



2019

ANNUAL REPORT

WHO in South Sudan



World Health
Organization
South Sudan



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TABLE OF CONTENTS

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■ Foreword	7
■ List of Acronyms	8
■ Context	11
■ WHO South Sudan goals, and objectives	13
■ Our Key Achievements in 2019	17
■ Communicable and Non-Communicable Diseases	19
■ Promoting Health through the Life-Course	27
■ Health Systems Strengthening	29
■ Health Emergencies Programme	33
■ Corporate Services	43
■ Partnerships and Communication	45
■ Funding needs	47
■ Conclusion	49
■ Acknowledgement	50



FOREWORD

The achievements highlighted in the report are products of our collaboration with the Government of Republic of South Sudan and partners. The strategic direction of the Government has enabled our partners and us to contribute cohesively, to the strengthening of the health system. We could not have achieved our objectives without the guidance from our Headquarters and the Regional Office, who encouraged us to turn our vision into reality.

WHO South Sudan's efforts have been guided by the GPW 13, regional and global transformation programme, country cooperation strategy, the health sector strategic plan, and the humanitarian action plan. The Thirteenth General Programme of Work (GPW 13) defines WHO's Strategy for 2019-2023 focusing on measurable impacts on people's health. In the context of the Sustainable Development Goals (SDGs), GPW 13 provides a vision, rooted in Article 1 of WHO's Constitution, ***a world in which all people attain the highest possible standard of health and well-being.***

WHO's mission to promote health, keep the world safe, and serve the vulnerable is linked to the following three bold targets:

- One billion more people to benefit from universal health coverage
- One billion more people better protected from health emergencies
- One billion more people enjoying better health and well-being

This year's report summarises the efforts of our staff, partners and volunteers to reinforce the health system by immunizing children, providing access to basic health facilities in hard-to-reach areas, containing the spread of communicable diseases and addressing health emergencies. The journey has been difficult—lack of road and air connectivity, mobile services coupled with insecurity and limited resources. Despite



facing these odds, our passionate staff and volunteers have ensured support to deliver essential health services such as nutrition, immunization, and treating diseases, especially in inaccessible regions.

I am grateful to the valuable financial support from our donors that allowed us to implement various initiatives during the year. With this provision, we are slowly but surely helping the country move towards attaining the Universal Health Coverage. We look forward to your continued support as we strive to overcome existing challenges and deliver better health services in South Sudan.

2019 has witnessed significant landmarks towards improving the health status, and the support and encouragement of the people of South Sudan have played a quintessential role.

We have much to achieve, and we hope to build on our technical and operational abilities to address critical health problems in South Sudan through a robust, innovative, collaborated and agile response.

Together we can deliver critical health results better, faster and further.

Thank you,

Dr Olushayo Olu
WHO Representative in South Sudan

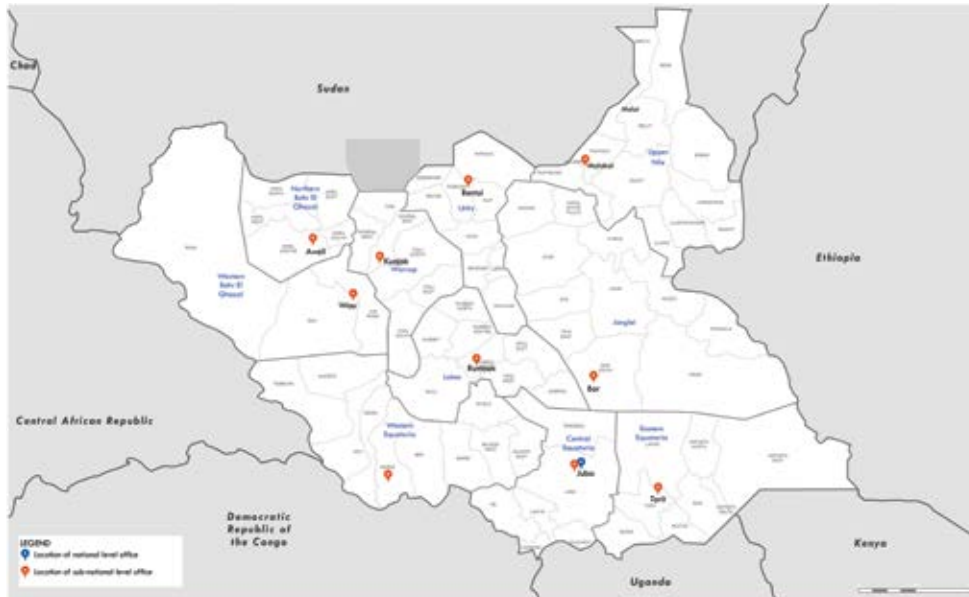
LIST OF ACRONYMS

AFP	Acute Flaccid Paralysis
AVADAR	Auto-Visual Acute Flaccid Paralysis Detection and Reporting
ART	Antiretroviral Therapy
BHI	The Boma Health Initiative
DHIS	District Health Information Software
DRC	Democratic Republic of the Congo
EPI	The Expanded Programme on Immunization
EVD	Ebola Virus Disease
EWARS	Early Warning, Alert and Response System
HAT	Human African Trypanosomiasis
HHRP	Humanitarian Health Response Plan
HIV	Human Immuno-Deficiency Virus
HMIS	Health Management Information System
HSSP	National Health Sector Strategic Plan
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
IMS	Incident Management System
IPC	Infection Prevention and Control
LF	Lymphatic Filariasis
MDA	Mass drug administration
MDR TB	Multiple drug-resistant TB
M&E	Monitoring and Evaluation
mhGAP WHO	Mental Health Gap Action Programme
mhGAP-HIG	Humanitarian Intervention Guide (mhGAP-HIG)
MoH	Ministry of Health
MPR	Malaria Programme Review
MSP	Malaria Strategic Plan
MToT	Master Training of Trainers
NBTS	National Blood Transfusion Service
NGO	Non-Governmental Organization
NPHL	National Public Health Laboratory
NSP	National Strategic Plan

NTD	Neglected Tropical Disease
ODK	Open Data Kit
OPD	Outpatient Department
PC	Preventive Chemotherapy
PCE	Post-Campaign Evaluations
PCR	Polymerase Chain Reaction
PHCC	Primary Health Care Centre
PHCU	Primary Healthcare Units
PHEOC	Public Health Emergency Operations Center
PIRI	Periodic Intensification of Immunization
PoC	Protection of Civilians
RRT	Rapid Response Teams
RT PCR	Reverse Transcription Polymerase Chain Reaction
SAM	Severe Acute Malnutrition
SAM/MC	Severe Acute Malnutrition with Medical Complications
SARA+	Service Availability and Readiness Assessment
SC	Stabilization Centre
SH +	Self Help Plus
SoP	Standard Operating Procedure
TB	Tuberculosis
ToT	Training of Trainers
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCF	UN Cooperation Framework
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VPD	Vaccine Preventable Diseases
WASH	Water, Hygiene and Sanitation
WHO AFRO	WHO World Health Organization African Regional Office
WCO	WHO Country Office



CONTEXT



South Sudan has an estimated 11 million people (in 2018) and has some of the worst health outcome indicators globally, despite its modest improvements over the last five years. This is mainly due to complex emergencies resulting from prolonged conflict, climate change, weak health system and frequent outbreaks of communicable diseases. Growing demand for health services and limited resources affects the development of the health system.

Maternal mortality ratio and mortality rate of children under five years are 789 per 100,000 and 95 per 1000 live births, respectively. Communicable diseases constitute a significant public health problem. While Neglected Tropical Diseases (NTDs) are endemic, non-communicable diseases, notably mental disorders, are on the rise. Inadequate infrastructure such as lack of adequate road network, mobile services, coupled with security issues hinders the outreach in the country.

WHO South Sudan has been working tirelessly to build on its foundation by harnessing the enabling factors to steer innovations and uses targeted approaches to ensure fit-for-purpose technical assistance.

WHO strives to improve upon the technical, operational capacity and ensuring accountability through the implementation of the recommendations received on internal auditing. Specifically, WHO supports the MoH and partners in the following areas:

- 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 the attainment of universal health coverage.
- Strengthen health security through finalization, resource mobilization, and implementation of the national action plan for health security.
- Bridge the humanitarian -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.



WHO SOUTH SUDAN MISSION, GOALS AND OBJECTIVES

“A South Sudan where everyone lives a healthy life.”

Keeping the vision in mind, WHO works with the Ministry of Health (MoH) to improve South Sudan’s health sector by helping create guidelines and regulations needed for adaptive and integrated service delivery. The organization gives technical assistance at all levels of the Ministry to develop and strengthen their capacity to achieve the provision of health services and protection goals set for the country.

In 2019, WHO worked on five key strategic priorities:

- 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.
- Strengthening health systems to respond to the health needs of the population of South Sudan.
- Assist the MoH in addressing environmental and social determinants of health.

> **Contribute to the reduction of maternal, newborn and child morbidity and mortality**

WHO provided technical support to develop and implement policies, strategies, and plans for an integrated maternal, newborn, and child health and helped improve the availability and accessibility of such services along with emergency obstetric and newborn care within the primary healthcare and referral system.

> **Strengthen national capacity for the prevention and control of communicable diseases, non-communicable diseases, and neglected tropical diseases**

WHO supported the Government in scaling up national and institutional capacity for the prevention and control of HIV/AIDS, tuberculosis, hepatitis, and malaria. It built capabilities of the MoH to address the prevalent non-communicable diseases, mental health problems, and road traffic accidents. WHO helped strengthening the national capacity and building partnerships for the control, elimination, and eradication of neglected tropical diseases, expansion of immunization services and ensuring the eradication of Polio virus.



> Strengthen national and sub-national capacity for health emergency-risk management that integrates prevention, emergency-risk reduction, preparedness, surveillance, response, and recovery

WHO developed the capacity of the Ministry of Health in health emergency-risk management, and ensure that the mechanisms are in place for implementing the provisions of the International Health Regulations (2005). WHO also built capacity at the national and sub-national levels for epidemic preparedness, surveillance, and response. It supported the Ministry at the national and state levels in the critical functions of coordinating the humanitarian response of national and international partners.

> Strengthening health systems to respond to the health needs of the population of South Sudan

WHO increased the capacity of the Ministry of Health for managing and organizing health services, developing human resources required for service delivery, and for them to take charge at all levels. It also contributed to the management of medicines, health technologies, health financing and laboratory services. It assisted MOH in monitoring health trends including the transition to DHIS2 and conducting of research.

> Assist the Ministry of Health in addressing environmental and social determinants of health

WHO assisted the Ministry of Health in developing strategies to reduce environmental risks to health and helped create awareness on the influence of social determinants of health and catalyze inter-sectoral action.





 **Social Mobiliser** 
Polio Has No Cure,
But Can Be Prevented



OUR KEY ACHIEVEMENTS IN 2019

> Developing countrywide strategies and guidelines

WHO has made significant progress in 2019 to improve the health services in South Sudan. Key national policy and strategic documents such as the Health Financing Strategy, Health Sector Strategic Plan, BOMA health initiative strategy, basic packages for health and nutrition services, and various guidelines on standardization of treatment, HIV, mental health, among others have been developed and rolled out in 2019.

Additionally, several specific national disease control strategies, plans and guidelines were developed/ updated in line with regional and global tools and rolled out for use. These included guidelines for HIV (on antiretroviral use for prevention and treatment of HIV), TB, Hepatitis (B&C), NCD (Package of Essential Noncommunicable Diseases and Mental Health Guidelines into Primary Health Care). National plans or strategies included Hepatitis, HIV and TB.

> Improving capacities of health emergency preparedness

Strengthening the core capacities of the International Health Regulations (2005), including Ebola Virus Disease (EVD) preparedness has helped in preventing the importation of EVD into the country despite a weak health system. Public health interventions and regular monitoring have enhanced the capacities of health emergency preparedness and disaster risk management.

When WHO equipped the Juba International Airport with Thermoscan, the checking of incoming travellers was fast-tracked, and those with high fever were identified and further investigated. This, along with other measures, reduced importation of EVD and other viral haemorrhagic fevers into the country.

> Robust data collection and analysis to address gaps in the health system

SARA survey was conducted to measure all health service availability and collect critical data to identify gaps in the health system countrywide. The survey has provided a baseline to track the HSSP 2017-2022. It highlighted that **83% of the 1,293 surveyed facilities were operational.**

The survey has defined health workforce density, infrastructure and OPD utilization and provided an overall General Service Readiness score.

> South Sudan has maintained its polio-free status

The country has been able to maintain its polio-free status due to the enhanced AFP surveillance activities and surpassed preset global indicators while ensuring high population immunity, especially in the highest risk areas, by organizing numerous polio campaigns.

The country used various eMobile technologies such as the ODK is being used for monitoring polio activities, AVADAR and environmental surveillance systems. A transition plan for post-polio eradication is finalized, and the country is on track to submit its polio-free documents in the first quarter of 2020.



COMMUNICABLE, NON-COMMUNICABLE DISEASES AND MENTAL HEALTH

> HIV

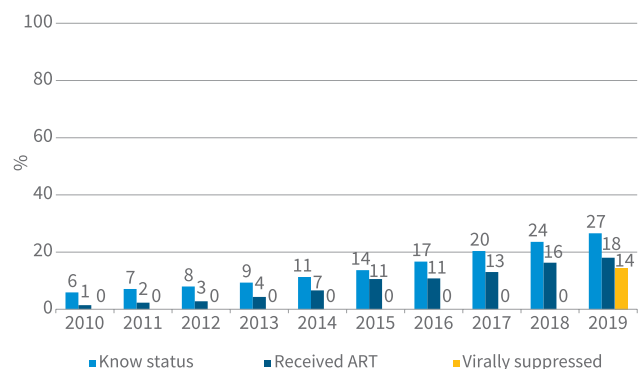
The national consolidated guidelines for use of antiretroviral therapy (ART) in prevention and treatment of HIV was updated in line with WHO latest recommendations, including the well-tolerated and potent drug Dolutegravir as the preferred first-line, introduction of new modalities for HIV testing, among others.

Although, the HIV treatment coverage is experiencing a steady rise over the years to 18% in 2019, this rate is insufficient to significantly impact the number of people dying from HIV-related causes.

The team provided training, supportive supervision and clinical mentoring to health facilities including key populations, hard to reach areas, refugee settlements, POC and IDP camps expanding services from 72 to 105 facilities offering HIV services in the country.

The District Health Information Systems (DHIS2), a digitalized system was adopted and initiated for regular reporting on indicators to track and monitor the HIV response nationally. The training and onsite support was conducted for data managers, supervisors and state monitoring and evaluation officers to roll out the tool. Over 70% of health conditions are routinely reported using this online platform which also provides analysis and trends in the health situation.

90-90-90 results (2010-2018)



The new HIV National Strategic Plan (NSP) 2021-2023, in which WHO assisted towards its development, aims to address the current impediments and scale up the access to HIV prevention, treatment and care services. The new NSP focuses on the outcome and impact-level targets, and its results, improving alignment with the country's priorities. The Plan also outlines the specific requirements for implementing a national HIV response in a challenging operating environment and ensures to maintain a balance across prevention, treatment, care and support; and on addressing structural barriers and drivers.

The combined partner support with WHO leadership resulted in an expansion of ART coverage from around 31,000 clients in 2018 to over 35,300 people in 2019, scale up of people reached with HIV combination



prevention services and increase in the number of adolescents, girls, young women, men and boys accessing integrated HIV and GBV services. However, the HIV treatment (ART) Cohort Analysis has indicated a fall in ART retention rate to about 64% from 69% in the previous year.

Lessons learnt

- Heavy rainfalls and floods coupled with lack of security restricted staff movements to reach certain facilities to provide much-needed support promptly. Few healthcare providers missed training for the same reason.
- Treatment retention has been better in Western Equatoria State generally, because of active community involvement, including support by networks of People Living with HIV (PLHIV) in some sites and locations.

Key achievements

- In collaboration with the MoH, WHO built the capacity of the health workers as a part of the scaling-up initiative of treatment services through four integrated HIV prevention, treatment, and care training conducted in 2019 with 138 participants trained from 29 new centres.
- Cohesive efforts led to the increase of the accredited facilities from 76 to 105, above the Country's Global Fund grant target of 90 facilities in 2019.

> Tuberculosis (TB)

In 2019, the country detected, notified, and treated 16,323 cases of all forms of TB (including new and relapse). During the year, 89% of TB/HIV co-infected clients were initiated on antiretroviral therapy. Around 68 Multi-Drug Resistance (MDR) TB cases were notified, with 61 commenced on the second-line treatment, representing about half of the MDR cases.

WHO supported the review and update of the MDR TB guidelines in South Sudan, in line with the latest global guidance. The guidelines and capacity building of implementers focused on the low coverage and treatment of MDR cases in the country.

WHO also supported a comprehensive review of the TB Programme, necessary for the analysis of the TB National Strategic Plan, which began in late-2019.

Lessons learnt

- During the year, limited human resources at the national TB control programme level in the Ministry of Health has posed a big challenge. This significantly impacted implementation of activities.
- Installation and functionalization of GeneXpert machines in high burden facilities play a crucial role in detecting MDR-TB.
- Quality of service delivery requires more capacity building of health workers to improve the quality of services.

Achievements

- The country achieved **117% of the set target** for detecting, notifying and treating all forms of TB.
- MDR-TB guidelines and tools were developed and disseminated to facilities.
- TB epidemiological review and TB programme review finalized before initiating the update of the National Strategic Plan at the end of 2019.

> Hepatitis

WHO provided technical support to the development of the National Hepatitis Strategy and the National Guidelines for the Treatment of Viral Hepatitis. The Strategy articulates the investments needed in South Sudan for a public health approach towards the elimination of viral hepatitis B and C. While the Guidelines allows the implementation of evidence-based global recommendations and harmonizing best practices in the country.

Lessons learnt

- Viral Hepatitis is a major public health problem in need of an urgent response. However, limited financing from the Government, coupled with lukewarm donor interest impacts its progress.
- Access to affordable hepatitis testing is limited, and among those diagnosed, treatment has reached a small fraction. With support from the Egyptian Government, 10,000 South Sudanese were tested for Hepatitis C virus, and about 500 were offered curative treatment.

Achievements

- Policy, strategy and guideline instruments are now available for wide dissemination to scale up the quality and essential services for resource mobilization.

> Malaria

WHO conducted the Malaria Programme Review (MPR) to understand the malaria situation against the programme performance based on the goals of the Malaria Strategic Plan (MSP) 2014-15 to 2020-21. The findings and recommendations for the MPR highlighted the need for the development of the next MSP (2020-21 to 2024-25), in line with the WHO Malaria Global Technical Strategy (2016-2030) and the second Health Sector Development Plan (2015-2025).



WHO supported the technical review and update of the strategic programme documents, including Guidelines for Insecticide Residual Spraying, Social Behaviour Change Communication (SBCC) Strategy, Integrated Vector Management (IVM) Strategy.

WHO gave technical inputs in the development of tools for the Boma Health Initiative (BHI), the South Sudan community health programme. The tools include Boma Health Worker Handbook and Job Aides, Community Registers, and Training Facilitator Manual. It also provided technical support to the training of 34 Master Trainers to expand the BHI in the country.

Lessons learnt

- Limited capacity at both national and state levels impacted on the planning and timely response to Malaria interventions including emergency and epidemic response.

Achievements

- WHO conducted a comprehensive review of the Malaria programme, which highlighted improvement areas such as an increase in malaria incidence, poor budgetary allocation and funding, limited access to vector control and malaria diagnosis and treatment services.



> Polio

South Sudan is on track with the polio certification in 2020, as no case of wild poliovirus or circulating vaccine-derived poliovirus was reported in 2019.

A total of 400 cases of AFP were reported in 2019, resulting in a non-polio AFP rate of 6.5 per 100,000 children under 15 years with a stool adequacy rate of 90%.

The environment surveillance complemented the AFP surveillance in which 76 samples were collected and tested with no wild, or vaccine-derived poliovirus was detected.

Over 800 health workers, community informants were trained on the AFP surveillance and its investigations through the biannual EPI review meeting and training programme for EPI officers, field supervisors in the different states and counties. Community surveillance uses mobile technology through the Auto-Visual AFP Detection and Reporting (AVADAR) technology across three counties and two states of the country and reported 30 AFP cases.

Lessons learnt

- Access to priority surveillance sites has been a challenge due to insecurity and geographical inaccessibility.
- High costs were incurred for conducting a campaign, mainly due to transportation challenges. Large areas without a mobile network and power supply in remote regions restricted the AVADAR, community-based surveillance for VPDs with focus on AFP case detection and reporting using mobile devices.

Achievements

- To maintain herd immunity, WHO supported the Ministry of Health to organize Sub-National Immunization Days Polio campaign **reaching 1,973,306 (81%) children below five years.** Additionally, National Immunization Days for Polio campaign was integrated with Vitamin A and Albendazole and **immunized 3,232,867 (100%) children under the age of five.**
- The programme continued its use of mobile technology such as the Open Data Kit (ODK), which currently has 22 forms to monitor different activities that include the integrated supportive supervisory visits with over 10,000 uploads, and detailed investigations for AFP cases.
- Regular supportive supervision and monitoring of the surveillance indicators across all the three counties are above the acceptable certification standard of AVADAR.

> Neglected Tropical Diseases (NTD)

2019 witnessed the improved access to diagnosis and treatment of Kala Azar (KA) and Human African Trypanosomiasis (HAT) by prepositioning of drugs and test kits to all KA and HAT treatment centres in endemic areas benefiting 208 KA cases and three HAT cases.

South Sudan received support to complete the mapping of the lymphatic filariasis, schistosomiasis and soil-transmitted helminthiasis in the country. The population requiring treatment for the diseases stand at 8.3 million, 2.6 million and 1 million individuals, respectively. This effort is a part of the Global 2020 NTDs Goals aimed at accelerating its control and elimination.

WHO developed Joint Cross-Border Action Plans for 2019-2020 to improve guinea worm disease surveillance and spread awareness on the cash reward in counties bordering South Sudan and Ethiopia.

WHO supported the MoH in conducting a timely investigation for containing four guinea worm cases and implementing public health interventions against the disease.

The first Mass Drug Administration for schistosomiasis across eight counties had positive results. Out of the targeted 189,232, a total of 147,877 (78.1%) school-aged children were treated.

Lessons learnt

- For mapping the Preventive Chemotherapy (PC) of Neglected Tropical Diseases, security threats made certain locations inaccessible. Widespread displaced populations made it challenging to get



people living in one area for a minimum of 10 years for lymphatic filariasis sampling.

- Poor network connectivity hindered the strengthening of the health information system for Kala Azar and other NTDs as the teams faced difficulties in uploading data on smartphones.

Achievements

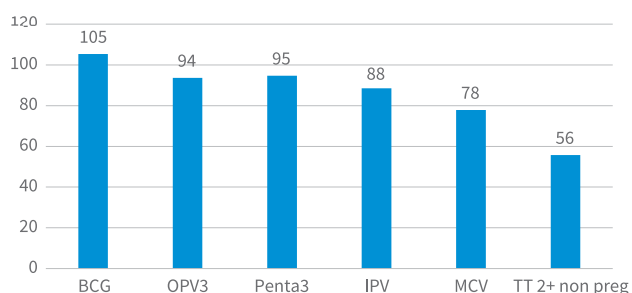
- WHO added to the existing knowledge of disease distribution in 32 counties for LF and 12 counties each for schistosomiasis and soil-transmitted helminthiasis.
- WHO assisted in the customization of the visceral leishmaniasis (Kala-Azar KA) case-based register into the DHIS2, developed dashboards for KA, and successfully trained 22 health workers.
- Advancing towards the Global Roadmap 2020 elimination targets, the country has scaled up priority interventions using PC for five NTDs. WHO has intensified case-detection and case management for Trachoma, Lymphatic Filariasis, Schistosomiasis, Soil Transmitted Helminths.



> Expanded Programme on Immunization (EPI)

2019 reported 45% administrative coverage for Penta3 and 42% for measles, of which 15% and 19% respectively was due to the WHO-supported Periodic Intensification of Immunization (PIRI). The PIRI strategy addresses short-term coverage gaps and helps reach populations frequently on the move and those unimmunized in hard-to-reach areas.

WES - Routine Immunization Coverage by antigens (2019)



Three rounds of PIRI conducted in all the ten counties has contributed to the achievement.

Induction training for 69 officers, including the EPI Operations officers, M&E officers, Cold Chain officers for the 23 newly created states helped to improve the capacity of EPI management. The officers were taken through the basics of immunization and their roles and responsibilities, including supportive supervision.

Two EPI review meetings brought together the State Director Generals, MoH, WHO, UNICEF and other partners' immunization managers at the state and national levels. The meetings shared the status of the immunization programme performance and developed the annual immunization work plan for 2019 for the National and State levels. Consequent to the meeting, the national and ten state-hubs finalized their annual EPI operational plans. Additionally, the WHO State EPI officers supported 432 (72%) out of the targeted 600 health facilities to develop and update their immunization micro-plans.

Lessons learnt

- With limited health service delivery, including immunization, there is an opportunity for children that are left out to be reached using unique strategies like PIRI.

Achievements

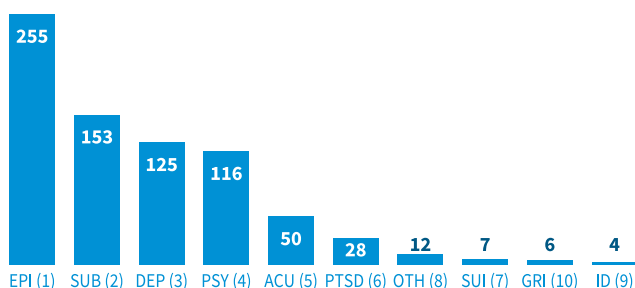
- In response to the Yellow fever outbreak declared in Sakure county, the Gbudue State on 29 November 2018, stated that 19,981 out of the targeted 19,578 people aged between 9 months and 65 years were vaccinated during the targeted reactive vaccination campaign in the area. This has led to a coverage of 102%.

> Mental health

In South Sudan, WHO introduced the Self Help Plus (SH+), a scalable psychological intervention tool by training 25 cadres as facilitators working in facilities supported by the MoH and partners in March 2019. SH+ consists of five two-hour sessions of a guided self-help course (using pre-recorded audio and an illustrated book), delivered to up to 30 people at a time by facilitators with minimal training and supervision. It is a trans-diagnostic tool covering problems including acute stress, grief, anxiety and depression. Two organizations have subsequently integrated this into their community programmes on stress, depression and anxiety management.

WHO promoted the service delivery of mental health in primary healthcare and general hospitals by deploying national technical officers (four mental health supervisors) to provide onsite mentorship by using the mental health Humanitarian Intervention Guide (mhGAP-HIG) approach. It developed and operationalized the recording and reporting tools for mental health in line with the DHIS2 platform. WHO procured and distributed a 12-month stock of mental health drugs to 17 health facilities offering mental health services. The mental health drugs help in the management of various conditions, including depression, epilepsy, and psychosis.

Number of patients with mental health disorder undergoing follow-up from July to December 2019



Mental Health Disorder (In Line With Mhgap-Hig)

- EPI (1) – Epilepsy
- SUB (2) – Substance Use
- DEP (3) – Depression
- PSY (4) – Psychosis
- ACU (5) – Acute Stress
- PTSD (6) – Post Traumatic Stress Disorder
- OTH (8) – Other Mental Health Conditions
- SUI (7)
- GRI (10) – Grief
- ID (9) – Intellectual Disability

Lessons learnt

- Health workers in few situations requested for additional pay due to perceived extra workload mainly due to poorly developed road network making it difficult for them to reach.
- Lack of a national mental health strategy policy made it difficult for providing direction to partners.

Achievements

- Around 756 persons with moderate and severe mental health disorder are on follow-up and receiving care across 11 PHCCs and hospitals throughout the country.
- A total of 17 health services supported to integrate the management of common mental health conditions into general health services.

> Non-communicable diseases (NCDs)

NCDs remain a significant cause of morbidity and mortality in the country. WHO promoted integrated service delivery for NCDs into the primary healthcare through providing technical support for the adaptation of the Package of Essential Non-communicable Diseases and Mental Health Guidelines. The guideline is pending endorsement by the Ministry of Health. It is scheduled to be implemented in 2020.

Achievements

- Five priority health facilities (Bentiu State Hospital, Malakal Teaching Hospital and Three Primary Health Care facilities in Juba) received six months of stock of medicines and supplies for the management of common NCDs. The medication and supplies provided are for managing hypertension, diabetes, asthma and chronic obstructive respiratory diseases.
- Finalized the inclusion of common NCDs into DHIS2 for routine reporting starting 2020.



PROMOTING HEALTH THROUGH THE LIFE-COURSE

The South Sudan Integrated Management of Neonatal and Childhood Illnesses (IMNCI) guidelines has been revised and updated in line with the WHO 2014 edition. This document includes edited WHO chart booklet and recommendations on the management of possible severe bacterial infection. These guidelines will be used for training healthcare workers at the primary healthcare centres and hospitals to improve their skills in managing common childhood illnesses.

Lessons learnt

- There is a need to provide essential medicines listed in the IMNCI guidelines.

Achievements

- The health and nutrition staff members reached out to around 3,650 children with SAM/MC through the above training.
- A total of 24 healthcare workers from six health facilities within Juba town and Melut in Upper Nile and Abyei areas were trained on IMNCI guidelines. Ten out of 24 participants were trained as IMNCI Trainers.
- A cascade plan of the IMNCI guidelines has been finalized.





HEALTH SYSTEMS STRENGTHENING

WHO closely worked with the Ministry of Health and partners to strengthen the health system. The Universal Health Coverage (UHC) scoping mission report listed critical strategic priority interventions aimed at achieving UHC and other health-related SDGs as well as shared recommendations to develop a comprehensive health systems recovery plan and Road Map for attainment of UHC in South Sudan.

WHO also produced a comprehensive Health Systems Stabilization and Recovery Plan (HSSRP 2020-2022) that outlined and defined immediate, short-term and medium-term sets of interventions needed across the six building blocks of the health system.

In collaboration with other UN agencies, WHO supported the development, implementation and monitoring of the UNCF 2019-2021 which is aligned to the National Development Strategy 2019-2021.

The H6 (WHO, UNICEF, UNFPA, UNAIDS, UN Women, World Bank) coordination platform achieved the following key results.

- Developed a one-year work plan and road map for RMNCAH and prepared and submitted two joint proposals to roll out the RMNCAH interventions in the country.

WHO has handed over the Chair role to UNFPA in line with the Global H6 guidelines of rotating it biennially.

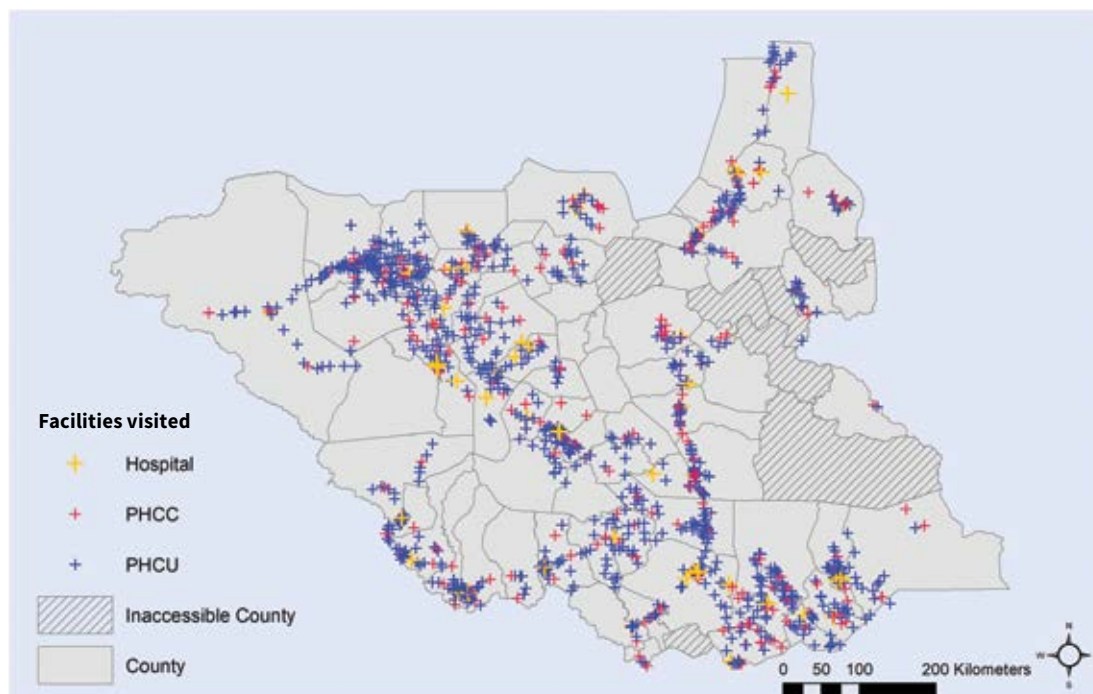
WHO with the Ministry of Health and partners, developed the Health Management Information System (HMIS) handbook, Standard Operating Procedures (SoPs) and Indicator Reference Guide for the DHIS2 rollout. Various health actors are using these documents to collect, submit, analyze and use the DHIS2 data in around 1,875 facilities across the country.

WHO supported the conduct of the SARA, which showed that the General and Specific Service Availability and Readiness scores for most of the indicators were far below the minimum WHO-recommended thresholds.

The National HMIS annual report for 2019 prepared by the MoH with technical assistance from WHO and partners, highlighted improvement in critical programmatic performance indicators such as the OPD utilization increase from 0.7 in 2018 to 0.8 per person per year in 2019. However, the completeness of reporting remained low at 50%.

Contributing towards improving the quality of healthcare at all levels, the South Sudan National Standard Treatment Guidelines were updated with the technical and financial support from WHO. The Guidelines were adapted for the four levels of the health system, namely, The Boma Health Teams (community), Primary Healthcare Units (PHCU), Primary Healthcare Centres (PHCC) and the hospitals.

Fig 1: Distribution of health facilities SARA 2018



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: South Sudan SARA survey 2018
Map Production: South Sudan WHO/MoH
World Health Organization



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Table 1. General Service Availability and Readiness

Indicator	South Sudan Status	WHO Minimum Standards
Core health workforce density	6.3 per 10,000 population	44.5 per 10,000 population
Health facility density	1.4 per 10,000 population	2 per 10,000 population
Service utilization (out-patient department consultations)	0.5 visits per person per year	5 visits per person per year
Inpatient beds	6.5/10,000 population	25/10,000 population
Maternity beds	3.2/1000 pregnant women	10/1000 pregnant women
Hospital discharges (inpatients)	1.92/100 people/per year	10/per 100 people/per year

Standard Treatment Guidelines reflect the consensus on the best treatment options within a healthcare system and aim at influencing prescription practices of healthcare workers at all levels of care. They are critical tools for healthcare providers to give quality standardized care, minimize irrational medicine use and ensure safety and cost effectiveness.

Lessons learnt

- Low funding has affected the rollout of the UHC activities to the sub-national levels.
- Low capacity of the MoH at the national and subnational levels delayed the rollout of the UHC activities countrywide.

Achievements

- The basic health and nutrition packages for the health sector have been revised, which has provided the basis for the provision of essential health services in 1,821 health facilities in the country.

“The development and implementation of South Sudan Standard Treatment Guidelines and the recently completed National Essential Medicines List is a key milestone to improve health service delivery in the country.”

Dr Ocan Charles, Health Policy Advisor, WHO

- South Sudan Standard Treatment Guidelines for PHCU, PHCC and hospitals were revised based on MoH, WHO and other standards after 12 years. The guidelines will aid health workers in 1,821 health facilities in the country.
- A robust and comprehensive UHC scoping mission was conducted to develop the roadmap for stabilization and recovery of South Sudan’s health system and a three-year health system recovery plan.
- National Health Systems Stabilization and Recovery Plan 2020-2022 was developed to provide priority health interventions to address the weak health systems caused by prolonged conflict and under-investment.

> Blood Safety

The National Blood Safety and Transfusion Policy (NBTP) 2018 and Strategic Plan 2018-2022 for South Sudan were approved and endorsed by the Ministry of Health. These documents define and set the national priorities to expand the National Blood Transfusion Systems (NBTS) and services in the country.

Lessons Learnt

- Weak health system (HR, infrastructure, financing) poses a challenge to facilitate and support the rollout of NBTS.

Achievements

- WHO established functional NBTS and rolled it out at national and regional centres.
- WHO provided a hematology analyzer and a platelet agitator to the National Blood Transfusion Service and Regional Blood Transfusion Service in Wau for separating blood into components for better transfusion outcomes and improved patient safety.
- Approximately, 5,535 units of blood have been provided to about 20,000 beneficiaries in need of blood transfusion in 2019.

“During the crisis in 2013, there was a lot of demand for blood. As there was no stockpile of blood back then, many people died due to lack of blood,” says, Dr Lul Lojok Deng, Director General, Public Health Laboratory and National Blood Transfusion Services, South Sudan Ministry of Health.

This crisis galvanized the Ministry of Health and partners, including the World Health Organization (WHO) and the Government of Japan. Ambassador of Japan, Seiji Okada said, “People in South Sudan always suffer from lack of blood and because of the situation many people die. Japan supports this programme to save the lives of women, men and children.”

Amat, a 32-year-old mother expecting her fifth child, recently had a blood transfusion as she was diagnosed with severe anaemia that can affect maternal and infant health. “I suffered from fatigue and dizziness but all those symptoms have now disappeared.”

AMBULANCE

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AMBULANCE

HEALTH EMERGENCIES PROGRAMME

> Enhancing preparedness and readiness

In the framework of International Health Regulations (IHR 2005), the country finalized the National Action Plan on Health Security (NAPHS) that articulates national priorities and fully costed it. Some key achievements in 2019 include the fully functioning of the Public Health Emergency Operations Center (PHEOC) as a Coordination Hub. The year also saw the enhancement of the country's surveillance core-capacities including the installation of RT-PCR machine at the NPHL. The facility has enabled the country to conduct molecular testing for influenza virus and all other high threat infectious pathogens including Ebola, Yellow fever and Rift Valley fever, among others.

This has significantly reduced the turnaround time for testing to less than 24 hours. Using PCR has reduced the cost of transporting samples outside the country.

The country updated the Cholera and Rift Valley fever contingency planning for 2019 to improve the preparedness of commonly occurring outbreaks and as part of providing leadership and coordination in case of outbreaks.

A full-scale simulation exercise (Simex) conducted simultaneously in Juba, Nimule and Yei tested and

validated capabilities for early detection, rapid response, and effective coordination at all levels, provided information on the country's strength and identified gaps in preparedness and response activities.

WHO South Sudan also procured and installed four thermoscan cameras at Juba international airport and Nimule to strengthen port health as part of IHR 2005 strengthening of core-capacities.

> Ebola preparedness

With MoH, WHO led the EVD preparedness activities since its outbreak in the neighbouring Democratic Republic of the Congo in August 2018. WHO sustained the Ebola Preparedness Incident Management System during this period by strengthening coordination, both, at the national and state levels.

WHO also supported in the overall coordination of the preparedness efforts, active surveillance and investigation of alerts, and capacity building of healthcare workers.

A total of 1,975 healthcare and frontline workers have been vaccinated against Ebola including 935 in Gbudwe and Tambura, 626 in Yei River, and 107 in Torit State.



Even before the Ebola outbreak in the DRC, South Sudan had begun constructing a PHEOC – a designated site to coordinate and manage an emergency response. A modern Infectious Disease Unit was created to conduct real-time simulations and isolate and treat patients suffering from infectious diseases, including Ebola. The Government of South Sudan and WHO established hotlines to support the Ebola response.

Staff were trained in using new equipment to conduct rapid testing of samples to diagnose diseases. “We’ve been able to make a lot of progress in terms of enhancing our laboratory capacities,” says Dr Joseph Wamala, Country Preparedness and International Health Regulations Officer, WHO South Sudan.

Dr Richard Lino Laku, Director-General for Policy, Planning, Budgeting and Research at the Ministry of Health, said, “We will be able to support neighbouring countries and South Sudan will be contributing to the bigger picture of global preparedness and response.”

Lessons learnt

- The intense and well-planned preparedness activities put in place during the period of Ebola outbreak supported building core-capacities. This was needed especially for strengthening the National Laboratory capacity.
- Enhancing states’ coordination in at-risk areas led to better preparedness. The vaccination of healthcare workers against Ebola virus as part of preparedness was useful in a country where the health systems are weak to handle an outbreak.
- EVD preparedness is possible in complex humanitarian settings by using long-term health system strengthening approach.
- The country is at risk of both domestic and cross border transmission of EVD and several other infectious diseases outbreaks. Hence, there is a need for an integrated, sustainable and community-based approach to outbreak preparedness.
- Phased and prioritized approaches are required for cost-effective EVD preparedness in complex humanitarian settings.
- EVD preparedness in complicated humanitarian settings is a massive undertaking that requires effective and decentralized coordination.

Achievements

- The country has achieved a score of 61.8% from 17% in November 2018 against the Ebola preparedness checklist.
- In a bid to strengthen case investigation and rapid response, public health officers were recruited and deployed to high-risk areas to enhance the EVD preparedness. This resulted in the timely investigation of EVD alerts. A total of **113 EVD alerts** were registered in South Sudan by December 2019.

> Integrated Disease Surveillance and Response (IDSR)

To enhance the national capacities for surveillance and response at the various levels, WHO supported South Sudan to adapt and roll out the third edition of the Integrated Disease Surveillance and Response (IDSR) guidelines and training materials.

A total of **5,392 outbreak alerts were detected and reported** through the national disease surveillance system, of which 17% were due to bloody diarrhea, 15% suspected measles, 25% acute watery diarrhea, 19% malaria, 2% suspected Guinea worm, and 3% AFP.

WHO trained 42 health workers including clinicians, laboratory experts, surveillance officers and data clerks, drawn from five selected health facilities in Juba to support setting up and running the surveillance sites and testing of samples in the NPHL.

53 (9.4% female and 90.5% male) state and county surveillance officers have been trained on alert management and improved the understanding of IDSR functions at the sub-national level.

WHO supported the rollout of mobile phones for reporting the event and indicator-based surveillance data from health facilities in all ten states across South Sudan. Around 25 healthcare workers were trained on meningitis data management to reinforce the capacity of the health workers on data management and mapping of meningococcal meningitis.

In the effort to improve case detection and reporting outbreaks, WHO trained 40 health workers in Wau, Bentiu, and Leer. These health workers can now analyze and use data at the point of generation.

Lessons learnt

- The use of mobile EWARS is a useful tool for improving timeliness and reporting of routine IDSR reports. The tool also facilitates rapid reporting and investigation of disease outbreaks.

- The decision to have dedicated and standby rapid response teams at the national level has improved the turnaround time for responding to outbreak alerts.
- Response to disease outbreaks should prioritize the strengthening of existing systems like the IDSR to use the system to support response to other public health emergencies.

Achievements

- Around 239 trainers from 10 states were trained on Early Warning, Alert and Response System (EWARS), intending to improve the timeliness and completeness of IDSR reports and allow real-time reporting. This has resulted in the attainment of at least 80% completeness and timeliness of IDSR reporting.
- Four national rapid response teams (RRTs) have been trained and mentored to support the investigation of Ebola and other epidemic-prone diseases alerts. At the state level, RRTs have been trained to help in the initial investigation of alerts in their respective catchment areas. The RRT deployments were sanctioned to investigate, confirm, and respond to measles outbreaks in 24 counties and four PoC sites.

The EWARS system can integrate with laboratories and can track outbreaks once they are identified. It has the flexibility to permit additional reporting requirements, such as nutritional surveillance, mortality reports, and others. This increases staff efficiency by allowing them to focus on their clinical work while assuring the timely transmission of information.

“The ultimate goal of having each and every health facility in South Sudan enter its IDSR data directly at the facility-level is within reach, with the commencement of a nationwide roll out of facility-based EWARS reporting”, said Dr Olu Olushayo, the WHO Country Representative.

The system will also allow individual health facilities to make urgent reports about any other unusual disease events, including unstructured rumours of disease occurrence in nearby communities.



> Support to delivery of emergency healthcare services

To improve the coordination of emergency public health activities in South Sudan, WHO trained 30 public health professionals from the PHEOC in Incident Management System (IMS).

WHO provided leadership and coordination needed to tackle the measles outbreak response in South Sudan and supported the Post-Campaign Evaluations (PCEs). In response to a suspected cholera outbreak in Maruwa and Lbarab in Pibor County, Kuadeang in the Fangak South County, and Jieh in the Kapoeta East County, WHO deployed a multi-disciplinary team comprising of clinicians, epidemiologists, WASH, laboratory, risk communication experts to carry out initial public health response.

Six ambulances were donated to the Ministry of Health by WHO and the Government of Japan, to boost the Ministry's efforts to increase access to the healthcare services for its most vulnerable populations, especially women and children.

WHO also activated the IMS in response to the public health emergencies caused by the floods in late 2019.

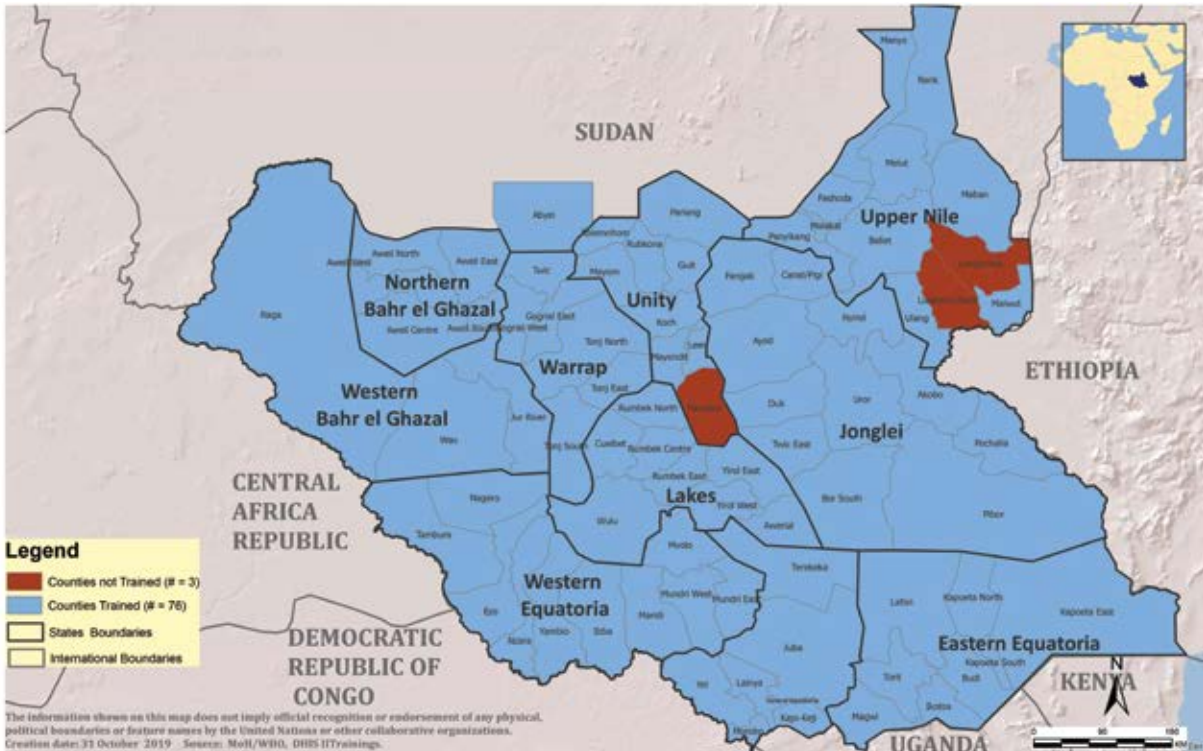
Lessons learnt

- Lack of security and proper road network made it difficult to reach people in need.
- Weakened health and surveillance systems caused delays in early identification of multiple disease outbreaks.
- Access to the flooded areas was challenging as regular vehicles cannot be used. WFP had special trucks that were adapted for the terrain, and WHO used it to continue with delivery.
- Resources available was overwhelmed by the needs of the affected population due to a prolonged period of rainfall that led to displacement, thereby affecting more people.

Achievements

- WHO directly implemented reactive measles campaign in hard-to-reach areas in Maruwa and Labarab in Pibor where 2375 (72% coverage) individuals were vaccinated.
- WHO supported displaced populations in seven floods affected counties through the deployment of the mobile medical teams covering over 2,000 vulnerable persons. Nearly 170,000 beneficiaries received medical services. Additional 14 counties and its partners were given emergency health kits to ensure continuity of the essential health services in the affected areas.
- Oral Cholera vaccination for the at-risk population has reached over 30,000 people in Pibor.

ROLLOUT OF DHIS II TO THE COUNTIES LEVEL IN SOUTH SUDAN IN 2019



> Health information systems, surveillance and risk assessments

As South Sudan moves towards stability and recovery, the World Health Organization gathered and harmonized all available data in the humanitarian and development health service into a master database. This database helped in generating monthly interactive bulletins that provide essential health information at the humanitarian-development nexus to drive planning and decision-making on health programmes response and investment.

WHO has produced 12-monthly health cluster bulletins and 52 integrated disease surveillance and response bulletins to inform investment choices and increase accountability for results and amplify innovative approaches.

These bulletins include analyzed information on where humanitarian partners are providing the much-needed health response in distant areas. Also, a series of infographics were produced to support the health response in the country, especially during the humanitarian needs overview process and subsequently, the Humanitarian Response Plan for 2020.

WHO supported the Ministry of Health to strengthen the healthcare services delivery by providing technical support to HMIS-DHIS2 for the collection of data, compilation, analysis and its use for decision making.



In 2019, WHO in collaboration with the Ministry of Health, produced 24 PCE reports. This was a part of the Global Measles Elimination Strategy to establish the coverage and the process and procedures used by implementing partners in conducting supplementary immunization activities in locations that documented outbreaks of vaccine-preventable diseases.

WHO provided technical support to roll out the District Health Information Software 2 (DHIS2) platform from the county-level to the health facility-level to facilitate real-time data collection and analysis. The DHIS2 is a flexible, web-based open-source information system with excellent visualization features including GIS, charts and pivot tables ideal for generating easy to understand tables and graphs that drive decision-making on health programmes and response.

Lessons learnt

- Data sharing and late submission of data by implementing partners led to delayed decisions on planning, forecasting, management, and general response actions within the health sector.

- Parallel reporting systems by various partners implementing health activities led to discrepancies that compromised the accuracy of reporting on the service delivery performance monitoring in the country.
- Interoperability of reporting systems with the National reporting system is needed to ensure all these systems share data with one recommended National reporting system-DHIS2.
- DHIS2 is facing funding gaps for printing and distribution of tools coupled with improper infrastructure (computers, internet, etc.) and lack of HR capacities to roll it out.

Achievements

- Health Service Functionality (HSF) Monthly bulletin provides much-needed information to guide appropriate healthcare service delivery response in the country. Data verification through field visits in selected health facilities in Maridi, Ibba, Yambio Rumbek East, and Rumbek West has improved data quality and increased reliability among donors and other health partners. This has led to timely and targeted decision making in the Health Sector.
- WHO submitted an interim technical report for the harmonization and visualization of HSF monitoring project.
- WHO completed the rollout of DHIS2 across 76 out of 80 counties in the country.



> Malnutrition

Angelina Bakhit gazes down at her new son, Mayen, thankful that the ordeal of labour is over. Mayen is a big baby, and it was a difficult birth, born via caesarean section.

“We thought at one point she might be having twins,” says midwife Viola James. “But the ultrasound confirmed just one baby – too large to deliver normally. We monitored her carefully during antenatal check-ups, and when she was in labour, our obstetrician carried out the operation.”

A year or more ago, the odds against Bakhit surviving were not in her favour. With the concerted efforts of the Ministry of Health in South Sudan, supported by the World Health Organization, the Government of Canada and other partners, Wau Teaching Hospital is a shining example of how maternal and newborn health is being improved in the world’s youngest country.

To improve the quality of lifesaving services in nutrition Stabilization Centres (SC) in South Sudan, WHO conducted a ToT for 20 health workers to contribute towards the reduction of mortality and morbidity resulting from mismanagement of SAM/MC.

Further, WHO conducted a Master ToT for 18 health and nutrition workers to prepare them to provide further training in the 19 priority counties with high cases of SAM/MC. The health and nutrition workers reached out to around 3,650 children suffering from SAM/MC through these training.

To improve the inpatient management of such cases, WHO trained 128 health workers from nine states.

Lessons learnt

- In some locations, conducting training was a challenge as healthcare workers were Arabic learners, while the training delivery and materials were created in English.
- The programme faced a few logistical problems such as cash transfer, especially for the training conducted in the states.

Achievements

- WHO supported the treatment of 3,650 with severe acute malnutrition in SC.
- WHO provided reporting tools to over 40 SC in 2019.

Sitting on a hospital bed, a middle-aged woman offers her milk-empty breast to her grandbaby. The baby, Akot, is suffering from severe acute malnutrition and tuberculosis. Her mother recently died of tuberculosis. Medical staff hopes that the baby’s suckling will stimulate milk production within Ajonga, her grandmother, combined with therapeutic feeding, will return Akot to normal health.

“Estimates for 2019 suggest that nearly 26,000 children will suffer from severe acute malnutrition, affecting more than 11% of children younger than 5 in South Sudan,” states, Marina Adrianopoli, Technical Officer for Nutrition at WHO South Sudan.

WHO emphasizes on improving the inpatient management of severe acute malnutrition with medical complications. Three weeks after entering into the malnutrition unit, baby Akot and her grandmother are both doing well. The baby is recovering, gaining weight and expected to soon be discharged.

> Health Cluster Coordination

WHO and partners are fully engaged in the Health Cluster Coordination mechanism to support emergency response in the country. As a technical lead of the Health Cluster, WHO actively participated in other humanitarian forums in the country, such as the Inter-cluster Coordination Group (ICCG) and the Need Analysis Working Group (NAWG). Humanitarian needs across the country are discussed, and areas are prioritized for emergency response in these forums. WHO supported the MoH to continue with the weekly Emergency Preparedness and Response (EP&R) meeting, where all emergencies across the country are discussed, and partners are mobilized to carry out required response activities.

WHO has been instrumental in Emergency Response Mechanism (ERM) in the country under the auspices of the Health Cluster. In this forum, WHO engaged and mobilized emergency responders to conduct health emergency response in the disasters and disease outbreaks affected areas.

> Water, Hygiene and Sanitation (WASH) and Infection Prevention and Control (IPC)

WHO developed comprehensive assessment guidance and scorecard on IPC and WASH in the health facility, intending to have a countrywide IPC and WASH minimum requirement baseline in health facility data. The assessment tool was used to assess 113 major health facilities in the Greater Equatoria region.

Lessons learnt

- Continuous capacity building and resource mobilization are needed, as water quality monitoring surveillance is not prioritized, coupled with limited resources from the WASH Cluster. The country has limited capacity to initiate water quality testing, monitoring, and surveillance, lack of infrastructure hinders decentralizing water quality testing to various states and counties.
- Continuous support is needed for enhancing IPC and comprehensive WASH in a health facility as presently, the sector only gets focus during emergencies.
- Without adequate WASH, IPC cannot be implemented.
- WASH, IPC, and waste management should be a separate entity, rather than being integrated into the health system.

Achievements

- A total of 191 water samples collected and tested from 13 locations from the water quality sites established by WHO. This helped to improve the quality of drinking water in health facilities, public and private water points
- Around 12 chlorination kits designed were distributed to WASH and Health Cluster partners for a fortnight to treat water accessible to 10,000 people.
- To ensure health facilities have the right infection prevention and control capacity, approximately 200 healthcare workers and public health officers were trained on IPC as part of the Ebola preparedness and WASH in the health facility, including water quality testing, monitoring and treatment.





CORPORATE SERVICES

The Corporate Services unit plays a critical role in realizing the Country Office's vision of 'A South Sudan where everyone lives a healthy life'. It helps implement WHO's transformation agenda and reforms. The main focus of the WCO is to boost responsive strategic operations to ensure the adoption of efficient and effective systems within the complex environment it operates in South Sudan.


An integrated audit of the WCO in 2019 by the Internal Audit and Oversight office highlighted a 'Partially Satisfactory' outcome of the Unit. The result is a significant improvement from the 'unsatisfactory' rating it received in the preceding audit exercise recognizing the investments made in the development of the strategic operations systems. Implementation of the audit recommendations is ongoing and will further strengthen internal controls and operating systems.

Risk management is vital with the local risk management committee playing an oversight role in the regular review of the risk register and monitoring the risk-mitigating actions. A direct disbursement mechanism for cash payments was introduced, which has improved timeliness of direct payments made to the intended recipients and significantly reduced risks related to the cash handling and related fraud.

Improving the warehouse, supply-chain management and transportation systems has led to quicker response time to fulfil the programme needs. Investments were made through rigorous implementation of security risk measures to assure the security for the staff and assets. An improvement is seen in the managerial key performance indicators, particularly in the areas of Finance, Human Resource Management and Procurement.

Funds disbursed and personnel deployed

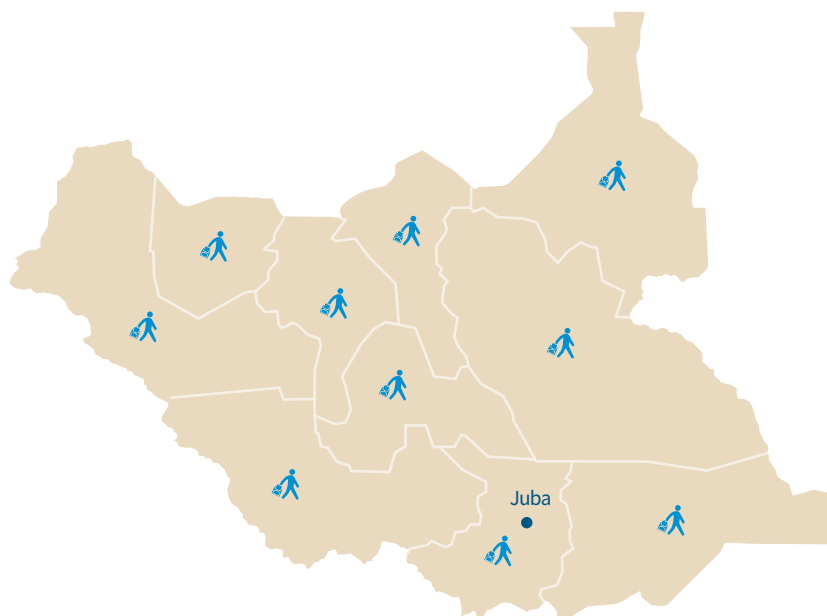
 **25.3 million** disbursed

 **514 personnel**
(58 International and 456 Nationals)
In Juba, State Hubs, Counties and Payams

 **38 vehicles** in 11 locations

FIELD PRESENCE:

One country office and ten Sub Offices (Juba, Aweil, Kuajok, Bentiu, Malakal, Bor, Torit, Yambio, Rumbek, Wau). Temporary sub-offices were set up in Yei, Maridi, Nimule and Tambura for EVD preparedness activities.





PARTNERSHIPS AND COMMUNICATIONS

> Partnerships

The Country Office collaborates with several partners to achieve the shared goal, using each other's strengths to mobilize resources and avoiding duplication of efforts.

MoH is the leading government partner, and WHO engages with other government sectors, other UN agencies in South Sudan, donor governments, embassies, bilateral and intergovernmental organizations, NGOs, civil societies, and communities and their local leaders.

In 2019, the WCO conducted the first edition of the Juba Walk the Talk: The Health for All Challenge. The non-competitive walk/run events were organized to raise awareness on 'Universal Health Coverage: Moving Together to Build a Healthier World', that brought together heads of state, political and health leaders, policy-makers, and universal health coverage champions to advocate for health for all.

WHO continued promoting the global Walk the Talk: The Health for All Challenge movement to encourage well-being, especially, physical health as part of a healthy, sustainable future. WHO engaged with other stakeholders, thereby fostering partnerships and collaborations and served as a platform for organizations to showcase their efforts contributing towards attaining UHC in South Sudan. Over 500 people participated in the event.

> Communication

The Country Office has proactively worked in strategic, media, and risk communication during 2019.

It has regularly engaged with the local, regional and global media to keep them abreast of the key milestones achieved by circulating more than 50 press releases/web stories, over 20 media interviews and press briefings, and social media posts on the Country Office's Facebook and Twitter accounts.

A network of 20+ journalists and health reporters was formed in the preparedness for possible importation of the Ebola virus outbreak. This network was essential for actual and consistent coverage of the health emergencies and to reach the affected communities with key messages on Ebola prevention, and the prevention and control of other health emergencies, via different media channels and tools.

A multi-sectoral team consisting of 40+ members of risk communication and community engagement trainers has been created including participation from the MoH at national and sub-national levels, line ministries, UN agencies and implementing partners. They have been trained on risk communication and community engagement.



FUNDING NEEDS

As stated in the report, communicable and non-communicable diseases are the major causes of morbidity and mortality in South Sudan.

Catalytic funding is required for newer programmes such as Hepatitis, NCDs, Mental Health and Sexually Transmitted Infections.

Global Fund, PEPFAR and Gavi are currently funding for traditional global programmes such as Malaria, HIV, TB and EPI. We need to expand our base through the strategic integration of all CD and NCD programmes at PHC level with existing funding mechanisms to achieve our goals.

We invite additional support from our existing and potential partners due to the high burden of disease. We estimate funding of around USD 41 million is required to fulfil our goals.





CONCLUSION

WHO's work in 2019 has highlighted that government ownership and leadership is critical for improving the health status and wellbeing of the most vulnerable people in South Sudan. WHO's achievements in the five strategic areas will be consolidated towards building a resilient health system to sustain provision of essential health services as well as emergency preparedness and response.

Improvement of the low general and specific Service Availability and Readiness scores of the 2019 SARA will enhance the health system capacity and capabilities for reduction of maternal and child mortality as well as for prevention and control of communicable diseases, non-communicable diseases, and neglected tropical diseases.

The effective implementation of the 2019 National Action Plan for Health Security will provide the opportunity to enhance the Country's International Health Regulation's core capacities to comprehensively address all public health risks and emergencies.

Especially, looking at the preparedness for EVD, cross-border engagements through multi-sectoral collaboration and coordination play a critical role, and this has to strengthen further. At the same time, challenges such as security access and the operating environment countrywide, like floods remain.



ACKNOWLEDGEMENT

We applaud the tenacity and avidity of the citizens of South Sudan. We are grateful to the Ministry of Health for steering the collaboration, other Ministries, Departments, and Agencies (MDAs) with whom we work with regularly for supporting our mission in the country.

We express our sincere gratitude to the NGOs, civil societies, the United Nations Country Team, and Mission in South Sudan. They have played a critical role in accomplishing our 2019 goals.

We thank our partners for their generous contributions towards helping in our endeavour to strengthen the health system in South Sudan, and we look forward to your continuous support.

- Bill & Melinda Gates Foundation
- Canadian International Development Agency (CIDA/ACDI)
- Carter Center
- Centers for Disease Control and Prevention (CDC), United States of America
- Department for International Development (DFID), United Kingdom
- Department of Foreign Affairs and Trade (DFAT), Australia
- DG for International Cooperation and Development (DEVCO), European Commission
- Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO)
- European Commission
- Federal Foreign Office, Germany
- GAVI Alliance
- Germany
- Gilead Sciences Inc.
- Global Fund to fight against HIV&AIDS, TB and Malaria (GFATM)
- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- Kuwait Fund for Arab Economic Development (KFAED)
- Ministry of Foreign Affairs, Japan
- National Philanthropic Trust (NPT)
- Norwegian Agency for Development Cooperation (NORAD)
- Population Services International (PSI)
- Rotary International
- Sanofi-Aventis
- UNDP - South Sudan Common Humanitarian Fund (CHF)
- UNDP Multi-Partner Trust Fund (MPTF)
- United Nations Central Emergency Response Fund (CERF)
- United Nations Children's Fund (UNICEF)
- United Nations Development Programme (UNDP)
- United Nations Fund for International Partnerships (UNFIP)
- United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)
- United States Agency for International Development (USAID)
- Vital Strategies



**World Health
Organization**
South Sudan

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*In unison, we are a step closer towards
a healthier, happier South Sudan.*

