



World Health
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VOICES

from the field

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WHO rolls out Measles vaccines to step up immunization coverage in Central Equatoria State

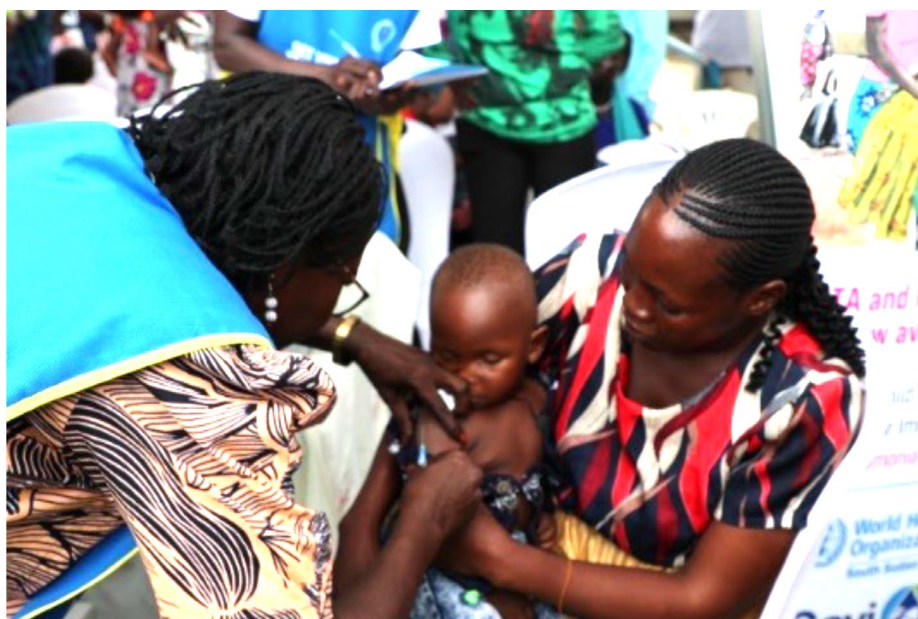
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Measles is a highly contagious disease which spreads easily when an infected person breathes, coughs, or sneezes. Its transmission remains a significant issue in South Sudan, with most cases occurring during the dry season in the first half of the year.

Children aged 1 to 4 years old are the most affected, while two-thirds of those infected have not been vaccinated against the disease despite ongoing efforts in the country. South Sudan regularly conducts routine immunizations, periodic intensified routine immunizations (PIRI), and supplementary immunization activities (SIA).

Considering the persistent threat, the World Health Organization (WHO) has reinforced its support to Measles vaccination in specific areas. Mr. Julu Louis Kenyi Joseph, the WHO Field Coordinator in Central Equatoria State (CES), and his team have been on the ground to support the Ministry of Health in this endeavor. ***“Children among returnees and refugees have been the most affected, despite ongoing vaccination efforts at entry points. People are using unauthorized paths, and this complicates containment efforts.”*** Shares Julu.

The Central Equatoria State, which spans 43,033 square kilometres, is home to South Sudan’s capital city, Juba, and borders the countries of Uganda and the Democratic Republic of Congo (DRC). Among the ten states affected by Measles outbreaks, CES has seen a notable increase in cases, particularly in Juba County, due to the arrival of returnees and refugees from the Sudan.



Kator PHCC in Juba kicks off the measles vaccination drive—protecting children, one dose at a time



A health worker vaccinates a young child at Kator Preschool in Juba as part of the ongoing measles immunization campaign.



The Undersecretary of Health prepares to launch the measles campaign by administering the first dose at Kator PHCC in Juba.

In an initiative to control Measles outbreaks and enhance vaccination efforts, health authorities in CES are tapping into the momentum of the African Vaccination Week to launch a follow-up campaign targeting children aged 6 to 59 months. The goal of this initiative was to achieve at least 95% vaccination coverage for Measles, strengthen routine immunization services, and improve the skills of healthcare workers through training and technical support.

Dr. James Wani Tom Abe, Director General of the State Ministry of Health in CES, underlined the importance of strengthening every person's, particularly children's, need and right to be protected from vaccine-preventable diseases. ***"We rally this much effort, partners, and resources to make sure that our children in Central Equatoria are protected. Our success lies in their trust in us to avail the vaccines and bring immunization services to the grassroots levels."*** Said Dr Wani

The campaign in numbers



1. Community Engagement & Demand Generation

- **450** caregivers were reached with crucial immunization messaging and measles follow up campaign.
- **93** stakeholders participated in community meetings, reinforcing vaccination as a child's right.



2. Intensified Vaccination Efforts

- **875** children (0-23 months) received vaccines through WHO and GAVI-supported campaigns.
- **Targeted outreach** focused on zero-dose children and communities with vaccine hesitancy and cVDPV2 cases.



3. Public Communication & Awareness

- **Public Address Systems (PAS)** amplified vaccination messages across Juba town.
- **Live call-in radio programs** featured experts addressing vaccine misinformation.
- **Radio broadcasts** engaged **10,500** listeners, with **2,045** online viewers and **4,514** interactive participants.



4. Immunization Outcomes & Impact

- **1,589** individuals vaccinated, including 1280 measles vaccinations and 58 pregnant women receiving TD vaccines.
- **39** missed vaccination opportunities recovered.
- **71** immunization dropouts successfully reintegrated

It really takes a village

WHO collaborated with the State Ministry of Health (SMoH) and key partners to ensure a well-organized immunization strategy. Microplanning sessions were conducted to streamline vaccine distribution, resource mobilization, and stakeholder engagement. Coordination meetings were held with local health authorities to assess gaps and align strategies with global measles eradication targets.

Immunization sessions were conducted across health facilities and outreach posts, ensuring equitable access for all communities. Mobile vaccination teams were deployed to remote and high-risk areas to maximize coverage. Health workers ensured that all eligible children received the Measles vaccine. The introduction of finger marking helped prevent double vaccination and made it easier to identify unvaccinated children, contributing to the overall success of the campaign.



STOP consultant oversees vaccination efforts during community outreach in Juba



Caregivers queue for measles vaccination in Tokoro and Nyikabor villages, Terekeka County.

A Training of Trainers (ToT) session was successfully conducted, engaging 65 participants across five counties. At the county level, training was conducted at the payam level, reaching a total of 2,157 individuals across five counties. The breakdown of trained personnel is as follows:

- **1,992 vaccinators**
- **125 team supervisors**
- **40 payam supervisors**
- **40 Adverse Events Following Immunization (AEFI) focal persons**

Additionally, on-the-job training was provided to frontline health workers, focusing on key areas such as vaccine management, adverse event monitoring, and infection prevention and control. These capacity-building efforts aim to strengthen local health systems and enhance the quality of immunization service delivery. Technical guidance from WHO-supported experts helped reinforce immunization best practices, and clinical audits were performed to identify gaps in vaccine storage and administration.



Vaccination team during launch at Kator PHCC.

AEFI focal points were equipped with the necessary skills and knowledge to effectively detect, manage, and report adverse events following immunization during vaccination campaigns. Risk communication strategies, including radio broadcasts and social mobilization campaigns, helped counter vaccine misinformation and increase public awareness. A specific focus was placed

on educating the public about newly introduced vaccines, including MCV2, PCV, and Rotavirus vaccines, to enhance childhood disease prevention.

WHO, UNICEF, and SMoH teams conducted sensitization meetings with community leaders, caregivers, and local influencers to promote vaccine uptake.

Vaccines and essential supplies were dispatched from Juba to ensure timely availability at all vaccination sites in the Counties. Cold chain systems were reinforced to maintain vaccine potency across transportation and storage facilities. Challenges in vaccine distribution to remote locations highlighted the need for improved logistical infrastructure.



Community meeting held to boost awareness ahead of the measles campaign

It is still a bumpy road

Ongoing security concerns in South Sudan at the time prevented 8 out of the 45 payams in Central Equatoria State from implementing campaign activities, creating critical gaps in coverage. A concurrent cholera outbreak in Juba shifted public focus away

from Measles vaccination efforts, as communities prioritized responding to the more immediate health crisis. This led to lower-than-expected turnout for immunization sessions, requiring additional community engagement to reinforce the importance of Measles prevention alongside cholera containment.

The measles follow-up campaign is a crucial initiative aimed at preventing outbreaks and strengthening public health in Central Equatoria State. Despite facing initial challenges, improvements in coordination, strategic interventions, and increased community awareness have created a promising approach to effectively controlling Measles in the state.

