

# THE WORK OF WHO

IN SOUTH SUDAN IN 2017



*Working towards better health outcomes for the people of South Sudan*



**World Health  
Organization**



## 2017 at a Glance

South Sudan is a challenging environment; however WHO continues to play its role in ensuring the people of South Sudan have access to health services. Through the support of government, donors, partners and community leaders in dedicating their time and resources the most vulnerable people in South Sudan were reached.



**28.8 million** invested in programmes in 2017  
**13.8 million** for Emergency Health Programmes  
**15 million** for Development Health Programmes



**2.24 million** people reached with lifesaving medical supplies



**3 million** children between 0-59 months vaccinated with 2 drops of bivalent oral polio vaccine in each of the four rounds



**1.6 million** people vaccinated with oral cholera vaccine



**170 000** women and children received obstetrics and neonatal lifesaving services and interventions

## Contents

- 10 Foreword
- 12 South Sudan in brief
- 13 South Sudan Key Health Indicators
- 14 Progress of the AFRO Transformation Agenda in the WCO South Sudan
- 20 WHO's areas of focus in South Sudan in 2017
- 21 Where we work
- 23 What we do
  - 24 Surveillance, health risk assessment and health services information
  - 26 Preparedness and response to outbreaks and health emergencies including coordination
  - 30 Support building of health system foundations
  - 35 Maintain polio and guinea worm free status to achieve certification
  - 38 Focused technical support, policy options, trends monitoring and gap filling in service delivery areas



Oral cholera vaccination campaign



## Abbreviations

AFP	Acute Flaccid Paralysis	MDA	Mass Drugs Administration
AFRO	Regional Office for Africa	mhGAP	Mental Health Gap Action Programme
AIDS	Acquired Immune Deficiency Syndrome	MIS	Malaria Indicator Survey
ART	Anti-Retroviral Therapy	MNCH	Maternal, Newborn and Child Health
BHI	Boma Health Initiative	MoH	Ministry of Health
CERF	Central Emergency Response Fund	NCD	Non-Communicable Disease
CFR	Case Fatality Rate	NTD	Neglected Tropical Disease
CEmONC	Comprehensive Emergency Obstetrics and Neonatal Care	ODK	Open Data Kit
ECHO	European Civil Protection and Humanitarian Aid Operations	PHCC	Primary Health Care Centres
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases	PITC	Provider Initiated Testing and Counseling
EP&R	Emergency Preparedness and Response	SDGs	Sustainable Development Goals
EU	European Union	SSHF	South Sudan Humanitarian Fund
EWARS	Early Warning Response System	SSEML	South Sudan Essential Medicines List
FCTC	Framework Convention on Tobacco Control	SSGWEP	South Sudan Guinea Worm Eradication Programme
GAVI	The Global Alliance for Vaccines and Immunizations	STR	Short Term Regimen
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria	TB	Tuberculosis
GPEI	Global Polio Eradication Initiative	TWG	Technical Working Group
HIG	Humanitarian Intervention Guide	UHC	Universal Health Coverage
HIV	Human Immunodeficiency Virus	UNAIDS	The Joint United Nations Programme on HIV/AIDS
HSSP	Health Sector Strategic Plan	USAID	The United States Agency for International Development
IDSR	Integrated Disease Surveillance Response	WASH	Water, sanitation and hygiene
IHR	International Health Regulations	WHO	World Health Organization
IMNCI	Integrated Management of Newborn and Childhood Illnesses	WCO	WHO Country Office
IRS	Indoor Residual Spraying		
ITNs	Insecticide-Treated Mosquito Nets		
JEE	Joint External Evaluation		



The WCO team during the World AIDS Day

## Foreword

It is a pleasure to share with you this WHO South Sudan Annual Report for 2017 which highlights the achievements of the WCO and its partners in improving the well-being of South Sudanese, especially the most vulnerable.

The humanitarian needs today are as urgent and as great as they have ever been. The protracted humanitarian crises has eroded the capacity of the health system in the country and made it vulnerable to outbreaks. The prolonged crises has also contributed to the severe food insecurity.

Although localized famine was stopped in 2017, severe food insecurity continued to increase for the fifth consecutive year with about 1.1 million children under age five estimated to be acutely malnourished and in need of lifesaving services.

In response, WHO prioritized lifesaving health and nutrition services while ensuring to meet its core commitments including WASH services in health care facilities across the country.

More than three million children were vaccinated against polio and nearly 1.4 million people received oral cholera vaccine across the country, while support to MNCH, HIV treatment, safe blood transfusion services focused on populations affected by the current crisis.

This year the third national health summit was held to revitalize efforts towards building a resilient health system for people facing multiple challenges to achieving UHC.

In line with this direction, we have continued to sharpen our focus on a number of development programmes to deliver comprehensive health services to all citizens of the country guided by the National Health Policy (2016-2026).



Mr Evans Majani Liyosi  
WHO Representative a.i

Upon commencing as WHO Representative a.i. in September 2017, the WCO underwent a functional review to scale up on the gains made so far and ensure more responsive and a reliable partner in addressing health needs and priorities of the South Sudanese.

We streamlined our operating model, maximized our commitment to field programs and provided lifesaving health services in the ongoing crisis. We thank the generous support of GAVI, Canada, GFATM, EU, European Civil Protection and Humanitarian Aid Operations (ECHO), USAID, the Government of Japan, SSHF, CERF and other supporters for partnering with us in this important work.

In closing, I extend my sincere appreciation to the Government of South Sudan. I would also like to thank Dr Usman Abdulmumini, the former WHO Representative for South Sudan for his inspiring leadership of the organization and the way he worked with the MoH, partners and the team prior to his appointment as a Project Manager for the Functional Review Process. I wish to also thank colleagues in the country office, regional office and headquarters including the staff association who have put in efforts in delivering WHO's mandate.



Reaching hard to reach areas using local canoe in Pibor.

## South Sudan in brief

On 9 July 2011, South Sudan became the 193rd country recognized by the UN and the 54th UN member state in Africa.

The country covers an area of 619,745 square kilometers and is bordered by Ethiopia to the east, Democratic Republic of Congo to the southwest, Sudan to the north, Uganda and Kenya to the southeast, and Central African Republic to the west.

The lowest administrative level in South Sudan is a Boma followed by Payams, Counties and States. South Sudan's population is estimated at about 12.3 million people.

## South Sudan Key Health Indicators

Institutional deliveries (2017)	53 567
Pentavalent 3 coverage (2017)	58%
People on antiretroviral treatment	25 000
Tuberculosis case detection rate	60%
Pregnant women sleeping under mosquito net	65%
Infants exclusively breastfed for the first six months of life	45.1%
Alerts verified and responded to in 48 hours	870

## Progress of the AFRO Transformation Agenda in the WCO South Sudan

**Promoting pro-results values** - The WCO South Sudan continues to identify, engage and retain talents in order to support its activities. The country operates using 5 clusters and able to deliver health functions through the presence of over 400 personnel in over 233 payams. To strengthen national presence all hub offices and admin heads are manned by nationals who carry out both technical and admin functions.

The walk in policy by management to staff continue to foster a work friendly environment that is result oriented and in line with the key performance indicators (KPIs), targets are frequently discussed and measured with clear action points proffered. The bi weekly technical meetings serve as opportunity for staff development and understand what other units are doing.



Functional review team meeting with WHO Technical staff





Launching the National Health Policy 2016-2026 and Boma Health Initiative

## Smart technical focus

WHO continues to provide technical leadership to the MoH and partners to develop and implement key national and program specific policies, strategies and plans which include:

- National Health Policy (NHP)
- Boma Health Initiative (BHI)
- Health Sector Strategic Plan (HSSP)

The policies, strategies and plans were disseminated and implemented by MoH and partners to guide health service delivery.

## Responsive Strategic Operations

The country office continues to improve on its efficiency and effectiveness by standardizing its operations, such as:








- Introduction of the electronic banking platform, establishment of activity monitoring mechanisms, improved coordination activities with programmes and periodic management reporting have contributed to improving efficiency of support provided to programmes.
- Supporting the operations in the field with recruiting 10 Field Logistics/Admin Assistants. This has resulted in better management and coordination of operational support for field activities making the field offices more responsive.
- Continued focus on strengthening risk management, internal control processes, and the introduction of managerial key performance indicators that have contributed to better planning, improved compliance with rules and regulations, and enhanced efficiency in the management of resources.

## Effective Communications and Partnership (ECP)

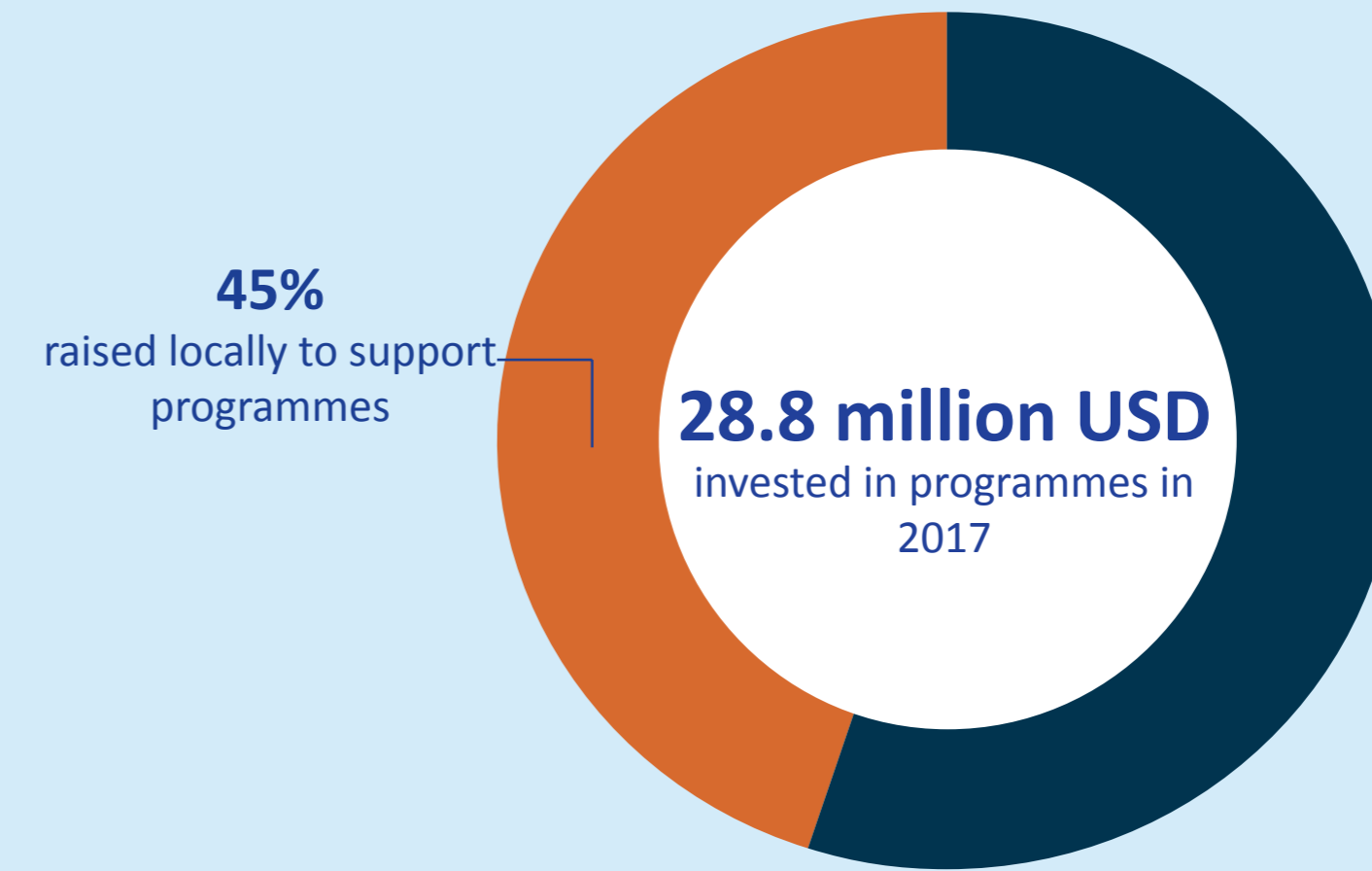
WHO supported the third national health summit with the theme “Harnessing Strong Partnerships for a Resilient System towards attainment of Universal Health Coverage” brought together national and state government institutions, national and international non-governmental organizations, UN agencies, civil society organizations and the private sector. During the summit the health sector development plan 2016-2026 was launched with eight position papers agreed upon.

Regular communication and information products suitable and appropriate for various audiences were produced and disseminated widely.

### Key information products include

-  Weekly IDSR/EWARN bulletin
-  Quarterly updates
-  Monthly health cluster bulletins
-  Weekly situation reports
-  Maps and infographics
-  Over 60 web stories and press releases
-  Over 50 Radio and TV talk shows

## Resource mobilization through proactive outreach and engagements with donors



## WHO's areas of focus in South Sudan in 2017

The World Health Organization provides leadership and technical support on health issues to the MoH and partners to achieve the overarching goal of promoting and protecting the health status of the people of South Sudan, as outlined in the 12th General Program of Work (GPW).

In implementing the WHO Transformation Agenda in the African Region, a functional review was conducted in WHO South Sudan leading to major reforms. This enhanced country office capacity in terms of human resources, technical expertise and development of pro-results values.

The Transformation Agenda of WHO focuses on pro-result values, smart technical focus, effective communications and partnerships and responsive strategic operations.

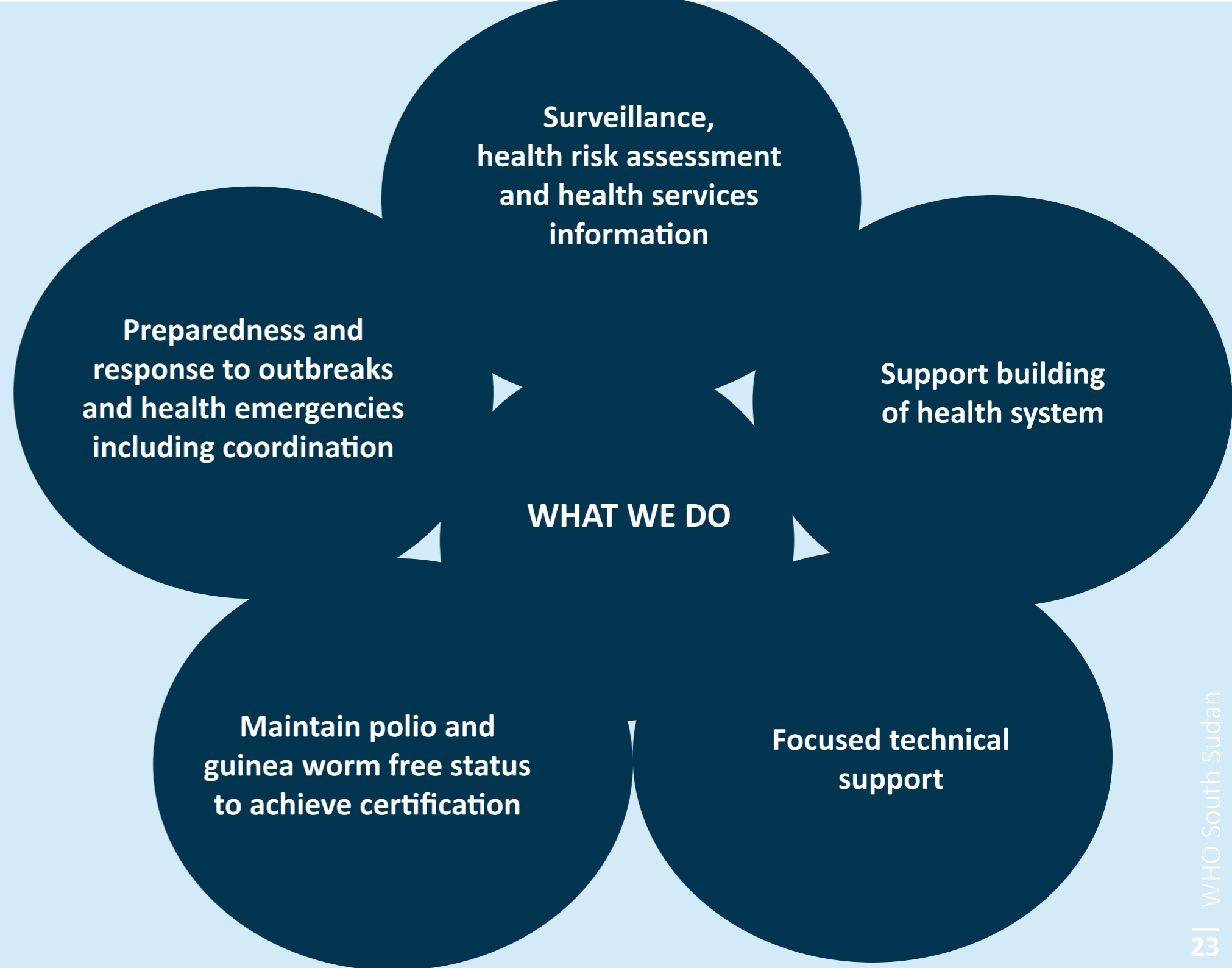
## Where we work

Currently, WHO maintains its presence in 236 payams through its field assistants in 70 counties through its county supervisors and in all of the 10 former states through its field hubs coordinating the health response at state level and providing supervisory support to the counties and payams. At national level, WHO hosts the health cluster coordination, and experts and technical Officers of all critical program areas.





Measles vaccination in Abroac, Upper Nile State

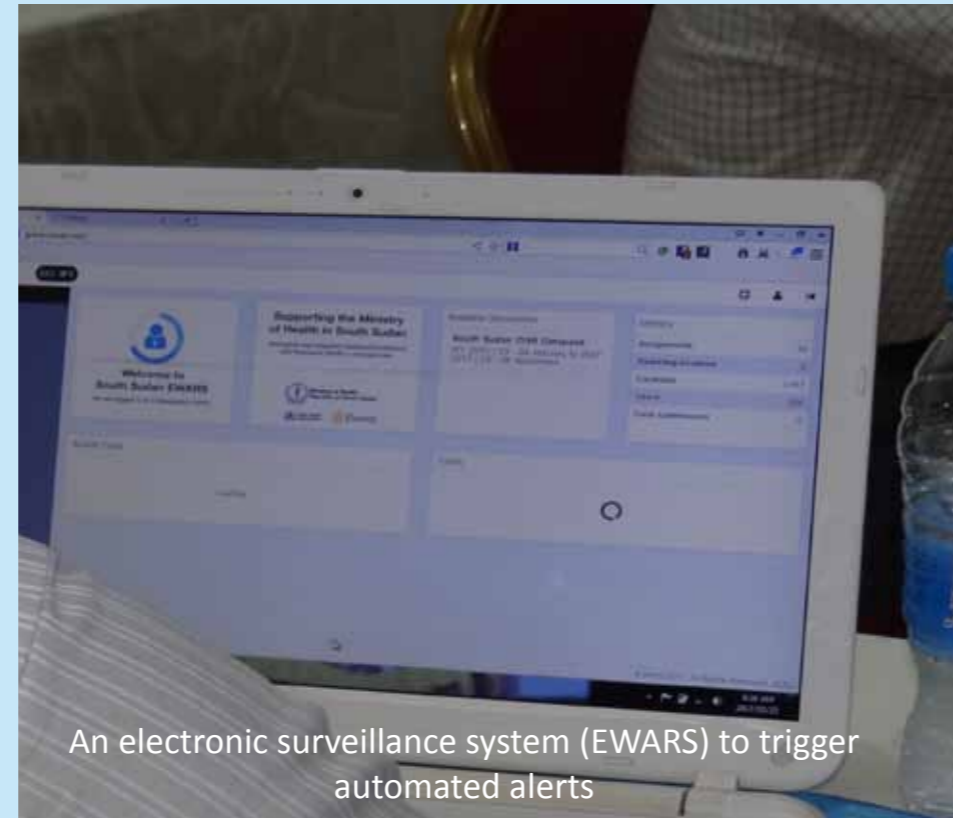


## Surveillance, health risk assessment and health services information

Effective health humanitarian response is dependent on timely and reliable information. To strengthen WHO and the health cluster's operations, WHO established a unified health information team to pull together and harmonize data across all WHO technical areas to provide analysis and information products and link with MOH information systems.



Mobile phones designed for frontline users for real-time information sharing



An electronic surveillance system (EWARS) to trigger automated alerts

## KEY achievements

**741** health care workers trained on IDSR and EWARS with improvement in completeness of IDSR and EWARN weekly reporting from 48.5% and 70% respectively in 2016 to 57.2% and 74.4% respectively in 2017.

**870** alerts reported resulting in **150** outbreaks detected, investigated and controlled using real-time reporting.

Developed a unified health facility functionality database that collects and merge data across partners and donors.

Introduced a system to track attacks on health care, including staff, facilities, supplies and service, to improve advocacy and avoid future attacks.

# Preparedness and response to outbreaks and health emergencies including coordination

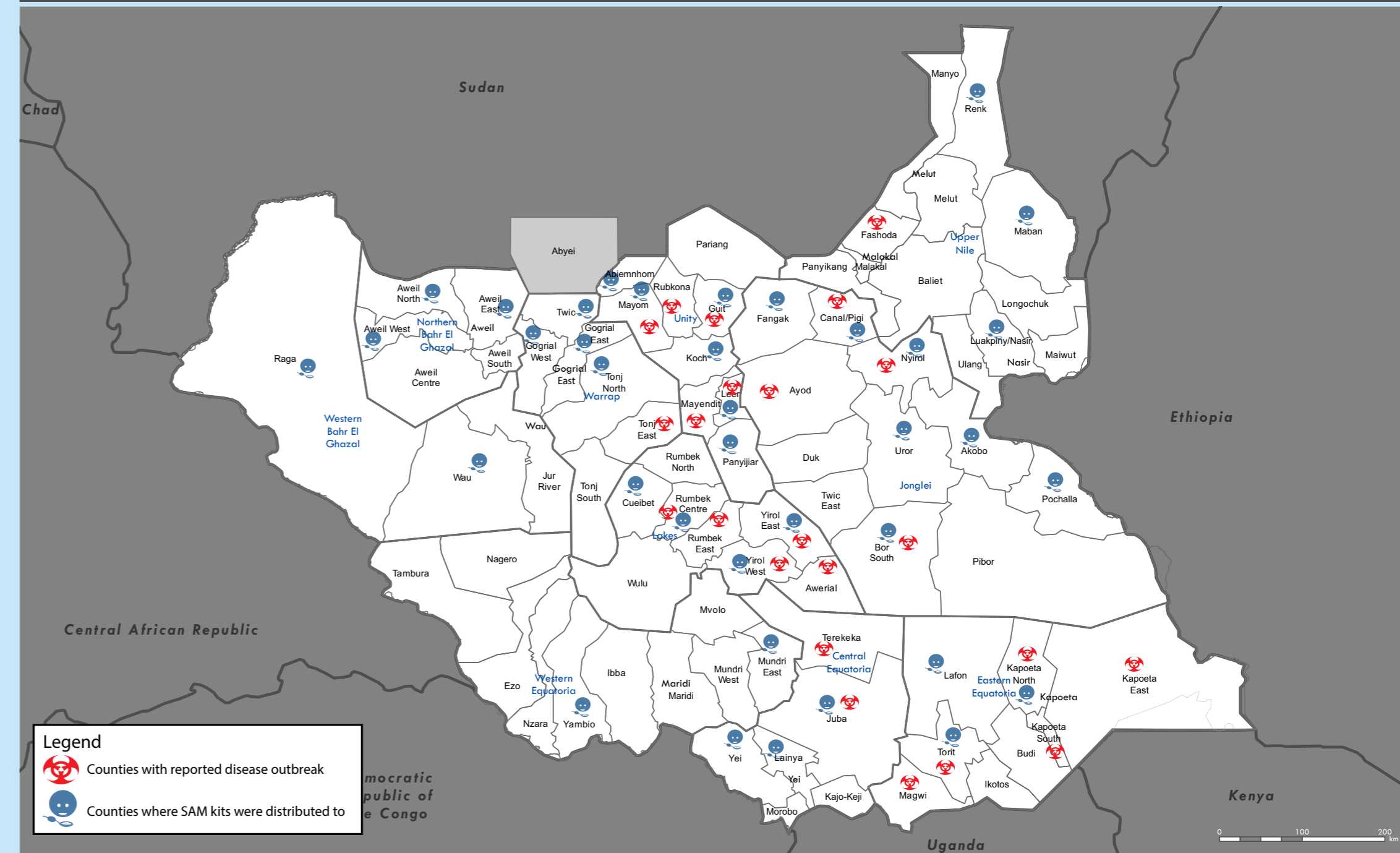
WHO's role in reducing mortality and morbidity from preventable diseases is achieved by humanitarian health emergency response activities. This is done by providing technical and financial assistance to the health authorities on strengthening the emergency preparedness and response capacity at central and state levels in addition to coordinating development and humanitarian partners.



Establishing cholera treatment center in Bor



Groundbreaking ceremony of the Public Health Emergency Operations Centre



The map reflects the currently available data and is subject to change according to further updates to the data. Data source: South Sudan Ministry of Health, World Health Organization (WHO), OpenStreetMap. Map production: WHO Health Emergencies Programme

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.

## KEY achievements



The first assessment of the progress in the implementation of the IHR (2005) was conducted using the JEE to develop capacities critical for prevention, detection and response to public health emergencies of international concerns.



**1 008** Interagency Emergency Health Kits (IEHK) delivered in conflict affected and vulnerable states. These assisted in providing about 2.24m curative consultations.



**392** Cholera kits distributed to various counties with cholera treatment centers. These supported the treatment of 16 089 cholera cases.



**89** severe acute malnutrition (SAM) kits distributed to 50 stabilization centers (nearly 90% of the functioning centers) to treat 4 500 SAM children with medical complications.



**478** Rapid response teams trained and deployed to investigate and respond to outbreaks of cholera in 24 counties; and measles in 9 counties.



**1.6** million people vaccinated with oral cholera vaccine in 17 cholera affected sites.



**28** Disease outbreaks were responded in 23 counties through emergency rapid response missions.



**32** Mobile medical teams deployed to support response in various counties with disease outbreaks.



**18** medical doctors and clinical officer trained on inpatient management of severe acute malnutrition with medical complications to cascade the training to lower level and save the lives of the malnourished children in high risk areas.



Measuring a child's middle upper arm circumference (MUAC)



High level delegation touring the new maternity complex in Aweil



Mobile clinic in IDP site

## Support building of health system foundations

WHO in collaboration with MOH and partners in South Sudan made significant progress in development and implementation of National Policies, Strategies; policy dialogue at national and subnational levels to build consensus and traction towards attainment of UHC and SDGs as well as focused support to priority health infrastructure and human resource for health.

## KEY achievements - Health System Strengthening

The National Health Policy 2016-2026 developed and launched by the Vice President. The policy provides overall vision for the health sector and it is being utilized by partners including donors to guide and inform overall health sector goal and objectives in the short, medium and long term.

The HSSP (2017-2022) and its monitoring and evaluation framework developed to guide and inform health service planning, implementation and monitoring and evaluation at national and sub national levels.

The BHI strategy (the MoH flagship programme for strengthening health systems) and guidelines as well as training manuals and reporting tools finalized and are being used by partners to support the implementation and roll out of the BHI across the country.

Strengthened and improved health sector coordination at national and sub national levels with clear deliverables, roles and responsibilities.

The SSEML 2017 and its implementation strategy developed to inform guide and improve the procurement, supply and management of essential medicines for adults and children in the country.

Four (4) modern maternity complexes and 1 maternal waiting home constructed and fully equipped in Aweil, Torit, Kuajok and Yambio to provide quality comprehensive emergency obstetrics and neonatal care services for the people of South Sudan.



## KEY achievements cont...

Regional blood transfusion center with capacity to collect over 1 000 units of blood per year was launched in August 2017 at the Regional Blood Transfusion center Wau, former Western Bahr el Ghazal State to serve the Greater Bahr el Ghazal Region.

Three vehicles donated to Juba, Wau and Malakal blood transfusion centers to support mobile blood drive.

Club 25 for voluntary blood donors was established at Juba University to strengthen voluntary blood donation using peer groups at schools and sustain voluntary blood donation after secondary school.

A situational and gap analysis report with findings and recommendations for strengthening Public Health Laboratory and National Blood Transfusion Services capacities produced. This will inform the review of the policy and craft the second national laboratory strategic plan together with the joint external evaluation report to fulfill the requirements of the IHR (2005).

The microbiology laboratory in Wau Teaching Hospital was operationalized to improve access to routine diagnosis, surveillance and response to disease outbreaks.



Vehicle delivered to improve blood and transfusion safety in Wau



H.E. Kiya Masahiko, the Japanese Ambassador to South Sudan speaks during the press briefing at the Regional Blood Transfusion center Wau



Voluntary unpaid donations collected during the opening ceremony in Wau



A child receives polio vaccination drops

## Maintain polio and guinea worm free status to achieve certification

**Polio** - South Sudan has remained polio free for over eight years. The country is focused to achieving polio certification.

### KEY achievements - South Sudan remained Polio free

**18 000** vaccinators, supervisors and recorders trained and participated in conducting 4 rounds of Polio campaigns in all states of the country reaching **over 3 million** children between 0-59 months in each round.

**387** AFP cases detected and investigated (15% more than the cases reported in 2016), thereby maintaining the 2 AFP surveillance indicators Non-Polio AFP rate is 4.71 and stool adequacy of 87%.

WHO supported the country in the planning for Polio transition as the GPEI ramp down. A business plan and a costed transition plan developed to guide the country on mapping the Polio assets and human resources and how best it can support the health system of the Republic of South Sudan.

The introduction of ODK has strengthened documentation with real time data available that shows over 800 supportive supervision visits conducted.



## South Sudan interrupts indigenous Guinea Worm disease transmission

The SSGWEP was established in 2006 with 20 581 cases reported from 3 320 endemic villages. The intervention was gradually intensified until the last case reported from Roc-Roc Dong Payam in Jur River County, former Western Bahr El Ghazal State in December 2016.

Through strengthening country-wide (including IDP and refugee camps) and cross-border surveillance, advocacy for access to safe drinking water in endemic villages, raising public awareness of the disease and the cash reward offered for voluntary reporting, in November 2017, the country celebrated its first full year with no cases of Guinea Worm disease.



Group photo during 12th guinea worm annual review meeting



Baby Nunu, who was born during the inauguration ceremony of the Yambio maternity complex

## KEY achievements - Promoting health through the life-course

**5 000** direct obstetrics complications successfully managed in six WHO supported facilities whilst 476 neonates provided with resuscitation and life savings interventions.

**18** medical doctors sponsored completed post graduate specialization training in obstetrics and gynecology have been deployed to provide tertiary health services and capacity building of health workers in state hospitals.

**170 000** women and children received CEmONC services at six referral hospitals supported.

**18** health care providers trained as master trainers on IMNCI and have cascaded the training to health facility level to manage under five children in the facilities who present common childhood diseases such as malaria, pneumonia, diarrhoea and malnutrition.

A five year (2018-2022) integrated costed Reproductive Maternal Neonatal Child Adolescent Health and Nutrition Strategy developed to provide a unified framework and strategic guidance for planning, prioritization and implementation of reproductive, maternal, newborn, child, adolescent health and nutrition services in South Sudan.



A child being vaccinated against measles

## KEY achievements - Immunization

Penta3 coverage increased from **44%** in January 2017 to **58%** in December 2017.

**1.5 million** children 6 – 59 months vaccinated with measles vaccine in Greater Equatoria and Greater Bahr el Ghazal regions.

**1 428** health workers trained on routine immunization services a improved quality of handling routine antigens in 67 of the 80 Counties.

**673** health workers were trained and developed Health Facility Micro plan for 214 health facilities in 33 Counties in 8 States using the Reach Every County Approach to conduct regular immunization sessions.





HIV testing and counselling services in Juba

## KEY achievements - HIV/AIDS and Viral Hepatitis

The Treat All guidelines and National HIV Testing guidelines launched leading national wide scale up of services.

Comprehensive HIV training package for health and community workers and PITC training packages updated to support the national scale up of HIV testing and treatment services in effort to address the 90-90-90 UNAIDS targets.

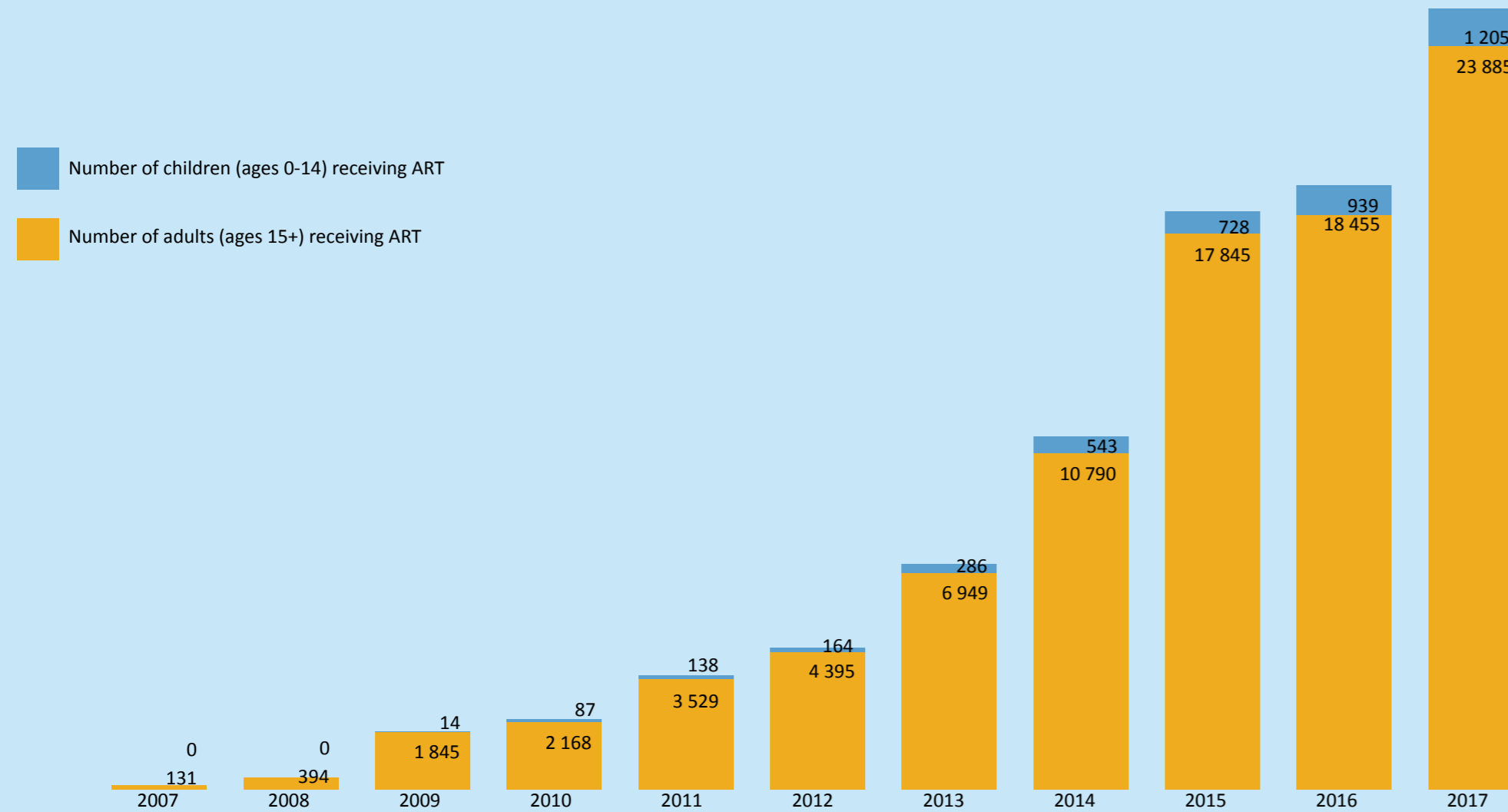
Access to antiretroviral therapy doubled to 70 health facilities while **315** health care providers capacities built across the country including IDP camps and refugee settlements on comprehensive HIV testing, care and treatment to support integration, decentralization and scale up of quality HIV care/ treatment services.

While the retention on antiretroviral therapy at 12 months remains low at about 70%, the number of people accessing antiretroviral treatment increased from about **15 000** post-conflict period **in 2016 to 25 090 by end 2017**.

Access to antiretroviral medicines for pregnant women living with HIV to prevent mother-to-child transmission of HIV also increased from **29%** in 2016 to **54%** in 2017.

In the fight to combat the huge burden of Viral Hepatitis in South Sudan, WHO supported the MoH to develop the National Strategy and operational plan for Viral Hepatitis and the National Diagnostic and Treatment guidelines for Viral Hepatitis B and C. These efforts and commitment are geared towards galvanizing political support and mobilizing resources to fight the deadly disease.

## Antiretroviral therapy (ART) coverage



## KEY achievements - Tuberculosis

Case notification and tuberculosis treatment coverage rose to over 60%. Males were generally more affected than females for the most affected age group (25-34), the male to female ratio was 2.5:1.

Treatment success rate has been steadily increasing, reaching a record high for new and relapse cases of 80%.

70% of TB/HIV co-infections put on ART.

Programmatic Management of Drug Resistant Tuberculosis established. A total of 13 cases initiated on the STR.

## KEY achievements - Malaria

The 2017 malaria EP&R plan developed. As a result malaria outbreaks in 23 counties detected and responded to by WHO mobile medical teams including providing case management training and distribution of commodities in 10 worst affected counties of Yirol east, Yirol west, Awerial, Tonj east, Aweil east, Aweil centre, Aweil south, Kapoeta east, Kapoeta north and Kapoeta South Counties.

Over 170 malaria basic and supplementary module kits prepositioned to the state hubs of Bor, Wau, Aweil, Kuajok and Rumbek. The greater Bahr el Ghazal region has experienced large upsurges and malaria outbreaks annually since 2014 and repositioning is part of malaria epidemic preparedness.

The 2017 South Sudan MIS, was conducted in 4 630 out of the targeted 5 600 households in 280 enumeration areas and 6 IDP sites countrywide. The MIS collected information on the ownership and use of ITNs, IRS, prompt and effective treatment of fever in young children, the prevention of malaria in pregnant women and prevalence of anemia and malaria in pregnant women and children under 5. The MIS was meant to measure progress in coverage of interventions since the last survey in 2013.



is tested for malaria during the UN Day celebration

## KEY achievements - NTDs

EESPEN and MDA launched to effectively tackle the NTDs targeted for elimination.

Through mass drugs treatment, WHO supported the MOH in treating **443 556** people for onchocerciasis and **414 864** for lymphatic filiriasis in four endemic countries of Awerial, Yirol West, Tonj South and Aweil West. This represented a 90% geographical coverage and 76% therapeutic coverage.

Since the beginning of 2017, a total of **4 028** Visceral Leishmaniasis cases including 84 deaths (CFR 2.1%) and 81 (2.1%) defaulters have been diagnosed and treated from 30 health facilities.

The number of positive Human African Trypanosomiasis cases decreased from **746** in 2016 to **10** in 2017.



Ivermectin tablets being administered during the ESPEN launch in Tonj



## KEY achievements - NCDs and mental health

The WHO mental health guideline - mhGAP-HIG adapted and rolled out for use at primary health care level in one state hub. Mental health services are being provided for the priority conditions of depression, epilepsy, psychosis and acute stress.

The WHO supported national NCD risk factors reduction and case management efforts through advocacy for implementation of the recommendations of the WHO FCTC. As a result, taxes for alcohol and tobacco products increased from 200% to 300% and 200% to 250% respectively.

Supported national NCD coalition building by engagement of key line ministries, civil society, bilateral and multi-lateral organizations and academia, on prioritization of the NCD agenda in the country. A “Call for NCD Action For South Sudan” was reached that recommends swift action on excessive use of alcohol, tobacco use, establishment of a high level NCD multi-sectorial coordination committee, establishment of an NCD TWG development of NCD multi-sectorial action plan and mobilization of resources. Besides the call also identified mental illness, injuries, hypertension, diabetes and cancers (cervical, breast and prostate) as major NCDs requiring urgent action.



mhGAP HIG training being conducted for ToTs

## KEY achievements - WASH

**56** National Public Health Officers including WASH cluster partners trained on water quality control, testing, treatment and monitoring including infection control management in health facilities.

**50** pieces of chlorination and **19** mobile water analysis testing kits procured and disseminated to support cholera response.

**32** national public health officers deployed to 10 WHO hubs to support water quality testing in most cholera affected areas and build the capacity of the county health departments and the community.

**1 000** disinfection charts developed and disseminated to guide WASH and health partners on proper disinfection of cholera treatment centers.

Established water quality control testing hub within the National public health laboratory in Juba to guide water safety management and prevent water-borne diseases.

In line with the WHO African Region water and sanitation for health facility improvement tool, WASH in health facilities assessment conducted in eight Hospitals and seven PHCCs to ensure all health care facilities in all settings have adequate WASH services.



A stagnant pond used by the communities for drinking



Training on water quality control and medical waste management



**World Health  
Organization**



**World Health  
Organization**

**World Health Organization  
South Sudan**

Ministerial Road - Ministry of Health Compound, Juba

Tel.: : +211 921 647 859

E-mail: [afwcosswho@who.int](mailto:afwcosswho@who.int)

Website: <http://afro.who.int/countries/south-sudan>

Drafting and review: Dr Moses Mutebi Nganda, Dr Sylvester Maleghemi, Ms Jemila M. Ebrahim

Layout and Design: Ms Jemila M. Ebrahim





**World Health  
Organization**