

Health cluster coordination meeting

Date: Thursday 16 February 2006, 10.30
Location: Health Emergency Operation Centre
PIMS Hospital, Private Ward 2nd Floor, Islamabad
Chaired: Dr. Rayana Bu-hakah, Operation Manager WHO

- § **Measles outbreak in H11 camp in Islamabad** Vaccination campaign against Measles is ongoing in the H11 camp in Islamabad, together with the Capital Development Authority (CDA), Ministry of Health, the NGO MDM and other partners.
- § **Action plan on transition from relief to recovery** The most important issues that health partners wish to see included in the action plan for recovery of the earthquake affected areas from April 06 April 07 are:

Strengthening of human resources

- a. Human resources will be the crux for the success of the transition. HR policy for the health sector needs to include the payment of incentives, rotation of medical students and staff, and the revision of existing laws.

Continuation of service provision / replacement of NGOs

- b. The health cluster needs to ensure continuity of current health services provision as long as humanitarian concerns are existent. Expansion of health services provision is a middle-term goal related to the returns phase. Local health authorities need support to manage basic health units, as well as for the rebuilding process of health facilities.
- c. Several NGOs have made clear they will only continue their services when appropriate agreements/solutions are reached with local authorities on how to maintain the level and quality of services.
- d. The health cluster as a whole needs to advocate for more funding for health recovery with at least 50% to fit into HR and health staffing.

Physical reconstruction and institution building

- e. Focus of the recovery strategy should be more on improving the health system than merely physical reconstruction. What are the options for changing the current systems, revitalizing a non functioning system, bridging the relief to transition phase, and opportunities for more sustainable changes. Example was given from tehsil Hattian balla, linkage with holy family hospital, with monitoring incentives to have rotation of staff to address outpatient services, looking at options when the Cuban leave.
- f. Health facilities targeted for rehabilitation should be prioritized in the most affected areas.

Coordination with other clusters, like nutrition and water and sanitation cluster.

- g. Nutritional activities and surveillance need to be included as part of PHC.
- h. Focus on child and reproductive health, especially in the prefabricated health units.

Sustainable return

- i. More information needs to become available on return packages, inclusion of rehabilitation of facilities at point of return, and assessment in remote areas.
- j. Medical assessment / screening, medical escorts, and medical services at return point for the earthquake affected population returning to their villages.
- k. Revival of health facilities and replacement of lady health workers houses needs to be in place before people are returning, example in Allai.

Action points:

- § Ministry of Health will verify and brief the health cluster on the government plan for sustainable return.
 - § WHO will circulate the feedback from the hubs to be included in the Relief to recovery action plan.
- § **Real time evaluation of the cluster approach** The collaboration with the Ministry of Health in the coordination of the health cluster increases its legitimacy and is a key to its success.

Next Health Cluster meeting will be held Thursday 23 February at 10.30 am at the Health Emergency Operation Centre, PIMS Hospital, Private Ward 2nd Floor, Islamabad.

Proposed agenda:

1. Update Ministry of Health

2. Presentation of Earthquake Rehabilitation and Reconstruction Authority (ERRA) on Draft Strategy of Recovery of the Health Sector.

3. Any other business