



**Minutes of Health Cluster Meeting
August 28, 2019
Juba, South Sudan**

Time	Venue
10:30- 12:15 hours	WHO Conference Room

Agenda

1. Welcome, introduction of participants
2. Follow up on matters arising/actions points from previous meeting
3. Context update
 - ICWG/NAWG update:
 - Discussion
4. Technical Update
 - IDSR Presentation
 - EVD Preparedness & Updates
 - Discussion
5. Technical Discussion
 - Presentation by IMO
 - Discussion
6. AOB
 - TBD

Partners Present: NILE HOPE, RHS, TADO, UNH, TRI-SS, UNIDOR, UNKEA, MSF-B, HI, MSF-H, IRC, IRW, JDF, TMI, WVSS, AAH-I, CMA, CONCERN, GOAL, IMC-UK, CHADO, CHSS, CIDO, CMD, CRADA, HAA, HFO, HLSS, IHO, MEDICAIR, MOH, IMA, HFP, USAID, CARTER CENTRE, CARE, CORDAID, SMC, MEDAIR, LIVEWELL, THESO

Health Cluster Team: Dr. Uday Naidu and Irfan

Partners Absent: MAGNA, MDM SPAIN, OVCI, PUI, SC, TDH, WR, ARC, CMMB, CUAMM, CASS, HCAWFO, HCO, OPEN, TOCAA, IOM, UNPFA

Meeting outcome	Action Points
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Welcome and introduction- Done
Meeting agenda presented by Dr. Uday Naidu to all the participants/partners and seconded by TADO

Follow up on matters arising/actions from previous meeting

1. HC to share the report of WHO emergency health response conducted in Kajojeji with partners.
Done, report has already been shared with health cluster partners by the HC.

2. HC to call for another joint meeting with MOH-NMCP, PSI, HPF and UNICEF to figure out how last mile distributions of malaria commodities can be supported.
HC has met the key stakeholders and the outcome of the discussion is that PSI has secured some funding to facilitate the last mile distribution of malaria commodities. During today's HC meeting it was agreed that partners needing malaria commodities to prepare a request indicating the last mile distribution and share with HC to enhance proper planning and swift delivery.

3. WHO mobile team to share the mobile mission report for Nyirol and Tambura with HC.
WHO MMT shared the mission reports for Nyirol and Tambura with HC this morning, HC will share the reports with partners after this meeting (August 28, 2019).

4. HC to follow up with MSF-H on the line list for Hepatitis E cases reported in Lankiene.
HC has contacted MSF-H, they promised to provide the line list later today (August 28, 2019) starting from week 26. It was agreed that MSF-H to keep WHO in the loop of communication for easy monitoring of the disease trend and response.

5. HFP to prepare and share the list of the health facilities dropped under HPF3 (list of health facilities previously supported under HFP2 and now not supported under HFP3) to enable HC advocate for resources to fill the gaps under HFP3.
HC has sent an email to HPF requesting for the list, has not yet received the feedback. No representative from HPF in this

HC to follow up with MSF-H on the line list for Hepatitis E cases reported in their health facility in Lankiene.

HC to follow up with HPF on the list of health facilities previously supported under HFP2 and dropped under HFP3.



meeting hence HC to follow up with HPF on this.

6. IMC and Mediar to meet with HC to clearly state their response plan (who is doing what/where and the duration) for Canal Pigi.

IMC and Mediar have met however response plan is not yet drawn. This is because the first IMC team that visited Canal Pigi comprised of logistic and security personnel, now health team is on the ground in Kurwai and will return to Juba in the week beginning September 2, 2019 who is expected to provide comprehensive information on the health situation in Canal Pigi. IMC will then provide detail feedback (health situation and response plan for Canal Pigi) to HC in the week of September 2, 2019.

7. CMA to share the outcome of their meeting with UNICEF and Bieh State MOH concerning transportation and distribution of malaria commodities to all health facilities in Nyirol whether government or opposition, this followed the State MOH directive that all the malaria commodities to be distributed to health facilities in government control areas.

CMA representative at the meeting was not aware on the previous discussion and promised to follow up with her office and will provide brief update through email to HC on the status of the distribution of the malaria commodities to Nyirol.

8. CMA to provide the main highlights with more focus on health on the effect of the floods in Nyirol following multi-cluster assessment.

CMA representative will follow up with her office and will share the report with HC before the end of this week (week ending on September 1, 2019).

9. IRC to provide a feedback to HC on the outcome of their meeting with HPF on the issue of Panyijjar where the CHD staffs wanted full salaries for the past three months (when on strike) before resuming work, also to verify and update on the reported malaria deaths.

IRC reported that health facilities in Panyijjar are opened and fully functioning however has no update on the issues of staffs' remunerations while on strike. It was agreed that the IRC representative at the meeting to share more detail information on the outcome of their meeting with HPF, the number of health facilities functioning versus closed and the reported malaria deaths after consulting with his office.

10. Humanity and Inclusion to conduct rapid needs assessment in Yambio to ascertain the needs of the reported children living with disabilities in three payams of Yambio and provide detail report and response plan to HC.

Humanity and Inclusion mobile team comprising of MHPSS and Rehabilitation personnel conducted the assessment and will return to Juba today (August 28, 2019), will work on the report and will be shared with HC cluster in the week beginning September 2. It was agreed that the report should detail the findings, recommendations and response plan.

Discussions

Partners are thankful for the HC for ensuring that last mile distribution of malaria commodities can now be supported by PSI however would like to know whether PSI will include the mosquito nets in the pack. It was agreed that HC to follow this with PSI to find out whether they will mosquito nets in the distribution.

IMC to provide update on the health situation in Cananl Pigi and detail response plan where the roles and responsibilities of IMC and Mediar well-defined to avoid duplication of resources.

CMA to provide update on the outcome of their meeting with UNICEF and State MOH on whether the malaria commodities from Juba can be distributed to all the health facilities in Nyirol irrespective of who controls the areas.

CMA to share with HC the report on the multi-cluster flood assessment conducted in Nyirol following the flood.

IRC to share the outcome of their meeting with HPF concerning the full payment (3 months) of CHD staffs while on strike, also the number of HFs opened and functioning versus closed and detail information on the reported malaria deaths.

Humanity and Inclusion to share the report of assessment they have conducted in Yambio, the report should have clear recommendations and response plan.

HC to follow with PSI whether the last mile distribution of malaria commodities includes Insecticide Treated Nets (ITNs).



Context update:

ICWG Updates

- About 26,000 refugees/returnees in Unity and Upper Nile state, most of them from Sudan.
- Assessment and response following IDP movement from Tali and Tindilo of Terekeka County. Humanitarian organizations are following up on reports of some 5,250 IDPs from Tali and Tindilo areas in Terekeka arriving from Awerial Centre of Lakes state.
- 8,000 refugees/returnees in need of support in Kitwang, an inter-cluster needs assessment team deployed to Kitwang on August 15, 2019. Humanitarian partners from Malakal are planning response mission to the area from August 29 to September 3, 2019.
- An inter-agency flood assessment was conducted in 13 locations within Aweil Municipality and Aweil Centre on August 21, 2019. The team reported that a total of 5,950 households have been affected by the recent floods in Aweil municipality. Partners deliver humanitarian assistance to 2,500 flood affected households in Aweil North.

NAWG Updates

Locations recommended for Response scale-up

New proposed locations:

- Akobo East; High GAM rate and access challenges due to the rain. Nutrition cluster and Medair to gather further information.
- Mayendit; Reports of high level of rain causing displacement. OCHA to crosscheck with office in Bentiu for more information.
- Renk; Very high GAM rates in southern part of Renk, multi-sector response is required due to underlying factors. WHO is planning to send mobile team on September 6, 2019?
- Cuibet; Access issues hindered multi-sectoral needs assessment team two weeks ago. NFI Cluster will monitor the situation and will get back to different clusters.

Locations recommended for assessment

- Maiwut - OCHA will call for Operational Working Group meeting later in the week. Next NAWG decision to be made regarding assessment.
- Kitkwang (Fashoda, Upper Nile) - FSL is planning an assessment in September and other clusters are welcome to join. HC must join this assessment.

Locations recommended for close monitoring

- Duk, (Jonglei State)
- Twic (Warrap State) –
- Akobo West - OCHA to follow-up with Nile Hope to share detailed report on the flooding situation, including numbers of displaced people as a result.



Discussions

- The counties in Upper Nile and Unity States where the returnees have settled not indicated hence it was agreed that HC to follow with OCHA on the counties affected with refugees and returnees, also partners operating in these state are to consult their field offices and provide updates in the next HC meeting.
- Partners who will be responding under SSHF SA2 in Unity and Upper Nile should be in position to address the health needs of the 26,000 returnees.
- MSF confirmed the flooding in Aweil Municipality, response is ongoing headed by the state government in partnership with partners operating in the area, at the moment MSF is not responding since partners on the ground have the capacity and responding well.
- CARE- there was internal conflicts among youths in Boma of Pibor County which started on August 27, most of the injuries are being treated in Boma hospital however it didn't affect their operations in Boma, the conflict may continue, they are closely monitoring the situation and will keep the HC posted.
- Mediar is responding in Palouny following the multi-sector assessment.
- Nile Hope confirmed the flooding in Akobo West and not able to provide the details hence it was agreed that Nile Hope share the assessment report with HC before the end of this week (week ending on September 1, 2019).
- It was also agreed the all assessment reports to be shared with HC copying IMO for filling to enhance prioritization of locations.

HC to follow up with UNOCHA on the counties in Upper Nile and Unity States where the reported 26,000 refugees/returnees have settled.

Nile Hope to share the flood assessment report for Akobo West.

Technical Update:

IDSR Presentation

- The report is for week 34, 2019.
- The timeliness of IDSR reporting (supported by EWARS mobile) at health facility level is 28% and completeness is 28%. Rumbek Hub stands the best with 65% completeness followed by Yambio Hub with 49% completeness and the rest are below 40%.
- Completeness was 77% and timeliness was 77% for EWARS reporting by partners for week 34, 2019, while the cumulative completeness and timeliness were 71% and 65% respectively for 2019.
- A total of 48 alerts received in week 33, 2019 out of which 79% were verified, 4% was risk assessed and 3% required a response.
- Malaria (06), AWD (10), measles (07) and bloody diarrhoea (04) were the top common alerts generated through the EWARS in week 33, 2019.
- One cholera alert from Yambio discarded, 3 AWD alerts from Yambio discarded, 4 alert of AWD from Yambio were investigated but no samples collected, 2 alerts of AJS were triggered with 1 discarded (data entry error) and 1 pending verification.
- There are **1,859** alerts triggered since the beginning of this year (2019) with measles, AWD, Malaria, ARI and ABD having more alerts compared to the rest of the diseases.
- The cumulative total of alerts triggered are 1859 of which 1778 were verified, 14 were risk assessed and 67 reached outcome level.



Outbreaks

Tonj South County

- Suspected Measles case was initially detected at Tonj hospital in a 10 month old female on July 30, 2019
- A total of three (3) blood samples were collected of which 2 are positive for Measles IgM antibody
- Eleven (11) cases have been line-listed from Akelkeu village and Matar in Tonj payam
- No deaths reported

Response and Recommendations:

- Intensify surveillance and continue line-listing
- Continue to collect samples for testing
- Promote social mobilization in the affected area and surroundings
- Treat suspect cases with oral rehydration, vitamin A, and antibiotics for prevention of bacterial super infection

Wau County and POCAA

- IOM, UNICEF and partners conducted a campaign covering Wau municipality and extended to some IDPs collective sites in Jur River from June from June 3rd to 10th, 2019
- Target populations (27,166) children from 6-59 months, the coverage was 85% as (23,028) children vaccinated including (1,628) child from IDPs collective site in Jur River County.
- Post Campaign evaluation was done by MoH and WHO and coverage was of 89.15%
- Despite the campaign, cases are continuing, two measles cases were seen in week 33, 2019 but samples were not collected.

Bentiu PoC (confirmed Measles and Rubella outbreak).

- IOM completed a reactive vaccination campaign in Bentiu PoC on May 31, 2019, a total of 21,285 children 6-59 months (126%) vaccinated.
- PCE conducted by MoH and WHO, coverage was 74.6%.
- Measles cases continue to be confirmed in Rubkona because of the increase number of returnees and population movement and crowding in transit sites

Proposed strategies

- There is need to vaccinate all children among the new arrivals in transit sites with returnees and at the entrance to the PoC

Pibor County

- There is an ongoing transmission of measles in Pibor County despite of the vaccination campaign conducted in February and March.
- Medair in partnership with partners on the ground (LiveWell, UNH, CRADA and RHS) to conduct a mass measles vaccination campaign targeting 27,122 (6-59 months and 5-15 years combined) in Pibor, Gumuruk, Likuangole, and Verteth.



Hepatitis E, Bentiu PoC

- The persistent transmission of HEV in Bentiu PoC continues with 79 cases since beginning of 2019.
- 2 deaths one on April 12, 2019 and the second on July 11, 2019.
- Use of unsafe drinking water likely to be source of infection

Recommended response

- Social mobilization to raise awareness on modes of transmission, symptoms and where to seek for care
- Case identification and follow up in the communities and WASH interventions are recommended.

Rubella cases in Yirol West

- A total of 19 cases since week 26 with 4 positive on Rubella has been line listed
- 57% (11) of the cases are less than 5 years old

Recommended response

- Social mobilization to raise awareness on modes of transmission, symptoms and where to seek for care
- Case identification and follow up in the communities and WASH interventions are recommended.

Current Malaria trends 33, 2019

- Malaria was the leading cause of morbidity and mortality, accounting for 69.6% of all morbidities and 55.6% of all mortalities in week 33, 2019
- There are 5 Counties with malaria trends that exceeded the threshold (third quartile of trends for the period 2013-2017) and these includes; .Juba hub(Juba), Kwajok hub(Tonj South), Bor hub(Bor), Bentiu hub(Rubkona) and Rumbek hub(Cueibet , Rumbek East).

Routine Sentinel Surveillance for Human Influenza

- Currently 2 designated Influenza sentinel surveillance sites in Juba (Juba Teaching Hospital, Al Sabah Children's Hospital) that are collecting epidemiological data and samples from ILI/SARI cases for virological testing.
- Since week 12 of 2019, a total of 123 ILI/SARI samples have been collected and tested at Uganda Virus Research Institute (UVRI) with 31 being negative; 2 positive for Influenza B (Victoria); and 7 positive for Influenza A (H3), test result is pending for 73 samples. .

Discussions

- Mediar is already in Pibor and will start the training for the measles campaign tomorrow (August 29, 2019) and will work with respective partners in each payams of Pibor, Gumuruk, Lekuangle and Verteth.
- RHS has secured two Arteks for its mobile services in Pibor Payam of Pibor County, experiencing some logistical challenges however efforts have been made and the equipment will be on the ground in the coming week.

Community deaths in Budi County of former Eastern Equatorial State

- Through community radio, received report of about 50 community deaths in Nyauru in Budi County.
- WHO, MOH, State MOH and partner Cordaid conducting the investigation, team still on the ground. Main highlights are:
 - ✓ No outbreak

WHO to share the investigative report on the reported community deaths in Budi County.

- ✓ Verified 10 deaths, from the history and symptoms the cause of the deaths were most likely malaria and pneumonia.
- ✓ One health facility (PHCC) in the area supported by Cordaid, no issue of stock out reported.
- ✓ Full report will be shared in the coming week.

EVD Preparedness & Updates

Summary of situation update; DRC as of 20th August 2019

- 215 new cases over three weeks (July 27- August 18)
- 4 confirmed Ebola cases were reported in Goma North Kivu and South Kivu respectively
- 29 health zones are affected; 18 health zones and 66 active health areas reported new EVD cases from July 27- August 18, 2019
- Of all cases in last 21 days, Beni (33%, n=70) and Mandima (20%, n=44) are the two leading health zones in EVD transmission.
- All contacts from the Ariwara case completed 42 days follow-up on August 12, 2019.

PHEIC

On July 17, 2019 WHO declared the EVD situation in DRC as PHEIC. Following this declaration, the recommendations for the neighbouring countries including South Sudan are:

- Improve their preparedness for detecting & managing imported cases,
- Map health facilities & active surveillance with zero reporting,
- Map population movements & sociological patterns to predict risk of disease spread,
- Scale up risk communications & community engagement,
- Put in place approvals for investigational medicines & vaccines,

South Sudan

- South Sudan has a clear EVD coordination structure comprising of National Task Force, SAG, National TWGs, Secretariat, EVD Technical Functions and State Task Force/TWGs.
- As of August 20, 2019, Number of alerts reported during the week was 4, Cumulative number of alerts reported since August 2018 was 80, Number Alerts that met case definition and investigated during the week was 3 and Cumulative number of alerts that met case definition and investigated since August 2018 was 41.

Where are we so far?

Coordination

- Phase two plan has been launched, resource mobilization on going
- Second JMM recommendations being implemented and tracked
- Full scale simulation exercises conducted on August 14, 2019 to test readiness
- On-going joint supervisions to strengthen subnational coordination

Surveillance

- 32 points of entry established & migration pattern being monitored with support of IOM
- 3.1 million persons screened at PoE since August 2018
- 28 RRTs trained at national & states
- Community and facility based surveillance to be strengthened

Risk Communication

- Over 15,000 jingles aired and 1,200 community influencers sensitized

Vaccination & Therapeutics

- 2974 frontline health workers vaccinated, had requested for more however all the vaccines were shipped to DRC, WHO confirmed that they will bring vaccines into the country within 48 hours upon confirmation of any EVD case.
- Preparations for ethical & administrative clearances for Investigational therapeutics ongoing

Case Management

- 4 isolation units established 1 each in Juba, Nimule, Yei & Yambio; MSF is on standby and will be in position to assemble an ITU within 72 hours in any location where EVD case detected in the country.
- 13 VHF 500 kits distributed; 8 in stock for case management
- 6 SDB teams trained and ready; burial sites identified

Laboratory

- GeneXpert is operationalized
- PCR machine installed but still in the process of building capacity of the personnel
- Capacity building of health laboratory personnel on biosafety and sample collection, packaging and transportation

Gaps and Challenges

Funding issues- 2nd phase is already launched and resource mobilization is ongoing

- Withdrawal of key personnel from the states/Counties which affected state level coordination
- Inadequate logistics support at state level (vehicles)
- Limited support supervision to States & Counties
- Closure of all the 4 isolation units at the end of August 2019 if phase 2 fund not received.
- Lack of funding for laboratory, Surveillance (health facility) & PoEs

Other challenges

- Weak health system (staffing, infrastructure, funds, service delivery)
- Limited access to communities due to insecurity & bad roads
- Difficulties in tracking population movements due to porous borders
- Inadequate cross border surveillance & coordination

Out of 12.M required, 4.73M approved for the second phase.



Discussion

- 28 RRTs are for national and high risk areas, 4 at National and the 24 have been distributed to high risk area, however these RRTs are not been supported incentive wise and retaining them is challenging. The ALIMA consortium is only supporting 2 out of the trained 28.
- The Drugs use DRC are not yet licenced hence South Sudan MOH will need to first do trials using the experts to validate before using it in case management.
- 4 isolation will be closed by Aug 31 as the funding will come to an end and what next, WHO is working hard to mobilize resources to support continuity, World Bank may also support with some funding.
- MSF is still standby for establishment of ITU however in some locations like Yambio and Nimule the space allocated for ITU is close to the burial site not to the recommended standard. Acquisition of land is challenging however discussion is ongoing in most of the places for allocation of land based on the WHO recommendations.
- In case EVD declared in South Sudan will WHO be in position to deploy the therapeutic drugs into the country, currently 2 regimens are being used in DRC not all the 4 however these therapeutics are not licenced hence has not committed in shipping these drugs into the country but will deploy the vaccines within 24 hours following the outbreak.
- 2,974 frontlines HCWs vaccinated out of planned 3,000 because some of the HCWs declined and didn't consent to the vaccination. Will provide the detail of the total HCWs in all the high risk areas in the next meeting.

Technical Discussion

Presentation by IMO

- For 2019, there are 54 HC partners (4 UN Agencies, 24 INGOs and 26 NNGOs).
- By end of July 2019, 1,362,303 consultation conducted giving 68%.
- Consultation by age group, male above 5 years at 28%, male below 5 years at 18%, female above 5 years at 36%, female below 5 years at 19%.

Progress in the Indicators

- Progress have been made in achieving all the set indicators however indicators on number of SGBV survivors receiving CMR and persons receiving mental health and psychosocial services still low at 27% and 28% respectively.

Clinical Package

- Supported 8 hospital, 51 PHCCs, 50 PHCUs, 46 mobile clinics, 9 RRM, 9 ICCM and 7 CHP
- 49 counties supported through 47 partners.

Funding

- 120M USD required however received only 40M (33%).
- It was agreed that all partners to report their financial status in the FTS.

Reporting 5Ws



Still some partners are not reporting timely and it was agreed partners to report and if experiencing problem to meet with IMO.

Others reporting

- Health Service Functionality checklist, only 32 partners provided information.
- Disability tracking tool data, only 3 partners provided data

Monthly reporting format

- The format will change and from next months (September) all partners will use the revised version which is more comprehensive including narrative however partners to be precise and summarize the narrative in bullet points.
- All HRP partner to provide the monthly report whether receiving funding from HC or not.
- In the next meeting, the achievement per partner will be analysed and presented.

HC to share with partners the revised monthly reporting template.

AOB

- Partners selected for SSF2 to indicate the names of the facility/mobile to avoid duplication of resources.
- Most partners have incorporated the comments provided by the HC into the SSHF SA2 proposal, about 10 have resisted the comments and the documents have been sent back to them, once the GMS is open endeavour to incorporate the comments.
- The SSHF SA2 will start on September 10, 2019.
- EMR meeting will be there at 3:30pm.
- Disability Working Group partners to meet in HC office after this meeting.