



The Work of WHO in South Sudan in 2018

Envisioning a South Sudan where everyone lives a healthy life



**World Health
Organization**
South Sudan

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Foreword

The health gains shown in this report symbolize the incredible courage and resilience of the South Sudanese people and its leaders. They also show the dedication and commitment of WHO's country-based staff as they work to support the health authorities to rebuild the country's health system and to deliver health care to household levels particularly the vulnerable population.

The report outlines the contribution of our staff and their effort to stabilize and rebuild the health system of South Sudan, immunize children, prevent the spread of infectious diseases, respond to health emergencies from disease outbreaks and other causes, address chronic diseases, and prepare for a possible importation of Ebola virus disease. All of this work was done under extremely difficult conditions and with limited resources. Despite the challenge of inaccessibility to communities; our staff members continue to support health workers and community volunteers who trek to hard-to-reach areas so they can provide key health services, including immunization, nutrition, and treatment of diseases.

As you read the report, you will find that we have come a long way. Yet, we acknowledge that we still have a long way to go. Moving forward, we shall continue to transform the organization into an agile, competent and accountable body which will provide timely, cutting-edge and innovative technical support to the country. We remain committed to working alongside the South Sudanese authorities, its people and our partners to meet our vision of a country where everyone lives a healthy life.

We look forward to your collaboration and partnership as we take on the challenges of 2019 and beyond

Thank you



Dr Olushayo Olu
WHO Representative in South Sudan

Acknowledgement

We acknowledge the people of South Sudan for their resilience and the Ministry of Health for its leadership and collaboration, the other Ministries, Departments and Agencies (MDAs) that we closely engage with.

We thank the donor community, non-government organizations (NGOs), civil societies, the United Nations Country Team and Mission in South Sudan who contributed tremendously to our 2018 achievements.

Importantly, we would like to acknowledge the support received from our Regional Office and Headquarters which greatly enhanced our capacity to achieve our objectives.

Together, we are one step closer to fulfilling our vision of “a South Sudan where everyone lives a healthy life” .



List of Acronyms

AFP	Acute flaccid paralysis	MoH	Ministry of Health
AVADAR	Auto-visual acute flaccid paralysis detection and reporting	NAPHS	National Action Plan for Public Health Security
ART	Anti-retroviral therapy	NBTS	National Blood Transfusion Service
BHI	The Boma Health Initiative	NCD	Non-communicable disease
bOPV	Bivalent oral polio vaccine	NGO	Non-governmental organization
BPHNS	Basic Package of Health and Nutrition Services	NHA	National Health Accounts
cVDPV2	Circulating vaccine-derived polio virus type 2	NHSWG	National Health Sector Working Group
DFID	United Kingdom Department for International Development	NTD	Neglected tropical disease
DHIS	District Health Information Software	OCV	Oral cholera vaccine
DRC	Democratic Republic of the Congo	ODK	Open data kit
EML	Essential Medicines List	OPD	Outpatient Department
EVD	Ebola virus disease	OPV	Oral polio vaccine
EWARN	Early Warning Alert and Response Network	PHCC	Primary health care centre
EWARS	Early Warning, Alert and Response System	PHEOC	Public Health Emergency Operations Center
GPEI	Global Polio Eradication Initiative	PIRI	Periodic Intensification of Immunization
HAT	Human African Trypanosomiasis	PLHIV	People Living with HIV
HHRP	Humanitarian Health Response Plan	RMNCAH&N	Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition
HIV	Human Immuno-deficiency Virus	RRT	Rapid response teams
HMIS	Health management information system	SAM	Severe acute malnutrition
HSSP	National Health Sector Strategic Plan	SAM/MC	Severe acute malnutrition with medical complications
iCCM	Integrated community case management	SARA+	Service Availability and Readiness Assessment
IHR	International Health Regulations	SIDA	Swedish International Development Agency
IMS	Incident Management System	SSEML	South Sudan Essential Medicines List
IPC	Infection prevention and control	TB	Tuberculosis
ISS	Integrated supportive supervision	TT	Tetanus toxoid
JEE	Joint external evaluation	TWG	Technical working group
mAECT	Mini Anion Exchange Centrifugation Technique	UHC	Universal Health Coverage
MDA	Mass drug administration	UN	United Nations
MDR TB	Multiple drug resistant TB	USAID	United States Agency for International Development
MDR/RR TB	Multiple drug resistant/rifampicin-resistant TB	WHO	World Health Organization
mhGAP	WHO Mental Health Gap Action Programme	WHO-PEN	WHO Package of Essential Non-communicable Diseases Interventions
mhGAP-HIG	Humanitarian Intervention Guide (mhGAP-HIG)	WPV	Wild polio virus
		WUENIC	WHO-UNICEF Estimate of National Immunization Coverage



Executive Summary

The conflict that has been ongoing in South Sudan since 2013 was still an active threat for most of 2018, affecting the delivery of preventive and curative health services to the population. The health system had been weakened with a breakdown in supply chains, high turn-over and inadequate capacity of the health workforce, threats to the safety of health service providers, and funding gaps. There was continuous population movement either due to forced displacement or in search of safer living conditions within or outside the country. All the while, WHO continued to work alongside the Ministry of Health to ensure access to quality, timely and affordable health care for the people. At the close of the year 2018, relative peace returned, creating an enabling environment for WHO and partners to maximize their support to the Ministry of Health.

Following South Sudan's adoption of WHO's "Treat All" strategy for HIV in 2017, the promise of treatment upon diagnosis encouraged more people to want to know their status, resulting in a 20% increase in 2018 in the number of people diagnosed as having HIV in their blood. WHO continues to work to further increase the number of people testing for HIV. The country's national HIV treatment guideline has been updated in alignment with WHO's global guideline, "Update on Antiretroviral regimens for treating and preventing HIV infection and update on Early Infant Diagnosis of HIV" for implementation in 2019.

South Sudan has continued to detect, notify and treat new and relapsed tuberculosis (TB) cases, identifying more than 10 000 cases, 76% of whom were pulmonary and 12% had TB/HIV co-infection. A 56% coverage of TB treatment was achieved. WHO supported the country to scale up detection and management of multi-drug resistant TB (MDR TB), and the country notified 23 multi-drug resistant and rifampicin-resistant TB (MDR/RR TB) cases, 18 of whom were placed on treatment.

WHO supported the implementation of Periodic Intensification of Immunization (PIRI) in seven states, immunizing 42 709 children with Penta 3 and 52 371 with Measles vaccines. An integrated immunization campaign against meningitis,

measles, polio and tetanus toxoid was conducted in four counties of Greater Upper Nile that had not received immunization services for the past two years. The costed National Immunization Multi-Year Plan for the period 2018–2022 has been developed. WHO will support the country to mobilize resources for immunization using the plan.

The country continues to be polio free with the last case of wild polio virus reported in 2009. In 2018, a total of 448 acute flaccid paralysis (AFP) cases were reported, with a non-polio AFP rate of 5.5/100 000 under 15-year children and stool adequacy rate of 85%. The non-polio AFP rate is above global targets.

Three rounds of polio vaccination campaigns were held in March, April and November of 2018, reaching 77%, 92% and 93% of the targeted under-five children, respectively, with two drops of bivalent oral polio vaccine (bOPV). In anticipation of the Global Polio Eradication Initiative (GPEI) ramp-down, South Sudan has developed a polio transition plan complete with costing and resource mobilization plan.

Despite the challenges faced due to access and insecurity, South Sudan has maintained a good grip on its efforts to eliminate neglected tropical diseases (NTD). Prevention and control work, including establishment of treatment centres, mass drug administration, and training of health workers in diagnostics, was implemented against NTDs such as human African trypanosomiasis (HAT), Kala-azar (visceral leishmaniasis), onchocerciasis and lymphatic filariasis. Mapping to determine endemicity of schistosomiasis and soil-transmitted helminths was also conducted in 22 counties.

To support South Sudan in its efforts to address non-communicable diseases, WHO provided technical guidance for adaptation of the WHO Package of Essential Non-communicable Diseases Intervention (WHO-PEN) guideline. The organization also supported the revision of the essential drugs list to include medicines for hypertension and diabetes at primary health care level.

South Sudan has a huge mental health burden but limited capacity for mental health services. The country has only three practicing psychiatrists for a population of 12 million, and 12 beds for mental health located in the national referral hospital. Work is underway to address this huge gap, including expanding mental health to 14 primary health care centres (PHCCs) and general hospitals throughout the country where patient assessment, follow-up, psycho-education and basic care is ongoing.

Most of the activities of WHO'S Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH&N) programme focused on building national and sub-national capacity for RMNCAH&N through training, supportive supervision, technical support and the development and adaptation of guidelines aiming to improve access and quality of care.

A strong health system is the backbone of any health intervention in a country, including prevention and treatment of diseases, immunization campaigns and response to health emergencies. WHO engaged with the South Sudan health authorities to build staff capacity, improve documentation and reporting systems, avail and adapt guidelines and templates and also support with the provision of essential equipment and supplies aiming to rebuild and strengthen South Sudan's health system.

Availability of safe blood is key to providing optimum health care and saving lives, especially in maternal and other emergencies requiring surgical intervention or blood transfusion. In 2018, the National Blood Transfusion Services (NBTS) programme expanded to three more centres in Torit, Yambio and Rumbek aiming to achieve universal access to safe blood transfusion. A commendable increase in voluntary blood donations was also recorded in the same year.

In 2018, WHO supported the South Sudan authorities to improve preparedness and response to public health emergencies, build and strengthen capacity for emergency preparedness and response, and strengthen health emergencies information and risk assessment. The organization also continued to lead Health Cluster coordination.



The Health Situation in South Sudan

South Sudan gained independence in July 2011, becoming the 193rd country recognized by the United Nations (UN), and the 54th UN member state of Africa. The country is administratively divided into states, counties, payams and bomas. The country has an estimated population of about 12.3 million with an annual growth rate of 3% ¹.

Despite the toll of the protracted crisis the health system still manages to provide essential primary health services with the limited human, material and financial resources available.

The country is also working hard in advancing universal health coverage, within the context of the Boma Health Initiative (BHI) and making concrete and tangible results of improvement in the health of the people by increasing health workforce, leveraging partnership with international partners, accelerating efforts towards attainment of universal health coverage, promoting health and addressing health emergencies.

However, South Sudan has one of the highest rates of maternal mortality globally. The estimated maternal mortality ratio of South Sudan stands at 730:100 000 live births, infant mortality rate is 84:10 000 live births, and child mortality rate is 104:1000 children.

Approximately 4 million people have been forced to flee their homes since the conflict began, including nearly 1.9 million internally displaced and about 2.1 million refugees in neighbouring countries. The limited access to health services related to this situation renders the population vulnerable to disease outbreaks.

Because of the ongoing crises, UN agencies and NGOs provide direct support to the health service delivery of the South Sudan health system under the leadership of the Ministry of Health. At the moment, implementation is being carried out through a common pooled fund (Health Pool Fund) with funding from DFID, USAID, SIDA

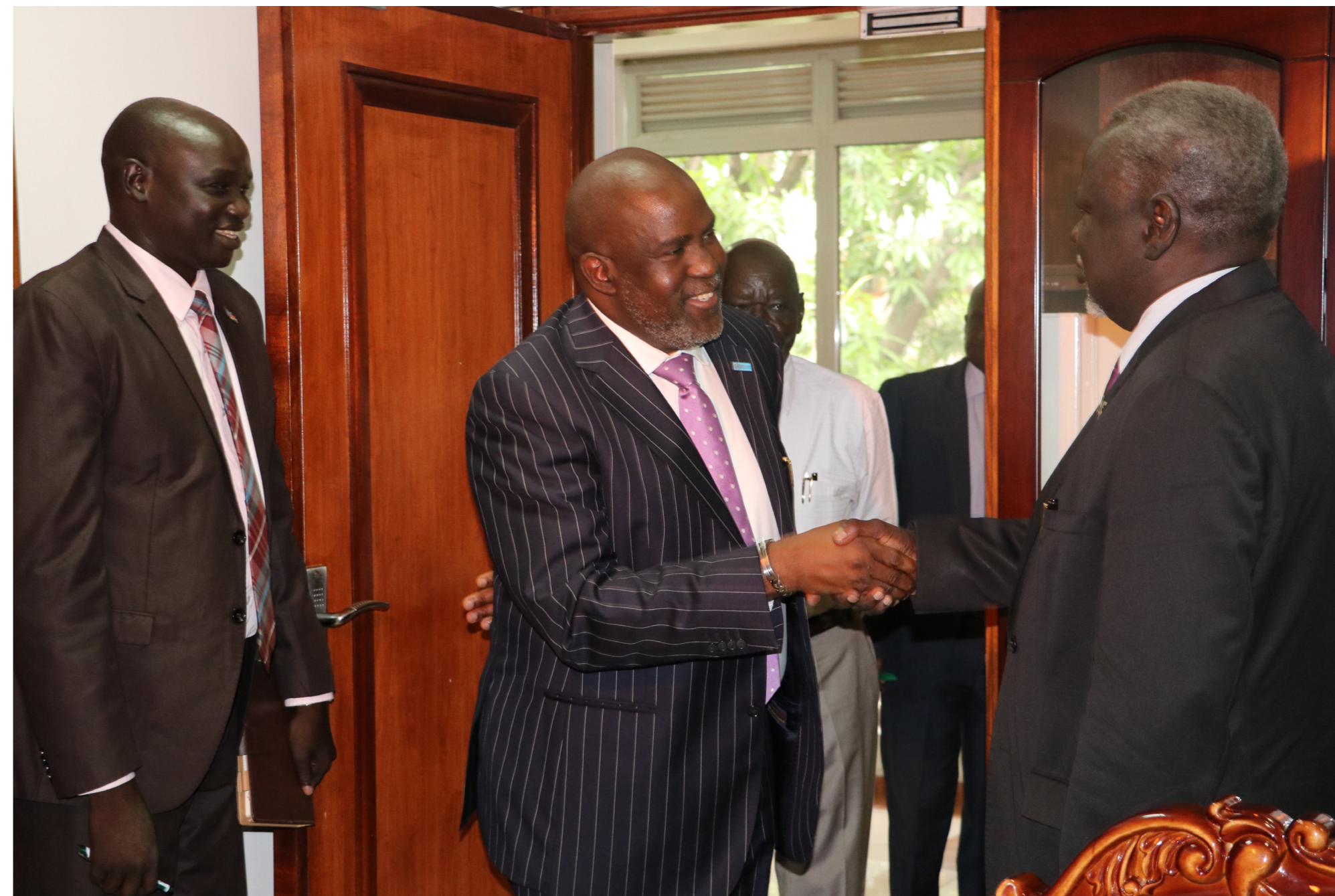
1. South Sudan Population Census in 2018 by the National Bureau of Statistics, 2018.

and Canada targeting eight of the former ten states; the remaining two former states are supported by the World Bank (discussions are underway to have UNICEF as fund manager for the Bank).

Communicable diseases remain a major public health problem and are the leading causes of death. Malaria, diarrhea and pneumonia constitute about 77% of the total outpatient department (OPD) diagnosis for children under five. Other causes of morbidity and mortality include maternal deaths; severe acute malnutrition; TB/HIV and HIV/AIDS. HIV/AIDS prevalence is estimated at 2.6%, and hence classified as a generalized epidemic.

South Sudan is one of the five priority countries in Africa with a high burden of non-communicable diseases (NTDs). Schistosomiasis is endemic in 75% of the 79 former counties, soil-transmitted helminths in 67%, and lymphatic filariasis in 58%. Guinea-worm disease continues to pose a health challenge with 10 cases recorded in 2018 from three former Lake and Warrap states. Visceral leishmaniasis is also highly endemic in 35% of the former 79 counties, and trypanosomiasis, onchocerciasis and trachoma as well remain a problem.

Non-communicable diseases (NCDs) are also on the rise, especially cardiovascular disease and diabetes among the affluent. Road traffic accidents are significant, while mental disorders are also prevalent, given the vulnerability to post-traumatic stress disorders after the prolonged conflict in the country. Institutionalizing mechanisms such as the International Health Regulations (IHR), tobacco-free initiative and non-communicable diseases control to promote the global health agenda are at preliminary stages.



WHO Strategic Priorities and Objectives for 2018

WHO works with the South Sudan Ministry of Health to address the country's health needs and ensure that everyone in South Sudan enjoys a healthy life. To achieve this, it plays its normative role by providing guidelines and supporting the Ministry of Health to adapt and integrate the guidelines in its service delivery. It also provides technical support at all levels of the Ministry aiming to strengthen and build the Ministry of Health's capacity to achieve its health protection and services provision agenda.

Specifically, in 2018 WHO aimed to:

- Contribute to the reduction of maternal, newborn and child morbidity and mortality.
- Strengthen national capacity for the prevention and control of communicable diseases, non-communicable diseases and neglected tropical diseases.
- Strengthen national and sub national capacity for health emergency-risk management that integrates prevention, emergency-risk reduction, preparedness, surveillance, response and recovery.
- Assist the Ministry of Health in addressing environmental and social determinants of health.

To achieve these strategic priorities, WHO set out to provide technical support for the development and implementation of policies, strategies and plans for integrated maternal, newborn, and child health. It also purposed to support the Ministry of Health to improve the accessibility and availability of health services for communicable and non-communicable diseases, as well as integrated maternal, newborn and child health services, including emergency obstetric and newborn care at all levels of the health system.

WHO also purposed to build the capacity of the Ministry of Health, at all levels, through training, and technical and material support.

Looking Back: Our Key Achievements and Successes in 2018

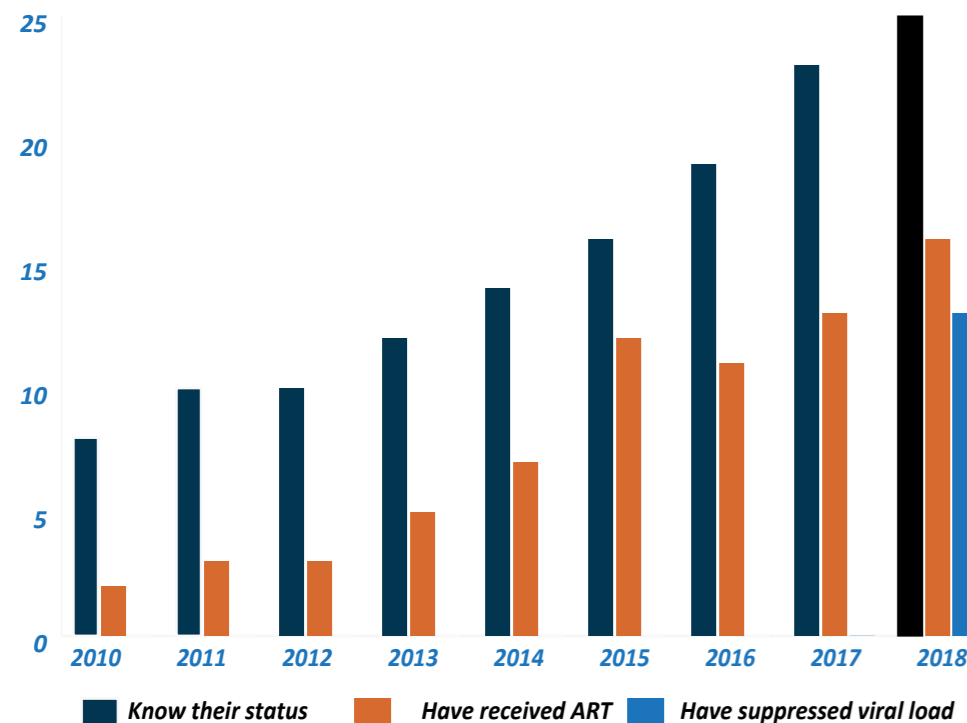


Communicable and Non-Communicable Diseases

HIV

In 2018, the number of people identified as HIV positive increased by 20% from the previous year. Access to treatment also expanded from 56 to 76 health facilities. The number of patients accessing ART has risen from about 24 000 at the end of 2017 to over 31 000 at the end of 2018.

South Sudan adopted the WHO "Treat All" policy in 2017. The policy was implemented country-wide in 2018, removing all limitations on eligibility for anti-retroviral therapy (ART) for people living with HIV. Viral load monitoring was scaled up, with results indicating 80% of PLHIV on treatment virally suppressed. WHO supported capacity building through trainings and mentorship to implement and monitor progress.



PLHIV that know their status, are on ART and have suppressed viral load.

Tuberculosis

In 2018, South Sudan detected, notified and treated 10 409 new and relapsed TB cases, 76% of which were pulmonary TB. In the same year, 76% of TB/HIV co-infected patients were initiated on anti-retroviral therapy.

WHO supported South Sudan to scale up detection and management of multi-drug resistant TB (MDR TB), and the country has placed 18 of the 23 multi-drug- and rifampicin-resistant TB (MDR/RR TB) cases on treatment. An MDR TB implementation plan for 2019 developed with WHO support is under implementation.

Immunization

The 2018 WHO-UNICEF Estimate of National Immunization Coverage (WUENIC) for Penta3 was 49%. The reported administrative coverage for Penta3 was 56%, 18% of which was the result of the WHO supported Periodic Intensification of Immunization (PIRI). The PIRI strategy addresses short term coverage gaps and helps reach populations frequently on the move as well as unimmunized populations in hard-to-reach areas.

In addition, an integrated immunization campaign was conducted with the support of WHO together with other immunization partners in four counties of Greater Upper Nile that had not received immunization services for the past two years. A total of 81 697 persons were immunized against meningitis, 34 103 children received measles vaccine, 47 531 children received oral polio vaccine and 37 321 received tetanus toxoid (TT) vaccine during the campaign representing coverages of 35%, 56%, 71% and 46%, respectively.

81 697 (35%) persons were vaccinated against meningitis
34 103 (56%) children received measles vaccine
47 531 (71%) children received oral polio vaccine
37 321 (46%) received tetanus toxoid (TT) vaccine

Polio

The country continues to be on track for polio certification, with its last case of wild polio virus and circulating vaccine-derived polio virus having dates of onset on 27 June 2009 and 19 September 2014, respectively.

A total of 448 cases of AFP were reported in 2018. With a non-polio AFP rate of 5.5/100 000 in under-15-year children and stool adequacy rate of 85%, the NP AFP rate is above the global targets.

In order to be able to promptly detect and interrupt the polio virus transmission, mobile technological innovations continue to be utilized and scaled up that includes the AVADAR: Auto-Visual AFP Detection and Reporting system, ISS: Integrated Supportive Supervision and e-Surve: Electronic Surveillance. (See details on page 38).

In improving herd immunity, apart from the routine immunization, one round of a national polio campaign as well as two rounds of subnational polio campaigns were conducted based on the polio risk assessment results. A total of 1 390 800 (77%), 3 224 685 (92%) and 1 594 361 (93%) under-5 children received two drops of bivalent oral polio vaccine (bOPV) through three rounds of polio vaccination campaigns conducted in March, April and November of 2018, respectively.

In line with WHO's role of providing technical guidelines, a national guideline for acute flaccid paralysis (AFP) was finalized and endorsed by the MoH. This, together with a revised polio campaign field guide, will guide how partners and MoH colleagues work in the field.

Finally, as the GPEI ramps down, the country has developed a polio transition plan that identifies best practices of the program along with the polio assets and how such can be used to benefit other health programs in the future.

Summary performance indicators and achievements as of December 2018.

S/N	Description of Indicator	Target	Achievement
1.	Annualized non-polio AFP rate per 100,000 children under 15 years of age	>2/100,000	5.5
2.	Percent of AFP cases with two adequate stool specimens collected 24-48 hours apart and <14 days of onset	>80%	85%
3.	Non Polio Enterovirus detection rate	10%	12%
Other Indicators			
4.	Number of Supplementary Immunization Activities conducted	3	3
5.	Number of Health Workers/Volunteers Trained on Immunization Activities	10,000	18,000
6.	Number of ISS visits made by field officers to Health facilities	7000	6616
7.	Number of environment samples collected	96	92



Neglected Tropical Diseases (NTD)

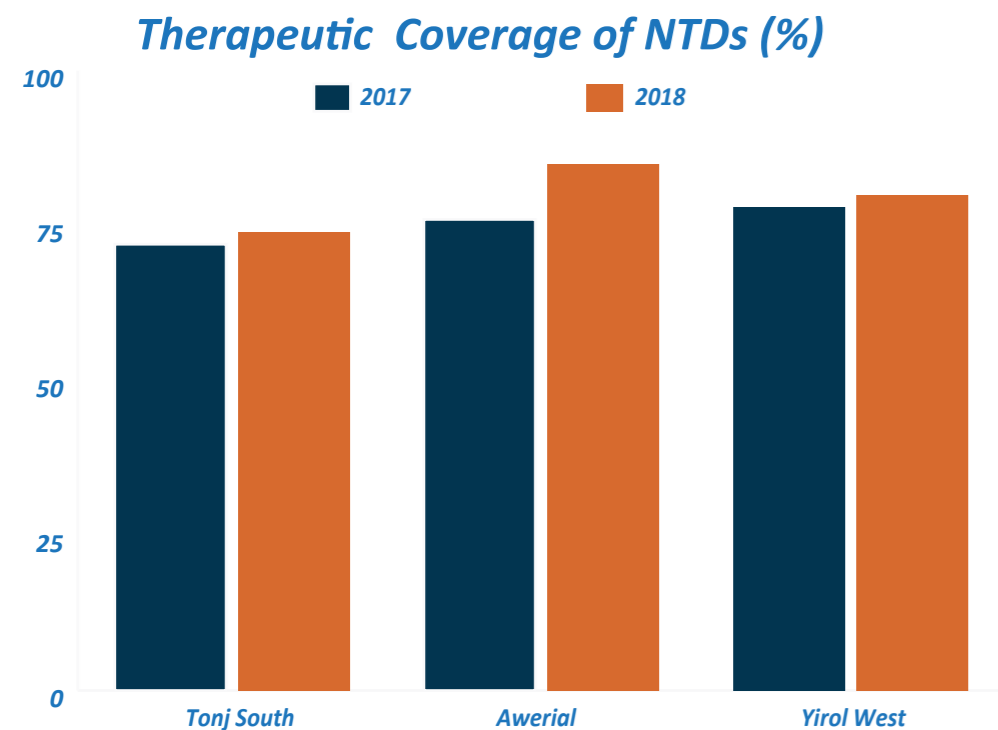
In 2018, two human African trypanosomiasis (HAT) treatment centres were established, raising the number of treatment centres to six. Ten cases were treated in four of these centres.

To build the capacity of the Ministry of Health in the diagnostics and treatment of HAT, 24 health workers were trained on the WHO-recommended HAT diagnostic techniques with WHO technical support. The WHO-recommended HAT diagnostic techniques have been included in the National HAT guidelines and adapted.

In 2018, 2 133 kala-azar cases were treated in 26 health facilities across areas endemic to the disease. The World Health Organization supported the review of the Kala azar national diagnosis and treatment guideline to include Kala azar reporting in the District Health Information Software (DHIS2).

In line with the WHO elimination target for NTDs by 2020, mass drug administration (MDA) against lymphatic filariasis (LF) and onchocerciasis was conducted for eligible people in Awerial, Tonj East and Yirol West with over 65% treatment coverage target for LF and 80% for onchocerciasis.

WHO also supported mapping of schistosomiasis and soil-transmitted helminthiasis in 22 counties of the country. The mapping will help classify a county as either “endemic” and requiring MDA, or “non endemic” and not requiring MDA.



Non-Communicable Diseases (NCDs)

WHO estimates that in 2016, non-communicable diseases (NCDs) accounted for 27% of all deaths in South Sudan. Ten per cent of these deaths were due to cardiovascular diseases, 7% due to cancers, 2% due to chronic respiratory diseases, 1% from diabetes and 7% caused by other NCDs. WHO estimates for 2018 show that the five leading cancers in South Sudan were: breast (15%), cervical (11.7%), prostate (7.6%), esophageal (5.6%) and colorectal (5.4%), respectively. NCD risk factors are on the rise in the country driven by forces that include rapid unplanned urbanization and globalization of unhealthy lifestyles.

In order to improve service delivery for especially the four main NCDs cardiovascular disease, diabetes, chronic lung disease and cervical and breast cancers, WHO supported the Ministry of Health to integrate the management of these conditions into primary health care. Specific actions to support the Ministry of Health included the following:

- Adapted the WHO Package of Essential Non-communicable Disease Guideline (WHO-PEN) for use in South Sudan;
- Revised the Essential Medicines List (EML) for South Sudan to include medicines for diabetes, hypertension, asthma and mental health disorders at the Primary Health Care level;
- Provided technical input to review the Health Information Management System (HMIS) tools that up till 2018 only captured communicable diseases and maternal child health conditions.

These actions will contribute to an integrated and sustainable primary health care that delivers essential services, including NCDs. They will also contribute to monitoring disease trends to inform evidence-based policy options.

Mental Health

South Sudan has one of the largest mental health gaps in the world (1). In part, the mental health problem is fueled by the decades of conflict witnessed in the country. The World Health Organization (WHO) estimates that during humanitarian emergencies, rates of mental health disorders can increase up to 4% of the population for severe conditions and to up to 20% for mild to moderate disorders requiring care and support.

In order to narrow the mental health treatment gap, WHO supported the integration of management of common mental health disorders at primary health care level. During the year, WHO supported the Ministry of Health through:

- Adaptation of the WHO Mental Health GAP Humanitarian Intervention Guide (mhGAP-HIG) to the South Sudanese context;
- Training of 32 doctors, clinical officers, nurses and counsellors on the use of this guideline;
- Provision of patient assessment tools and follow up cards.

The trained health workers are now engaged in assessment, management and follow-up of patients presenting with common mental health disorders in 14 health facilities located in five states, namely, Jubek, Torit, Yei River, Wau and Eastern Upper Nile.





Promoting Health through the life-course

Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition

In collaboration with the Ministry of Health (MoH) and partners, WHO supported training of 215 facility- and community-based health care workers to deliver integrated community case management (iCCM) in northern Bahr El Ghazal State. The trained community health workers provided preventive and curative health service to approximately 17 000 under-five children in 2018.

WHO supported the development and validation of the Reproductive Health, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH&N) Strategy 2019-2023 for South Sudan which is being used to guide and inform the delivery of RMNCAH&N interventions in the country.

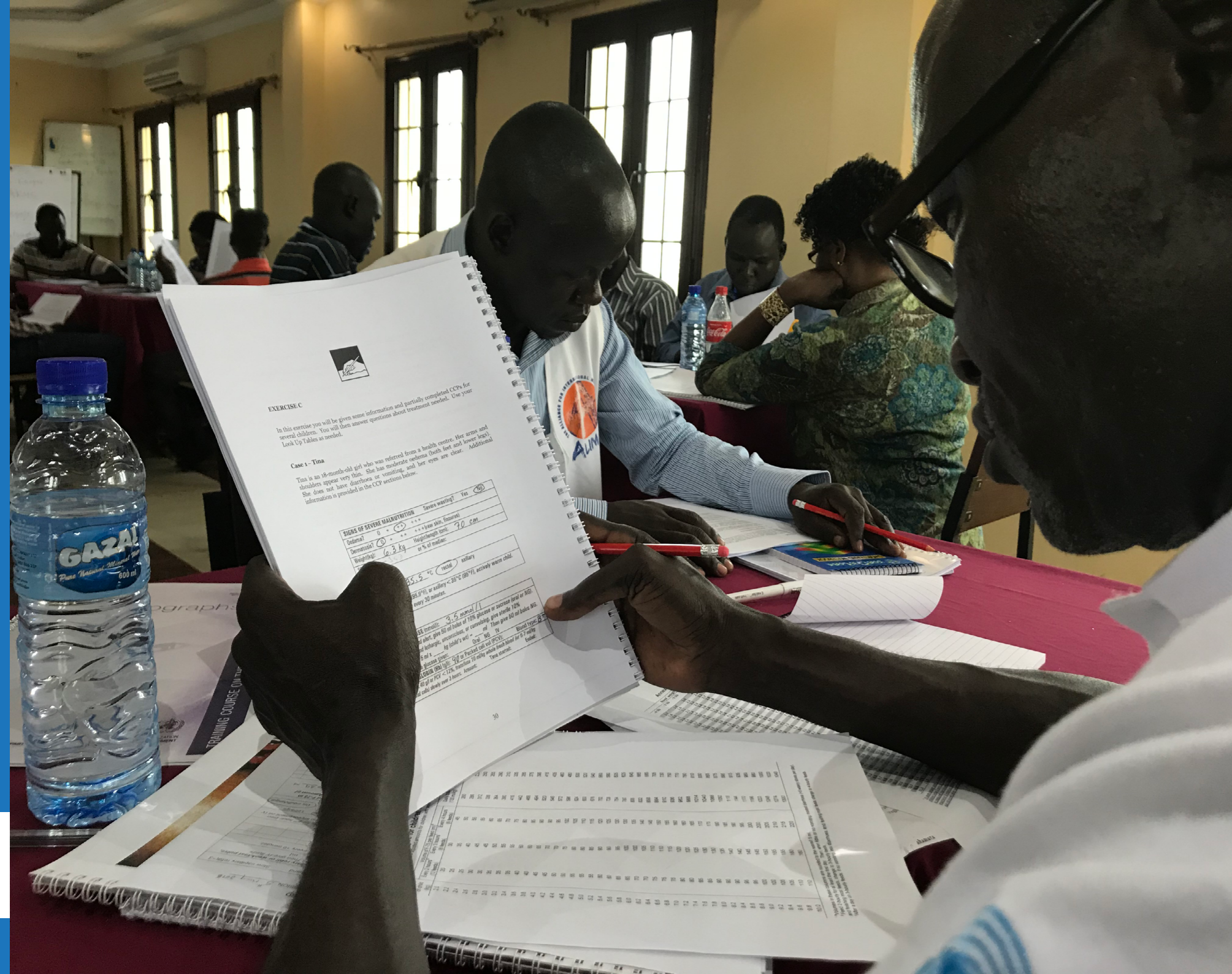


215 facility- and community-based health care workers trained to deliver integrated community case management (iCCM) in northern Bahr El Ghazal State.



The trained community health workers provided preventive and curative health service to approximately **17 000** under-five children in 2018.





Health Systems Strengthening

WHO provided targeted technical support to the Ministry of Health and partners towards strengthening South Sudan’s health system. It also engaged in direct implementation of service delivery as required. As the health system strengthened and service delivery and reach improved, utilization of outpatient department (OPD) services rate per capita per year increased to 1.2 per capita in 2018 from the previous year’s 0.6. The percentage of pregnant women making at least four visits to health facilities for antenatal care increased to about 20% in 2018 from 17% the previous year. Skilled birth attendance also registered an increase from 11.5% to 12.6%.

Together with partners, WHO supported the Ministry of Health in the development of the costed National Health Sector Strategic Plan (HSSP) 2017–2022. The HSSP will contribute to improving essential health services coverage, financial risk protection and health equity towards Universal Health Services (UHC). HSSP 2017–2022 is the first HSSP for the National Health Policy 2016–2026 and defines the five-year medium-term health sector strategic priorities along with clearly established resource needs and resource allocation priorities.

WHO has continued to support the roll out of the MoH flagship community health programme, the Boma Health Initiative (BHI). So far the BHI has been rolled out to eight of 80 counties. A BHI technical working group (TWG), of which WHO is a member, has been established to oversee and streamline coordination of the programme. A resource mapping tool for BHI has also been developed and shared with partners for completion. The BHI provides an integrated package of health promotion and disease prevention interventions, including outreach services for immunization, treatment and referral to health facilities, and will support community health management information system (HMIS), including surveillance and vital statistics.

South Sudan revised its Essential Medicines List (EML) in close consultation with WHO. The revised South Sudan Essential Medicines List 2018 will guide, inform and facilitate procurement, distribution and use of selected medicines and commodities in health facilities and the community. This is part of the effort to improve availability, access to and proper use of essential medicines within the health care system in public and private facilities.

WHO provided technical guidance and leadership through the lead consultant under EU-LUX WHO partnership for UHC to review the Basic Package of Health and Nutrition Services (BPHNS). The Basic Package of Health and Nutrition Services that was in effect since 2011 was revised in 2018 to reflect changing country context, disease burden, new policies and strategic shifts. The revised document defined a set of high impact interventions at all levels of the health system (Boma, PHCU, PHCC, Hospitals) in South Sudan. The implementation of BPHNS 2018 will contribute to better essential health services coverage, improved financial risk protection, and health equity. The final draft is expected to be endorsed and rolled out for dissemination and use in 2019.

WHO provided technical, financial and logistical support to the MoH and partners to conduct the first-ever health-facility assessment using the Service Availability and Readiness Assessment (SARA+) methodology. The survey targeted all the health facilities in the country and covered four key areas: the SARA core modules, cold chain inventory, quality of care and data quality review. The SARA+ report, which is expected to be released in the second quarter of 2019, will provide baseline information on the availability of health services in health facilities, and the facilities’ capacity to provide these services. The SARA information is being used for health decision making, planning, resource allocation, supervision, monitoring and evaluation.

WHO provided the tools and technical support to the Ministry of Health and partners to conduct the first-ever National Health Accounts (NHA) in South Sudan. The preliminary findings of the NHA for FY 2016/2017 have been presented to stakeholders for validation. The final report will be published and disseminated in mid-2019. This is a key milestone for the health sector and the findings will be used for advocacy, resource mobilization, policy dialogue, development of strategies and plans, and evidence-based decision making.

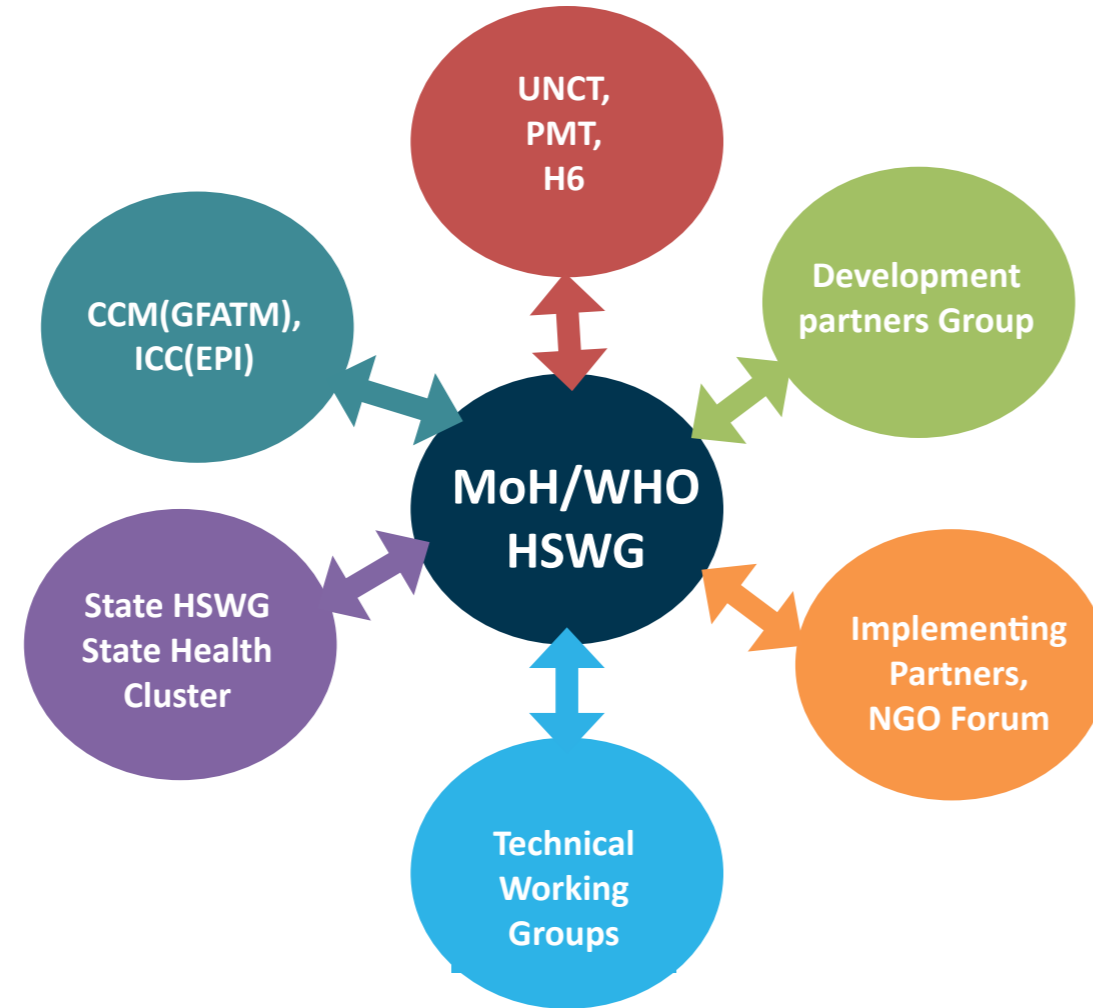
It is expected that South Sudan will institutionalize the NHA and continue to produce it annually. Annual and timely collection of health expenditure data will help track the country’s resources for health. This will enable the government to modify/adapt its financing strategies and systems to accelerate action towards universal health coverage (UHC), focusing on the poor and vulnerable.

WHO and other partners continue to work with the South Sudan health authorities to revitalize and operationalize coordination platforms and functions at national and sub-national levels. These platforms aim to support the Ministry of Health in its leadership and stewardship of the country's health services delivery and health system in general.

The National Health Sector Working Group (NHSWG), co-chaired by the WHO Representative and the Ministry of Health Under-Secretary, provides oversight, high-level strategic direction and guidance to Health Sector for Development and Humanitarian Programming. WHO provided technical guidance and supported the reactivation of the HSWG and revision of TORs and their deliverables as well as the convening and co-chairing of the platform.

The Health Partnership, H6, a coordination platform for five UN agencies (WHO, UNICEF, UNFPA, UNAIDS, UNWOMEN) and the World Bank, has continued to actively support Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH & N) and other health programming in South Sudan. The H6 has a technical working group bringing together experts from the six partnering agencies, and is led by the heads of these agencies.

H6 played a key role in the development and costing of the country's RMNCAH&N Strategy (2018-22), and also supported the roll-out of the Boma Health Initiative (BHI) implementation strategy. WHO convened the H6 partners and supported the H6's functions in 2018, which led to some of the achievements mentioned in this report.



Overview of the technical coordination platforms for South Sudan

Blood Safety

In 2018 a total of 6 533 units of blood were collected from both voluntary and family replacement across the five centres in the country. These donated units were made available to patients who needed blood transfusion, saving lives. With funding from the Japanese government, WHO provided targeted technical support and assistance to MoH and partners including direct implementation to expand the National Blood Transfusion Services (NBTS) programme.

The National Blood Transfusion Services (NBTS) programme expanded to three more centres in Torit, Yambio and Rumbek in 2018, aiming to achieve universal access to safe blood transfusion. In Juba alone, the number of voluntary, unpaid donations has risen from just 65 in 2013 to 1 754 in 2018. The proportion of South Sudanese blood donors has increased from 23% in 2015 to 35% in 2018.

6 533 units of blood collected in 2018
 of which
1 754 voluntary, unpaid donations
 Up from **23%** in 2015 to **35%**

“Whilst during the crisis in December 2013 South Sudan had to get 90 units of blood from Nairobi Kenya, South Sudan is now able to cope from its own local donations of blood.”

Honorable Minister of Health, Dr Riek Gai Kok, on World Blood Donor Day 2018





WHO Health Emergencies Programme

Country Preparedness and International Health Regulations (IHR)

Enhancing preparedness and readiness

In the framework of International Health Regulations (IHR 2005), the country conducted Joint External Evaluation (JEE) and has embarked on annual reporting on achievements in the IHR core capacities. An improvement has been registered in some of the core capacities such as emergency health operations, points of entry, risk communication and laboratory.

As a follow up to the JEE recommendations, the first national Public Health Emergency Operations Center (PHEOC) was officially launched by the Vice President of South Sudan Dr James Wani Igga and the WHO Regional Director for Africa, Dr Matshidiso Moeti. The PHEOC is now playing a critical role in coordinating all hazard preparedness as well as actively monitoring risks across the country. The PHEOC hosts the Toll free emergency hotline (6666) and has greatly improved detection, investigation, confirmation and response to outbreaks.

Ebola preparedness

Together with the MoH, WHO is leading the Ebola virus disease (EVD) preparedness activities that have been in place since the outbreak was declared in neighbouring the Democratic Republic of the Congo (DRC) in August 2018. All the EVD preparedness activities have been coordinated from the PHEOC which acts as a central information hub for partners working on the preparedness.

WHO also coordinated high-level advocacy meetings in high risk areas to raise awareness and support the EVD preparedness activities. In addition, the organization established four coordination offices to strengthen the EVD preparedness activities in Juba, Yei, Nimule, Yambio and Maridi.

WHO deployed 25 (8 national and 17 international) professionals with different expertise at national and state levels to support the EVD preparedness activities in high risk locations. The experts provided support in the areas of coordination,

surveillance and laboratory, case management and infection prevention and control, risk communication and community engagement, vaccine and therapeutic as well as operation and logistics support.

A 24-bed multi-purpose infectious diseases unit was constructed in Juba as part of the EVD national emergency preparedness and response efforts. This multipurpose unit was established to support the safe isolation and treat patients with highly infectious diseases including those with suspected EVD. The facility also has the capacity to train and simulate outbreaks of infectious diseases.

Out of the total 948 528 incoming travelers screened in South Sudan in 2018, 701 910 (74%) were screened at the five points of entry supported by WHO.

A total of 128 Rapid response teams (RRTs), were trained and deployed to various locations to investigate and respond to disease outbreaks and other emergencies, including Ebola. In 2018, the RRT's investigated 12 out of the 24 alerts that met the case definition of EVD and were investigated and found to be negative.

In collaboration with the MoH and UNICEF, WHO produced and disseminated posters, information leaflets, banners and radio jingles in 11 languages. The jingles are currently being aired daily in 24 radio stations to sensitize the public on EVD prevention and control measures.



Out of the **948 528** incoming travelers screened for Ebola at border points

701 910 (74%) screened at WHO-supported entry points

Fifteen viral hemorrhagic fever (VHF) kits, including personal protective equipment (PPE) kits were procured to support EVD training and investigations. An additional six VHF kits were procured and prepositioned to enhance the preparedness activities for medical and non-medical staff in high risk areas.

As part of the pre-Ebola vaccination activities, WHO established cold chain equipment and logistics management, trained 60 health workers on good clinical practices, and mapped frontline health workers from prioritized health facilities from high risk areas.

WHO trained a 60-member safe and dignified burial team in Juba and Yei comprising public health officers, staff of local and international partners, local chiefs, community heads and volunteers on Ebola infection prevention and control, WASH and safe and dignified burials. The team in Yei effectively responded to the first suspected EVD case within 24 hours. The suspect case was later cleared as negative for EVD.

Support to strengthen laboratory capacity

GeneXpert lab testing capacity for Zaire Ebola virus was developed for the country with referral linkage to Uganda Viral Research Institute (UVRI) for confirmation.

WHO trained 20 medical laboratory staff to safely manage infectious specimens, enabling the country to test for Zaire strain of Ebola virus using GeneXpert at the National Public Health Laboratory. This has reduced turn-around time for laboratory testing for the virus, improving South Sudan's preparedness for the disease.

The organization procured and distributed 80 cholera and meningitis laboratory investigation kits to test 8 000 cases, improving national capacity to test and treat these diseases in time.

Integrated disease surveillance and response (IDSR)

To improve the timeliness and completeness of IDSR reports, 44 trainers from 10 state hubs were trained on Early Warning, Alert and Response System (EWARS) to allow real-time reporting of alerts and sharing of other disease surveillance data for an informed decision making. In addition, about 21 500 integrated disease surveillance and response (IDSR) tools (case-based, weekly surveillance notification forms) were delivered to health facilities to support disease surveillance.

In the relatively stable areas where the IDSR network is functional, the average timeliness by the end of 2018 was 67% as compared to 63% by the end of the previous year; and the average completeness rate was 82% in 2018 as compared to 72% in 2017, indicating an increase in timeliness and completeness of reporting from the health facilities and hence better capacity for timely detection of and response to disease outbreaks and emergencies. On the other hand, the average completeness in reporting in the states of Unity, Upper Nile, Jonglei and other selected states hosting internally displaced people as 65% in 2018 as compared to 72.2% for the corresponding period of 2017.

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A total of 777 outbreak alerts were detected and reported through the national disease surveillance system, of which 24.8% were due to bloody diarrhea, 21.3% suspected measles, 19.7% acute watery diarrhea, 20.3% malaria, 3.3% suspected Guinea worm, and 2.8% acute flaccid paralysis. The counties reporting the highest number of alerts included Juba, Wau, Rubkona, Malakal, Yirol West, Torit, Ezo, Duk, Ayod, Bor, Fashoda and Melut.

Support to delivery of emergency healthcare services

WHO delivered 642 interagency emergency health kits (IEHK) and the above-mentioned 80 cholera and meningitis investigation kits in conflict-affected and vulnerable states. The kits assisted in providing over two million curative consultations.

Mobile emergency medical teams were deployed to investigate and respond to alerts and disease outbreaks, reaching over 100 000 people in need in eight locations. The teams undertook 14 missions responding to alerts of outbreaks or suspected outbreaks of measles, Rift Valley fever, food poisoning, preparedness for cholera and Ebola virus disease, upsurge of malaria cases, and preventive vaccination campaigns.

Cholera preparedness

A total of 1 257 257 persons aged one year and older in cholera transmission hotspots were reached with oral cholera vaccines (OCV) in a two-round vaccination campaign.

Following the integrated response that included complementary use of oral cholera vaccines, no cholera cases have been reported in South Sudan in 2018, with the last case reported in mid-December 2017 in Juba.



2 million consultations



1.3 million persons aged one year and older in cholera transmission hotspots were reached with oral cholera vaccines (OCV) in a two-round vaccination campaign



Delivered 642 interagency emergency health kits (IEHK)



Delivered 80 cholera and meningitis investigation kits in conflict-affected and vulnerable states



777 outbreak alerts were detected and reported through the national disease surveillance system



Mobile emergency medical teams undertook 14 missions reaching over 100 000 people in need in eight locations.





Malnutrition

WHO provided technical and financial support to the MoH to publish and roll out the National Guidelines and Training Package on Inpatient Management of Severe Acute Malnutrition with medical complications. As part of the roll-out, 166 doctors, nurses and nutritionists working in stabilization centres throughout the country were trained through a newly created pool of 20 master trainers.

WHO trained 52 health workers from Unity, Jonglei, Western Bahr El Ghazal and Warrap States on inpatient management of severe acute malnutrition with medical complications (SAM/MC). The health workers provided treatment in stabilization centres and hospitals to about 300 under-five children with SAM/MC.

WHO also supported the MoH and other partners to revise the contents of the Child Health and Nutrition course outlines in the country's curriculum. The revision will contribute to holistic competency-based pre-service training of doctors, nurses, midwives and clinical officers to improve the quality of care for severe malnutrition in the country.

Over 75 000 children were screened for acute malnutrition at the 30 nutrition surveillance sentinel sites established in hunger hotspots with WHO's support.

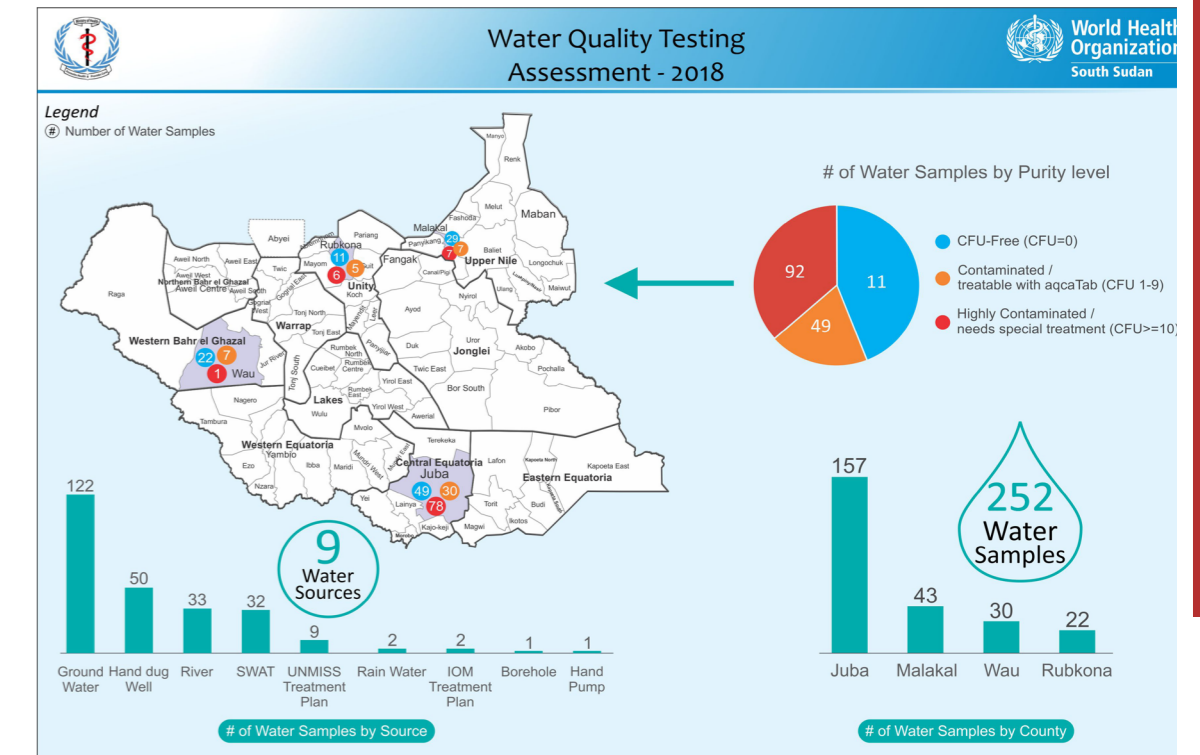
More than 32 000 children were treated using 63 severe acute malnutrition (SAM) kits provided by WHO, and close to 40% of all children suffering from SAM/MC were treated in WHO-supported stabilization centres.

Water, hygiene and sanitation (WASH)

In 2018, WHO supported 15 health facilities to address key gaps and improve sanitation and hygiene using the WHO African Region's tool for improvement of WASH for health facilities.

Staff of WASH and Health Cluster partners, 104 in number, were trained on water quality control, WASH in health facilities, infection prevention and control and health care waste management. The training will help to prevent the risks of health care acquired infection among health care facility staff, patients, caregivers and the wider community and improves quality at the point of health service delivery.

A total of 125 water samples were tested in the Water Quality Laboratory that was established by WHO in 2017 within the National Public Health Laboratory.





Health Cluster Coordination

Under the leadership of WHO, the Health Cluster analyzed a country-wide humanitarian health needs overview and formulated a one-year Humanitarian Health Response Plan (HHRP) for 2018.

Four enablers were formulated to support the implementation of the HHRP. These were clinical packages, partnership and coordination, monitoring and evaluation, response strategies and achievements of the HHRP.

Clinical Packages

A projected set of emergency clinical packages to support the seven health administrative levels were implemented country-wide according to health needs, partner presence and emergency response coverage. The packages included: community health package, integrated community health management, rapid response mechanism, mobile teams, primary healthcare unit, primary healthcare centre, and county hospital.

Partnership and Coordination

WHO convened over 100 partner coordination meetings that brought together emergency responders comprising international and national NGOs and health cluster observer groups at national and sub-national levels.

In tandem with the Universal Health Care parameters and the practical implementation of the Humanitarian Development Peace Nexus, while 43 emergency responders were reflected on the HHRP, partnerships were extended to development partners, and coordination meetings were attended by major health stakeholders in excess of 100 individuals representing related cross-cutting health interests. Likewise, the Health Cluster Strategic Advisory Group also had representatives from development partners.

Resource Mobilization

In 2018, the Health Cluster mobilized USD 38.3 million representing 29.4% of the USD 130 million required for the year with the support of WHO.

Response strategies and achievements of the HHRP

The Health Cluster reached 107% of the targeted people in 2018 through 2.3 million consultations.

Health information management, surveillance and risk assessment

WHO implemented and shared health service functionality and third-party monitoring to provide essential information on service availability and functionality in health facilities for an informed decision making .

A total of 120 maps, 500 infographics, 52 weekly IDSR bulletins 52 weekly humanitarian situation updates and 12 Health Cluster bulletins have been produced and disseminated to inform emergency response operations in South Sudan.

WHO provided support to the Ministry of Health in the roll out of a robust health information system (District Health Information System (DHIS 2)) as part of a 'one health information system' approach, and trained health workers from 62 counties on DHIS 2. The counties will roll out DHIS 2 in 2019.

WHO also supported MoH to conduct six monitoring and evaluation technical working group forums to monitor health sector performance against the set targets.





Partnerships and Communication

Partnerships

The WHO South Sudan Country Office engages with a number of partners to collaborate towards a common goal, capitalize on each other's strengths, avoid duplication of efforts and mobilize resources.

These partnerships ranged from the Ministry of Health as key government partner, and other government sectors, to sister United Nations agencies in South Sudan, donor governments, embassies, bilateral and inter-governmental organizations, non-governmental organizations (NGOs), civil societies, and communities and their local leaders.

In the course of its programme implementation in 2018, the Country Office partnered with a number of key donors and partners, including, but not limited to: the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); President's Emergency Plan for AIDS Relief (PEPFAR); Centers for Disease Control and Prevention (CDC); United States Agency for International Development (USAID); the UK Department for International Development (DFID); GAVI, the Vaccine Alliance; National Philanthropic Trust (NPT); the Bill and Melinda Gates Foundation (BMGF); Rotary International; the South Sudan Mental Health and Psychosocial Technical Working Group (MHPSS-TWG) and the UN Agencies, funds and programs.

Communication

The Country Office actively engaged in strategic and media communication as well as risk communication during 2018.

Local, regional and global media were kept up-to-date on key milestones in WHO's work in South Sudan through more than 55 press releases/web stories, over 15 media interviews and press briefings, and through social media posts on the Country Office's Facebook and Twitter accounts.

Especially in preparedness for possible importation of the Ebola virus outbreak, a network of more than 30 journalists and health reporters was established to effectively and consistently report on health emergencies to reach communities with messages primarily on Ebola prevention, but also on the prevention and control of other health emergencies, through different media channels and tools.

A 40-member multisectoral team of risk communication and community engagement trainers, including representatives from the Ministry of Health at national and sub-national levels, line ministries, UN agencies and implementing partners, provided support and guidance on rolling out risk communication on Ebola virus disease and Rift Valley fever in the high-risk states.





Corporate Services



27.5 million
funds disbursed



506 personnel engaged 53
International
453 National in Juba, State hubs,
Counties and Payams



Procured 1.7 million
worth of supplies and equipment
procured



Field presence
One Country Office and
10 Sub offices in Juba, Aweil, Bentiu,
Bor, Kuajok, Malakal, Rumbek, Torit,
Wau, Yambio



38 vehicles deployed
Jubek (15), , Aweil (2), Bentiu (3),
Bor (3), Kuajok (3), Malakal (2),
Rumbek (3), Torit (2), Yambio (2)

Resources utilized by the WHO Country Office in 2018

Corporate Services play a key enabling role in the achievement of the Country Office's goal of protecting the health of the people of South Sudan. While keen on implementing the organization's transformation agenda and reforms, the Country Office continues to focus on enhancing responsive strategic operations to ensure efficient and effective systems are adopted within the challenging and complex operating environment in South Sudan.

An updated risk register along with risk mitigating measures is under implementation together with appropriate follow up to enhance risk management.

Standard operating procedures (SOPs) were developed, and existing ones revised and implemented, particularly in the areas of field operations and procurement to improve the internal control process. These revisions and new SOPs were launched in response to the results of a self-assessment tool that helped identify weaknesses. Pending audit recommendations were also successfully implemented during FY 2018.

A quick transfer of funds for field operations was ensured by setting up a cash transfer mechanism that facilitates transfer to any location in the country within 24 hours. This has had a positive impact on the smooth operation of activities at state and county levels.

Warehouse and supply-chain management and transportation systems were improved to enhance the Country Office's logistics support capacity and ensure quicker response times to programme needs.

Security was improved for staff and assets through the rigorous implementation of security risk measures.

An improvement was also attained in the managerial key performance indicators, particularly in the areas of Finance, Human Resource Management and Procurement.



Conclusions and Recommendations

Conclusions

The frequent movement of people due to drought, insurgency or returning to their original locations has posed a challenge to both preventive and curative health service delivery, including immunization and retaining patients on treatment for infectious and chronic diseases. A package of retention strategies, which includes implementation of a unique identifier system, has been introduced to address this, particularly for patients on ART.

Lack of transportation, poor conditions of roads and malfunctioning cold-chain equipment have adversely affected the readiness and availability of vaccines during immunization campaigns.

Lack of appropriate guidelines, inadequacy of the Health Management Information System and inadequate supply of essential medicines has posed a problem in service delivery, tracking and reporting.

Overall performance of the Country Office

- In line with its objective of strengthening national and sub national capacity for health emergency-risk management that integrates prevention, emergency-risk reduction, preparedness, surveillance, response and recovery, WHO set up the first national Public Health Emergency Operations Center (PHEOC) The PHEOC is now playing a critical role in coordinating all hazard preparedness as well as actively monitoring risks across the country.
- Together with the Ministry of Health, led Ebola preparedness efforts by providing training, equipment and supplies as well as construction of an infectious diseases unit (IDU) in preparation for any possible importation of the disease from neighbouring Democratic Republic of the Congo. It also supported screening of incoming travelers at five points of entry.
- To strengthen national capacity for the prevention and control of communicable diseases, non-communicable diseases and neglected tropical diseases, WHO supported capacity building through the trainings and mentorship to implement an monitor progress of the WHO "Treat All" policy, which was adopted in 2017. The implementation of this policy removed all limitations on eligibility for anti-retroviral therapy (ART) for people living with HIV, increasing the number of people seeking and accessing ART.

- In addition, WHO supported an integrated immunization campaign and periodic intensification of immunization (PIRI) campaigns to ensure wide immunization coverage to the population, including those in hard-to-reach areas. This support ensured that children and eligible persons were protected from measles, meningitis polio and tetanus toxoid.
- Provided health emergency support, strengthened IDSR including through training in EWARS, engaged in cholera prevention through provision of oral cholera vaccines and strengthening WASH. The organization also trained health workers in the management of SAM/MC, saving the lives of hundreds of infants and children.
- With WHO support, the Ministry of Health adapted the WHO Package of Essential Non-communicable Disease Guideline (WHO-PEN) for use in South Sudan, and also revised the Essential Medicines List (EML) to include medicines for diabetes, hypertension, asthma and mental health disorders at the primary health care level. WHO also supported the adaptation of the WHO Mental Health GAP Humanitarian Intervention Guide (mhGAP-HIG) to the South Sudanese context and helped train medical personnel on its use, and provided patient assessment tools and follow up cards.

Enabling factors

The strong partnership with the Ministry of Health of South Sudan has been an enabling factor in the course of the implementation of WHO South Sudan's work during 2018. The commitment of the Government of South Sudan to improving the delivery of preventive and curative health services also made it possible to work undeterred towards ensuring health for the people of South Sudan.

Collaboration and partnership with like-minded agencies and organizations was another enabling factor.

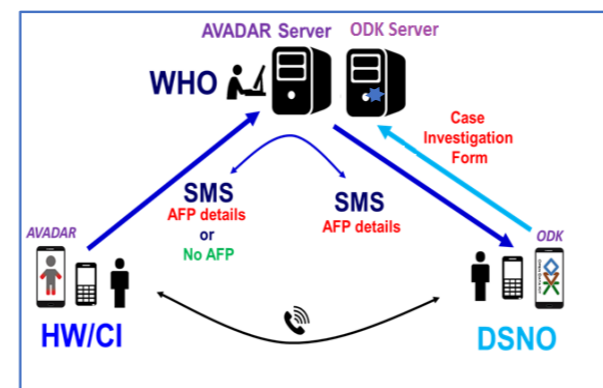
WHO's leadership and technical expertise at headquarters and regional level and the continuous support provided to the country office contributed to the successful implementation of the work.

Innovations in the Polio Program

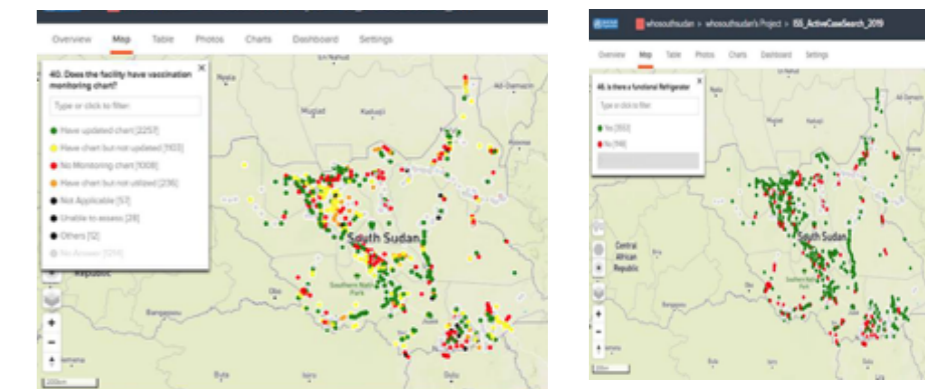
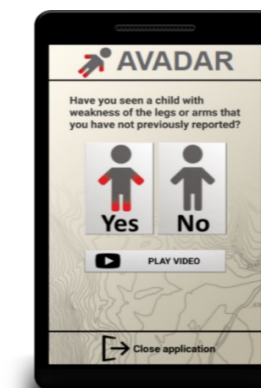
In 2018, a number of innovations were initiated or scaled up to strengthen the program's capability in detecting and interrupting the polio virus.

Auto Visual AFP Detection and Reporting (AVADAR) system introduced in June 2018. AVADAR is a mobile phone SMS-based reporting application for AFP surveillance, and collects weekly reporting by Health Workers (HWs) and Community Informants (CIs) to a central server, on the presence or absence of AFP cases in their respective areas. When a case of AFP is detected and reported there is instant notification of an AFP case with a minimal set of information collected and a notification directly sent to field supervisors phone, responsible for the area. It is currently operating in three counties, namely, Terkeka, Juba and Gogrial West, and a total of 24 AFP cases that may have been missed have been reported.

Integrated Supportive Supervision (ISS) using the mobile phone started fully in January 2018, and is best describe as checklists on mobile phone. The advantages are it provides real time data with geo coded information. A total of 10 checklists are being used that include verification of AFP cases, monitoring of immunization sessions, supervision of campaigns implementation etc. The platform has improves staff accountability and donors confidence.



AVADAR operating system



Examples of open data kit

Our Vision and Strategies for 2019 and Beyond

In 2019 and beyond, WHO South Sudan will continue to consolidate and build on the above achievement. We shall harness the enabling factors highlighted above and develop new innovations to address the challenges which we encountered in 2018. Moving forward, our work will be guided by the thirteenth WHO Global Programme of Work (GPW13), regional and global transformation programme, country cooperation strategy, the health sector strategic plan and humanitarian action plan. In order to improve our reach, we shall work with our traditional partners in the government of South Sudan, UN agencies and NGOs and also forge new partnerships using our Framework for Engagement with Non State Actors (FENSA).

Targeted approaches will be used to ensure fit-for-purpose technical assistance to various part so the country based on their humanitarian and development context. We shall also strive to improve upon our technical and operational capacity and accountability through implementation of the recommendations of the functional review and annual staff retreats.

Specifically, we shall support the MoH and partners to:

- Strengthen the coordination, supervision, monitoring and evaluation of health services delivery in the country
- Develop a health system recovery and stabilization plan which would be a roadmap for building a resilient health system for the country
- Advocate for more domestic resources and support towards attainment of universal health coverage
- Strengthen health security through finalization, resource mobilization and implementation of the national action plan for health security
- Bridge the human-development nexus using innovative approaches
- Implement key lifesaving interventions such as immunization service delivery, provision of emergency health care services, diagnosis and treatment of communicable and non-communicable diseases, epidemic preparedness and response among others.





The Work of WHO in South Sudan in 2018

Envisioning a South Sudan where everyone lives a healthy life



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Organization**
South Sudan



**World Health Organization
South Sudan**

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