HEALTH CLUSTER SOUTH SUDAN

Minutes of the Health Cluster Meeting
23rd March 2016

Convened by: Dr. Kediende and Magda Armah	**Meeting Notes taken by:** Marina Adrianopolis And Magda Armah
Time: Started at 09:00hrs Adjourned at 11:00 hrs	**Venue:** WHO Conference Room

Agenda Items

1. Chairperson's Opening remarks- Dr. Kediende
2. Discussion on Action Points from the Previous meeting
3. Humanitarian update – OCHA submission
4. Presentation on HC Core pipeline Commodities
5. Highlights & Discussion: IDSR/EWARN
6. Presentation and Discussion - Measles outbreak and Response Strategy- EPI

AOB

1. Update on Progress of WHO Emergency drug kits for inpatient management of SAM patients
2. Update on HC Training of State Focal Points
3. Malakal I month on
4. Rescheduled presentation of partner programmes

Participants – 56 Signatures

IMC, CONCERN, MEDAIR, COSV, Mentor Initiative, COSV, USAID/OFDA, ICRC, IOM, HPF, World Relief, CMA, CHIDDO, Peace Winds Japan, Handicap International, WHO, CCM, HACT, IMA, MSF-Spain, AHA, JDF, CARE, UNFPA, AAHI, UNIDO, MSH, MSF-SWISS, CHIDDO, CASS, RUDI, CRS, PU-AMI, Save the Children International, MoH, OCHA, Juba Central Prison, World Vision, THESO, UNKEA, Hold the Child, Health Cluster and IMC

Meeting Outcome	Action to be taken	Focal person
1. Welcome remarks Ms Magda Armah chaired the meeting and welcomed partners for attending. A round of introduction followed this. The Agenda for the meeting was presented and adopted. 2. Action points from the last Health Cluster and Partners meeting Presentation on Increasing Uptake of Family Planning Services in South Sudan 3. Humanitarian Update- Refer to Presentation Field support unit OCHA could not give presentation due to absence of staff from duty station. Miss Magda presented on behalf of OCHA.	Pending- To be presented by Dr. Kediende and Ms Magda	

Discussion Economy: • Market prices have experienced a 200% increase from Oct 2015 to Feb 2016. Partners confirmed the challenges they are currently facing due to the devaluation and volatility of SSP, specifically in terms of planning**,** payment for the national staff due to salary being almost below the poverty line, staff going on strike also due to lack of motivation and incentives. The situation clearly reflects the current national financial scenario. Displacements: • PoC UN House on 19/3 fighting erupted between Akobo and Bentiu communities. Around 120 wounded treated at IMC clinic and critical cases. IMC short assessment: by Sunday evening the situation was stabilized and operations were back to normal by Monday morning. IOM and WHO have supported IMC with critical medical supplies and trauma kits.	On going deliberations at the inter cluster working level and at the HCT level including advocacy with donors and government.	Ms Magda Armah – WHO-Health Cluster Coordinator
4. Presentation of Health Core pipeline commodities - IEHK, RH, Vaccines The presentation focussed on the WHO commodities. The Word Core pipeline was used for the First time in South Sudan.) It depicted the need to highlight and support critical essential emergency supplies and commodities in a cost effective manner to scale up emergency response ✓ 6 emergency core pipeline supplies - basic life-saving supplies available at a minimized cost ✓ WHO used to manage the pipeline; UNFPA and UNICEF later took on the RH and Vaccines ✓ WHO pipeline consists of ✓ The epidemic kit (Interagency Emergency Health Kits and the Diarrheal Diseases Kit) ✓ Trauma and WHO surgical Kits ✓ Emergency vaccines (Yellow fever, meningitis, and pneumonia kit to manage illness in children) o WHO is mandated to stock and supply these particular vaccines UNICEF: Vaccines and Emergency cold chain. (Routine EPI and measles vaccine is still under discussion regarding whether it qualifies as core pipeline) UNFPA: RH Kits IEHK: ✓ Pure WHO kit, revised version 4 in 2011. Initially designed to provide initial needs, not to replenish or restore the system. The latest version provides for the management of mental illness and also contains antiepileptic's. ✓ Procurement is Based on core morbidity patterns among displaced population, and on the fact that PHC frontline workers often have limited capacity. It is meant to purely manage common illnesses that are not severe. ✓ Involvement of the cluster. Partners should go through the cluster to make a request for the kit, since the Cluster conducts regular gap analysis and can identify needs. ✓ MOU's - No need to sign agreement, since the WHO core pipeline is issued based on the partner's scope of work. ✓ Cluster verifies utilization reports from partners. ✓ Core pipeline kits are not designed nor recommended for re- supplying facilities. ✓ WHO also has stand-alone items in stock that partners can access (antibiotics/gloves/bandages) Please refer to attachment. ✓ MOU not a requirement to access WHO core pipeline (technically) if it's purely for humanitarian response then there is no need for it, so that quick deployment of the commodities is not mitigated. Discussion ● Where can partners access HIV test kits and antivirals? Answer: This is procured through UNDP. ● What is the difference between Core pipeline and other agency commodities?	Dr. Allan Mpairwe-WHO Emergency Coordinator UNICEF and UNFPA will clarify their organization commodities at the next HC meeting	

Answer: UNICEF and UNFPA will clarify their organization commodities at the next HC meeting WHO has already informed about the stand alone items which are non core pipeline 5. Highlights: IDSR/EWARN- Please refer to attachments System performance in week 10 of 2016 IDSR – 41%: EWARN – 69% Top causes of morbidity IDSR – Malaria: EWARN – ARI Consultations IDSR – 71,401: EWARN – 19,363 Cumulative for 2016 IDSR – 661,282: EWARN – 259,122 VHF ✓ 34 suspect cases including 10 deaths (CFR 31%) identified in Aweil North and Aweil West with 24 Dec 2015 as the earliest date of onset ✓ Children are most affected with 80% cases and 90% deaths occurring in children ✓ Most common case symptoms include: unexplained bleeding (epistaxis and vomiting coffee grounds), fever, fatigue, vomiting, jaundice ✓ There was no evidence of person-to-person transmission ✓ Ecological factors for arboviral transmission identified ✓ 57 blood samples collected from 23 suspect VHF cases and shipped for testing ✓ Identified gaps in case notification, reporting, line listing, infection prevention and control; and risk communications ✓ Surveillance, case investigation, and supportive care ongoing for newly suspect cases HEP E Since the beginning of the crisis, 2,523 HEV cases including 19 deaths (CFR 0.75%) reported in Bentiu; Current transmission in Bentiu PoC linked to inadequate access to safe water Mortality This week, TB/HIV/AIDS had the highest proportionate mortality among the IDPs; with most deaths reported from Bentiu PoC and UN House PoC Since the beginning of 2016; TB/HIV/AIDS and malaria have registered the highest proportionate mortality of 13.2% and 7.9% respectively Discussion 1. Current transmission in Bentiu PoC linked to inadequate access to safe water HC to engage with Wash on increasing access to safe water in Bentiu POC	WASH Cluster will present to the HC on ongoing strategies to improve access to safe water in the Bentiu POC.	

Done- WASH Cluster will present to the HC on ongoing strategies to improve access to safe water in the Bentiu POC. 2. TB/HIV/AIDS highest proportionate mortality among the IDPs; with most deaths reported from Bentiu PoC and UN House PoC. Measles Since week the beginning of 2016, measles outbreaks have been confirmed in Mangatain IDP, UN House PoC, Aweil West, Mayendit, Mayom, Leer, Abyei, & Twic Recent increase in measles case in Bentiu PoC & Bentiu Town – decision reached to integrate measles vaccination into the next round of NIDS. New suspect cases on the increase; of 389 suspect cases in 2016 – 49 confirmed measles IgM positive Proactive strategy required to interrupt the current measles spread with priority to the conflict affected states Discussion and Response ✓ Conduct vaccination campaign for Aweil West and Twic Counties - ✓ Mop up vaccination for areas reporting cases after the campaign – Agok and Mayom ✓ Case detection, reporting, investigation should continue for newly - affected and in areas where campaigns have been undertaken ✓ Share line lists – Agok and Mayom and others ✓ Strategy to interrupt current measles spread with priority to the conflict affected states ✓ Bentiu – integrate measles vaccination into the next NIDS round. 6. Presentation and Discussion - Measles outbreak and Response Strategy- EPI- Please refer to full presentation. Highlights	HC continues to provide ongoing support to partners programming in TB/HIV services. IOM also chairs the HIV working group and partners have been linked to participate. Reference documents have been circulated and posted to the HC Website. Ongoing in Bentiu POC	

Several factors are contributing to measles outbreak in RSS ✓ Low routine immunization coverage (52% admin coverage 2015) ✓ 74 % catch up campaign coverage (6m-15yrs target) 2006 ✓ Follow up campaign in 2011 and 2014 was less than minimum coverage ✓ Destruction and collapse of its health care system after conflict. ✓ High influx of South Sudanese returnees and refugees who are settling where access to basic minimum of health care package including immunization services is not available.. ✓ A high number of Susceptible population above a birth cohort Discussion and Response and HC Call to Action ✓ Strengthen coordination activities (at state level) ✓ Use designated outbreak response principles for conducting vaccination campaigns (cover the entire risk population around the location for response). ✓ Strengthen recommended interventions. ✓ Conduct follow up campaigns (priority for 3 conflict affected states). ✓ Monitor response and improve quality of intervention. ✓ Improve data quality and timeliness reporting Updates on the WHO Kit of drugs for SAM/MC. WHO has designed a Kit of drugs for inpatient management of SAM children with medical complications to facilitate a process of standardization of medicines and supplies needed in Stabilization Centers. This is the first time that a drug module for inpatient care of SAM/MC children is put together; we have gone through a long process of procurement but this will now enable partners receiving a pre-packed kit, ready to be dispatched to meet priority health needs, especially in emergency. The kit assemblage will take place in WHO warehouse in Juba. Although this initial work has been laborious, it will result in an innovative and more efficient and effective response to manage complicate SAM. Very soon the kit will be available in the WHO international catalogue of products and will allow fast track procurement. We have received in Juba almost all of the items (35 out of 44) that will be part of the kit. Medical supplies are currently stored in WHO warehouse in Juba, where kits will be assembled as soon as all supplies are received. WHO will support 16 facilities across all the states, selected through a highly participatory process, which involved Health and Nutrition Clusters, partners and MoH. WHO will be working in collaboration with 9 partners and the M.o.H. The Target is 1000 SAM/MC children. The distribution of the kit is part of a more comprehensive WHO Emergency Nutrition strategy to improve the inpatient management of SAM with medical complications; specifically WHO will provide guidelines and training materials along with the kit, to allow and guide each organization conducting refresher trainings for their staff on inpatient management of SAM/MC. Additional supervision and technical support will be provided through WHO State Focal Points as well as through WHO Nutrition focal point at Juba level.	Mariana Adrianopolis	

	Next Meeting: 6th March 2016, 0900am. Venue: WHO Conference Hall
	Circulated to: Health Cluster and posted to: http://southsudan.humanitarianresponse.info/health and the Health Forum Google Group.