

Health cluster coordination meeting

Date: Thursday 23 February 2006, 10.30
Location: Health Emergency Operation Centre
PIMS Hospital, Private Ward 2nd Floor, Islamabad
Chaired: Dr. Rayana Bu-hakah, Operation Manager WHO
Dr. Ejaz Ahmad Khan, Ministry of Health

§ **Extended deadline for Action Plan on Transition from Relief to Recovery** The Humanitarian Coordinator of the United Nations System for the Pakistan Earthquake has extended the deadline of the Action Plan on Transition from Relief to Recovery to **7 March 2006**.

§ **Update on the Weekly Morbidity and Mortality** The most important trend in communicable diseases this week is the decrease in number of Acute Respiratory Infections (ARI) cases. Since the last four weeks, the number of deaths due to ARI is also on the decrease. The last Weekly Morbidity and Mortality Report is available at www.whopak.org/disaster.

§ **Presentation by Dr. Zaidi of the Earthquake Rehabilitation and Reconstruction Authority (ERRA) on the Draft Strategy for Reconstruction and Rehabilitation of Health System** In the rebuilding of the health system, ERRA concentrates only on the long term requirements. ERRA's goal is to reconstruct health facilities in an improved and more rationalized way compared to before the earthquake. **Building codes** to ensure the use of earthquake-proof designs and materials for the health sector are currently under revision. Reconstruction will take into account health management systems, accessibility for the disabled, gender specific issues, environmental health issues such as solid waste management and others.

As **geographic distribution** of the health facilities is an important aspect, the ERRA Strategy may imply that many of the smaller health posts and dispensaries will not be reconstructed, while others will be upgraded. The justification for the selection of the final location of the reconstructed health facilities will not only depend on the health facility utilization rate. The current lack of human resources in rural health centers is negatively influencing the health facility utilization rate; therefore this indicator should only be used when combined with other aspects. ERRA works closely together with the provincial authorities of both NWFP and AJK.

Although ERRA is taking **staffing** into consideration in the reconstruction programme of health facilities, it falls under the responsibility of the Ministry of Health. Another issue ERRA will look into further with support from agencies like the Ministry of Health and WHO is the supply of pharmaceuticals.

ERRA is looking into reconstructing and repairing the following number of health facilities in the coming three years:

	2006	2007	2008	Total
Reconstruction	83	103	33	219
Repair	77	10		87
Total	160	113	33	306

Important donors in the reconstruction works are USAID and the government of Japan.

Regarding the temporary health facilities in the form of prefabricated structures, ERRA emphasizes that the location of the prefabs should not be at the same place as where permanent structures are planned.

The cluster approach will be used to facilitate the coordination between the different partners in both the installation of prefabricated units as well as the whole reconstruction process of all health facilities in the earthquake areas. Agencies, who are involved in the installation of temporary prefabricated structures, should think if their use after the construction of permanent structures has been completed.

Action points:

ERRA wishes to receive comments/suggestions/additions on their Strategy for Reconstruction and Rehabilitation of Health System of Eight Earthquake Hit Districts in NWFP and AJK. Please send your input to Dr. Rayana Bu-hakah at op_manager@eqpak.emro.who.int before Sunday 26 February 2006 17.00.

<p>Next Health Cluster meeting will be held Thursday 2 March at 10.30 am at the Health Emergency Operation Centre, PIMS Hospital, Private Ward 2nd Floor, Islamabad.</p>
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Proposed agenda:

1. Update by Ministry of Health
2. Update on Weekly Morbidity and Mortality
3. Update on Action Plan on Transition from Relief to Recovery
4. Presentation and discussion on management of essential drugs, donations and future perspectives
5. Any other business