

Health care in times of crisis

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“Providing health services to displaced and mobile communities is a challenge”

The ongoing conflict in South Sudan has exacerbated the acute health needs of the people in the country. Prior to the events of December 15th, the world’s newest nation struggled with some of the worst health indicators in the world – low immunization rates, high disease morbidity burden, and the world’s worst maternal mortality rate. Now, the ongoing conflict has brought additional complications.

Since the beginning of the conflict, more than 720,000 people in South Sudan have been displaced from their homes. More than 74,000 have sought refuge on a UN base, but 8 of 9 people displaced are largely outside these safe havens, seeking shelter in neighbouring countries, with nearby relatives, or most commonly in the open wilderness.

Providing health services to displaced and mobile communities is a challenge, and coordinating responses is of utmost importance. Emergencies like South Sudan’s require humanitarian surge response – vaccination campaigns, mobile clinics, increased disease surveillance – all complicated by access of insecurity and inaccessibility.

In order to reach those most vulnerable, the MoH and humanitarian organizations have targeted interventions to reduce morbidity and mortality. There have been several measles campaigns in response to outbreaks in UN camps in Juba and Bor. Reproductive health units are being established to treat both women and men, as well as provide services for victims of gender based violence, which often surges during times of violence and displacement. Efforts are being made to assure that displaced patients on HIV or TB treatment can access their drug regimens, as disruption can have serious health consequences.

Unfortunately, there are thousands of people in need who are still unreachable. Surgical capacity is limited in South Sudan, and active conflict over the past two months has often displaced the precious few medical staff from where they are needed most. Several organizations have reported staff fleeing violence with supplies into the bush in order to continue to treat patients. Despite ongoing efforts, without access to those desperately in need, treatable ailments like malaria, dehydration, wound complications and respiratory infections will cause unnecessary death.

Recognizing the severity and urgency of the situation, on February 11th, the UN Emergency Coordinator, Valerie Amos, announced that the UN had elevated South Sudan to a Level 3 Emergency. This will increase resources available to South Sudan for the response, including in health, in order to further the reach of humanitarian activities.

The UN cluster system coordinates response efforts in the main sectors of humanitarian action. With the shift to Level 3 Emergency status, the clusters will have more resources at their disposal, which will hopefully result in improved coordination and swift, efficient responses to the ongoing emergency.

While the crisis has affected much of South Sudan, about two-thirds of the country is operating at or near normal levels. Health partners are continuing to deliver static health services where able, and building the national systems. Strengthening the overall health system assists current and future emergency responses by providing a stronger base from which to respond.