



Health Cluster meeting convened by PAHO/WHO with Ministry of Health and partners

HEALTH CLUSTER



Globally, WHO is responsible for the coordination of the Health Cluster, as part of the UN Cluster Approach activated in major emergencies. The humanitarian clusters are created to coordinate the various actors involved in a particular humanitarian theme, to facilitate sharing of information about who does what and where, to identify gaps, to mobilize resources and to guarantee adequate preparedness and response. The Clusters facilitate joint strategic planning and help to establish a clear system of leadership and accountability under the overall guidance of the humanitarian coordinator. After the earthquake of January 2010 in Haiti, PAHO/WHO assumed this role, coordinating over 400 NGOs and partners working in the health sector.

Three days after the earthquake, the Health Cluster began operating. The Haitian Ministry of Public Health and Population (MSPP per its acronym in French) nominated a Health Cluster Coordinator to work together with PAHO/WHO to coordinate the international relief effort in the health sector, ensuring its relevance and coherence to government policies. The Health Cluster became an essential coordination mechanism with the hundreds of partners working in the health sector in Haiti, but it was also a tremendous challenge. Many of the NGOs that responded to the call for help had no experience working in the country, no experience with disaster operations and consequently no knowledge of the cluster system. Due to its privileged working relationship with the MSPP, PAHO/WHO's role in leading the Cluster was essential to ensuring the alignment of international relief efforts with national health policies and priorities.

The Office for the Coordination of Humanitarian Affairs (OCHA) of the United Nations created a joint website (<http://haiti.humanitarianresponse.info/default.aspx?tabid=77>), and Health Cluster partners populated the site with useful data, including information on the health situation; location of field hospitals and health centers; announcements from the Ministry of Health and Population information on epidemiological surveillance, among others.

PAHO/WHO also participated in the Water, Sanitation and Hygiene Cluster (WASH), led by UNICEF, to improve water quality and promote proper health care waste management. Other Clusters with PAHO/WHO participation were the Nutrition, Information Management and Logistics Clusters, as well as the gender-based violence working group under the Protection Cluster. PAHO/WHO also participated in the Inter-Cluster meetings designed to share information on progress achieved by each cluster and to address particular strategic issues.

In October 2010, when the first suspected cholera cases were detected, the Health Cluster once again played a key role in the coordination and leadership of the public health response. The Cluster expanded geographically to cover more territory, especially for surveillance, and its presence was strengthened nationwide. This allowed department level coordination and identification of health alerts and facilitated a rapid response together with other health partners. Many challenges still exist within the Cluster, above all the need for an integrated health information system to enable more effective information management. In addition, the gradual withdrawal of NGOs from the health sector, due to the declining trend of cholera cases is also creating critical gaps in health care and health information networks. At one point following the earthquake, more than 400 organizations were providing humanitarian aid to Haiti, and currently, only 99 organizations continue to carry out health activities.

PAHO/WHO through its Health Cluster leadership will continue to support the MSPP and work with key health partners to conduct a gap analysis of the health sector and work with the MSPP to adjust to the gradual phase out of NGOs. PAHO/WHO will support the MSPP to ensure continuous coverage of care during the cholera epidemic and to work towards improving access to health services in general, moving towards a stronger sustainable health sector in Haiti.

Activities carried out:

Resource Mobilization

On November 11th 2010, as the cholera epidemic was spreading, the United Nations, along with Haitian authorities, launched a strategic appeal for additional funding. The goal was to mobilize funds for an integrated multi-sectorial response, addressing the following: health, water, sanitation and hygiene, camp management and coordination, logistics and communications. The appeal called for US\$ 174 million.

PAHO/WHO mobilized US\$22 million to carry out activities following the earthquake and an additional US\$16 million (as of March 2011) to respond to the cholera outbreak. These funds came from: Italy, Japan, Monaco, Andorra, Andalucía (Spain), Finland, European Union, European Commission's Humanitarian Aid Department (ECHO), the US Agency for International Development (USAID), the US State Department, UK Department for International Development (DFID), the United Nations Central Emergency Response Fund (CERF), the Canadian International Development Agency (CIDA), the Spanish Agency of International Development Cooperation (AECID), American Red Cross, among others.



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Activities carried out: (continued)

In the aftermath of the earthquake:

Within the Health Cluster, PAHO/WHO supported the MSPP through the following actions:

- Leading and managing the Health Cluster, which included seven sub-clusters established within the Health Cluster umbrella, still coordinated by the overall Health Cluster. Sub-clusters were created for: mobile clinics, field hospitals, disability and rehabilitation activities, health information, disease surveillance, reproductive health, mental health and psychological support.
- PAHO/WHO, with the support of the MSPP, also extended its earthquake relief operations beyond Port-au-Prince creating four field offices: Leogane, Jacmel, Cap-Haitian/Port-de-Paix, Jimani. This facilitated Health Cluster coordination in the areas outside of Port-au-Prince.
- Daily Cluster coordination meetings were held, co-chaired by the MSPP.
- Needs assessment missions were organized.
- Medical supplies and pharmaceuticals were distributed by PROMESS (National Center for the Supply of Essential Medicines) to Health Cluster partners.
- Contingency plans were developed for the approaching rainy season.
- Weekly epidemiology bulletins were prepared and distributed.

In response to the cholera outbreak:

- As of April 2011, PAHO/WHO still leads the Health Cluster, which meets twice a month and publishes a general epidemiological bi-monthly bulletin.
- PAHO/WHO together with the MSPP, the National Directorate of Water Supply and Sanitation (DINEPA), the Civil Protection Directorate (DPC) and local government authorities, and with the support of the Cuban Medical Brigade, Doctors Without Borders (MSF), the United Nations and other humanitarian partners, launched an intensive and multi-sectoral response to the cholera outbreak, focused initially on the Artibonite and Central Departments, which later expanded to all departments. An alert and response system was established in which most international health partners and local NGOs participated. The alert system allowed the MSPP to identify other threats of outbreaks in addition to cholera epidemic and respond to them promptly.
- A specific cholera Health Cluster Bulletin was issued weekly in order to keep all partners informed on the evolution of the cholera epidemic as well as the different activities being carried out in the health sector. By beginning of March 2011, 20 Bulletins had been produced: http://new.paho.org/disasters/index.php?option=com_content&task=view&id=1423&Itemid=1.
- The national strategy for the cholera response, jointly developed by the MSPP and PAHO/WHO, was finalized and validated by the MSPP. PAHO/WHO teamed up with partner NGOs to create a group for coordination of the Cholera Treatment Centers and Units (CTCs and CTUs) nationwide. A joint humanitarian response strategy was developed with key UN partners: PAHO/WHO, UNICEF, IOM and WFP.
- Regular Inter-Cluster meetings between the Health and WASH Clusters were organized to harmonize the response to the epidemic and ensure WASH activities were being conducted in the same geographical areas where the alerts has originated.
- PAHO/WHO and the MSPP developed a website with relevant information on cholera treatment prevention activities and protocols for treatment. A master list of CTCs and CTUs as well as Oral Rehydration Points (ORP) was developed, circulated and updated daily by the Health Cluster. This list together with GPS (Geographic Positioning System) coordinates for each unit has been essential for coordination and referral efforts. An interactive map of CTCs, CTUs and other cholera information can be found here: http://new.paho.org/hq/images/Atlas_IHR/CholeraHispaniola/atlas.html.
- PAHO/WHO continues to work on improving epidemiological surveillance with various partners. PAHO/WHO supported the MSPP and worked with Health and WASH Cluster partners on cholera prevention activities and messages related to carnival in March of 2011. Radio messages, banners and information booths were used to disseminate information on how to prevent the transmission of cholera.



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Activities carried out: (continued)

- The MSPP, with support from PAHO/WHO, worked to mobilize and bring additional medical staff into the country to address the cholera epidemic. MINUSTAH provided engineering support to set up treatment centers. Training of Haitian personnel is on-going and the Cuban Medical Brigade and other health partners have also deployed additional personnel.
- Direct assistance was provided, together with other health partners, in the management of cadavers, as cholera deaths are highly infectious and dead bodies must be disposed of properly.
- PAHO/WHO, DINEPA, UNICEF, CARITAS and other partners, following the initiative of the country's religious leaders, worked together to disseminate cholera prevention messages in places of worship, which play an important role in the daily lives of many Haitians.
- Together with the Ministry of Education, PAHO/WHO is participating in many different social communication activities (dissemination of cholera prevention and cholera treatment messages on the radio, television and cellular phones in Creole). 40,000 posters were distributed around the country, working with local health promoters and community organizations, such as churches. More than 10,000 community health promoters have been trained on hygiene, hygiene promotion and sanitation.
- With the support of the MSPP, sensitization material were produced and distributed nationwide in both French and Creole: flyers, slogans, radio messages, posters, flipcharts, t-shirts, among others.

Challenges and next steps:

- Continue to support the Haitian authorities in all of the activities mentioned, with a special focus on the following areas: water and sanitation; nutrition; health services provision; contingency planning; health facility mapping and reconstruction.
- Due to the initial and likely progressive suspension of NGO activities related to cholera, several Clusters are conducting a gap analysis aiming to identify main trends and implications for cholera response. The results of this analysis will be available shortly.
- New and pending issues in the WASH sector that present serious concerns for appropriate environmental and public health for the Haitian people:
 - Limited financing (running out of funds or funds have already been exhausted) for drinking water distribution and removal of excreta from latrines and septic tanks.
 - Solution still pending for long-term excreta management.
 - Mobilization of funds for medium and long term water solutions, especially for existing health facilities, is of significant importance and still a challenge.