identifying areas of improvement.

Statistics

<table>
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<tr>
<th>Indicator</th>
<th>Value</th>
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<tbody>
<tr>
<td>Total population</td>
<td>67 700 000</td>
</tr>
<tr>
<td>Gross national income per capita*</td>
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<tr>
<td>Life expectancy at birth m/f (years)</td>
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<tr>
<td>Probability of dying between 15 and 60 years m/f **</td>
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<tr>
<td>Total expenditure on health per capita* (2010)</td>
<td>27</td>
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<tr>
<td>Total expenditure on health as % of GDP (2010)</td>
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* purchasing power parity international $
** per 1000 population

Source: [WHO/GHO](http://www.who.int/hac/crises/cod)

<table>
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<tr>
<th>Funding US$ 2013</th>
<th>Health Cluster</th>
<th>WHO</th>
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<tr>
<td>Requested</td>
<td>79 506 600</td>
<td>47 700 000</td>
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<tr>
<td>Received</td>
<td>6 449 538</td>
<td>1 277 139</td>
</tr>
</tbody>
</table>

WHO received US$ 11 437 589 in 2012, 33% of the funds requested.

Source: [OCHA/FTS](http://www.who.int/hac/crises/cod)

WHO’s emergency activities in the Democratic Republic of the Congo in 2012 have been supported by Finland, Italy, the Russian Federation, the Central Emergency Response Fund and the Common Humanitarian Fund.

For more information:
[http://www.who.int/hac/crises/cod](http://www.who.int/hac/crises/cod)
WHO’s new stand-by partnership agreements with iMMAP, NRC, CANADEM and RedR Australia

As part of WHO’s new surge policy to optimize the Organization’s emergency response, WHO has recently signed standby partnership agreements with iMMAP (Information and Mine Action Programs), NRC (Norwegian Refugee Council), CANADEM (Canada’s Civilian Reserve) and RedR Australia. WHO is currently discussing agreements with two additional institutions. Two standby partner deployees have already deployed to the WHO Emergency Support Team in Amman, Jordan, to support WHO’s response operations to the Syria crisis for a total of six months.

Within WHO’s Emergency Response Framework, standby agreements signed between WHO and external partners facilitate the rapid deployment of experts to WHO country offices faced with sudden emergencies. External partners maintain rosters of pre-screened candidates who can be deployed quickly to support emergency operations. This allows WHO to fill potential gaps in expertise rapidly, and results in a cost-effective and flexible way of temporarily augmenting the Organization’s capacity on the ground.


WHO is co-organizing a series of events at the Global Platform to address the health dimensions of disaster risk reduction. This includes a feature event on the Health Imperative for Community Safety and Resilience, several meetings of the Thematic Platform on Disaster Risk Management for Health, and a marketplace booth on Health and Disaster Risk Reduction. WHO invites organizations to share and display information on health-related projects on emergency and disaster risk management at the Health and Disaster Risk Reduction stand at the Global Platform. All those interested in participating in the Global Platform are encouraged to consult the Global Platform website for instructions on registration (http://www.preventionweb.net/globalplatform/2013/registration/). For further information on the health aspects of the Global Platform, contact Jonathan Abrahams (abrahamsj@who.int) in the ERM Department.

On-line Consultation on Health and the Post-2015 Framework for Disaster Risk Reduction

WHO hosted an online consultation on “Health and the Post-2015 Framework for Reducing the Risks of Disasters” (http://www.who.int/hac/events/2013/en/index.html). The purpose of this online consultation is to stimulate discussion on health, and to gather the perspectives from the global community on how a post-2015 framework and the actions of all stakeholders can achieve optimal health outcomes for people at risk of emergencies and disasters. The consultation will provide vital inputs to papers and dialogues at the 4th Session of the Global Platform for Disaster Risk Reduction, including in the informal plenary sessions on the post-2015 framework and in side events with a health dimension to them. All contributions are welcomed.

Post-2015 development goals: "Health in a Disasters Goal"

The United Nations Plan of Action on Disaster Risk Reduction for Resilience was approved by the United Nations Chief Executive Board for Coordination. The Plan of Action outlines a set of core commitments, results and actions, a shared approach to measure impact and progress, and steps for implementation by the United Nations system. These commitments, are expressed as follows:

1: Ensure timely, co-ordinated and high quality assistance to all countries where disaster losses pose a threat to people’s health and development.
2: Make disaster risk reduction a priority for the UN system.
3: Ensure disaster risk reduction for resilience is central to post-2015 development agreements and targets.

The plan describes a set of actions for each commitment with an emphasis on joint action across the UN System at country, regional and global levels in support of countries. There will also be a shared approach to measuring impact and progress by the UN System which will mean that WHO, among UN organizations, will be requested to report against a common monitoring checklist every two years. Further details on implementation, communication and advocacy are contained in the Plan of Action. WHO’s contribution to the Plan of Action focuses on four areas:

- Explicit references to health and people’s lives.
- Stronger emphasis on multisectoral action and the role of sectors, including health, as the primarily implementers of disaster risk reduction.
- Reference to multiple types of hazards.
- Improved linkages with the work of the UN system in strengthening country capacities for disaster preparedness, response and recovery.

The Plan of Action will be released during the upcoming Global Platform for Disaster Risk Reduction in May 2013.

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.