



WHO emergency Mobile Medical Team (MMT) supporting measles case management clinical assessment in Rumbek State Hospital. Photo: WHO

## South Sudan

Emergency type: Humanitarian Crisis in South Sudan

**7 MILLION**  
NEED  
HUMANITARIAN  
ASSISTANCE



**1.74 MILLION**  
INTERNALLY  
DISPLACED



**2.47**  
MILLION  
REFUGEES

### MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS

**83** ASSORTED MEDICAL KITS

### WHO FUNDING REQUIREMENTS 2018



**3.8M** FUNDED

**16.9M** REQUESTED (UNDER 2018 HRP)

### MALNUTRITION

**261 424** CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

**53** FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

### VACCINATION

**498 831** OCV DOSES DEPLOYED IN 2018

**1 950 955** # OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES

**1 654 880** # OF PERSONS VACCINATED AGAINST MENINGITIS

### RIFT VALLEY FEVER

**57** TOTAL SUSPECTED HUMAN CASES

### HIGHLIGHTS

- The Ministry of Health with support from WHO and partners continues to be on high alert and implementing EVD preparedness activities including active surveillance at Points of Entry and screening of international travelers commenced at JIA. The RRT has been trained and deployed to investigate suspected Ebola case in Makpandu refugee camp.
- A new measles outbreak has been confirmed in Rumbek Center after three measles 1gM positive cases were confirmed.
- An increase in dog bite (suspect rabies) cases continues to be reported from Bentiu PoC and Agok hospital in Abyei Administrative Area.
- To enhance AFP surveillance and improve timely reporting in South Sudan, WHO in partnership with MOH, Bill and Melinda Gates Foundation, eHealth Africa and Novel-T has rolled out a mobile surveillance system called Auto Visual AFP Detection and Reporting (AVADAR).
- The peace talks in Addis Ababa ended last week without any positive development and is tentatively set to resume in the last week of June.

**Background of the crisis**

- South Sudan has been experiencing a protracted humanitarian crisis following the conflict that started in December 2013. Currently, about 4.21 million have fled their homes for safety of which 1.74 million people are internally displaced, while an estimated 2.47 million are refugees in neighboring countries. The country is currently facing a severe economic crisis and high inflation making the health emergency operations quite expensive and hence difficulties in delivering humanitarian assistance.

**Event Description/ Situation update**

- South Sudan remains persistently a high risk operating environment for humanitarian workers with continued Inter-Communal fighting mostly resulting from revenge killings and/or cattle raiding affecting mostly the areas of Lakes, Jonglei, Warrap hampering humanitarian service delivery. Although efforts of disarming civilians (Armed Cattle Keepers) in the region are ongoing, illegal guns still proliferate most areas especially among cattle keepers.

The peace talks in Addis Ababa ended last week without any positive development and is tentatively set to resume in the last week of June. However, despite the agreed cessation of hostilities from all parties to the conflict, pockets of clashes still affect the country particularly in the Equatoria Region, Greater Upper Nile and in Unity.

In the last week of May, the counties of Leer and Mayendit were faced with resurgence of violence. Thousands of people have been caught between the frontlines of the fighting, and health facilities have been attacked. The high level of violence prevents many people from reaching basic services, including healthcare. Villages have been looted and burnt down, and food reserves and other possessions have been destroyed.

Security officials in Wau town have continued to deny passage to humanitarians travelling on mission to Tonj in Warrap, demanding for a clearance letter from the National Security before any missions outside of Wau. Partners continue to engage in negotiations with the authorities to provide unhindered access to the people in need.

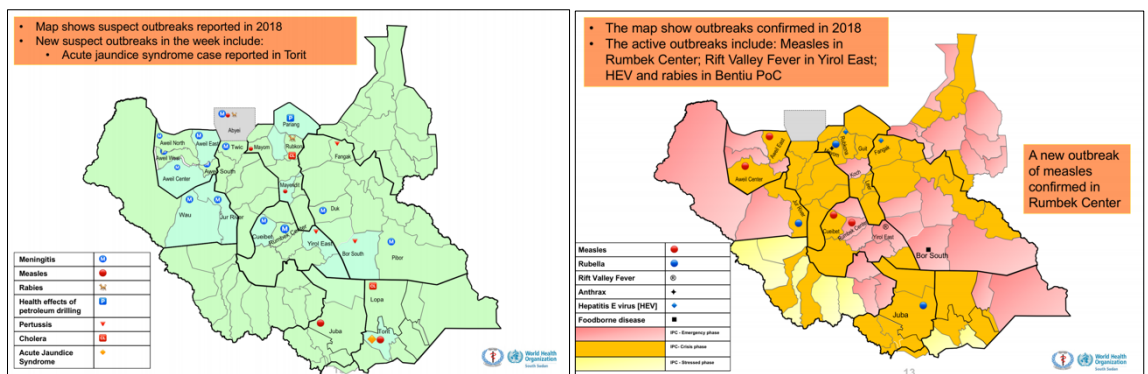
An estimated 1,500 IDPs (243 households) mainly women and children from Nagero and Namutina in Nagero County have arrived in Tambura town, Tambura County with some of the IDPs secondarily displaced after fleeing from some parts of Western Bahr el Ghazal.

Local authorities in Bor Town estimate that nearly 2,100 households have been affected by flooding. A multi-cluster team assessed the impact of the flooding and recommended a scale-up of WASH and health services while continuing to closely monitor the situation as more heavy rains and potential floods are expected.

**Epidemiological Update**

- In epidemiological week 21 of 2018, completeness and timeliness for IDSR reporting at county level was 63% while EWARS reporting from the IDP sites was 87%. In this reporting period, a total of 15 alerts were reported, of which 53% have been verified and 27% required a response. Bloody diarrhea and malaria were the most frequent infectious hazards reported during the week. Among the IDPs, ARI and Malaria accounted for 21.6% and 15.3% of the consultations in week 21.

*The figures below show confirmed and suspected outbreaks and events registered in South Sudan as of 3 June, 2018*

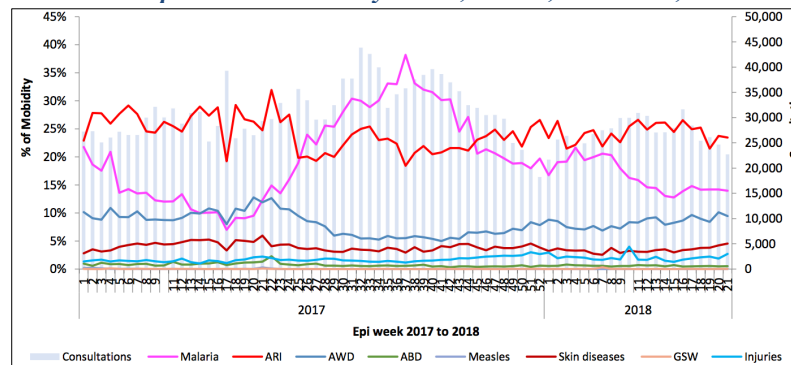


*Suspected Outbreaks South Sudan-3 June 2018*

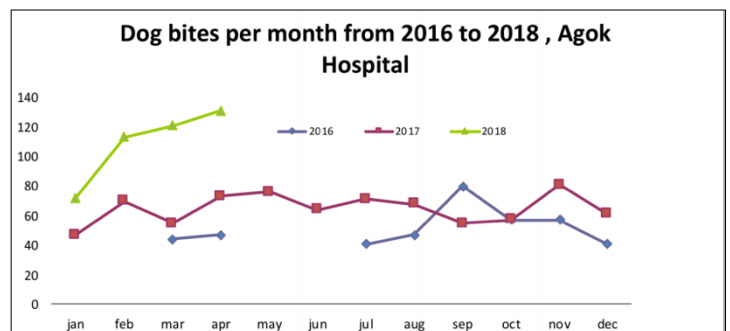
*Confirmed Outbreaks South Sudan-3 June 2018*

- Ebola Alert:** An Ebola alert involving a 31-year-old female Congolese refugee was reported from Makpandu refugee camp on 28 May 2018. The patient's illness started on 21 May 2018 with abdominal pain, followed by diarrhea that became bloody, associated with painful urine, hematuria, and vomiting with blood stains. No fever was reported but had a history of travel (on 14/05/2018) to Tongo Tongo village in Bayote county in Dungu district of DRC located 50km from Nabia Apai border post of Gbudue state. The patient's sample tested negative by PCR for Ebola, Marburg, Crimean Congo Hemorrhagic Fever, RVF and Sosuga viruses. These findings ruled out Ebola virus disease as the possible cause of the patient illness and most likely diagnosis was acute bacillary dysentery.
- Malaria:** With the onset of the rainy season, malaria trends are being monitored more closely with counties registering above normal trends flagged on a weekly basis. In week 21, counties with rising malaria trends included: Abyei, Awerial, Aweil Center, Aweil East, Aweil South, Aweil West, Cueibet, Gogrial East, Gogrial West, Jur River, Kapoeta East, Nyirol, Rumbek Center, Rumbek East, Rumbek North, Terekeka, Tonj East, Tonj North, Tonj South, Twic East, Twic Mayardit, Wulu, Yirol East, and Yirol West. There were 32,450 cases (54% of total consultations) of malaria reported with 5 deaths (23%). Malaria continues to be the top cause of morbidity in the country, with a cumulative total of 747,789 (53%) cases and 99 (12%) deaths registered since week 1 of 2018. In the relatively stable states, malaria is the top cause of morbidity accounting for 37% of consultations (representing an increase from 34% in week 20).

*IDP Proportionate morbidity trends, week 1, 2017 to 21, 2018*

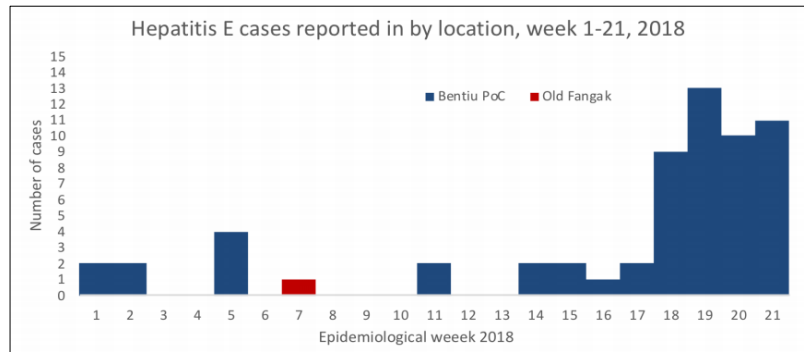


- Rift Valley Fever:** A Rift Valley Fever outbreak continues to be monitored in Yirol East, Eastern Lakes. As of 3 June, 2018, a cumulative total of 57 suspected cases have been reported since 7 December 2017 including 6 confirmed cases, 3 probable and 22 suspected RVF cases (no definitive laboratory results).
- Animal bites - Suspected Rabies:** An increase in dog bite (suspect rabies) cases continues to be reported from Bentiu PoC and Agok hospital in Abyei Administrative Area. During week 21, a total of 8 animal bite cases were reported in Bentiu PoC. The cumulative figure of 219 cases of animal bites including 4 deaths reported in Bentiu PoC since 6 December 2017 and 437 reported in Abyei in 2018.



- Suspected cases of cholera:** Since the beginning of 2018; at least 35 suspect cholera samples have undergone culturing at the National Public Health Laboratory. None of the samples have been confirmed for cholera.
- Measles:** A new measles outbreak has been confirmed in Rumbek Center county after 3 measles 1gM positive cases were confirmed. So far the line-list has 19 suspect cases. This is despite a recent follow up campaign and periodic intensified routine immunization (PIRI) activities.

- Hepatitis E (HEV):**  
 Hepatitis E outbreak continues in Bentiu PoC with a total of 62 suspected cases reported since week 1 of 2018. Of the 62 suspect cases, a total of 10 cases have been PCR confirmed as HEV 10 in Bentiu PoC. Use of stagnant water for domestic or recreation purposes likely to be source of infection in Bentiu PoC.



**WHO Public Health response**

- The Ministry of Health with support from WHO and partners continues to be on high alert and implementing EVD preparedness activities including active surveillance at Points of Entry, and screening of international travelers commenced at JIA. The Rapid Response Team has been trained and deployed to investigate suspected Ebola case in Makpandu refugee camp. The EVD contingency plan has been updated along with EVD checklist and EVD SOP. The MoH designated a site for setting up EVD treatment facility, and discussions are ongoing with partners to commence work.



*WHO Team and partners during EVD preparedness meeting in Warrap, Kuajok*

- The integrated mobile medical team (iMMT) was deployed to Rumbek for one week in 4 investigation teams constituted of WHO consultants paired with MoH Public Health officers to verify and investigate cases of malaria, RVF and measles in Rumbek Centre, Rumbek East, Wulu and Yirol East counties, collect blood/serum samples and transmit to the National Public Health Laboratory for testing, conduct training for health workers on measles, and participate in micro-planning for reactive measles vaccination campaign.

- To enhance AFP surveillance and improve timely reporting in South Sudan, WHO in partnership with MOH, Bill and Melinda Gates Foundation, eHealth Africa and Novel-T has rolled out a mobile surveillance system called Auto Visual AFP Detection and Reporting (AVADAR). Currently WHO is training over 350 personnel for AVADAR roll out in two states.



*AVADAR training session ongoing in Juba*

- To respond to the measles outbreak in Rumbek centre, MOH with support WHO and partners are planning a round of PIRI where not only measles vaccination but all other antigens will be given targeting children under five.
- WHO supported the training of 25 health workers from Rumbek Centre, Wulu and Rumbek East on measles case management and active case search.



- In Koch, Unity State, WHO together with the State MoH, and UNIDO conducted a training of 100 Vaccinators for the Measles Follow up Campaign.
- WHO is working with partners to put into place actions to operationalize the immediate recommendations of the three level WHO malaria mission that took place to South Sudan in February 2018. Emphasis will be place on ensuring that WHO and partners improve access to malaria case management and preventive chemotherapies to populations at high risk. These include difficult to reach areas, areas with high IPC classification and areas with low vector control coverage.
- WHO is engaging with WFP, UNICEF and other colleagues to be part of the IRRM which will ensure distribution of vital malaria commodities to needed areas. A colleague from the Global Malaria Programme is working with the WCO colleagues to develop an action plan.

### Operational gaps and challenges

- Increasing crime incidents targeting humanitarian workers in the country mainly due to the worsening economic situation.
- The continued economic decline and high cost of living has continued to escalate markedly with inflation reaching 183% in Juba.
- Inadequate funding to support rapid outbreak investigations and response.

### Resource mobilization

- **Financial Information:** The total recorded contributions for WHO emergency operations amounts to US\$ 3.8 million for the financial year 2018 as of 30th April 2018. WHO is grateful for the critical support provided by donors who have contributed to this operation as well as those who have contributed to WHO programmes with un-earmarked and broadly earmarked funds.

### FUNDING STATUS OF APPEALS US\$

	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	US\$ 16.9 million	US\$ 3.8 million	22.5%

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For more information please contact:

#### Mr Evans Liyosi

WHO Country Representative a.i.  
Email: liyosie@who.int  
Mobile: +211 955 037 645

#### Dr Guracha Argata

Emergency Coordinator  
Email: guyoa@who.int  
Mobile: +211 956 268 932

#### Ms Liliane Luwaga

Communications Officer  
Email: luwagal@who.int  
Mobile: +211 954 800 817