

## KEY FIGURES

|  |  |
|--|--|
| <b>8.3 M</b><br>People in Need of Humanitarian Assistance                          | <b>2.3 M</b><br>South Sudanese Refugees in neighboring countries |
| <b>1.6M</b><br>Internally Displaced  | <b>1.4M</b><br>Malnourished Children                             |
| <b>125K</b><br>Persons living in PoC <sup>1</sup>                                  | <b>483K</b><br>Malnourished Women                                |
| <b>77</b><br>Stabilization Centers   | <b>5.82M</b><br>Severely Food Insecure                           |
| <b>121 066 (20%)</b><br>Children under one year vaccinated with oral polio vaccine |  |
| <b>962 158</b><br>Initial numbers of children vaccinated against measles           |  |
| <b>00</b><br>Counties with confirmed measles outbreaks in 2021                     |  |
| <b>00</b><br>PoC <sup>1</sup> s sites with confirmed measles outbreaks in 2021     |  |
| <b>02</b><br>Counties with malaria cases surpassing their set thresholds           |  |

## COVID-19 Response

|                                  |                      |                                   |                             |
|----------------------------------|----------------------|-----------------------------------|-----------------------------|
| <b>10 653</b><br>confirmed cases | <b>115</b><br>deaths | <b>15 9643</b><br>Tests performed | <b>10 462</b><br>recoveries |
|----------------------------------|----------------------|-----------------------------------|-----------------------------|

## IPC PHASE 5 Response

|                                   |                      |   |
|-----------------------------------|----------------------|---|
| <b>108 000</b><br>People targeted | <b>6</b><br>Counties | <b>204 783</b><br>consultations conducted |
|-----------------------------------|----------------------|---|

## HIGHLIGHTS

- A cumulative of 10 653 COVID-19 confirmed cases and 115 deaths (case fatality rate, CFR of 1.1%) have been reported in South Sudan since the onset of the outbreak.
- Alarming and rising incidences of targeting and attacking humanitarian workers with the killing of two humanitarian health workers in May 2021 has become a major concern among the humanitarian community.
- Fresh escalation of sub-national violence between community militias in the Greater Pibor Administrative Area (GPAA) has resulted in increased displacement and disrupted humanitarian operations.
- WHO has distributed 211 Interagency Health Kits (can support 211 000 people for three months), 91 Pneumonia Kits, 19 Severe Acute Malnutrition with Medical Complication (SAM/MC) kits to emergency partners responding in the six highly food insecure counties
- The Ministry of Health and partners have concluded a preventive yellow fever vaccination campaign targeting 57 000 people in Morobo, Yei River and Lainya Counties



*Participants of the Joint Risk Assessment workshop on effective control of zoonotic diseases, 4-7 May 2021, Juba, South Sudan*

<sup>1</sup> UN Protection of Civilians'

### Overview of the Humanitarian Crisis

- **Rising incidents of violence on humanitarian workers:** The rising incidence of attacks on humanitarian workers and assets continues to worry the humanitarian community. The attacks have resulted in disruption of critical service delivery as the partners relocated or scaled down their operations in the affected locations. The latest incidents include the brutal killing of a healthcare worker in Ganyliel, Panyijiar, Unity State, an attack on a humanitarian convoy in Koch in Unity State on 21 May 2021, and assault on NGO staff in Nassir in Upper Nile on 10 May 2021. The killing of the aid worker in Panyijiar comes barely 10 days after another aid worker was killed in Budi, Eastern Equatoria, on 12 May 2021, amidst an escalation of violence against humanitarians in recent weeks. At least nine aid workers were killed in South Sudan in 2020. There is a need for continued and high-level advocacy to authorities to ensure safety for aid workers.
- **Fresh escalation of sub-national violence in the Greater Pibor Administrative Area:** The fresh escalation of violence between community militias in the Greater Pibor Administrative Area (GPAA) which started 7 May 2021 has resulted in increased displacement and the temporary suspension of humanitarian operations. The sub-national violence caused a major disruption in humanitarian activities as the aid workers were evacuated and health, nutrition facilities and warehouses were deserted, humanitarian supplies including foodstuff and drugs were looted and destroyed. At the height of the fighting, about 80 000 displaced people were sheltered in schools in Pibor. The situation is now normalizing and the displaced populations are returning to their residences with the latest update indicating less than 10 000 IDPs remaining in Pibor Town.
- **Food Insecurity in South Sudan in 2021:** Multi-sectoral response scale-up targeting to intensify efforts to reach the food insecure populations with humanitarian assistance in the six 'Priority 1' counties has been going on since December 2020. The Integrated Food Security Phase Classification (IPC) report released in December 2020 projected that over 810 000 people will be in crisis or worse levels of food insecurity out of which over 108 000 people will be in IPC Phase 5 catastrophe in the six most affected counties during the lean season of April-July 2021. Findings from the recent SMART surveys conducted in Pibor (Global acute malnutrition of 21.6%), Akobo West (GAM of 19.0%), Tonj North (GAM of 18.4%) and Aweil South (GAM of 23.1%) are in line with the IPC report and indicative of a critical nutrition situation in the counties. The multisectoral response efforts are ongoing despite multiple access challenges owing to insecurity, limited resources for the responding partners, and limited functional health facilities that can provide the basic primary health services in the most affected counties. The recent escalation of sub-national violence in GPAA has caused substantial disruption in the ongoing response and destruction of properties and essential supplies.

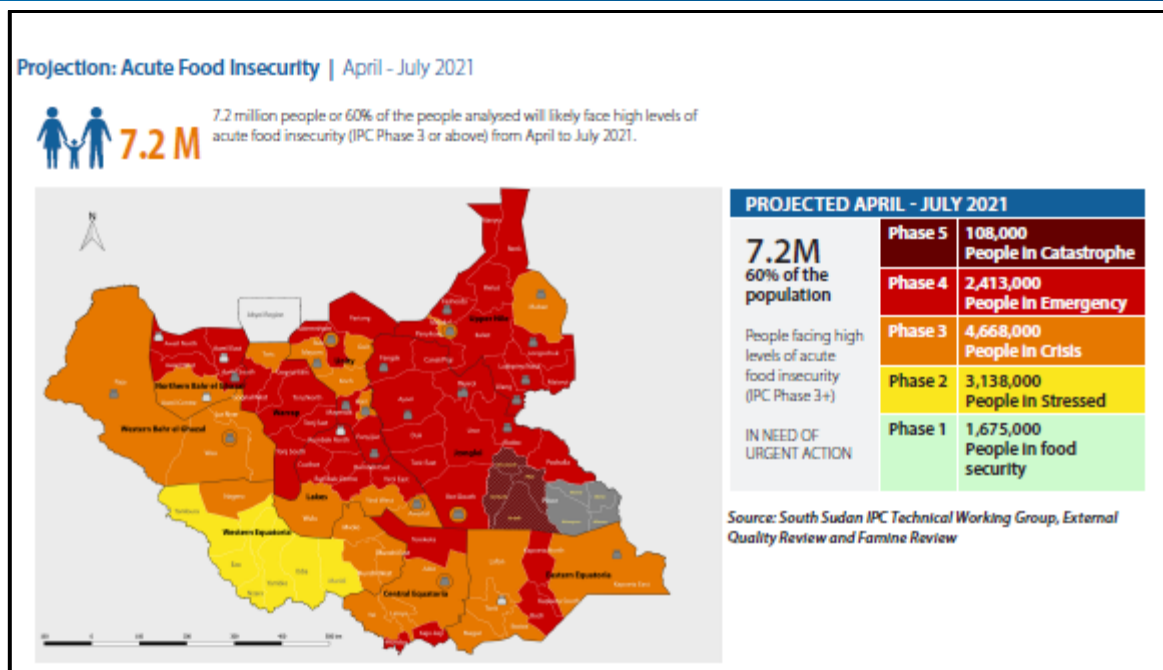


Figure 1: population estimates by IPC Phase and State based on the compilation of the South Sudan IPC Technical Working Group

## Emergency Response Activities

### Health Cluster response in Integrated Food Security Phase Classification (IPC) Phase 5 counties

- Health partners continue to expand access to health services through the re-establishment of critical static primary health care and mobile service delivery across the six 'Priority 1' counties of Pibor, Akobo, Tonj East, Tonj South, Tonj North, and Aweil South. Over 204 783 consultations have been conducted by static and mobile health facilities across the six counties as of the end of week 16 2021. In week 19 2021, 11 978 consultations were conducted.
- WHO secured 1.3 M USD from UN CERF for rapid response scale-up in Pibor and Akobo by supplementing the available funding for three responding partners. The support will go towards the provision of emergency obstetric and neonatal care, and integrated mobile outreaches in areas with critical response gaps.
- Periodic Intensification of Routine Immunization (PIRI) aimed at augmenting routine immunization at the health facilities have been concluded in Aweil South, Tonj South, Tonj North and Tonj East.
- WHO is supporting emergency partners in the six "Priority 1" counties to enable them to provide consistent access to the basic health services in the counties. 211 interagency health kits (can support 211 000 people for three months), 91 pneumonia kits, 19 severe acute malnutrition with medical complication (SAM/MC) kits, and 26 cholera investigation kits have been delivered to the responding partners. Additionally, partners setting up mobile clinics in new locations are being supported with multi-purpose tents. Advocacy to ensure the availability of adequate essential and emergency stocks for responding partners is continuing.
- Weekly trends of the top causes of morbidity and mortality are being monitored for potential upsurges and timely investigation. New reporting sites have been created for emergency partners who have begun response scale-up in Akobo, Tonj East, Tonj South and Aweil South. Additional reporting sites will be established for more responding partners to submit routine surveillance data and generate and manage alerts in EWARS.
- Integrated Disease Surveillance and Response (IDSR) training for healthcare workers and rapid response teams targeting 40 participants are planned to kick off on 29 May 2021 in Pibor. The

participants will be capacity-built to support enhancing routine surveillance and response to alerts and disease outbreaks.

- Emergency Mobile Medical team continues to provide integrated mobile health and nutrition services in Greater Pibor Administrative Area (GPAA). So far, 3 281 outpatient consultations, 250 measles vaccination, 200 oral cholera vaccination and 778 under-five children screened for malnutrition were done in Lekuagule and Gumuruk in the Greater Pibor Administrative Area.
- After completion of two rounds of polio vaccination campaigns in the counties, mop-up vaccination activities are planned to take off in Akobo where the post-campaign evaluation indicated low coverage.
- The cholera preparedness and readiness measures are ongoing in Pibor, Akobo and other counties bordering Ethiopia where there was an active cholera outbreak. WHO continues to support health partners to step up investigation and sample collection from the alerts generated from the priority counties.

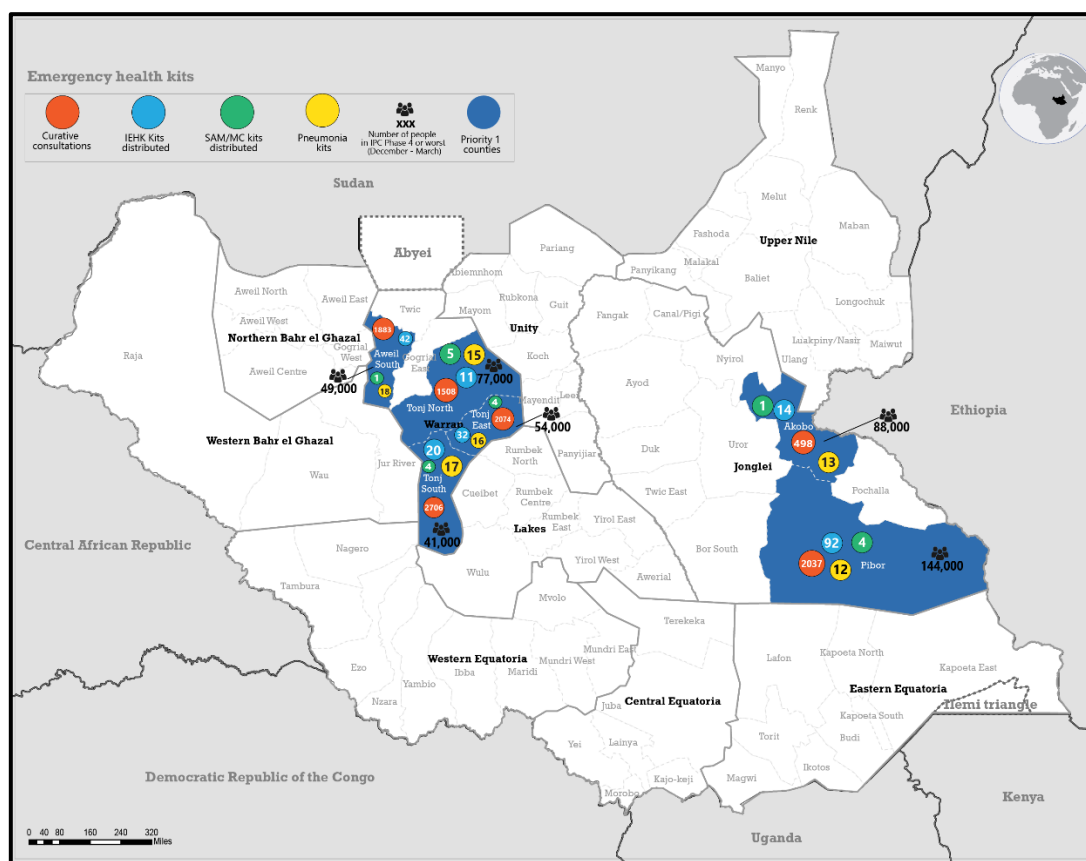


Figure 2: Emergency health kits delivered, and weekly consultations conducted in the six priority IPC 5 counties as of week 19 2021

### Update on floods

- The flooding forecast continues to be monitored. Rainfall forecast for 25 May to 1 June 2021 projects a moderate rainfall between 50 - 200 mm in western South Sudan (Western Bahr el Ghazal, Northern Bahr el Ghazal, Warrap and Western Equatorial states), parts of south-western Ethiopia and a few areas in central and western Kenya.
- Updating of flooding contingency planning and prepositioning of essential supplies including emergency health kits are underway.

- The locations affected by recent flooding include Ayod (25 000 people), Fangak (67 000 people) and Canal/Pigi (unknown).

## Joint Risk Assessment (JRA) on control of zoonotic diseases in South Sudan

- The World Health Organization (WHO) in collaboration with the other tripartite partners, the United Nations Food and Agricultural Organization (FAO) and the World Organization for Animal Health (OIE) supported the Government of South Sudan to convene a Joint Risk Assessment (JRA) involving different line ministries and stakeholders for the first time.
- The assessment, held on 4-7 May 2021, was intended to identify zoonotic diseases of significant public health and veterinary concern in the country, reviewing their burden and risks, and facilitate identification of practical management options and communication messaging for effective and sustainable control.
- The multisectoral and multidisciplinary assessment focused on rabies, Rift Valley Fever (RVF) and antimicrobial resistance (AMR) as priority threats in the country.
- Formalization of the multisectoral one-health platform to coordinate implementation of one-health activities and recommendations from the JRA was recommended.
- <https://www.afro.who.int/news/joint-risk-assessment-jra-accomplished-effective-control-zoonotic-diseases-south-sudan>

## Surveillance, Epidemiological Update, and Response for Disease Outbreaks

### Performance of the Integrated Disease Surveillance and Response (IDSR)

- In week 19 of 2021, IDSR reporting completeness and timeliness were respectively 90% and 86% at the health facility level. Early Warning, Alert and Response Network (EWARN) reporting completeness and timeliness were 90% and 82% respectively during the reporting period.
- Malaria remains the top cause of morbidity and accounted for 51% (45,697 cases) of all OPD cases. Malaria accounted for 48% (48 alerts) of all the alerts generated through EWARNs in week 19 2021.
- There is active rubella virus transmission in Tambura (six confirmed cases) and Nagero (three confirmed cases) counties in Western Equatoria. A sample collected from a suspected measles case in Pibor tested positive for measles IgM antibodies during the reporting period. A comprehensive investigation will be conducted when the security situation allows.



## Confirmed and suspected Outbreaks

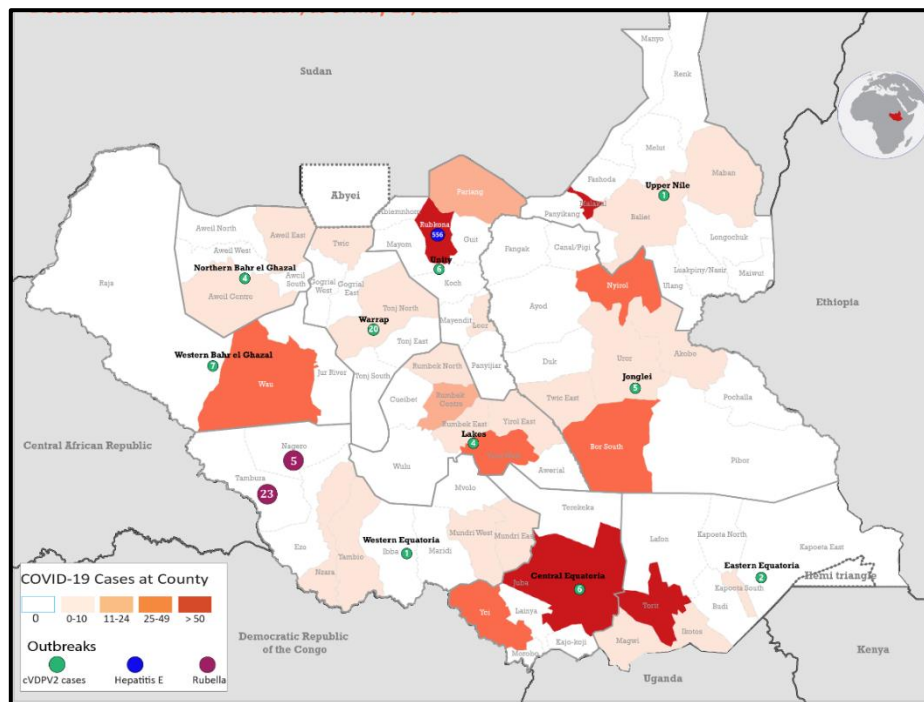


Figure 3: Active disease outbreaks by counties in South Sudan as of week 19

### Polio Virus Outbreak

- The country received notification from the Ugandan Virus Research Institute about the isolation of Polio Virus Type 2 (PV2) from 3 AFP samples, on 4 September 2020, with the sequencing result received on 17 September 2020 that confirmed cVDPV2 in three cases and an official declaration of an outbreak on 18 September 2020.
- As of 19 May 2021, 56 confirmed cVDPV2 have been reported from AFP cases, 21 from contacts and five from environmental samples.
- The geographical distribution involves all 10 states in the country and 27 out of 80 counties have reported at least one case, with 20% of the cases coming from Warrap state.
- A total of six cases have been reported in 2021, and the date of onset for the first case was on 11 June 2020, while the most recent case was on 6 March 2021 from Juba, Central Equatoria state.
- Two rounds of mOPV2 have been conducted with a planned mop-up vaccination planned to start from 25 May 2021 covering 18 counties and 9 states.

### Coronavirus disease (COVID-19) Outbreak in South Sudan

- 10 653 confirmed cases, including 337 imported cases, and 115 (case fatality rate of 1.1%) deaths have been reported in South Sudan since the beginning of the outbreak.
- The case count continues to decline for 12 consecutive weeks with a low caseload of 12 cases being reported in epidemiological week 19, 2021.
- 35 (44%) counties out of the 80 counties in the country have confirmed the COVID-19 case as of the end of week 17 2021.
- The average positivity rate has been declining for the last 11 epidemiological weeks reaching a low of 0.4% in week 17 2021 likely indicating the end of the second wave. The highest positivity yield of 22.4% was reported in week 07 2021. The positivity rate is still high in Gene Xpert testing sites

where targeted testing of alerts, suspected cases, and contacts of cases are done in the states.

- The COVID-19 testing rate in week 19, 2021 was <math><0.3</math> tests per 1,000, which is lower than the testing threshold of 1 test per 1,000 per week and highlighting the need to optimize COVID-19 testing.
- Further, the trend in the number of alerts reported has been declining in the past several weeks mirroring the observed decreases in case count and positivity yield in recent weeks. All the 20 alerts generated in epidemiological week 19 were investigated and sampled for testing but none tested positive for SARS-COV 2.
- South Sudan's COVID-19 vaccination drive began on 6 April 2021 with health workers receiving their first dose of the Astra Zeneca vaccine at Juba Teaching Hospital. In the coming weeks and months, all frontline health workers in South Sudan will be offered the vaccine through a national vaccination campaign. While people at high risk and over 65 years were offered the vaccine initially, eligibility for vaccination has been expanded to include all consenting adults aged 18 years and above. So far 8 606 people in Juba County have been vaccinated with 123 395 doses remaining available for use in the country. Due to the slow uptake of the vaccine available in the country, the ministry has decided to commit back to COVAX 72 000 doses out of the 132 000 doses received in March 2021 to avoid the risk of the commodities expiring in the country.

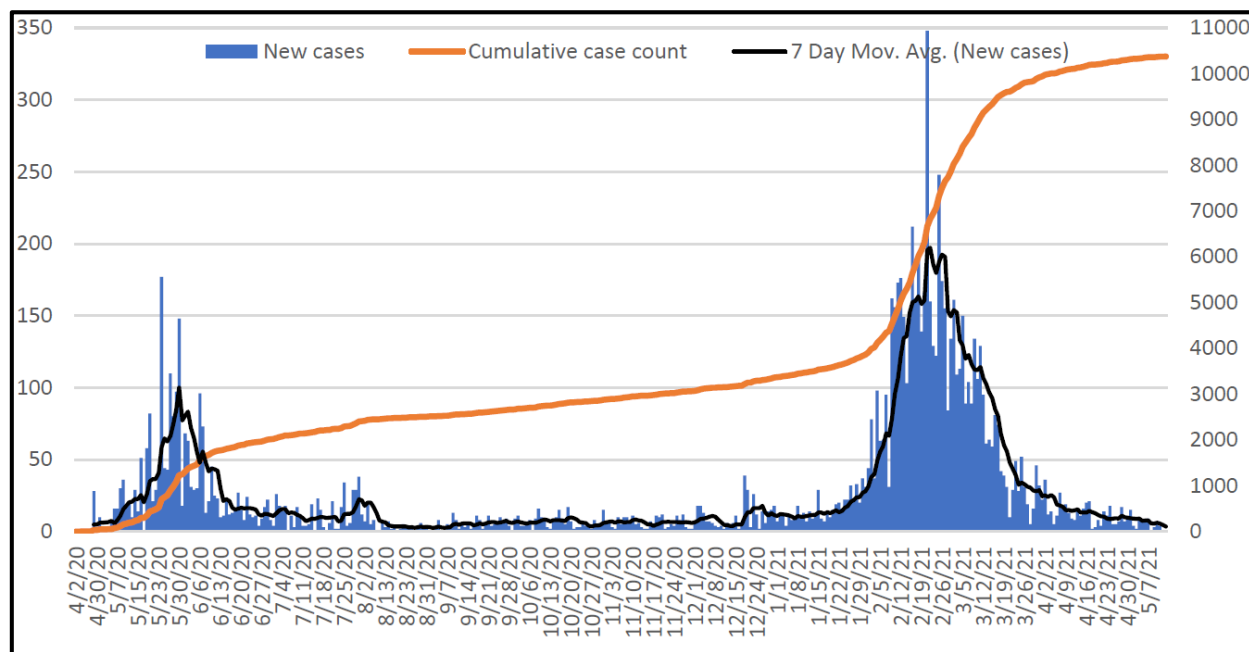


Figure 4: Epidemiological curve of reported cases through Week 19 2021, showing new cases (blue bars), rolling monthly average of reported cases (black line), and total cumulative reported cases (yellow line)

For more information on the COVID-19 outbreak and public health response measures, please refer to the national weekly situation update. <http://moh.gov.ss/covid-19.php>

## Yellow Fever Campaign in Morobo, Lainya and Yei River counties of Central Equatoria State

- A WHO-supported cross-border rapid response investigation had identified two presumptive positive cases of yellow fever in Kajo Keji county, Central Equatoria State on 3 March 2020. While the initial testing at the National Public Health Laboratories came back negative, further testing at the regional reference laboratory, Viral Research Institute (UVRI) in Uganda, confirmed the two cases positive for yellow fever on plaque reduction neutralization testing on 28 March 2020.

- The confirmation of the two cases was followed by a reactive yellow fever vaccination campaign conducted in Kajo-keji County.
- A risk assessment conducted in the neighboring counties of Morobo, Lainya and Yei River counties indicated a high risk of yellow fever outbreak. This was attributed to the near-zero immunity against yellow fever in the counties as well as the risk of importation across the extensive and porous borders with Uganda where an outbreak was confirmed in Moyo District in early 2020.
- Consequently, the Ministry of Health supported by WHO and partners conducted a preventive yellow fever vaccination campaign in the areas considered high-risk for yellow fever in the three counties. The vaccination campaign that lasted eight days including three days of a mop-up exercise in hard-to-reach areas where refugees and internally displaced people are congregated ended on 24 May 2021. The campaign utilized the left-over balance of 63 000 doses from the previous reactive campaign to target 57 000 individuals aged 9 months to 60 years in the three counties. The compilation of the administrative data for the vaccination coverage is underway.

For more details, visit: <https://www.afro.who.int/publications/south-sudan-weekly-disease-surveillance-bulletin-2020>

### Operational gaps and challenges

- Limited resources to cover all the affected counties.
- Weak coordination mechanisms at the sub-national level.
- Insecurity and inaccessibility in conflict-affected counties.
- Huge operational costs measured against available donor funds
- Inadequate human resources for health at subnational levels

### Resource Mobilization

| Name of appeal | Required US \$\$  | Secured in US \$ | A gap in US \$    |
|----------------|-------------------|------------------|-------------------|
| WHE Operations | <b>22 million</b> | <b>2 million</b> | <b>20 million</b> |

### Key Donors

WHO Country Office of South Sudan registers appreciation for the support provided by all our donors. The donors are listed in alphabetical order.

- African Development Bank Group (AfDB)
- Central Emergency Response Fund (CERF)
- European Union (EU)
- European Union Humanitarian Aid (ECHO)
- Global Alliance for Vaccine Initiative (GAVI)
- United States Agency for International Development (USAID)
- The Government of Japan
- The Department for International Development (DFID)
- The South Sudan Humanitarian Fund (SSHF)
- World bank

**Editorial Team:** Dr Joseph Wamala, Dr Diba Dulacha, Dr Chol Yur, Ms Sheila Baya, Ms Jemila M. Ebrahim and Mr Atem John

### For more information, please contact

Dr Fabian NDENZAKO  
WHO Country Representative  
Email: ndenzakof@who.int

Dr Guracha ARGATA  
WHO Health Emergency Team Lead  
Email: guyoa@who.int

Mr Boniface Ambani  
Health Information Management Team  
Lead, Email: ambanib@who.int