

USAID/OFDA HEALTH SECTOR UPDATE – OCTOBER 2012

SECTOR OVERVIEW

Populations affected by natural disasters and complex emergencies experience diverse public health impacts, often complicated by population displacement and the disruption of basic services. 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, 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. Recognizing the inextricable link between health and other core humanitarian sectors, particularly nutrition and water, sanitation, and hygiene (WASH), USAID/OFDA supports integrated programs to simultaneously address multiple determinants of poor health in emergencies. USAID/OFDA provided approximately \$95 million in Fiscal Year (FY) 2012 funding to help mitigate and prevent the health impacts of natural and manmade crises. Assistance included nearly \$90 million for health interventions in 15 countries and more than \$4.5 million for global and regional health initiatives.

SHIFTING NEEDS, NUANCED RESPONSE: HEALTH ASSISTANCE TO DARFUR, SUDAN

In Sudan, the burden of communicable diseases, malnutrition, and high maternal and child mortality is exacerbated by protracted conflict and displacement, particularly in the Darfur region. Conflict in Darfur has become more localized in recent years, prompting an increase in voluntary return movements among internally displaced persons (IDPs) and refugees. USAID/OFDA is flexibly responding to the shifting dynamics in Darfur. With more than \$17 million in FY 2012 health assistance for Darfur, USAID/OFDA is meeting the emergency health needs of conflict-affected or otherwise vulnerable populations while increasing support to health initiatives designed to bolster resilience and encourage recovery in stable communities. Through U.N. and non-governmental organization (NGO) partners, USAID/OFDA funding rehabilitates primary health care centers in areas of return, provides technical support and training to Ministry of Health workers, and avails returnees, IDPs, and other vulnerable populations with preventive and curative health services. With a view toward maximizing funding effectiveness, sustaining health gains, and discouraging relief dependency, USAID/OFDA promotes close collaboration between its partners and technical government counterparts and supports programs that integrate primary health services with interventions in WASH and nutrition.

EMERGENCY HEALTH ASSISTANCE TO DROUGHT-AFFECTED HORN OF AFRICA

The Horn of Africa is recovering from one of the worst droughts on record. At the peak of the crisis in 2011, more than 13.3 million people in Djibouti, Ethiopia, Kenya, and Somalia required life-saving assistance. In 2012, heightened humanitarian needs persist as populations continue to grapple with the compounding effects of below-average rainfall, increasing food prices, and insecurity. High levels of food insecurity and malnutrition, low baseline immunization coverage, and limited access to proper sanitation and safe drinking water have elevated the risk of disease among drought-affected populations. To prevent excess morbidity and mortality in the Horn of Africa, USAID/OFDA promotes integrated programs that address the multiple determinants of poor health in emergencies. For example, FY 2012



USAID/OFDA partners are responding to the emergency health needs of drought- and conflict-affected IDPs in Mogadishu, Somalia. (Photo by USAID/OFDA partner)

funding is supporting mobile teams and fixed-site clinics to provide critical health services, detect malnutrition, and conduct hygiene education among drought-affected populations. USAID/OFDA funding also promotes improved disease surveillance and response capacities of health facilities, IDP settlements, and remote communities in the Horn of Africa. In FY 2012, USAID/OFDA provided approximately \$12.5 million to support emergency health interventions in the Horn of Africa.

HOSPITAL PREPAREDNESS FOR EMERGENCIES

Since 1998, USAID/OFDA has supported the Program for the Enhancement of Emergency Response (PEER). This program promotes disaster preparedness in 10 Asian countries through the development of national and regional cadres of emergency response instructors and by assisting local, regional, and national disaster management agencies to organize and conduct standardized training in medical first response, collapsed-structure search and rescue, and community-based first aid. PEER also includes the Hospital Preparedness for Emergencies (HOPE) training course, designed to link pre-hospital emergency care to health facilities that will eventually treat disaster-affected individuals. With sessions for both administrative and medical health-care personnel, HOPE prepares health facilities and staff to respond effectively to emergencies involving large numbers of casualties. This training supports hospitals and other health facilities in developing facility-specific plans that increase their ability to continue providing critical medical care during emergencies. During the past year, USAID/OFDA launched the first HOPE course in Thailand, and medical personnel in Cambodia, Laos, Nepal, Pakistan, and Vietnam also received HOPE trainings. In FY 2012, USAID/OFDA provided more than \$1 million for PEER to support HOPE and other trainings.

WORLDWIDE EMERGENCY HEALTH INITIATIVES

Rapid Deployment of Surgical Trauma Teams

Natural and manmade crises can result in a significant number of casualties, overwhelming hospitals and surgical facilities, which are often concurrently damaged during the crisis and in urgent need of additional staff and supplies. With support from USAID/OFDA, NGO International Medical Corps maintains a specialized trauma and surgical deployment unit, 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 accompanied by a mobile medical triage team, the unit can be customized for small-, medium-, or large-scale responses.

Vector-Borne Disease Control in Humanitarian Crises

USAID/OFDA has partnered with 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, while providing policy guidance to national health ministries on streamlining malaria-control activities with emergency response interventions.

WHO Disease Control in Emergencies

USAID/OFDA continues to support the Disease Control in Humanitarian Emergencies (DCE) unit of the U.N. World Health Organization (WHO) to reduce mortality and morbidity due to 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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