

World Health Organization

# THE WORK OF WHO IN SOUTH SUDAN IN 2016



Building health systems in the phase of humanitarian crises



# 2016 at a Glance

WHO invested 24.9 million US\$ in programmes in 2016

### 14.5 million U\$\$

for Emergency Health Programmesand

### 10.4 million U\$\$

for Development Health Programmer

Over **3 million** children reached with potent polio vaccines in each of the two rounds of National Immunization Days

Over **1.63 million** people reached with lifesaving medical supplies

51 outbreaks detected, investigated and controlled out of the 223 alerts

**3** maternity complexes built at Torit, Kuajok and Awiel

National Health Policy developed

Technological capacity for increased safe and adequate blood supplies Scaled up





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## Abbreviation*s*

CTs	Artemisinin-based combination therapies
FP	Acute Flaccid Paralysis
NC	Antenatal care
OPV	Bivalent Oral Polio Vaccine
DD	Community drug distributers
ERF	Central Emergency Response Fund
٦F	Common Humanitarian Fund
/DPV	Circulating Vaccine Derived Poliovirus
СНО	European Civil Protection and Humanitarian
ISA	Enzyme Linked Immunosorbent Assay
NARS	Early Warning Response System
AVI	The Global Alliance for Vaccines and Immur
FATM	The Global Fund to Fight AIDS, Tuberculos
С	Health Cluster
CT	Humanitarian Country Team
DP	Health Development Partners
IV/AIDS	Human immunodeficiency virus infection and
SWG	Health Sector Working Group
)Ps	Internally Displaced Persons
DSR	Integrated Disease Surveillance Response
.INs	Long Lasting Insecticide Treated Nets
DR-TB	Multi-Drug Resistant Tuberculosis
NCH	Maternal, Newborn and Child Health
оН	Ministry of Health
OPV2	Monovalent Oral Polio Vaccine type 2
TD	Neglected Tropical Disease
TLBP	National Tuberculosis, Leprosy and Buruli U
-NTD	Preventive chemotherapy
۸T	Program Management Team
ATCT	Prevention of mother-to-child transmission
0C	Protection of Civilians
DTs	Rapid Diagnostic Tests
3	Tuberculosis
DPV	Trivalent Oral Polio Vaccine
NAIDS	The Joint United Nations Programme on HI
NCT	UN country team
NFPA	The United Nations Population Fund
NICEF	The United Nations Children's Fund
NWOMEN	The United Nations Entity for Gender Equa
SAID	The United States Agency for Internation
'B	World Bank
'HO	World Health Organization
00	WHO Country Office

### n Aid Operations

unizations osis and Malaria

nd acquired immune deficiency syndrome

Ulcer Control Programme

i -

IV/AIDS

uality and the Empowerment of Women nal Development





# South Sudan in brief

The Republic of South Sudan in East Africa covers an area of 619,745 square kilometers and is bordered by Sudan to the north, Ethiopia to the east, Uganda and Kenya to the southeast, Democratic Republic of Congo to the southwest and Central African Republic to the west. South Sudan became the 193rd country recognized by the UN and the 54th UN member state in Africa.

The country is administratively divided into States, Counties, Payams and Bomas. South Sudan's population is estimated at about 12.3 million people. WHO maintains presence upto Payam level.



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# Foreword



Dr Abdulmumini Usman WHO Representative

In 2016, the WHO country office in South Sudan underwent accelerated reformation using the WHO Transformation Agenda in the African Region as the guiding vision. The capacity of the country office in terms of human resources was enhanced with the support of the Regional Office and Headquarters in terms of numbers, development of pro-result values and technical knowledge.

The health sector faced immense challenges in 2016. The Health system in South Sudan was already seriously constrained as a result of the economic crisis. The ongoing crisis which was exacerbated in the middle of the year further affected access to health services due to intense fighting and shifting areas of conflict. Reaching people in need of medical care, delivering medical supplies and providing essential health care services, especially in hard to reach and besieged areas, proved immensely challenging. Government clearance to deliver medicines and medical supplies caused delays. As of July 2016, over half of the country's health facilities could provide only limited services. Overcrowding, poor sanitation and malnutrition have led to outbreaks of cholera, malaria, kala azar and measles. Trauma and non-communicable diseases were major cause of mortality and morbidity.

Despite these challenges, WHO has continued to meet its core commitments including emergency response. We continued to implement development projects funded by GAVI, Canada, GFATM and USAID. Expansion of humanitarian aid to hundreds of thousands of people living in remote areas affected by conflict, as well as early detection and control of outbreaks became possible with the generous support of our donors, notably, the USAID, ECHO, the Government, Japan, CERF and the CHF.

Effective and efficient use of our resources is critical, and in the year, WHO introduced mechanisms to reinforce good project management and to maximize available funds for the beneficiaries. WHO South Sudan is now well positioned to meet the challenges ahead as we continue our dedication to the well-being of the people of South Sudan. We remain focused on both providing timely humanitarian assistance, assuring health security and working well towards sustainable change that gives people of South Sudan the opportunity to experience access to affordable, safe and quality essential health-care services.

I extend my sincere appreciation to the Government of South Sudan, staff and consultants in the 3 levels of WHO, and our numerous donors and partners. Your contributions and support have helped WHO consolidate and build on progress made in 2015. We look forward to continued partnership and cooperation.





# Introduction

This report presents the work provided by the WHO South Sudan Office in 2016, which covers the work of country office and the 10 field offices. The WHO country office provides leadership on critical health matters and technical support to the Ministry of Health (central and state levels) and partners to achieve the overarching goal of promoting and protecting the health status of the people of South Sudan as enshrined in 12th General Programme of Work (GPW). The report summarizes the major achievements under seven categories of work.





# South Sudan Key Health Indicators 2016

Indicator	South Sudan	
Maternal Mortality Ratio	730*	
Infant Mortality Rate	84**	
U5 Mortality Rate	104**	
Total Fertility Rate	6.7**	
First Antenatal visit	49.6%***	
Antenatal visit 4+	44.7%***	
Institutional deliveries	14.5%***	
Contraceptives Prevalence Rate	1%***	
Penta3 coverage (routine)	44%	
HIV/AIDS Prevalence	2 600	
Tuberculosis Prevalence	146	
Prevalence of NTD	High	
Malaria Prevalence in Children Under 5 Years (using Microscopy)	8%****	
Malaria Prevalence in pregnant women (using Micros- copy)	9%****	
Health infrastructure	0.8*****	
Health workforce	0.2*****	

African Region	Unit of measurement
210	Deaths per 100 000 live births
63	Deaths per 1 000 live births
95	Deaths per 1 000 live births
5	Total fertility rate (per woman)
75%	Visit during pregnancy (%)
47%	Women receiving at least 4 ANC Visit during pregnancy (%)
48%	Births Attended by skilled health per- sonnel (%)
27%	Use of contraceptives among CBA women
72%	% of children vaccinated with penta3
2 774	Prevalence per 100 000 population
303	Prevalence per 100 000 population

Number per10 000 population

Number per10 000 population

Source The African Regional Health Report 2014 \*WHO/UNICEF/UNFPA Estimates 2015 SSHS 2010 \*\*MoH-DHIS 2015 \*\*\*\*\*\*MALARIA INDICATOR SURVEY 2013 \*\*\*\*\*\*\*NHSSP 2012-2016 \*\*\*\*\*\*\*HRHMIS 2010 \*\*\*\*\*\*\*\*HRHMIS 2013





# **Country Priorities**

In line with the smart technical focus of the WHO transformation in the African Region, the South Sudan country office prioritized the following:

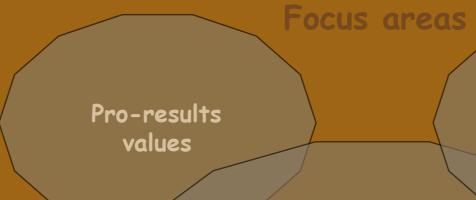
- Ensuring adequate and timely health humanitarian response, as well as surveillance and response to events of public health importance in coordination with partners.
  Addressing inequality in the delivery of priority health services across the country by targeting the most underserved populations in line with the Universal Health Coverage principles.
- Control of major communicable diseases including HIV/ AIDS,TB, Malaria and Neglected Tropical Diseases.
- Supporting the recovery of the health sector and building sustainable institutional capacities.
- Building partnerships for greater impact.
- Ensuring transparency and accountability for results and resources.
- Working towards reducing maternal and child mortality by targeting communicable diseases and addressing other social and environmental determinants of these mortalities.



The current priority focus is to strengthen and establish programmes in both WHO and the Ministry of Health to achieve long term goals formulated in the SDGs, ensure health security and achieve global targets such as eradication as well as elimination of Polio, Measles and Guinea Worm among others.



# The Transformation Agenda of the WHO secretariat in the African



Improved performance and accountability in the African Region

Responsive strategic operations Smart technical focus

Effective communications and partnerships



Since 2015, the WCO for South Sudan is domesticating the WHO/AFRO Transformation Agenda. The WCO has made tangible progress towards achieving the expected results of the transformation agenda. We intend to build on this momentum to sustain and scale up on the gains made so far, to ensure we are more responsive and a reliable partner in addressing health needs and priorities of the South Sudanese.



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

**Promoting pro-results values -** The WCO has invested a lot in the area of ensuring proresult values. The organogram of the country office was revised in line with the expected functions to be performed. Staff contract types were changed to ensure career development and boost morale. More staff were recruited to support important functions. Staff induction was conducted for both old and new staff. We continue to conduct vigorous trainings to improve staff development. Staff association activities are being promoted. Interaction between staff and management has become more open and transparent. Performance targets and frameworks are discussed with staff at the beginning of the year and reviewed regularly. Clusters and teams have been formed and regular meeting forums established to promote team work.



**\$mart technical focus** - The country was supported to develop and approve a new national health policy which articulated new policy directions including decentralization of management of health services, strengthening community health services, and ensuring universal health coverage. In line with the new health policy, the Boma Health Initiative (a community based health extension worker initiative) was developed. A Health Sector Strategic Plan was drafted to implement the new health policy.

The major challenge in the delivery of health services in South Sudan is the collapsing health system due to the prolonged conflict, economic slowdown and inadequate resources. Following the July crises, an overarching emergency strategy to ensure health security and access to essential health services in the short, medium and long-term for population affected by a prolonged conflict was developed to bridge the period required for the development of health sector development plan.



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### **Responsive strategic operations** - The

country support unit (CSU) established and staffed to ensure an enabling environment for effective and efficient implementation of programms. SOPs have been developed and shared among the staff to ensure compliance with WHO rules and regulations, clarity of roles and responsibilities and institutionalization of checks and balances. Adequate attention has been paid to the implementation of the administrative review and audit recommendations. Tasks and responsibilities have been delegated to administrative staff to improve timeliness of response. We have also institutionalized other mechanisms to improve responsiveness including weekly admin/ technical reviews and electronic approvals.

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### Effective Communications & Partnership (ECP) - Partnerships and

engagements in joint actions with the UN country team (UNCT), Program Management Team (PMT) of the UN, H6+ (WHO, UNICEF,UNFPA, WB, UNWOMEN, UNAIDS), Humanitarian Country Team (HCT), Health Cluster (HC), Health Development Partners (HDP), Health Sector Working Group (HSWG).

Key results of this collaboration have resulted in the finalization of the National Health Policy, the Humanitarian Response Plan and with the pooling of resources. There are ongoing discussions with humanitarian and development partners which have given rise to a detailed proposal on Health Governance in South Sudan. Also the upcoming health summit will address the bottlenecks in the delivery of health services and operationalize the Boma Health initiative.

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

Key information products include, a weekly IDSR/EWARN bulletin, in-depth bi-weekly brief on health events of concern, quarterly newsletter on health in South Sudan, press releases, health cluster bulletins, situation updates, infographics, brochures and radio talk shows.









# Health Security, Emergency, Preparedness and Response

WHO has the responsibility of ensuring the delivery of health services of acceptable quality and standard during emergencies. WHO provides a comprehensive and effective health response to public health threats and coordinates health humanitarian response through the health cluster at all levels in order to save lives, minimize adverse health effects and preserve dignity, with specific attention to vulnerable and marginalized populations in South Sudan.

In 2016 WHO activated the three level Incident Management Protocols as well as the emergency response framework to lead the health cluster response by initiating: the health cluster response strategy; repurposing technical staff to respond to the emergency; health cluster coordination at national and sub-national levels; facilitating rapid health assessment and risk analysis; providing technical support for early warning, alert, investigation, confirmation and response to disease outbreaks; providing guidelines for case management; provision of lifesaving emergency kits and consumables for common illnesses that are potentially fatal as well as information management and dissemination (e.g sharing of Sitreps, IDSR bulletins, Health Cluster Bulletins).











# **KEY** achievements

**3 709** cases of cholera detected and effectively managed while reducing Case Fatality Rate from 21.1 to 1.73%

**69 039** people reached with Oral Cholera Vaccine

**1 000** children with severe acute malnutrition (SAM) and medical complications benefited from WHO nutrition kits

**795** health care workers trained in life savings emergency skills & interventions

**32** health cluster partners accessing lifesaving supplies from WHO core pipeline

Over **3 million** children reached with potent polio vaccines in each of the two rounds of National Immunization Days

Over **155 000** migrant children vaccinated through special vaccination posts



## Integrated Disease Surveillance Response (IDSR) and Early Warning Response System (EWARS)

Communicable diseases remain a major public health challenge in South Sudan, causing significant burden of illness, disability and mortality.

WHO provides policy and technical support, builds the capacity of the MoH (central, state and county level) to detect, assess and respond to epidemic and pandemic prone diseases. In the aftermath of the 2013 crisis, the national disease surveillance system has continued to rely on two streams of disease surveillance information.

The Integrated Disease Surveillance and Response (IDSR) system is operational in the seven nonconflict affected states, while the Early Warning Alert and Response Network (EWARN) is currently used to fulfill the disease surveillance and response need in the three conflict affected states.

The timeliness and completeness of surveillance performance has significantly improved with strong passive and active surveillance.







# **KEY** achievements

A total of **223** outbreak rumors/alerts were reported and verified by the state rapid response teams in 2016

**89%** of the reported rumors/alerts were investigated within 3 days of the reception of the rumor

Cholera contained in **7 (80%)** of the affected states

Since 2014 the crude and under five mortality rates have remained below the emergency threshold in the IDP sites





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### **Emergency preparedness and Humanitarian actions WHO**

enhances the capacity of the MoH in disaster risk reduction for health. In addition, WHO provided technical support, operational and policy guidance to the Ministry of Health and local health authorities in areas of outbreak response and focused on strengthening institutional and country capacities in mitigation, preparedness, response for all types of hazards including disease outbreaks which posed a threat to human health. **Health Cluster:** Under the leadership of WHO, the Health Cluster coordinates and brings together all development and humanitarian partners to ensure a unified approach to health care delivery, including the delivery of key elements of the Basic Package of Health Services. To ensure health security and access to essential health services in the short, medium and long-term for populations affected by the prolonged conflict, WHO developed Strategic Framework for the Health Sector Response. The strategy will improve engagement with the Ministry of Health, UN agencies, donors, NGOs and other partners; leverages resources; promote integration, collaborations and partnership for a timely and accessible lifesaving intervention to all in need. In South Sudan 67 partners are affiliated with the health cluster.





**Nutrition:** Throughout the heightened emergency phase in South Sudan from 2014 to 2016, WHO intensified support to nutrition programmes with increasing focus on inpatient management with medical complications. A SAM-specific medicines kit was devised and introduced in June 2016, along with a comprehensive Capacity building package and consistent monitoring and evaluation tools, in line with existing WHO Global Guidelines and national information systems of the health and nutrition sectors. Kits were distributed to one third of functioning stabilisation centres before the latest escalation in violence disrupted services and monitoring. This initiative reflects WHO's operational role in nutrition programming in emergencies.

# Communicable Diseases, Prevention and Control

Communicable diseases are a leading cause of mortality and morbidity in South Sudan. Recurrent disaster and humanitarian crises, destroyed health infrastructure, lead to poor access to health services including supplies, loss of staff, population displacements, reporting challenges, collapsed health services, inadequate shelter, lack of safe water and sanitation facilities, overcrowding, and substandard immunization services all contributed to the high risk of communicable disease transmission.

In 2016, the World Health Organization Country Office in South Sudan's commitment to avoid excess mortality and prevent illnesses translated in to a package of services to reduce the incidence, and thereby the social and economic impacts of communicable disease like HIV infection, Malaria, Hepatitis and TB.













Over **20 000** adults and children living with HIV/AIDS accessed lifesaving antiretroviral treatment

**75%** adults and children with HIV retained on treatment 12 months after initiation of antiretroviral therapy

Over **250** health care providers trained in providing ART/HIV care across the country

**4 023 659** people aged from one to twentynine years old vaccinated against meningitis in six non-conflict affected states

70 to 6 reduction in number of Guinea worm cases

**1 320** tested during the World Malaria Day commemoration and those positive provided with treatment

26 laboratory technicians trained on PMDT

**4** health workers trained on Programmatic Management of Drug-resistant Tuberculosis (PMDT)







Polio Eradication Initiative: The country has remained Polio free for over 7 years with the last case reported in Aweil West Country, Northern Bahr El Ghazal state in June 27, 2009.

The programme continues to support the MOH not only in PEI but also other programmes such as Guinea worm eradication and emergency response to outbreaks. WHO PEI programme with over 400 personnel has established a highly sensitive surveillance system to detect Acute Flaccid Paralysis (AFP) cases in children less than 15 years of age. In 2016, the national Non polio AFP case detection rate reported as 3.90 per 100 000 children less than 15 years of age with 92% adequate stool specimen collection rate (global standard: case detection 2/100 000 and 80% stooladequacy). The PEI program as guided by the Polio end game strategy was able to implement the switch from tOPV to bOPV. Also the certification and containment activities were successfully implemented with plans ongoing for polio transition.



### Neglected Tropical Diseases (NTDs):

WHO is supporting the control of several neglected tropical diseases, namely drancunculiasis, visceral leishmaniasis, human African trypanosomiasis, leprosy, lymphatic filariasis, soil-transmitted helminthiasesschistosomiasis and Onchocerciasis (River Blindness). WHO provides medicines, diagnostic supplies and training to national health personnel. It also supports the Ministry of Health in their coordination and surveillance system by collecting and analyzing data. WHO provides regular technical support in establishing guidelines for disease control and elimination. Between February and April 2016, mass drug administration for river blindness was conducted in the Greater Western Bhar El Gazel Region targeting 80% of the eligible population in the state.

During this period, 40 Supervisors and 1 632 community drug distributers (CDDs) were trained.

To successfully control and eliminate the most common NTDs, South Sudan completed mapping of preventive chemotherapy (PC-NTD) for Schitosomiasis (SCH), Lymphatic Filiriasis (LF) and Soil Transmitted Helminth (STH) in 26 oof the 53 unmapped Counties. Tremendous progress has been made by reducing the number of Guinea worm cases from 70 cases in 2014 to six cases in 2016. **Malaria controls** WHO continues to provide support to the Ministry of Health to strengthen and scale up case management including access to malaria medicines and diagnostics, ensuring universal access to vector control interventions, mainly LLINs and surveillance to inform response decisions.

To reduce the burden of malaria, technical support provided in mass distribution of three million LLINs, forecasting the commodity needs for ACTs, RDTs and LLINs and providing emergency malaria medicines and diagnostics. An Integrated Vector Management strategy and plan, Insecticide Resistance Management plan, Indoor Residual Spraying guidelines and Larval Source Management guidelines were developed for the first time in South Sudan. Malaria outbreaks in more than 32 counties countrywide, with more than 4 million people at risk, were detected timely and responded to through effective partner coordination by WHO.





**HIV/AIDS:** WHO continues to play a leading role in policy formulation, advocacy, guideline development/adaptation, elimination of mother to child transmission and in providing mother and child health services in the context of HIV, ensuring regular and uninterrupted supply of HIV medicines and commodities, planning and mobilizing of resources for the family and strengthening acquisition and use of strategic information to guide a more effective response.

**Tuberculosis:** WHO continues to play an important role to scale up multi-drug resistant tuberculosis (MDR-TB) control through sustainable complementary and efficient investment to improve access to life-saving tests, treatments and prevention. The USAID funding supports the National Tuberculosis, Leprosy and Buruli Ulcer Control Programme (NTLBP) to detect MDR-TB cases and achieve a treatment success rate of at least 70%. WHO also provides support to review the National drug-resistant tuberculosis guidelines and develop DR-TB training manuals.









# **KEY** achievements

94 421 Beneficiaries reached

50 615 ANC 4+ visits recorded at all facilities

607 cases of PMTCT managed/ treated

**39 537** obstetrics complications provided with life savings emergency care

- **1 429** hospital staff trained
- 25 437 normal deliveries conducted
- **1 853** Cesarean section performed
- 2 883 emergency care provided to new-borns

**12** nurses trained in Anesthesia; all deployed and supporting obstetric surgical services

**18** post graduate fellowship awarded for study in obstetrics and gynecology. Based on scheduled , 2 completed in 2015, 6 in 2016 and the remaining in 201

**3** modern maternal waiting homes constructed in Bor, Wau and Yambio

6 modern maternity complexes constructed in Bor, Wau, Kuajok, Aweil, Yambio and Torit

## Child Health Services

To save the lives of millions of South Sudanese children, WHO with financial support from USAID, Bill & Melinda Gates Foundation, Rotary Club, works closely with the Ministry of Health and partners to protect children against life-threatening vaccine-preventable diseases.







# **KEY** achievements

226 399 children protected against measles during 26 outbreak response campaigns **194 975** children reached with three doses of pentavalent vaccine **183 056** women in child bearing age group vaccinated with two and above doses of TT vaccine 146 718 children reached with inactivated polio vaccine



# Health Systems, Policy Dialogue and Resource Mobilization

# **KEY** achievements

### Health System Strengthening

- Health Coverage approved.
- medicines.

### Mental Health

• The National Health Policy 2016 to 2026 that outlines the overall health sector direction over this period developed and approved by parliament and cabinets. Boma Health Initiative strategy-a community based health extension workers strategy to strengthen community systems aimed at fostering Universal

Supported the development of a roadmap to streamline the supply chain management system for essential

Supported the development of a Quality Assurance Framework for Health Sciences Institute to foster compliance with international standards for training mid-level health professionals.

Development of multi-sectoral, mental health and psychosocial support response plan to strengthen health facilities to promote awareness of mental health issues in the community and ensure proper care to those who need them most through establishment of mental health services at primary health care level.





## Blood and Transfusion safety

Safe blood transfusion: A properly functioning blood transfusion service is one of the essential components of health care and can save a considerable number of lives. The World Health Organization in South Sudan, with support from the Government of Japan, has been supporting the National Blood Transfusion Services (NBTS) to establish an efficient and sustainable national programme to ensure the availability of safe and adequate supply of blood and blood products.

In addition to blood's unique role as a life-saving resource, it is a potential carrier for harmful, and sometimes fatal, infectious diseases and other adverse health effects. Therefore blood and blood components should be processed to the highest standards of safety, by collecting only from voluntary donors; ensuring mandatory screening, testing, processing and appropriate clinical use based on national transfusion guidelines.



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# **KEY** achievements

- A very successful World Blood Donor Day was held with a record 74 voluntary blood donations as well as a donation of facilities for donor selection interviews and counseling; more comfortable donor couches; tents and three all-terrain vehicles for mobile blood drives donated to National Blood Transfusion Services to boost the capacity for the recruitment and reaching out to the communities for voluntary blood donations.
- The introduction of automatic blood grouping technology using barcodes for sample identification and ELISA technology for the screening of donated blood and temperature monitoring devices for the blood cold chain, enhanced the capacity of the laboratory to ensure quality, efficacy and safety of blood and blood products.
- The operationalization of the medical specialized laboratory and Regional Blood Transfusion Centre in Wau, former Western Bahr el Ghazal Region improved coverage and access to services for laboratory based disease surveillance and blood transfusion in the neighboring states.
- The first mobile blood drive carried out in Wau, achieved a first ever 24 voluntary blood donations over a half day period.

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