

Health Care, Disaster and Emergency Response

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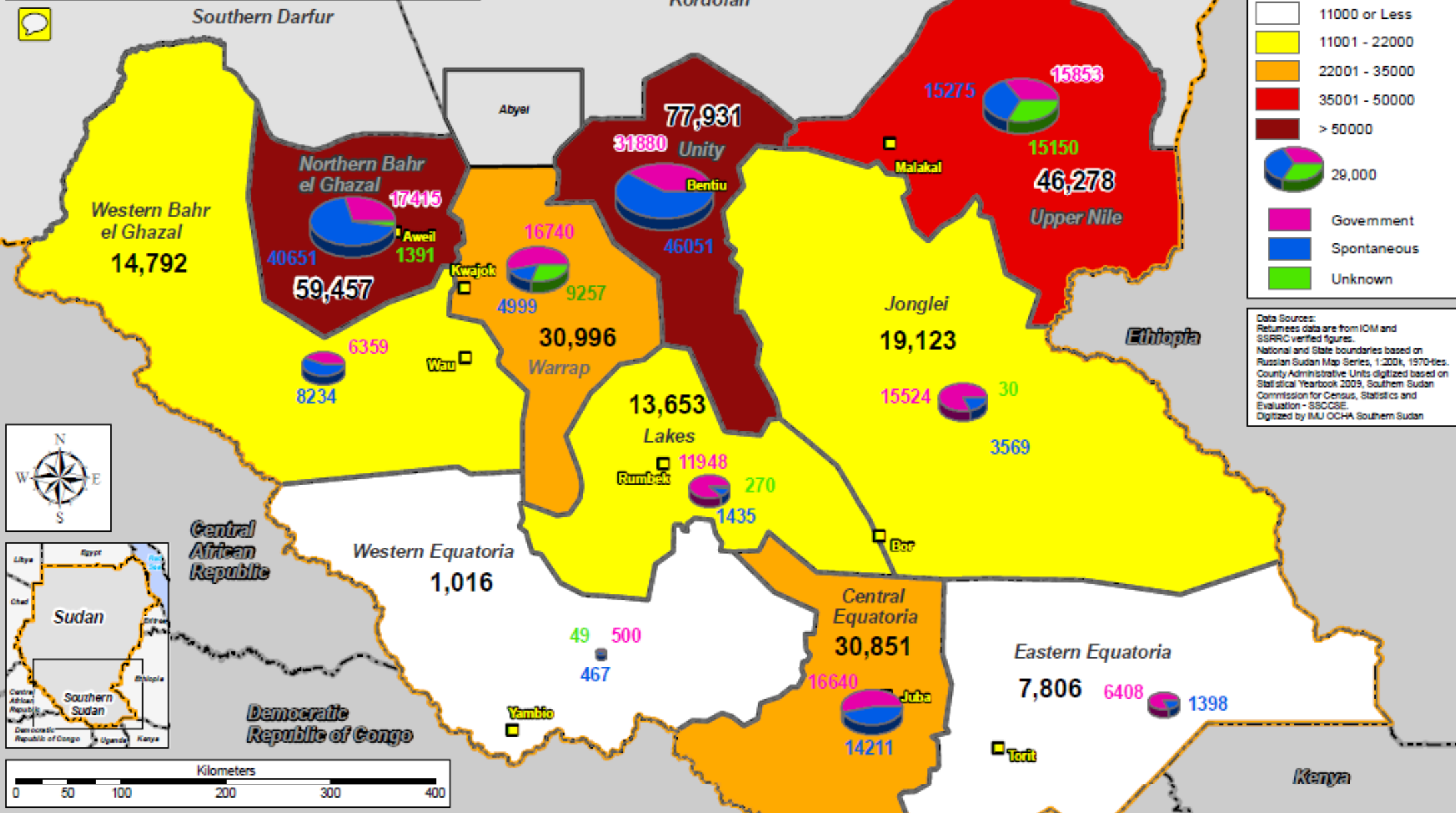
WHO Southern Sudan

Humanitarian situation

- Increased number of IDPs, Returnees and Refugees
 - Food insecurity and malnutrition
 - Growing problem of communicable disease outbreaks
 - Ongoing Abyei crisis
 - Increasing humanitarian needs
- Insecurity in some areas remains a concern for the humanitarians




The administrative units and their names shown on this map do not imply acceptance or recognition by the Government of Southern Sudan. This map aims only to support the work of the Humanitarian Community.



Returnees 2010/2011

Cumulative Number

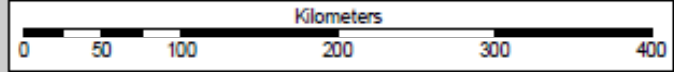
- 11000 or Less
- 11001 - 22000
- 22001 - 35000
- 35001 - 50000
- > 50000



29,000

- Government
- Spontaneous
- Unknown

Data Sources:
 Returnees data are from IOM and SSRRC verified figures.
 National and State boundaries based on Russian Sudan Map Series, 1:200k, 1970-ties. County Administrative Units digitized based on Statistical Yearbook 2009, Southern Sudan Commission for Census, Statistics and Evaluation - SSCSE.
 Digitized by IMU OCHA, Southern Sudan



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Population of Humanitarian Concern in Southern Sudan:

- IDPs, Returnees and Refugees
- Conflict affected civilians
- Populations affected by food insecurity
- Populations affected by natural disasters - flooding
- Population affected communicable disease outbreaks (kala azar, measles, meningitis, cholera, etc.)

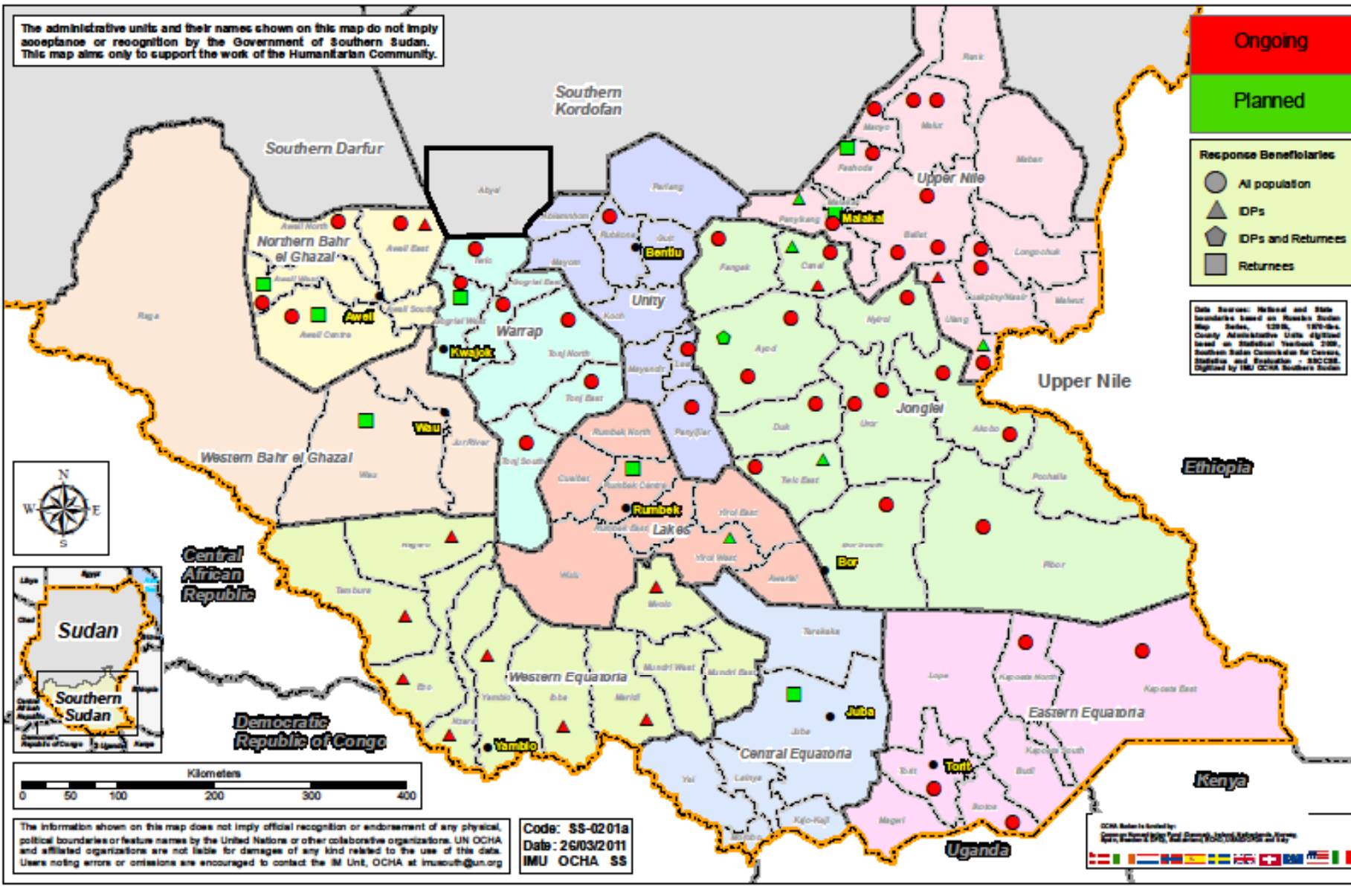


Humanitarian Emergency Response

Based on three main pillars

- **Emergency Coordination and information management**
- **Communicable disease control and Environmental health**
- **Secondary Health Care**

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Objectives of health interventions by WHO in Disasters

- **To reduce the risk of excess, avoidable mortality, morbidity and disability that could result from the disaster/crisis;**
- **To restore the delivery of and access to preventive and curative health care as quickly as possible and in a sustainable manner**

Core functions of WHO in humanitarian response

- **WHO provides leadership and technical guidance so that:**
 - **all health actors are aware of relevant international standards and best practices in emergency health (including IHR requirements)**
 - **the strategies adopted to address current needs and risks are appropriate.**

Core functions of WHO in humanitarian response cont.

Typically, this involves:

- **providing information to MoH and all other health actors on international standards and regulations (including the IHR);**
- **providing technical advice and guidance on best practices to MoH and all other health actors in relation to current and potential health problems and service provision**
- **working with MoH and all other health actors to**
 - **agree on the most appropriate strategies to address current problems and risks**
 - **develop an overall health sector response plan.**

WHO commitments in Disasters and Humanitarian Emergencies

- **Building capacity in disaster risk reduction and emergency preparedness**
- **Building effective partnership for emergency management and ensuring this is properly coordinated**
- **Ensuring international capacity is available for emergency response through training and establishment of surge capacity**
- **Advocating for political support and consistent resources for disaster preparedness ,response and recovery**
- **Strengthening capacity and resilience of health systems and states to mitigate and manage disasters and emergencies**
- **Prepositioning life saving medical supplies and medicines at central and state levels to respond to any potential outbreaks and health emergencies**

Health systems emerging from conflicts: some common structural problems

- **Low coverage, due to insecurity and restriction to access → large portions of the population without access to basic services**
- **breakdown of information systems,**
- **damage to infrastructure and equipment, no maintenance, inequity in supply**
- **workforce: exodus, brain-drain, demotivation, loss of skills**

What characterizes post-conflict period?

Humanitarian needs do not disappear immediately with peace, rather they increase as:

- Areas previously closed open up,**
- Isolated populations become accessible,**
- IDPs and refugees return home, often on a large scale**
- New actors crowd the arena: military, peace-keepers, private sector,**

It is important to understanding that context and mandate of the different stakeholders is crucial for effective coordination.

What characterizes post-conflict, cont.

- **Countries in transition require support in many areas: security, governance, justice, administration and management, social services, productive sectors, etc.:**
- **Therefore, planning the recovery of the health sector cannot be carried out in isolation from that of the above areas:**
 - it must be part of a comprehensive process, and
 - be balanced with the other sectors.

Rebuilding the Health Sector

- Rehabilitation tends to concentrate on rebuilding health infrastructure and on the supply of medicines
- Strong tendency to reconstruct whatever previously existed, irrespective of past failures, (we need to build back better= BBB)
- Investment in infrastructure is often undertaken in the absence of a medium term plan for health service delivery and for financing recurrent costs

Rebuilding the Health sector, cont.

- **Un-regulated privatisation of service provision**
- **Fragmentation of service providers,**
- **Failure of management and regulation systems,**
- **Ensuring that gaps are dealt with.**

Plans and programmes

- **Once you have analysed the situation and developed the recovery strategy, you can move to the development of plans and programmes, which involves:**
 - **Setting priorities at geographic and programme level**
 - **Allocate resources**
 - **Define timeframes**

Plans and programmes, cont.

- **Identify responsibilities**
- **Design monitoring systems**
- **Ensure the administrative, financial and management control**

Health Care: Progress so far

- **Increased utilization of health services**
- **Increased awareness and improve community health behaviors**
- **Primary health care approach is the cornerstone to be implemented all levels of the health care delivery system**
- **Commitment to ensure universal access to PHC and to contribute to achieving MDG Goals**
- **International organization provide over 80% of services**

Health Care: Progress so far, cont.

- **Decentralized health care services**
- **State Ministry of health provide leadership for health service delivery**
- **Strong inter-sectoral collaboration within and outside of Government**
- **Support to MOH emergency unit**
 - **Emergency response guidelines**
 - **IDSR expansion strategy**
 - **Cluster Coordination at central and state levels.**

Health Care: Progress so far, cont.

- **Supported the MOH with development of policy guidelines Health policy**
 - **National Health Policy**
 - **Health policies of Reproductive health, Basic Package of Health Services, Malaria control program, Polio Eradication, Guinea Worm eradication, and Strategy HIV/AIDS program**
 - **Health Sector Strategic Plan 2011-2015 and Health Sector Development Plan of 2011-2013**

Opportunities

The immediate post-conflict is perceived by the international community as critical to the overall peace process:

- new resources are made available**
- international relationships can become more favourable**

Opportunities, cont.

- **The new political environment, encourages to rebuild systems and new structures**
- **People return, with skills and resources;**

Summing up

- **Main features of post conflict, with implications on recovery planning:**
 - **Political instability**
 - **Massive return of IDPs and refugees**
 - **More aid, but slow to materialize**
 - **High expectations and political pressures**
 - **Increasing humanitarian needs, while recovery starts**
 - **New actors: increasing needs for coordination**
 - **Need to plan in an integrated way with other sectors**

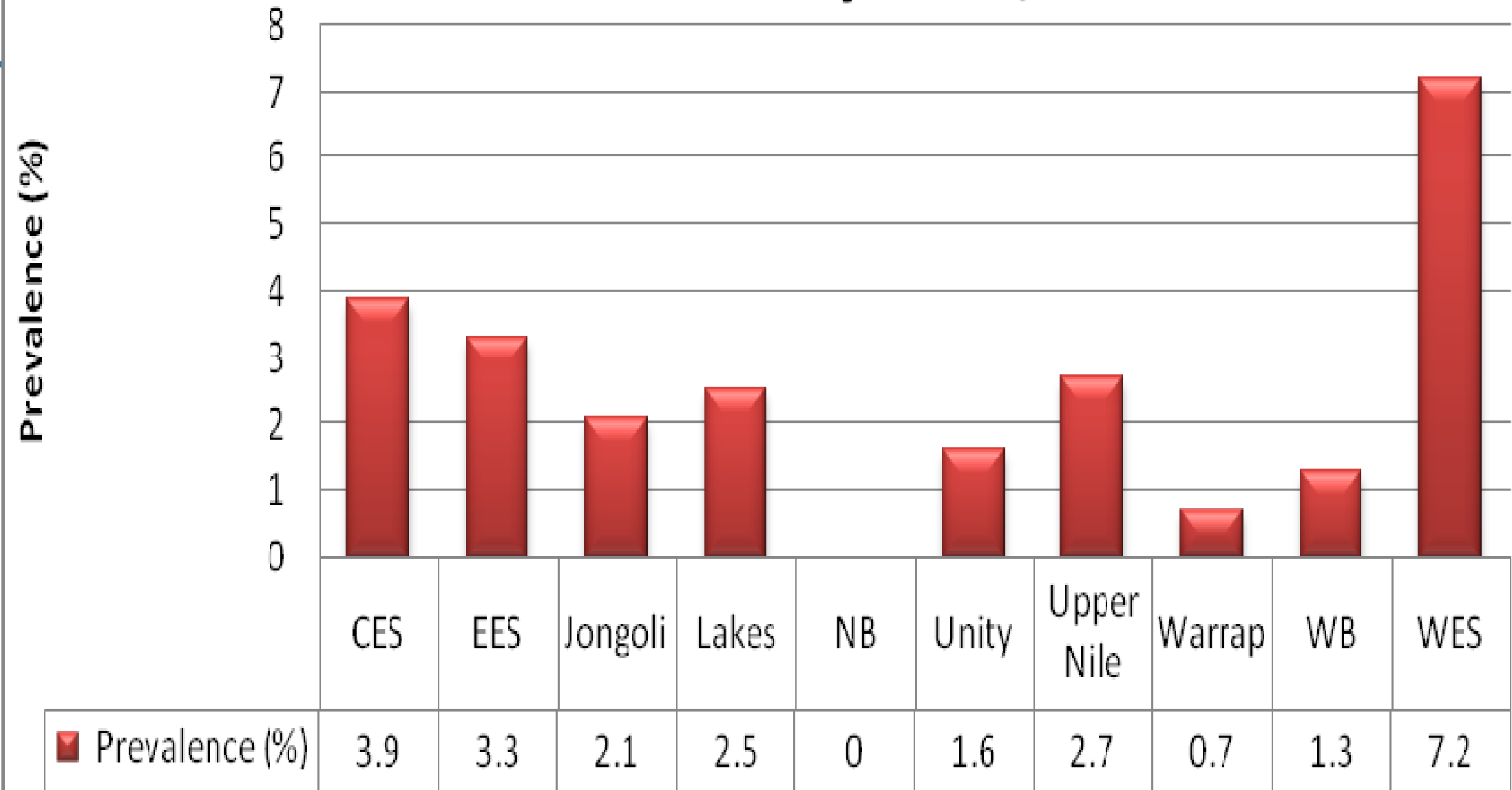
HIV/AIDS Situation

- **National population based HIV surveys was never done in southern Sudan**
- **Estimated HIV prevalence is 3% (0.2%-7%) based on ANC surveillance**
- **Low generalized epidemic**
- **Number PLHIV is over 155,000**

HIV/AIDS Situation, cont.

- **23,250 people are in need of ART**
- **Low level of awareness**
- **HIV/AIDS is a significant threat to southern Sudan**
- **Limited data on most at risk populations (MARPs)**

HIV Prevalence By State, 2009



The WHO Southern Sudan HIV/AIDS – areas of technical support

Two main areas for providing technical support:

- **HIV/AIDS care and treatment, including Anti Retroviral therapy (ART)**
- **Blood Safety and Universal Safety Precautions (USP)**
- **Other support in partnership with other stakeholders has included HIV testing and counseling, Prevention of mother to child transmission and surveillance**

Challenges in HIV Implementation

- **Capacity:** Shortage of skilled and suitably qualified personnel at some levels of the service delivery system
- **Strategic information:** Recording and reporting data on HIV medicines and clinical management of patients, weak surveillance system
- **ART coverage:** low numbers of PLHIV on treatment due to low numbers who know their HIV status, HIV diagnostic and monitoring facilities
- **Physical access to facilities:** Due to insecurity, long distances
- **Health systems:** Weak integration and linkages with other HIV and non-HIV health sector interventions e.g. Child health, reproductive health; weak infrastructure e.g. Laboratories,

Priorities for 2011 in HIV implementation

1. Scale up to increase access to quality ART/HIV care
2. Support integration and strengthening of linkages with other essential health interventions.
3. Mentoring health providers to improve quality of care
4. Build sustainable partnerships
5. Scale up HIV/AIDS awareness of the community and enhance behaviour changes.

Health care key challenges in SS

- **High levels of illiteracy among women**
- **High levels of maternal mortality and under 5 mortality**
- **Very low full immunization rate**
- **Low public sector health budget**
- **Qualitative and quantitative shortage of health professionals**

Health care key challenges, cont.

- **Legislative and regulatory vacuum**
- **Continuing absence of some basic subject specific policies and strategies e.g. public health especially health promotion, health financing**
- **Lack of a management culture, a results culture and a lessons learned culture**
- **Weak management and weak planning, HMIS, procurement, communication, referral and transport systems**

Health care key challenges, cont.

- **Weak coordination mechanisms**
- **Inadequate supply chain management**
- **Many factors contributing to accessibility to health services**
- **Lack of norms and standards for service delivery**