

# Health Sector Update

OCTOBER 2013

## SECTOR OVERVIEW

Populations affected by natural disasters and complex emergencies experience diverse public health impacts, often complicated by displacement and the disruption of basic services. USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA) remains at the forefront of the humanitarian community's efforts to mitigate mortality and morbidity during crises by supporting a wide range of health interventions, including life-saving medical assistance, immunization campaigns, disease surveillance systems, vector-control activities, and capacity-building trainings for national health workers. Recognizing the inextricable link between health and other core humanitarian sectors, particularly nutrition and water, sanitation, and hygiene (WASH), USAID/OFDA supports integrated programs that simultaneously address multiple determinants of poor health—such as access to health facilities, food security, and the availability of safe drinking water—in emergencies. In Fiscal Year (FY) 2013, USAID/OFDA provided more than \$151 million to help mitigate and prevent impacts of natural and man-made crises on the health of affected populations. Assistance included nearly \$145 million for health interventions in 13 countries and more than \$6 million for global and regional health initiatives.

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## SUCCESSFUL HEALTH TRANSITION IN SOUTH SUDAN

Since transitioning to a new nation in 2011, South Sudan has experienced a massive influx of vulnerable returnees, challenging an already limited health infrastructure. Working closely with development donors and humanitarian partners,



South Sudan returnees visit a health care clinic and pharmacy at a transit site near Juba. (Photo by Sonia Walia/USAID)

USAID/OFDA has supported the transition of basic health programs in South Sudan into durable, long-term, and locally driven systems. Recognizing that preventable and treatable diseases continue to affect many South Sudanese, the Government of the Republic of South Sudan (RSS) Ministry of Health (MoH) identified a set of priority health care interventions that reduce mortality, disability, and morbidity resulting from the most common health problems. This basic package of health services comprised interventions for disease prevention, health promotion, and selected curative care activities delivered with available technology. To facilitate the transition of relief-focused health systems to longer-term development programs, USAID/OFDA and other humanitarian donors ensured that health partners' programming in South Sudan was provided in accordance with the MoH basic package of health services. This included involving community health departments in joint supervisory responsibilities and ensuring that health facility rehabilitation abided by MoH standards. Once these conditions were in place, development donors gradually took responsibility for primary health care facilities—with USAID/South Sudan covering the health needs of Central and Western Equatoria states. To enhance continuity, development donors collaborated

with many of the same non-governmental organizations (NGOs) that had previously received USAID/OFDA and other humanitarian funding, thereby engaging partners that had established relationships with local communities and familiarity with the health care facilities in the areas where they worked. Recognizing that acute health needs still require emergency health assistance even after the transition, USAID/OFDA continues to support emergency health programs, such as mobile clinics, where needed. In FY 2013, USAID/OFDA provided more than \$7.3 million to support the health transition and other health activities in South Sudan.

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## ESSENTIAL HEALTH SERVICES FOR CONFLICT-AFFECTED POPULATIONS IN THE DRC

Decades of conflict in the Democratic Republic of the Congo (DRC) have contributed to insecurity, mass internal population displacement, and refugee outflows, as well as a challenging operating environment for humanitarian organizations. In response to ongoing humanitarian needs, USAID/OFDA continues to support partners in the DRC to provide integrated health programs that address the determinants of poor health during emergencies. In FY 2013, USAID/OFDA partners reduced infant, child, and maternal mortality rates among crisis-affected populations by improving access to primary health care services in the conflict-affected areas of eastern DRC. Additionally, USAID/OFDA funding bolstered the U.N. Children's Fund (UNICEF)-managed Rapid Response to Population Movements program, which enabled humanitarian agencies to quickly provide health care assistance and distribute emergency relief commodities to newly displaced individuals. In total, USAID/OFDA provided approximately \$11.8 million in FY 2013 to support health activities in the DRC.

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## CRITICAL HEALTH SUPPORT TO SYRIANS

USAID/OFDA provided more than \$252 million in humanitarian assistance to populations affected by the Syria crisis in FY 2013, including nearly \$86 million for life-saving health programs. Despite growing insecurity and access constraints, USAID/OFDA partners have responded to the health needs of more than 2.6 million vulnerable and internally displaced Syrians with emergency health services. USAID/OFDA's medical support activities include the provision of emergency medicines and medical supplies for conflict-affected populations, as well as equipment for medical facilities and programs to train local first responders and medical staff. Since the crisis began, USAID/OFDA has supported approximately 260 health facilities—field hospitals, medical clinics, and medical points—treating more than 460,000 patients and performing more than 113,000 surgeries. In addition to emergency health services, USAID/OFDA supported the Syrian Coalition's Assistance Coordination Unit to launch the Early Warning and Alert Response Network, a system to improve disease surveillance and outbreak response in northern Syria.

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## WORLDWIDE EMERGENCY HEALTH INITIATIVES

In addition to country-specific initiatives, USAID/OFDA funds global and regional initiatives to support overall humanitarian health care systems.

*Rapid Deployment of Trauma Surgical Teams:* Natural and man-made crises can result in a significant number of casualties, overwhelming hospitals and surgical facilities that are often concurrently damaged during a crisis and are in urgent need of additional staff and supplies. With support from USAID/OFDA, International Medical Corps (IMC) maintains a specialized Trauma Surgical Deployment Unit (TSDU), prepared to provide immediate trauma care to disaster-affected populations at the request of USAID/OFDA. Ranging from a two-person surgical trauma advisory team to a full-scale, surgical field hospital with attendant mobile medical triage teams, IMC can customize the TSDU for small-, medium-, or large-scale responses.

*Vector-Borne Disease Control in Humanitarian Crises:* USAID/OFDA has partnered with the NGO Mentor Initiative to build the capacity of national health ministries and other NGOs to respond to vector-borne diseases, such as malaria and dengue fever. Through Mentor Initiative, USAID/OFDA is supporting training courses for practitioners and relevant stakeholders on malaria control during emergencies, as well as providing policy guidance to national health ministries on streamlining malaria-control activities with emergency response interventions.

*WHO Disease Control in Emergencies:* Building on prior support, USAID/OFDA funded the Disease Control in Humanitarian Emergencies (DCE) unit of the U.N. World Health Organization (WHO) in FY 2013 to reduce mortality and morbidity resulting from communicable diseases in populations affected by conflict, natural disasters, and food insecurity. The DCE provides WHO country and regional offices, national authorities, U.N. agencies, and NGOs with technical and operational epidemiological services for the surveillance, monitoring, prevention, and control of communicable diseases in humanitarian emergencies.

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