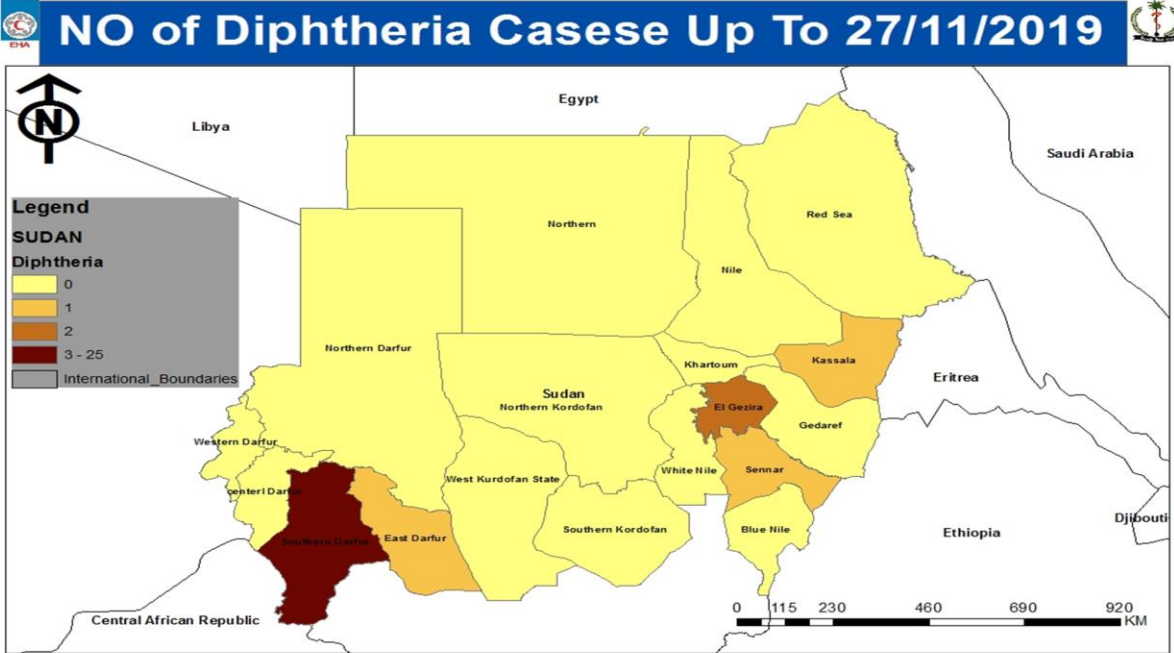


Health Cluster Coordination Meeting
28th November 2019
WHO Meeting Hall

Agenda:

- Epidemiological update by the FMOH.
- Operational update by WHO
- Group meetings with WHO country function review CFR.

The meeting was chaired by the FMOH and facilitated by the HCC, attended by 40 from 25 agencies.

No.	Agenda items and discussion	Action points
1.	<p>- Epidemiological update:</p> <p>Diphtheria: 34 reported cases with 7 reported deaths. CFR= 21%. Cases are being reported from South Darfur, east Darfur, Jazeira, Sennar, and Kassala.</p> 	<p>HCC to share the surveillance report.</p>

Cholera: 338 cases with 11 reported deaths.
Chikungunya: 205 cases with 4 reported deaths.
Dengue: 3285 with 10 reported deaths.
Rift Valley: 347 cases with 11 deaths.

OCHA: while the activities are ongoing specifically in Kassala, cases of Dengue fever are still reported in significant numbers, reasons?


FMOH: all activities are reactive and not addressing the root causes such as water storages in houses (vector breeding sites), and absence of systematic vector control programs. In addition, payments for volunteers is very intermittent, with irregularities in health partners' interventions.

Operational update by WHO:

2. A comprehensive vector- borne disease plan is in place to cover 10 states. Partial funding for the plan has been secured, and partners are supporting in Kassala with plans to start in West Darfur. However, the magnitude of the plan and shortages of funds are still present obstacles.
 WHO purchased 200 doses of Diphtheria anti-toxin and distributed them to affected states. This amounts to almost half the global available doses of anti-toxins. In addition, immunization campaign has started in south Darfur covering children under 5 with the pentavalent vaccine (diphtheria containing vaccine), and children between 5- 15 to be covered with DT vaccine (diphtheria/tetanus).
 UNICEF and UNFPA requested further details regarding the current campaign, and possibilities of offering the vaccines in maternity wards.
 HCC: the effort in tackling vaccine-preventable diseases is very ad-hoc and outbreak oriented. The main focus of the FMOH, WHO, and UNICEF should be proper coverage of the expanded program of immunization EPI.

3. **AOB:**

 HCC: two rumored attacks on health services were reported from Central Darfur. The two incidents took place on the backdrop of a UN inter-agency mission in the Sortony area. OXFAM: their compound was attacked, however, health services were not subject of the attack.
 Both incidents are under the verification process of WHO Surveillance System of Attacks on Healthcare (SSA), the FMOH requested to be informed about such incidents, HCC: both incidents are being treated as Rumors, upon confirmation of any attack, the FMOH will be informed accordingly.

<p>4.</p>	<p>HCC: decrees 45, 57, and 49 by the HAC cancelling the registration of 58 national NGOs. The effect on health programs until now is minimal with only 2 NNGOs identified with ongoing health projects. Partners were requested to communicate any resulting disruption in health activities.</p> <p>HCC: the 2020 HRP draft has been forwarded to the FMOH and technical units in WHO for feedback, the draft will be shared with all partners as well for any comments from their side. The final draft should be submitted by the 2nd of December.</p> <p>Partners broke off into groups to meet with WHO country function review team.</p> <div data-bbox="331 613 1533 1006" style="text-align: center;">  <p>IN ORDER TO IMPROVE HEALTHCARE, WE'LL HAVE TO SPEND MORE ON IT, INCREASE ACCOUNTABILITY AND DECENTRALIZE SERVICES, ENFORCE STANDARDS AND REINSTATE PEOPLE'S FAITH IN IT.</p> <p>N. R. NARAYANA MURTHY</p> </div>	<p>HCC to share the HRP draft with health partners for comments and feedback.</p> <p>HCC to share the feedback from partners with cluster members.</p>
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