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VOICES

from the field

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WHO Supported Cholera Treatment Center saves lives amidst resource shortages in South Sudan

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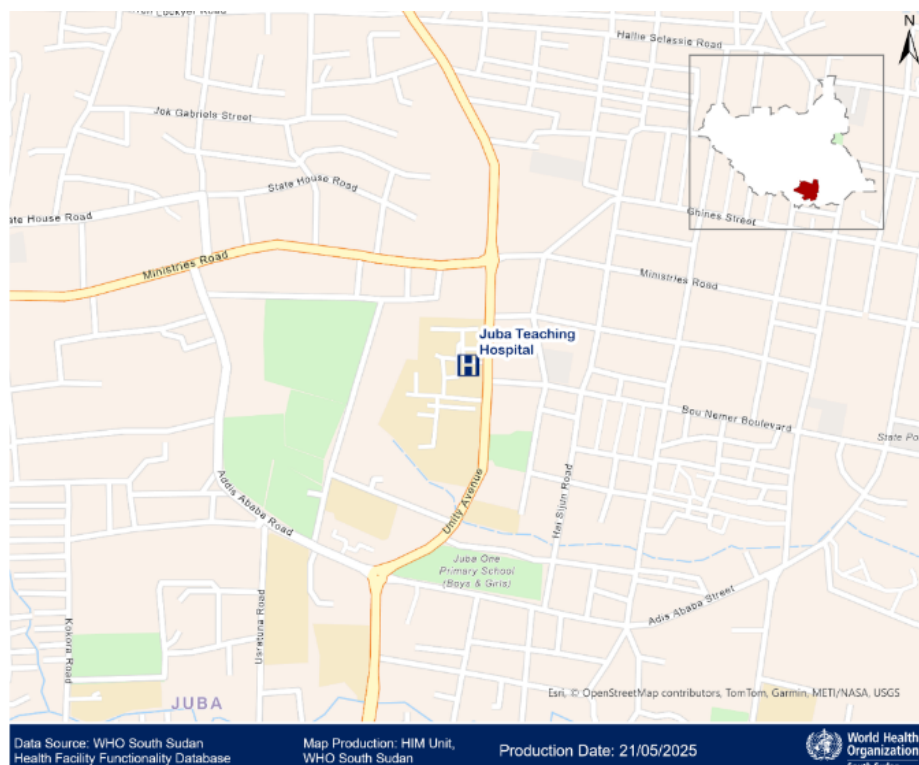
Juba, 23 May 2025 - Located at the heart of South Sudan's capital city, The Juba Teaching Hospital (JTH) is the largest referral hospital in the country and a vital pillar in the nation's healthcare system. Serving over 500,000 people, JTH plays a central role in responding to outbreaks and public health emergencies in addition to providing health care services.

The hospital functions as the sole national referral hospital, thereby serving the broader South Sudanese population. Estimates indicate that the hospital indirectly caters to the entire country's population, which was projected to be around 15.2 million based on the 2024 estimates.

A cornerstone of the emergency response

Since the detection of the first cholera case in Juba in November 2024, the numbers have been on a steady increase. This was a burden to the JTH and could have led to the disruption of essential healthcare services. To lighten the burden on the JTH, the World Health Organization (WHO) supported the establishment of a dedicated Cholera Treatment Centre (CTC) next to the hospital.

The Centre was created to manage cases efficiently and prevent the spread of Cholera in the community. For over seven months, thanks to the European commission funding for humanitarian aid, WHO has supplied Interagency Emergency Health Kits (IEHK) and Cholera



Data Source: WHO South Sudan Health Facility Functionality Database

Map Production: HIM Unit, WHO South Sudan

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A Map of Juba Teaching Hospital catchment area



Dr Christopher assessing skin turgor, which can indicate dehydration level on a patient with Cholera

kits for 100 patients on a weekly basis and deployed response teams from

standby Partners to train and support the country's efforts to control the outbreak.

The CTC has become a cornerstone of the hospital's emergency response with 100 bed capacity, sometimes serving up to 140 patients. As of 22 May 2025, the CTC has attended to 3,100 cases. 2,662 of those cases have recovered but unfortunately 18 were lost. This puts the Case Fatality Rate (CFR) at 0.7%.

Since the beginning of the year, age groups 15 years and above are mostly affected, followed by the age groups 5 - 14 years in aggregate of both males and female

Functioning in such setting, the CTC brought back numerous people from the brinks of death like 3-year-old boy, Kuoch Mawien.



Dr Fuad with the medical team discussing cases admitted during the previous night

Mawien's recovery story

On May 10, 2025, a Saturday morning, Mawien was rushed to the CTC. Wrapped in light cloth, his mother held him close to her chest as she tried to explain what was wrong with her child. The boy had severe diarrhea, high fever and rapid respiration for more than a day.

"While Dr Christopher was trying to keep the child alive, my colleague and I ran to the emergency unit of the main hospital. Thanks to Dr. Akoon, the OPD Director, we managed to secure an oxygen cylinder and a nasal canular. The thought of one day not having the item or medication needed to save a

life is dreadful to any responder." said Dr Fuad Abdulrahman, case management Officer at WHO.

Dr Christopher Awel, one of the medical officers at the CTC swiftly took charge. Within moments, vital signs were assessed, Intravenous fluids prepared and Mawien was stabilized. The coordination between doctors, nurses and support staff reflected the Centre's growing reputation for quick and effective interventions.

"Mawien's case was one that ended on a good note. If we had a shortage of oxygen - an essential life-saving intervention for respiratory distress, the situation could have gotten so

much worse." said Dr Christopher Awel, Medical Officer at the CTC.

On the 14 May 2025 at 11AM, Mawien was officially discharged, healthy and smiling. His mother and aunty thanked the medical team and walked away with him leaping in the middle while holding on to their arms with his tiny hands, life was back to normal. For the mother, though initially overwhelmed with worry and fatigue, the care her son received was more than just medical, it was reassuring and humane. For the medical team which often deals with resource constraints within the CTC, this recovery calls for celebration.

Resource shortages

Cases such as Mawien underscore the critical need for improved emergency logistics. Efforts to reverse and stabilize a patient in respiratory distress can be hampered by the lack of an oxygen supply. The lack of IV fluids could be fatal to a Cholera patient suffering from dehydration. For each supply running low in stores, the medical team can foresee the risks and continue to advocate for replenishment.

WHO and partners continue to call for urgent support to ensure uninterrupted supplies of life-saving commodities like IV fluids and cholera kits. Stories like Mawien's are proof that with timely support, every life can be saved even in the most resource-limited settings.



Storage room of the Cholera treatment Centre at the Juba Teaching Hospital