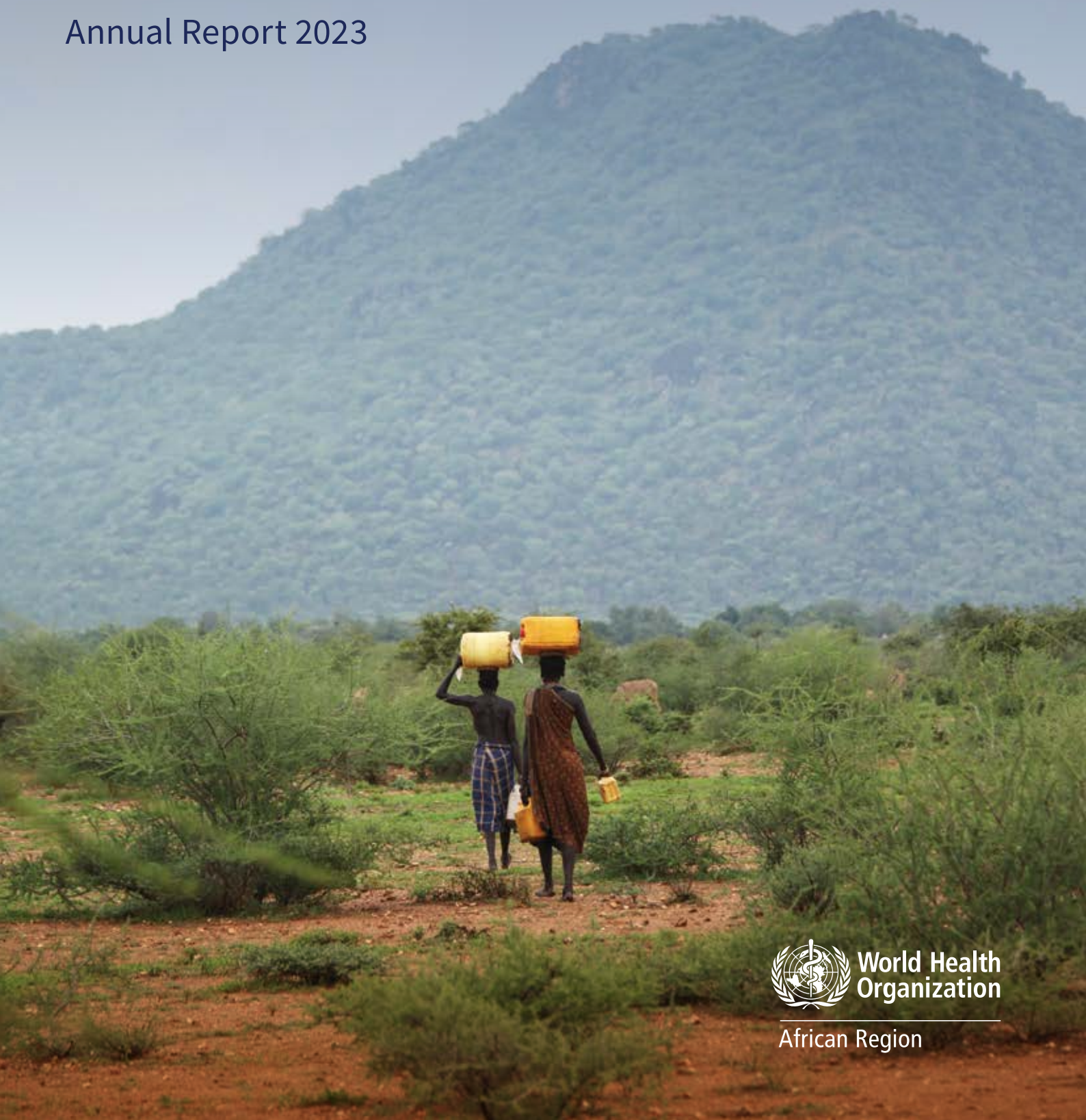

Advancing resilient health systems and services in South Sudan

Annual Report 2023



Advancing resilient health systems and services in South Sudan: annual report 2023

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Designed in Juba, South Sudan

Advancing resilient health systems and services in South Sudan

Annual Report 2023



African Region



ChAdOx1 nCoV-19
Corona Virus Vaccine
(Recombinant)

COVISHIELD

Multidose vial
- 10 doses

Contents

Foreword	iv
Acknowledgements	vii
Abbreviations	xi
Background	1
Country priorities	3
1. Universal health coverage (UHC)	3
1.1 UHC across life course	3
1.2 UHC addressing communicable and noncommunicable conditions	5
2. Emergency preparedness and response	12
3. Enhancing health and well-being	26
4. A more effective and efficient WHO: better supporting the country	27
4.1 Strengthened country capacity in data and innovation	27
4.2 Strengthened leadership, governance and advocacy for health	28
4.3 Financial, human and administrative resources	31
Challenges	33
Way forward	35



Foreword



Dr Humphrey Karamagi
WHO Country Representative in South Sudan

It is my great pleasure to present the annual report for 2023. Throughout the year, we gained numerous achievements and invaluable learning experiences, and identified areas for improvement. This report encapsulates our noteworthy endeavors and contributions to advancing South Sudan's national health agenda. Despite navigating a landscape marked by multiple emergencies, including conflict, climate change and disease outbreaks, we managed to rise above them and progress steadily.

The interconnectedness between the economies of Sudan and South Sudan has presented unique challenges, particularly concerning population movements and health security. The influx of people along the border, including returnees, highlights the need for coordinated humanitarian responses and strengthened health systems to address emerging health needs.

An appraisal of the progress made in public health reveals that collaborative endeavours and strategic interventions have yielded commendable outcomes. An especially significant stride was made in the management of HIV/AIDS, with the percentage of people living with HIV receiving antiretroviral treatment increasing substantially.

The resilience of the health system has been put to the test by five disease outbreaks. However, concerted efforts effectively addressed these challenges, underscoring the importance of preparedness and swift response mechanisms.

A notable highlight of 2023 is the comprehensive approach towards immunization. The successful execution of a nationwide measles campaign, resulting in the vaccination of over 2.3 million children aged 6-59 months, is a testament to the commitment towards



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disease prevention and control. The high coverage rate achieved, along with a robust post-campaign evaluation, mitigated the measles outbreak and reinstated trust and confidence in immunization within the community.

Furthermore, the advancements in polio surveillance are commendable, with the attainment of the highest recorded level of surveillance to date. The collaborative efforts to enhance surveillance performance indicators across all states, including hard-to-reach areas, reflect a proactive approach towards disease surveillance and eradication.

In the wake of the COVID-19 pandemic, vaccination efforts have been prioritized, with over 81% of eligible adults in the country fully vaccinated against COVID-19 with the Johnson & Johnson vaccine.

The partnership between the World Health Organization and the Government of South Sudan has been

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instrumental in driving progress across various health priorities. From deploying technical officers to offering humanitarian aid, strengthening surveillance activities, fostering multisectoral coordination mechanisms for zoonotic disease prevention, and drafting and updating critical plans and strategies, collaborative efforts have catalyzed change and laid the groundwork for sustainable health outcomes.

As we navigate the complex landscape of global health, I thank our colleagues and partners for supporting our vision and working under pressure to ensure that health services reach every person in the country. Through continued collaboration, innovation and resilience, we can overcome the challenges ahead and build healthier, more resilient societies for future generations. As we advance, WHO will continue to work towards a South Sudan where everyone lives a healthy life.



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- African Public Health Fund
- Bill and Melinda Gates Foundation
- Bloomberg Family Foundation
- Carter Center
- Centers for Disease Control and Prevention, United States of America
- Department for International Development, United Kingdom
- Department of Foreign Affairs, Trade and Development, Canada
- Directorate-General for International Cooperation and Development, European Commission
- Directorate General for International Partnership, European Union
- East African Community
- European Civil Protection and Humanitarian Aid Operations

-
- European Society for Clinical Nutrition and Metabolism
 - European Union Humanitarian Aid
 - Federal Foreign Office, Germany
 - Federal Ministry for Economic Cooperation and Development, Germany
 - Fluart Innovative Vaccines
 - Foreign, Commonwealth and Development Office, United Kingdom
 - Gavi, the Vaccine Alliance
 - Gilead Sciences Inc.
 - Korea International Cooperation Agency
 - Kuwait Fund for Arab Economic Development
 - Ministry of Development Cooperation and Humanitarian Affairs, Luxemburg
 - Ministry of Finance, Saudi Arabia
 - Ministry of Foreign Affairs, China
 - Ministry of Foreign Affairs, Denmark
 - Ministry of Foreign Affairs, France

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- Ministry of Foreign Affairs, Japan
 - Ministry of Foreign Affairs, Luxemburg
 - Ministry of Foreign Affairs, Netherlands, (Kingdom of the)
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 - Swedish International Development Cooperation Agency
 - South Sudan Humanitarian Fund
 - Susan Thompson Buffett Foundation
 - Swiss Development Cooperation Agency
 - The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
 - UNDP Multi-Partner Trust Fund
 - United Nations Central Emergency Response Fund
 - United Nations Fund for International Partnerships
 - United States Agency for International Development
 - University of Edinburgh
 - Vital Strategies
 - World Bank





World H
Organization

Abbreviations

ANC	antenatal care	MSP	minimum service package
ART	antiretroviral therapy	NTD	neglected tropical disease
ARV	antiretroviral drugs	NPHL	National Public Health Laboratory
CFR	case fatality rate	ODK	Open Data Kit
COVID-19	coronavirus disease 2019	PHCC	Primary Health Care Centre
DHIS	District Health Information Software	PLHIV	people living with HIV
EPI	Expanded Programme on Immunization	PoE	points of entry
EVD	Ebola virus disease	RRT	rapid response teams
HBV	hepatitis B virus	SAM	severe acute malnutrition
Hep	hepatitis	SAM-MC	severe acute malnutrition with medical complications
HIV	human immunodeficiency virus	STI	sexually transmitted infections
IARHK	Interagency Reproductive Health Kits	TB	tuberculosis
IEHK	Interagency Emergency Health Kits	ToT	training of trainers
IDSR	Integrated Disease Surveillance and Response	UHC	universal health coverage
IMCI	Integrated Management of Childhood Illness	UN	United Nations
IPC	infection prevention and control	WB	World Bank
MDA	mass drug administration	WCO	WHO Country Office
MDR/RR	multidrug resistant/Rifampicin-resistant	WHO PEN	WHO Package of Essential Noncommunicable disease interventions for primary health care in low-resource settings
MoH	Ministry of Health		



Background

South Sudan is the world's newest country, recognized as the 193rd country by the UN and Africa's 54th UN member state on July 9, 2011.

Following independence, the country was affected by internal conflict. The signing of the Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS) in September 2018 and the formation of a Transitional Government of National Unity in February 2020 helped in recovery and peacebuilding.

Progress in development of the country has however been hampered by a number of challenges. Its economy has remained largely dependent on oil, whose production and sale is affected by multiple factors including production bottlenecks, dwindling production, limited new investment and export challenges. As the country relies on neighboring Sudan for export of its oil, the crisis there has posed acute downside risks to South Sudan's macroeconomic stability. Additionally, over 80% of South Sudan's population live in rural areas, where access to social, and economic opportunities are limited. Infrastructure penetration is limited, with sporadic inter-ethnic clashes undermining the capacity to address this. Given these challenges, the country remains in a humanitarian crisis, with 9.4 million people, 76% of the population, estimated to be in need of humanitarian assistance in 2023. This is an increase of half a million people compared to 2022. Women and children continue to be the most affected. The humanitarian situation has worsened due to years of conflict, intercommunal violence, food insecurity, the climate crisis, and the conflict in neighboring Sudan, which has led to an inflow of refugees and returnees into South Sudan.

Within the health sector, the economic challenges have hampered the availability of adequate Government investment to build a stable and sustainable health service delivery infrastructure. The capacity to address health and wellbeing needs is hampered by availability and quality of the health workforce, infrastructure, medicines and medical supplies. The ongoing

humanitarian crisis has made the situation even worse, with high levels of malnutrition, coupled with violence in all its forms adding to the health burden. Many areas in the country are considered hard to reach, and have multiple pockets of vulnerability. As a result, there are high levels of avoidable morbidity and mortality from communicable, and non communicable conditions. The country has 19 out of the 20 Neglected Tropical Diseases, highlighting the level of the challenge.

However, the Government continues to lead the health sector response as it navigates a path towards appropriate health and wellbeing for her people. It has defined its strategic direction, around the need to attain both universal health coverage with essential services, and appropriate health security from the frequent health emergency events. It is working with partners to close the service delivery gaps, with key programs from partners such as the Global Fund, GAVI, the Health Pooled Fund consortium and the UN partners including WHO.

Within this context, the WHO team in South Sudan has channeled support to the country. Given the context, WHO is providing both strategic, and operational support to address the Government's health priorities. As a result, there are significant support activities in emergency preparedness/response, addressing communicable / non communicable conditions, responding to health needs across the life course through a systems approach. The WHO presence is at the National Level, all the 10 states (and 3 administrative areas), the 80 Counties and the Payams that make up the administrative structure. Through this, WHO is able to support both humanitarian and development needs across the whole country.

This report presents the work provided by the WHO South Sudan Office in 2023, covering the work of the country and field offices. It summarizes the major achievements under four categories of the country's priorities: Universal Health Coverage, Emergency Preparedness and Response, Enhancing health and well-being, and a more effective and efficient WHO that better supports the country.



Country priorities

1. Universal health coverage

1.1 Universal health coverage across the life course

The prolonged conflict and crisis in South Sudan have severely weakened the health system's capacity to provide essential health services. This is evident from the poor health outcomes and health system performance indicators.

The maternal mortality ratio (MMR), under-five mortality rate, infant mortality rate (IMR), and neonatal mortality rate (NNMR) are alarmingly high at 1223 per 100 000 live births, 99 per 1000 live births, 64 per 1000 live births, and 40 per 1000 live births, respectively. These rates are well above the African Regional average.

There is an acute health workforce shortage, with a core health workforce density of only 7.6 per 10 000 people. The health infrastructure too needs to be improved, with a health facility density of only 1.4 per 10 000 people. Additionally, there needs to be better service utilization, with currently only 0.5 outpatient visits per person per year.

The Government's funding for health is less than 2% of the national budget, which needs to be increased.

Achievements

- ✓ WHO supported the MoH in developing, validating, launching and disseminating the Health Sector Strategic Plan 2023–2027, which defines the strategic approaches, key interventions, monitoring and evaluation framework, resource requirements and implementation arrangements to guide health sector stakeholders in delivering essential health services, strengthen health systems and build partnerships in the country towards achieving the universal health coverage (UHC) agenda. All stakeholders and partners are expected to collectively align their support and resources towards the implementation of this strategic plan, in line with effective development cooperation principles.
- ✓ WHO procured and installed a high-temperature incinerator at the waste management facility constructed by WHO at the Juba Teaching Hospital. The facility has significantly improved medical waste management and contributed to capacity building of health workers in infection prevention and control. A total of 25 health workers have been trained.
- ✓ WHO contributed to strengthening health sector coordination through support to the health sector steering committee secretariat as well as serving as the secretariat for the health development partners forum. Three quarterly and 12 monthly health sector steering committee meetings and health development partners meetings were held, respectively, to deliberate on key health sector issues including Ebola preparedness, the Sudan crisis, and the health sector transformation project.

Achievements

- ✓ WHO supported the five One Health line ministries to develop and validate the first National Action Plan on Antimicrobial Resistance (NAP-AMR). The NAP-AMR provides strategic priorities and interventions for the next five years. It also outlines a governance structure to ensure oversight of its implementation and monitoring.
- ✓ WHO supported the MoH to conduct a landscape analysis of the quality of care in the country. The report is a critical step towards developing a National Healthcare Quality Policy and Strategy (NQPS) to guide a well-coordinated, countrywide systematic approach to improving healthcare outcomes for individuals and communities in South Sudan.
- ✓ WHO supported the development of a national priority list of medical devices, essential diagnostics and assistive products that will serve as a policy tool for priority decision-making, regulation, procurement, patient safety and rational use of health technologies.
- ✓ WHO supported the development of national guidelines for management of comprehensive abortion care and training packages for capacity building of health care workers. Twenty-eight health workers were trained as trainers (ToT) on comprehensive abortion care in Juba and Wau hospitals, where they will subsequently conduct cascade training of health workers. In total, 36 health workers from Wau Teaching Hospital were trained on comprehensive abortion care and 50 health care workers from facilities within Juba County were trained on sexual and reproductive health and rights services.
- ✓ WHO contributed to the improvement of the quality of maternal and child health care services through the operationalization of maternal and perinatal death surveillance and response (MPDSR) committees in 16 health facilities, and initiated and facilitated 11 paediatric death audit review meetings in Al-Sabah Children's Hospital.
- ✓ WHO provided guidance to 85 health care workers and 160 community/religious leaders from Central Equatoria, Western Equatoria, and Eastern Equatoria, Jonglei, and Western Bahr El Ghazal States on gender, equity, and human rights (GER) concepts and how these influence health outcomes, and enabled them to become advocates.



1.2 Universal health coverage - addressing communicable and noncommunicable conditions



Human immunodeficiency virus (HIV)/sexually transmitted infections (STIs)/tuberculosis (TB)/hepatitis

The estimated number of people living with HIV (PLHIV) in 2023 was 143 077, of whom 12 161 (8.5%) were children (0-14 years). The number of adults and children newly infected with HIV was estimated at 7640, and 5336 adults and children lost the battle against AIDS in 2023. Meanwhile, the percentage of PLHIV on antiretroviral treatment (ART) is currently 47%, up from 32% in December 2022, with the estimated coverage of pregnant women receiving antiretroviral drugs (ARV) for prevention of mother-to-child transmission improving from 65% to 76%.

Tuberculosis is estimated at 227 cases per 100 000 population in 2023. The rate of drug-resistant TB (DR-TB) is estimated at 4.7 cases per 100 000 population, which amounts to 510 cases. There has been a remarkable 250% increase in DR-TB notifications compared to 2022. Likewise, the TB treatment coverage jumped from 17 468 in 2022 to 19 659 in 2023 (from 70% to 79% of the expected 25 000), while 94% of all registered new and

relapsed TB patients were put on ART and screened for HIV, of which 12% were found to be HIV-positive.

The prevalence of HBV infection among children aged under 5 years in South Sudan is one of the highest in the African continent, estimated at 13%, which is significantly higher than the African mean of 2.53% and the global elimination target of under 1%. These statistics imply an increase in infections acquired through mother-to-child transmission and during early infancy.

The syphilis prevalence in the 2020 and 2021 antenatal care (ANC) surveys was 2.4% and 1.6%, respectively. These values are above the global elimination target of <1%. South Sudan is burdened with curable STIs such as chlamydia, gonorrhoea, syphilis and trichomoniasis. These infections are linked to adverse pregnancy and maternal outcomes like stillbirths, low birth weight, neonatal deaths, congenital disease, infertility, and pelvic inflammatory diseases. Addressing this is crucial for improving maternal and child health in South Sudan.

Achievements

- ✓ WHO continued to provide leadership and guidance to the Ministry of Health (MoH), including sustaining the functionality of technical working groups and strategic advisory committees for HIV, TB, STIs and hepatitis to help coordinate policy and strategic work.
- ✓ WHO supported the MoH and partners in reviewing and updating the National Strategic Plans for HIV and TB. The updated national strategies for 2024-2026 were revised and aligned with emerging local needs, evidence, and innovations in line with WHO's regional and global strategies.
- ✓ WHO provided technical guidance and advocacy in the grant writing, peer review and submissions for the Global Fund (GF) and PEPFAR Country Operation Plan (COP23), with the grants contributing over 90% of the resources for HIV and TB programmes in South Sudan.
- ✓ WHO continued to conduct advocacy and raise awareness, support mobilization of resources, and galvanize support to address the burden of HIV, tuberculosis, and viral hepatitis in the country, including through World AIDS Day, World TB Day, and World Hepatitis Day.
- ✓ WHO continued to provide technical assistance in policy and guideline development work. Together with the MoH and partners, WHO helped develop the consolidated TB guidelines incorporating childhood TB, drug-sensitive TB, and drug-resistant TB. Additionally, WHO supported the development of the National Voluntary Medical Male Circumcision (VMMC) Policy 2023 to guide the implementation of VMMC services. VMMC is an essential part of the combination prevention strategy to reduce transmission of HIV in the country.
- ✓ WHO assisted the MoH in developing the integrated clinical mentorship package for HIV/TB/STIs/hepatitis, incorporating WHO recommendations to enhance the quality-of-service delivery for prevention, care, and treatment. In addition, technical assistance was provided to conduct a laboratory-based HIV rapid test algorithms verification study to ensure accurate HIV diagnosis.
- ✓ To enhance the monitoring of health trends, WHO supported the development of consolidated guidelines on strategic information on HIV, TB, STIs, and hepatitis. WHO continued to support programme monitoring, conducting surveys and global reporting for HIV, TB and hepatitis.

Malaria

Malaria remains a disease of public health significance and a major cause of illness and death, particularly among pregnant women and children under 5 years of age. It accounts for 66% of outpatient consultations, 50% of admissions, and about 30% of deaths. The World Malaria Report 2021 estimates 8750 malaria cases reported daily and 20 deaths daily in South Sudan, putting the country at the highest level of malaria incidence in the Region.

The country's complex humanitarian context, characterized by fragile health systems, multiple disease outbreaks, population displacements, flooding, food insecurity, and insecurity, affects the implementation of key malaria control and prevention interventions. The 2021–2025 South Sudan Malaria Strategic Plan calls for robust multisectoral actions to reduce malaria morbidity by 80% in 2025.

Achievements

- ✓ WHO supported the MoH to put forth a strong and sound proposal on malaria to the Global Fund that has been approved. Although WHO is not the principal recipient, the technical support it provided led to South Sudan being granted over US\$ 53.3 million.
- ✓ WHO supported the MoH in reactivating malaria coordination meetings. This led to improved information circulating for decision-making at the programme level and kept the partners informed. The malaria indicator survey was conducted in the fourth quarter of 2023. The data collection has been completed, and the team is engaged in cleaning the datasets before analysis and report writing.
- ✓ WHO supported capacity building for malaria focal points at the State level, which has led to an improvement in the management of cases using first- and second- line medicines.



Neglected tropical diseases (NTDs)

NTDs are a group of diseases caused by viruses, bacteria, fungi, parasites and toxins that mainly affect people in tropical areas, particularly South Sudan's impoverished population. They have severe health, social, and economic implications.

WHO is working towards reducing illnesses, disabilities, and deaths caused by NTDs through various methods such as controlling the diseases, eliminating them as a public health problem, stopping transmission, and eradicating targeted NTDs. By achieving these goals, WHO hopes to contribute towards poverty alleviation, increased productivity, and better quality of life for those affected by these diseases.



Achievements

- ✓ WHO facilitated increased access to diagnosis and treatment for human African trypanosomiasis (HAT) through community outreach programmes, which included active case search and reactive case screening in Tambura, Mundri West, and Mundri East counties. A total of 7061 individuals were reached, resulting in the diagnosis and treatment of two cases of HAT. Strengthening South-South cooperation, 59 samples from suspected cases were sent to the WHO collaborating centre in Burkina Faso; 48 of these were confirmed and treated. WHO also fostered integration for the treatment and diagnosis of various diseases and provided drugs for treating HAT and visceral leishmaniasis (VL, also kala-azar) and test kits to various treatment centres. The number of HAT diagnostic centres has increased from two to eight. Over 600 people with VL benefited from the medicine.
- ✓ WHO provided supportive supervision in eight treatment centres located in Nimule, Lui, Maridi, Yei, JTH, Yambio, Ezo, and Tambura, and two diagnostic centres (Nzara and Ibba). These missions evaluated the personnel's capacity and quality of work, provided on-the-job training, and reviewed registers and guidelines. To complement this support, WHO donated laboratory equipment, including a microscope, agitator, bench and haematocrit centrifuge, to Tambura Hospital.
- ✓ WHO supported mass drug administration in eight counties to protect at-risk individuals from bilharzia (in Juba, Terekeka and Aweril) and river blindness and elephantiasis (in Tong South, Yirol West, Yirol East, and Rumbek Centre).
- ✓ WHO supported the development, validation and launching of the South Sudan NTD Master Plan 2023–2027, which is aligned with the Global NTD Road map 2021–2030 that guides efforts to prevent and control the 19 endemic diseases.
- ✓ Fifty-three health workers from remote areas and border areas were trained in guinea worm surveillance activities to improve cross-border collaboration for the global eradication of guinea worm. In addition, WHO supported the activities of the documentation committee for the elimination of dracunculiasis.
- ✓ WHO supports coordination with NTD partners through biweekly, quarterly, and annual meetings. These meetings help monitor planned activities and implementation progress.
- ✓ WHO provided technical support in completing the annual reports for leprosy, leishmaniasis, and HAT.

Protecting nearly 800 000 people from bilharzia in four counties of South Sudan

In an effort to protect people at risk of bilharzia in South Sudan, the Ministry of Health (MoH), with the support of the World Health Organization (WHO), conducted mass drug administration in four counties.

The aim was to interrupt transmission and protect school-aged children and adults at risk of infection in moderate to high-risk areas of South Sudan.

Bilharzia is counted among Neglected Tropical Diseases (NTDs), a group of infections that primarily affect the poorest and most marginalized communities globally. NTDs affect around 1 billion people globally, 40% of whom live in the African region. It is a significant health problem in many countries, including South Sudan. Preventive chemotherapy has been demonstrated to benefit affected communities; however, it is still not readily accessible by all.

South Sudan is endemic for bilharzia. It is highly endemic in 48 payams (local administrative division), moderate in 96 payams, and low in 93 payams of South Sudan, putting over 4 million people at risk, including 1.5 million school-aged children aged 5-15.

People who come in contact with contaminated water when paddling, swimming or washing can become infected. To control and eliminate human bilharzia, it is crucial to use large-scale preventive treatment with safe, single-dose, quality-assured medicines to prevent illness and interrupt transmission.

Aiming to exceed WHO's minimum treatment goal of at least 75% of at-risk school-age children and adults in high-risk areas, the MoH, with support from WHO and partners, conducted mass drug administration in schools and community centres in Juba and Terekeka, Central Equatoria State; Bor, Jonglei State; and Awerial, Lakes State, treating nearly 800 000 children and adults in these moderate and high endemic areas.

Dr Fabian Ndenzako, WHO Representative a.i. for South Sudan, said, "Administering medicine to prevent bilharzia will protect children and adults from getting sick."

Thanks to the generous contribution of Merck Pharmaceuticals, WHO is committed to supporting the Ministry of Health to reduce infection levels and prevent illness, especially the development of irreversible pathology in adulthood, using preventive therapy through mass treatment of targeted groups, said Dr Ndenzako.

Source: <https://www.afro.who.int/countries/south-sudan/news/protecting-nearly-800-000-people-bilharzia-four-counties-south-sudan>





Expanded Programme on Immunization (EPI)

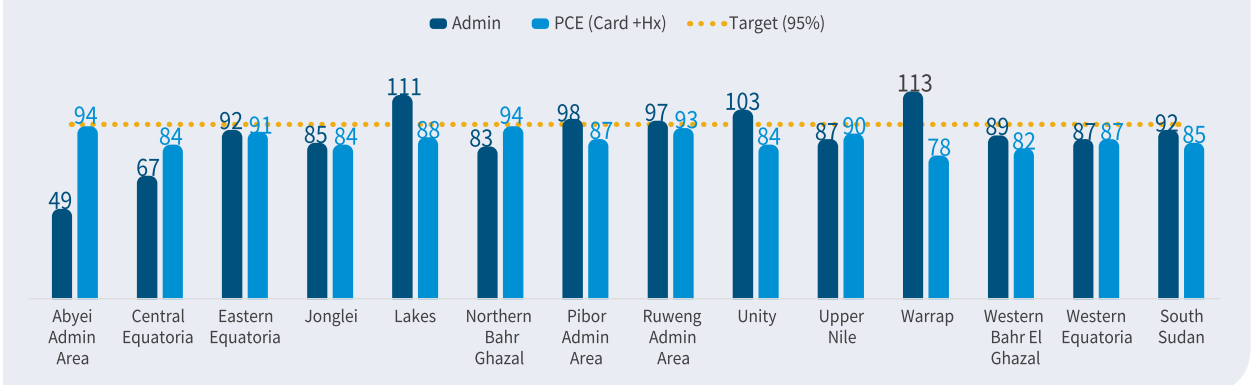
Immunization remains a cornerstone of public health interventions in the country, offering protection against eight vaccine-preventable diseases.

In response to the ongoing measles outbreak, exacerbated by the Sudan crisis and mass migration of over 500 000 individuals into South Sudan, WHO collaborated closely with the MoH and partners to conduct reactive campaigns and point-of-entry immunizations.

Achievements

- ✔ A nationwide measles campaign was conducted with over 2.3 million children aged 6–59 months vaccinated, representing a coverage rate of 92%, validated by a post-campaign evaluation of 85%. This impactful intervention mitigated the measles outbreak and instilled renewed confidence in immunization within the community.
- ✔ WHO supported the implementation of measles reactive campaigns in 22 counties with confirmed outbreaks, vaccinating 939 539 and 664 894 children against measles and poliomyelitis (polio), respectively. Of these children, 168 795 vaccinated against measles and 76 785 against polio were returnees from Sudan.
- ✔ Significant progress was observed in routine immunization, with Penta 3 coverage surpassing 100%, compared to 83% in 2022, reflecting improved access and uptake of essential vaccines. Consequently, a decrease in the population figures provided by the National Bureau of Statistics and the influx from the Sudan crisis remain factors.
- ✔ WHO’s support helped finalize critical strategic documents, including the National Immunization Strategy 2023-2027 and the EPI dashboard, ensuring robust planning and monitoring mechanisms for sustained immunization efforts.
- ✔ The vaccine-preventable disease surveillance system was strengthened, including the laboratory component with the National Public Health Laboratory for measles achieving certification in 2023.

Measles administrative coverage and post-campaign evaluation (PCE) for nationwide campaign in 2023



South Sudan launches major push on measles vaccination

Starting in January 2022, amid the COVID-19 pandemic, South Sudan witnessed a measles outbreak. Over a one-year period, the country saw 4000 suspected cases and 46 deaths, according to World Health Organization (WHO) information.

Measles is a highly contagious disease caused by a virus and occurs seasonally in endemic areas. Among malnourished children and immunocompromised people, the disease can cause serious complications, including blindness, encephalitis, severe diarrhea, ear infection and pneumonia. Measles outbreaks are particularly dangerous in countries like South Sudan, where malnutrition and weakened immune systems make children more vulnerable.

In April 2023, South Sudan's Ministry of Health (MoH) launched a nationwide measles vaccination campaign in partnership with Gavi, the Vaccine Alliance, UNICEF, WHO, and other key partners. The country already conducted several outbreak response campaigns to mitigate the public health impact, but this nationwide campaign set the ambitious target of vaccinating more than 2.7 million children.

The nationwide push is vital because curbing transmission requires 95% coverage. To maximize reach and effectiveness,

the campaign used a combination of fixed and outreach vaccination sites, with a focus on reaching children aged 6-59 months in remote or hard-to-reach areas. Importantly, the campaign also includes community mobilization activities to raise awareness of the importance of the measles vaccination. The MoH worked to build the capacities of community health workers both to roll out the vaccine and also to help curb vaccine hesitance and increase community awareness. The measles campaign also integrated efforts to deliver vitamin A supplementation and deworming.

South Sudan is currently facing a surge in measles cases, says Dr Fabian Ndenzako, a.i. WHO Representative in South Sudan. "The nationwide campaign will play a crucial role in reducing illness and deaths caused by measles." WHO is committed to supporting the MoH to achieve the 95% coverage rate needed for achieving herd immunity and ultimately eliminate the virus from South Sudan.

The campaign coincides with the 2023 Africa Vaccination Week, which has seen governments, health stakeholders and partners commit to work together to address backsliding in childhood vaccinations resulting from pandemic disruptions, conflict, displacement, and increasing vaccine misinformation.

Source: <https://www.afro.who.int/countries/south-sudan/news/south-sudan-launches-major-push-measles-vaccination>





Polio

In 2020, South Sudan was declared free of wild poliovirus. However, in late December 2023, the country experienced a setback when a circulating vaccine-derived poliovirus was identified in Yambio County. This was not unexpected, considering the decline in population immunity since the switch in 2016.

Outbreak investigations revealed insufficient polio vaccination coverage, which contributed to the outbreak.



Achievements

- ✓ WHO supported over 324 officers to backstop the Polio Eradication Initiative. As a result, over 15 500 active surveillance visits were conducted in priority surveillance sites, along with mentoring and sensitization of health workers. The country's surveillance reached its highest recorded level. Around 91% of counties met the two main surveillance indicators, while all States showed progressive improvement in surveillance performance indicators even in many hard-to-reach and challenging areas.
- ✓ WHO assisted the MoH to organize advocacy visits by members of the National Polio Committee. Teams were sent to the Upper Nile, Lakes, and Eastern Equatoria states to advocate for heightened political commitment to maintain the wild polio-free status and sustain progress. They engaged high-level authorities, discussed achievements, and ensured briefing and debriefing at national and state levels.
- ✓ Teams were sent to Upper Nile, Lakes, and Eastern Equatoria States to advocate for heightened political commitment to maintain the wild polio-free status and sustain progress. They engaged high-level authorities, discussed achievements, and ensured briefing and debriefing at national and State levels.
- ✓ Over 1190 AFP and 49 environmental samples were tested for poliovirus. All samples were negative except one AFP sample and samples from three healthy children in Yambio, which tested positive for circulating vaccine-derived poliovirus type 2 (cVDPV2).
- ✓ During 3-6 September 2023, the Country Office organized a review of environmental and AFP surveillance to improve sample collection, transportation, and data capture skills. The programme was reviewed at State and county levels, identifying gaps and devising improvement strategies through capacity building. The workshop assessed performance, shared ideas, and aligned the programme with goals.
- ✓ Throughout the year, the programme consistently monitored the accountability framework using the open data kit (ODK), supporting real-time data-based decision-making. Additionally, integrated supportive supervision, AFP, and environmental dashboards were regularly monitored to track progress and identify gaps, and technical feedback was routinely used to track progress, pinpoint gaps, and offer advice.

2. Emergency preparedness and response (EPR)

South Sudan is currently grappling with a range of challenges, including the threat of infectious diseases and conflict, as well as food insecurity. The recent Sudan crises have further exacerbated the country's difficulties. To address these challenges, WHO's Emergency Preparedness and Response (EPR) Programme is supplying support to the country, focusing on preparing for, preventing, detecting, and responding to potential health emergencies. In recent years, South Sudan has experienced outbreaks of cholera, measles, yellow fever, hepatitis E, anthrax and malaria, particularly during the rainy season.

Severe Acute Food Insecurity affected 78 counties in South Sudan in 2023 with climate changes and shocks. The prolonged conflict has weakened the country's health system, rendering it vulnerable to emergencies. WHO's role as a convener and leading health agency is critical to ensure a prompt and efficient response with effective international cooperation.



Country preparedness and International Health Regulations (IHR)

Investments in preparedness have been instrumental in strengthening the health system, particularly in enhancing the capacity of the National Public Health Laboratory to conduct PCR tests for viral haemorrhagic fever profiles within the country.

Notably, in 2020, the Government launched the National Action Plan for Health Security to guide the development of core capacities for surveillance and response within the context of the International Health Regulations (2005).

Another vital aspect of the health system's improvement has been to decentralize viral testing capacity using GeneXpert in State hospitals, substantially increasing performance. This strategy has enabled the timely diagnosis of viral infections and facilitated access to treatment, thereby improving treatment outcomes.



Achievements

- ✓ WHO developed, validated, and launched key plans such as the National Multisectoral Cholera Prevention and Control Plan (2023-2027), aimed at reducing morbidity and mortality associated with cholera by 2027.
- ✓ WHO developed and validated the South Sudan five-year One Health Strategic Plan (2023-2027), one of the milestones for addressing the gaps identified in the 2017 Joint External Evaluation (JEE) findings.
- ✓ WHO supported the MoH and partners in developing the PoE contingency plans for ground crossing and airports. This plan will be used as a resource mobilization tool for strengthening cross border collaboration, case detection and reporting at PoE.
- ✓ WHO conducted the IHR (2005) State Party Annual Self-Assessment of the 15 IHR core capacities and submitted reports to the WHO Regional Office for Africa, to be presented at the World Health Assembly (WHA). The gaps identified will be used to update various preparedness plans to strengthen the IHR core capacities.
- ✓ WHO strengthened cross-border coordination and collaboration with neighbouring countries through regional meetings and joint visits, resulting in improved information sharing on disease outbreaks and other health emergencies.
- ✓ WHO distributed 234.9 metric tons of emergency health kits and other essential medicines and supplies that can benefit 1 273 883 people to 43 health cluster Implementing partners operating in 54 counties. A total of 2884 emergency health kits distributed include interagency emergency health kits, pneumonia kits, cholera kits, kits for management of medical complications associated with severe acute malnutrition, kits for management of measles cases, trauma and emergency surgery kits, and biological sample collection and transportation kits.
- ✓ WHO improved the stockpile and prepositioned additional emergency kits, sample collection kits and medical supplies in the 10 States and three Administrative Areas and strategic locations to improve timely detection and response to disease outbreaks and health emergencies.
- ✓ WHO conducted a series of reviews to evaluate the response to disease outbreaks and ongoing outbreaks. These included after-action reviews for hepatitis E virus outbreaks in Bentiu in Unity States and cholera in Malakal, suspected viral haemorrhagic fever in Longechuk, operational readiness activities on Ebola virus disease across the country, and intra-action review for the ongoing measles outbreaks across 35 counties. During the reviews, experiences, challenges, and best practices during the responses were identified, analyzed, and shared to determine immediate and long-term actions and improve the ongoing and potential outbreak responses.
- ✓ WHO conducted subnational emergency country risk profiling using the WHO STAR tool to predict hazards and risks in Central Equatoria State.
- ✓ WHO built capacity for 60 members of the multidisciplinary One Health team on planning and conducting simulation exercises. This has enhanced national capacity in the management of simulation exercises and has thus improved case detection, reporting and development of standard operating procedures across relevant ministries.
- ✓ WHO reviewed implementation of the National Action Plan for Health Security (NAPHS) implementation since 2019 and developed the NAPHS Annual Operational Plan for 2023. The resource mapping demonstrated that funds are not currently pledged directly to NAPHS and prioritized activities. However, there are funds in partner support for overall health security activities in the country.



Integrated Disease Surveillance and Response (IDSR)

The IDSR strategy has been developed to strengthen the country's capacity to prevent, detect, and respond to health emergencies. The South Sudan Ministry of Health, with support from WHO and partners, has since 2006 invested in implementing the IDSR strategy to control and prevent priority diseases and attain the other IHR (2005) core capacity requirements.

Achievements

- ✓ Weekly IDSR bulletins were produced and made available online for stakeholders to access. The IDSR updates were also presented to the National Emergency Preparedness and Response Committee meetings to inform decision-making and planning.
- ✓ To enhance healthcare facilities' reporting capabilities, WHO procured and distributed 1200 smartphones to the facilities and provided State and County surveillance officers with 90 laptops to facilitate their work. Furthermore, 50 motorcycles were distributed to improve mobility and access to remote areas. Internet bundles were provided to all the facilities and officers to ensure that a lack of connectivity did not hinder reporting.
- ✓ In 2023, the IDSR system generated 8863 alerts. Of these, 62% were verified and responded to within 24 hours.

COVID-19 response

In 2021, the MoH, with the support of WHO and other partners, introduced COVID-19 vaccination. The countrywide intensified COVID-19 vaccination optimization campaigns were implemented following several subnational campaigns. Subsequently, in 2023, three national COVID-19 vaccination campaigns (NCVC) were carried out. To assess the authenticity of the COVID-19 vaccination coverage achieved, the MoH conducted a post-campaign evaluation (PEC) with the support of WHO.

Achievements

- ✓ South Sudan's first COVID-19 vaccination commenced in April 2021. Since then, over 5 million people have been fully vaccinated, with support from WHO and other partners. Over 900 000 adults have received a booster dose, providing further protection against COVID-19. Vaccination coverage increased from 21.4% in October 2021 to 81.9% in January 2024, including 90% coverage in healthcare workers and almost 80% of the elderly being fully vaccinated. COVID-19 vaccination uptake has achieved gender equity, with females comprising 51.0% and males comprising 49.0% of the vaccinated population.
- ✓ Acting on the surveillance of COVID-19 vaccination adverse events following immunization (AEFI), 48 participants from two States, Western Equatoria and Western Bahr El Ghazal, were trained on AEFI surveillance of all vaccine-preventable diseases. This will scale up timely and active detection, reporting, and response and management of AEFI cases.

Leveraging a novel strategy to address gender inequity for COVID-19 vaccine coverage in South Sudan

On 5 April 2020, South Sudan recorded its first COVID-19 case. The initial response focused on leadership and coordination, surveillance, contact tracing, risk communication and community engagement, case management, laboratory, and vaccination.

South Sudan conducted the first phase of the COVID-19 vaccination in April 2021, targeting healthcare workers and the elderly population, and later rolled out to a nationwide COVID-19 vaccination campaign with the aim to reach 70% of the target population with 3.9 million doses of vaccines. By October 2021, only 50 355 (0.8%) adults aged 18 years and older had been vaccinated. The huge disparity in COVID-19 vaccine coverage was notable, with men accounting for 78.6% of vaccinated people.

With technical and financial support from the World Health Organization (WHO), the Ministry of Health developed and implemented an innovative vaccination strategy to reduce the gender inequity. Implemented from February 2022 to March 2023, the Intensified COVID-19 Vaccination Optimization (ICVOPT) strategy utilized innovations to encourage more women to get vaccinated. These included holding exclusive women's Focus Group Discussions in 70% of the payams, involving women over 30 in all advocacy visits, producing

and distributing targeted fact sheets on “What women need to know about COVID-19 vaccines” in all community engagements, involving women religious leaders, traditional healers, traditional birth attendants and women as part of the vaccination team. Women opinion leaders were also encouraged to advocate for vaccination, and those who had already been vaccinated were encouraged to share their experiences and dispel infertility-related myths. Furthermore, pregnant, and lactating mothers were reassured that vaccination had no consequences on breastfeeding.

WHO effectively coordinated mass vaccination activities in South Sudan through improved collaboration with state and county health systems. WHO provided technical and financial assistance to 500 subcounties to develop microplans, trained local “vaccine champions,” and provided technical guidance and financial support for successful vaccination campaigns. This resulted in generating vaccination targets, better planning and funding, and increased uptake of COVID-19 vaccinations.

“Thanks to the support of our donors and partners, through the implementation of an enhanced vaccination approach, the number of vaccinated women has risen from 23.8% in September 2021 to 51.5% by the end of September 2022”, says Dr Fabian Ndenzako, WHO Representative a.i for South Sudan.

Source: <https://www.afro.who.int/countries/south-sudan/news/leveraging-novel-strategy-address-gender-inequity-covid-19-vaccine-coverage-south-sudan>





Sudan crisis

Following the outbreak of armed conflict in Sudan, tens of thousands of people fleeing fighting crossed into South Sudan. WHO supported the MoH in scaling up its operational readiness and response by deploying multidisciplinary teams of emergency responders to states experiencing a high influx of population to ensure the provision of much-needed health services.

South Sudan has received over 480 465 individuals at 22 points of entry along its border with Sudan since April 2023. More than 83% or 399 751 of these arrivals are South Sudan returnees; over 70% are arriving through Joda in Renk county, and the majority prefer Upper Nile as their destination State.

Achievements

- ✓ WHO conducted training sessions for over 50 healthcare workers across various health facilities, focusing on Integrated Disease Surveillance and Response to strengthen health workers' capacity on disease surveillance, timely detection, and response to disease outbreaks and managing specific diseases.
- ✓ WHO fostered coordination by instituting a subnational health cluster coordination mechanism. It provided support in establishing coordination structures across Upper Nile, Unity, Western Bahr El Ghazal and Northern Bahr el Ghazal States, Abyei administrative area, and Juba, accommodating returnees/refugees from Sudan.
- ✓ WHO strengthened surveillance activities along the Sudanese border by deploying 20 teams to Renk, Palouch, Wau and Aweil, with concurrent disease-specific training.
- ✓ WHO conducted 40 deployments of technical officers consisting of public health officers, medical officers, nutritionists, laboratories, water, sanitation and hygiene/infection prevention and control (WASH/IPC) officers, nurses, and logistics team to support the MoH and health partners with response coordination, capacity building, support supervision, surveillance and outbreak investigation, as well as supporting the delivery of emergency medical supplies to ensure effective response to the crisis. The team has been able to support weekly health and nutrition coordination meetings, measles campaigns and provision of essential health services.
- ✓ WHO, in partnership with the International Medical Corps (IMC), responded to the health needs of returnees and refugees fleeing the ongoing Sudan crisis to ensure equitable access to quality health services and reduce the risk of disease outbreaks among refugees and returnees. A total of 118 942 returnees and refugees had received health services. The numbers include 20 941 men, women, boys, and girls who benefitted from curative consultations, mental health and psychosocial support, antenatal care, and routine immunization services implemented in Renk and Malakal through mobile and static health facilities, and 98 001 returnees and refugees reached through emergency health kits provided through health partners.
- ✓ WHO distributed 70.5 metric tons of emergency health kits and supplies that can serve 433 450 individuals. The 1325 health emergency health kits distributed include interagency emergency health kits, pneumonia kits, cholera kits, kits for management of medical complications associated with severe acute malnutrition, kits for management of measles cases, trauma and emergency surgery kits, and biological sample collection and transportation kits. The supplies were provided to partner organizations such as Medair, the International Rescue Committee (IRC) and the International Medical Corps (IMC) to deliver services.
- ✓ WHO conducted reactive and mop-up measles vaccination campaigns in 12 counties in September 2023, vaccinating 578 966 individuals (87%), including 61 316 returnees and 517 650 people in host communities.



Outbreak response

In 2023, the major public health/outbreaks detected were measles, cholera, hepatitis E, tungiasis, anthrax, mass hysteria, whooping cough, yellow fever, and rabies.

Cholera

South Sudan declared a cholera outbreak in Malakal County, Upper Nile state, in March 2023. Cumulatively, 1471 cholera cases and two deaths (CFR- 0.14%) have been recorded since the onset of the outbreak. To control the outbreak, 54 538 people of the targeted 66 121 individuals aged 1 year and above have been vaccinated with oral cholera vaccine (OCV) in the Protection of Civilians (POC) camp and Malakal town, achieving 82% coverage.

Achievements

- ✔ WHO established a cholera task force and implemented screening procedures at the Wunthou border, screening over 130 000 individuals.
- ✔ WHO distributed cholera rapid diagnostic testing (RDT) kits to health partners who provide health services to refugees, returnees and host communities to facilitate timely and accurate detection and response to potential cholera outbreaks.
- ✔ In 2023, a total of 121 cholera alerts were identified, of which 78 were verified and investigated.
- ✔ WHO formed a team of 14 rapid response team members who conducted a one-day orientation on cholera active case search and response.
- ✔ WHO collaborated with the MoH to provide a one-day orientation to 26 healthcare workers on cholera case identification, sample collection and packaging, encompassing various roles such as medical doctors, clinicians, nurses, midwives, etc.
- ✔ WHO installed a microbiology laboratory for cholera cultivation at Renk Hospital.
- ✔ WHO distributed the Arabic-language version of information, education, and communication materials to health facilities, transit camps, PoE, and the community.



Hepatitis E virus

In 2023, there were 403 reported cases and 19 deaths in Western Bahr el Ghazal State, resulting in a case fatality rate (CFR) of 5%. Additionally, an outbreak of hepatitis E was confirmed in Fangak County of Jonglei State, as well as an ongoing hepatitis E outbreak in Rubkona, Unity State, since 2019.

Achievements

- ✓ Together with the MoH and the humanitarian organization Medair, WHO established an isolation centre at the Wau Teaching Hospital to manage severe cases. Furthermore, WHO has conducted water quality testing and shared the results with water, sanitation and hygiene (WASH) partners to help them increase their intervention efforts.
- ✓ WHO continues to conduct surveillance across the country and provide capacity building to healthcare workers to enhance their ability to detect and manage hepatitis E cases. In addition, WHO is working with the MoH and Médecins sans Frontières (MSF) to conduct vaccination campaigns using the Hecolin vaccine for eligible populations.



Anthrax disease

In December of 2023, Kuajok Hospital in Warrap State observed a steady increase in the number of suspected cases of anthrax, with a cumulative 148 cases reported. Notably, no new fatalities have been recorded for new patients from Kuac North and Gogrial payams of Warrap State. As per the case management data, the disease has yielded a high case fatality rate (CFR) of 78.3% and a disability rate of 0.68%.

Achievements

- ✓ To address this issue, WHO coordinated a multisectoral response through the One Health approach, which included surveillance, community awareness, and vaccination of animals through the Ministry of Animal Resources and its partners.

Emergency health services offer relief to South Sudanese returnees

Aboja Malual Chol lives in a transit centre for South Sudanese returnees who have fled the conflict in neighbouring Sudan. Living conditions in the centre near Palouch airport in northern South Sudan are tough for its 6000 residents awaiting travel to other parts of the country.

Basic services such as water, hygiene and sanitation are inadequate, and close living quarters heightens the risks for the spreading of infectious diseases such as malaria, acute respiratory infections and acute watery diarrhoea. Palouch is served by one hospital and two clinics, but they are too far from the transit centre.

To provide accessible health services to the returnees, international organizations Relief International and Medair established a clinic next to Palouch airport, with support from the World Health Organization (WHO), other UN agencies, and other partners.

“Before the doctors came, it was very difficult to get medicine. Our children contracted measles, we have lost children during this time,” says Chol. “Now we can get medicine.”

The clinic can admit patients for 24 hours. Complicated cases are transferred to a hospital around 30 kilometres away, relieving the county health department’s workload, says Joseph Saka, County Health Director. “We at the county have gotten some help and can now rest,” he says. “The partners bring medicine and treat the returnees in a professional way. It is better than before.”

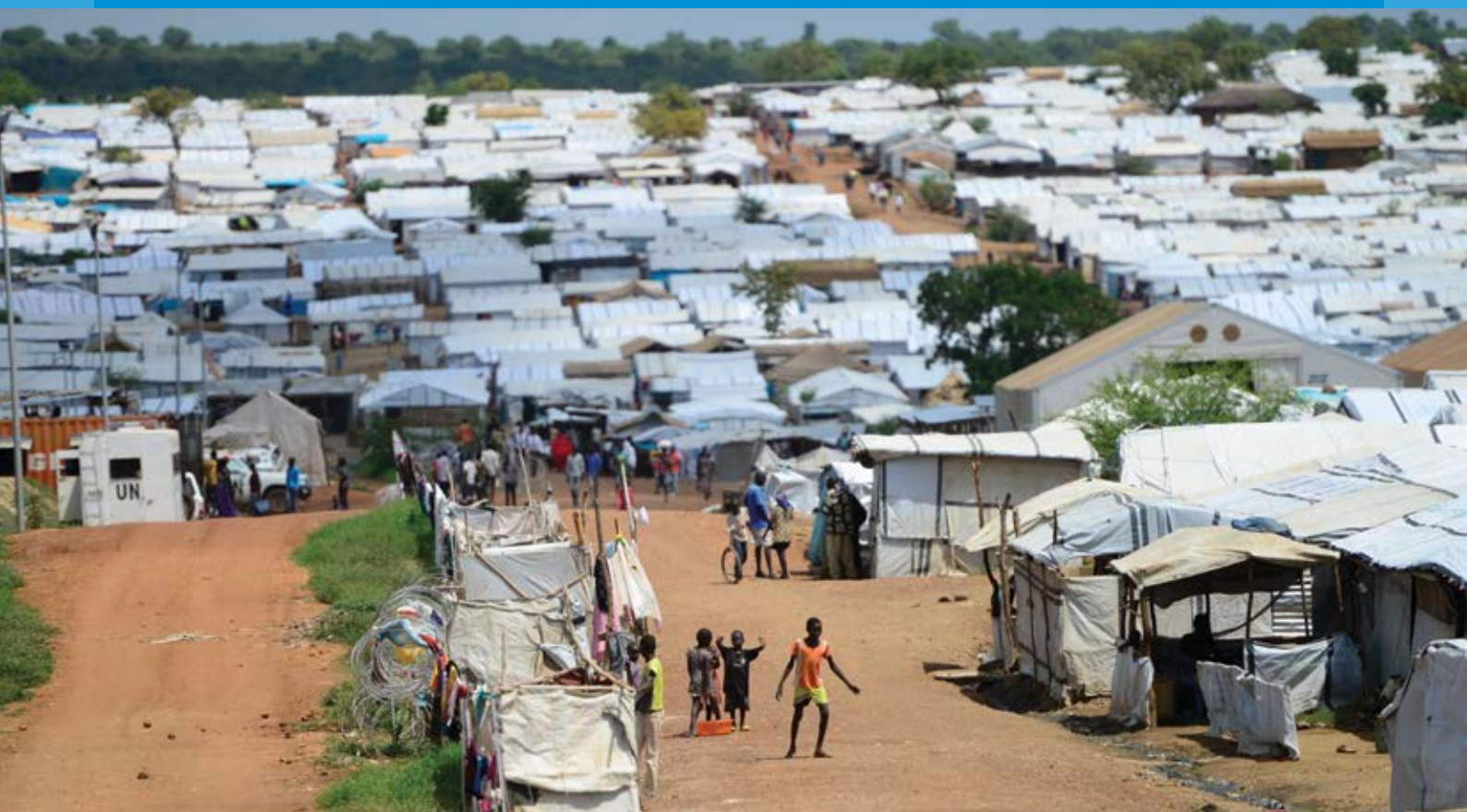
On average, health workers at the clinic see around 130 patients a week. To date, 20 children have been admitted to the nutrition stabilization centre for mild and severe acute malnutrition. While most children were discharged after treatment, 35% remain as in-patients.

Since the crisis started in mid-April 2023, with funding from the United States Agency for International Development (USAID), WHO has distributed over 44 metric tons of medical supplies and equipment to the value of US\$ 400 000 that can serve almost 230 000 people. In September, the Organization coordinated an integrated measles and polio vaccination campaign that reached more than 26 000 under-five children in Renk and Melut counties.

With WHO’s support, the Ministry of Health (MoH) continues to coordinate the response of 33 health partners in counties receiving refugees and returnees. Efforts include strengthening integrated disease surveillance and response reporting, conducting health-related rapid assessments, capacity building and medical support in critical areas with high numbers of refugees and returnees.

With no signs of the crisis abating, Dr Fabian Ndenzako, WHO Representative a.i. for South Sudan, expects the returnees and refugees to continue coming. “So, we are really doing all this work and making sure that the health services to returnees are there.”

Source: <https://www.afro.who.int/countries/south-sudan/news/emergency-health-services-offer-relief-south-sudanese-returnees>





Food insecurity and malnutrition

South Sudan continues to face overlapping crises, including floods, conflict, and food insecurity – all contributing to the persisting high level of acute malnutrition that has remained at 16% since 2019, exceeding WHO's emergency threshold of 15%. High food insecurity, elevated prevalence of diseases, and poor hygiene, health, and environmental sanitation services are the main drivers of acute malnutrition in South Sudan, along with inadequate maternal and childcare.

Currently, 5.78 million people (46% of the total population) are estimated to face crisis-level food insecurity or worse, with the situation expected to worsen to affect 7.1 million people (56% of the total population) during the lean season (April to July 2024). An estimated 2.5 million individuals, including 1.65 million children and 870 000 pregnant and lactating women, are expected to suffer from malnutrition and require treatment in 2024.



Achievements

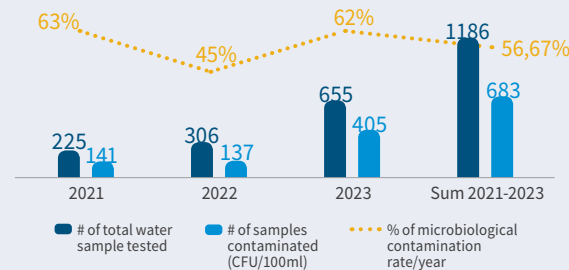
- ✓ WHO trained 375 front-line health workers on the national protocol for managing severe acute malnutrition with medical complications (SAM-MC) at the States and county levels.
- ✓ WHO trained around 161 health workers and data managers at various health facilities on nutrition surveillance, specifically on mid-upper arm circumference (MUAC) screening and reporting, to help improve early detection and prompt referral of malnourished children. Additionally, WHO established nutrition sentinel sites in areas with high food insecurity and malnutrition.
- ✓ WHO distributed 218 paediatric (PED)/SAM kits to treat children with SAM-MC admitted at stabilization centres.
- ✓ WHO supported the development of the National Nutrition Policy 2023-2030, aiming to improve public health outcomes by addressing and preventing malnutrition, hence contributing to the goals and targets of the national development plan, the national health policies, and the Sustainable Development Goals.
- ✓ During the monitoring and supervision activities, 84 health workers received on-the-job training to improve their knowledge and skills in case management of SAM-MC.



Water, sanitation and hygiene (WASH)/ infection prevention and control (IPC)

Infection prevention and control (IPC) and water, sanitation, and hygiene (WASH) are essential components for maintaining safe health service operations and mitigating the risks of infectious disease transmission during the delivery of essential health services.

Water microbiological analysis and contamination rate per year (WHO 2021-2023)



Achievements

- ✓ Over 1186 water samples were tested and analysed. Of these, 683 were found to be contaminated with faecal coliforms, representing 57% of the overall microbiological contamination rate.
- ✓ Nearly 655 water samples were collected and tested from different water sources across South Sudan. Of these, 405 were contaminated with faecal coliforms (CFU/100mL), representing 62% of the overall microbiological contamination rate.
- ✓ WHO provided 1521 different IPC/WASH supplies, including personal protective equipment and disinfectants to control the spread of cholera in Malakal and Bentiu and hepatitis E in Wau and Fangak. These supplies were aimed at supporting health care workers and controlling and preventing infection and health care-associated infections.
- ✓ WHO developed the multiyear National IPC Programme Strategic and Operational Plan (2022–2026) and national IPC guidelines for all health care facility levels (tertiary, secondary, and primary).
- ✓ Thirty subnational IPC focal-point personnel received ToT training and are expected to guide the implementation of the guidelines at national and subnational levels, as well as provide monitoring and feedback for different levels of health care facilities.
- ✓ The WCO has deployed IPC/WASH teams and supported WASH Cluster partners with the technical recommendations in responses, including the Sudan crisis, outbreak preparedness and responses to hepatitis E and yellow fever outbreaks, as well as cholera outbreak preparedness.
- ✓ WHO conducted IPC/WASH assessment in health care facilities in eight states where 205 health care facilities were assessed using the WASH FIT tool and provided with 3989 IPC/WASH supplies, including the Sudan crisis response in Renk, Rubkona, Aweil East, Malakal and Raja, and in and in locations affected by cholera and hepatitis E virus.
- ✓ WHO trained health care workers on IPC/WASH, including 38 nutrition partners trained on using water candle filters for nutrition stabilization centres. Trained partners gained skills in the user-end operation and maintenance of the filters in the 32 stabilization centres.



Laboratories

Laboratories in South Sudan play a significant role in providing diagnostic services for priority diseases.

The National Public Health Laboratory (NPHL) and Wau Teaching Hospital laboratory can diagnose public health priority diseases since their establishment in 2014 and 2021, respectively. In 2023, Malakal Teaching Hospital and Renk Hospital laboratories initiated testing for public health priority diseases, a critical step in building the capacities of these laboratories.



Achievements

- ✓ State surveillance officers, county surveillance officers, national rapid response teams, and National Public Health Laboratory personnel were trained on how to use the electronic laboratory information management system (IMS). This system helped in the timely relay of testing results, which reduced turnaround time and supported early reporting for rapid epidemiological decision-making.
- ✓ Thirty-six laboratory personnel have been trained and certified by the International Air Transport Association (IATA) on the proper procedures for handling, packaging, labelling and documenting dangerous goods, such as biological substances. The training focused on ensuring safe and secure packing of samples for shipment.
- ✓ The WCO trained 30 health care workers on influenza sentinel surveillance and case management to equip them with the necessary skills and knowledge to carry out effective surveillance, management and treatment of influenza cases.
- ✓ WHO installed two new biosafety cabinets at the NPHL and one at the Wau Molecular Laboratory to enhance the safety and reliability of laboratory processes and operations.
- ✓ WHO supports the transportation of various samples to international laboratories for further testing, including environmental and stool samples for polio, yellow fever, influenza and viral haemorrhagic fever.



1 One Health strategy

The findings of the 2017 joint external evaluation (JEE) recommended establishing a One Health multisectoral mechanism for the prevention, detection, and response to zoonotic diseases and other health emergencies.

In 2023, with support from WHO, the Government of South Sudan signed the Declaration of Commitment for the One Health Multisectoral Coordination Mechanism, finally establishing and formalizing the mechanism for the prevention and control of priority zoonotic diseases in South Sudan.

Achievements

- ✓ WHO supported the review and endorsement of the One Health Multisectoral Coordination Mechanism terms of reference and its associated governance structures by the high levels of the Government. WHO further provide guidance to the steering committee comprising ministers, undersecretaries, directors-general, and directors of line ministries, on its endorsed governance structures and terms of reference.
- ✓ The One Health Steering Committee established eight technical working groups to ensure improved coordination, joint planning, preparedness and response to emerging and re-emerging infectious diseases.
- ✓ To control rabies transmission, during observance of World Rabies Day in 2023, a total of 5000 dogs were vaccinated and communities were encouraged to have dogs vaccinated in South Sudan. Multisectoral and multidisciplinary collaboration, coordination and communication were enhanced.



Essential health service

WHO has provided high-quality frontline primary health services through partnerships in areas experiencing high severity of emergency health needs. WHO has supported selected health partners to provide integrated primary health care services using mobile and static health facilities; services combined curative services for common conditions, mental health and gender-based violence (GBV) awareness, prevention, and response.

Achievements

- ✓ WHO provided primary healthcare services through eight sub-granted health implementing partners in hard-to-reach areas, reaching over 269 076 people in need.
- ✓ WHO trained 130 health care workers on case management of priority infectious and non-infectious diseases in three counties; 50 members of the rapid response teams in Malakal and Rubkona as part of the early action on floods to enhance their capacity to detect, investigate, and respond to disease outbreaks during floods; 20 health care workers on sexual and reproductive health (SRH) and raised GBV awareness for 60 refugees/returnees and local community members in Renk; and 25 health care workers on mental health and psychosocial support (MHPSS).
- ✓ WHO conducted supportive supervision for partners directly implementing SRH activities on the ground such as in Rubkona, Bentiu and Roriac Counties.
- ✓ WHO established a mobile clinic in Kapoeta for ease of access to health care services and enhancement of health-seeking behaviors within the local community members to eliminate preventable maternal and childhood morbidities and mortalities.
- ✓ WHO supported partners with 120 post-exposure prophylaxis (PEP) kits and promotion of GBV/prevention and response to sexual exploitation and abuse (PRSEA) awareness in Renk during the annual 16 days of activism.

Health Cluster coordination

Achievements

- ✓ WHO sustained coordination and collaboration with partners on preparedness and response to disease outbreaks and other emergencies such as floods, food insecurity, and the Sudan crisis. Biweekly and monthly coordination meetings were held at national and state levels, respectively. The 70 Humanitarian Response Plan (HRP) partners and others conducted 5.6 million consultations; over 66 000 normal deliveries were assisted by a skilled birth attendant; 74 000 pregnant women attended the fourth antenatal (ANC) follow-up consultation; and close to 39 000 ANC clients received the second dose of the tetanus toxoid (TT) vaccine. Information products, including monthly dashboards and bulletins and situation reports, were developed and shared with partners.
- ✓ The Humanitarian Needs and Response Plan (HNRP) 2024 was completed, with 58 partners selected to respond to health needs in South Sudan. The Health Cluster requires over US\$ 116 million to reach over 3.2 million people, targeting a total of 6.3 million people in need.
- ✓ Subnational coordination support continues in Upper Nile, Unity, and Jonglei States. Deployment to Renk to support the Sudan crisis response has been crucial in ensuring coherence in the health response. Working closely with local authorities, subnational coordinators have promoted the coherence of national programming at the field level and facilitated reporting, information sharing, and collaboration between the national and subnational health clusters.
- ✓ Three joint supportive supervision visits were conducted to Rubkona, Leer, and Renk to support and advise partners on ways of improving the response. The visit to Bentiu in Rubkona County observed the ongoing health response and provided support and

advice to the partners where necessary. The visit report was shared with health cluster partners for general knowledge and improvement of services in their respective areas.

- ✓ Over US\$ 8 million was mobilized from the country-based pooled funds to support responses in South Sudan, including food insecurity, disease outbreaks, the Sudan crisis response, and floods. The funding was instrumental in ensuring there were enough essential medical supplies for partners to respond to crises. Primary health care provision was also supported by funding partners to respond to the Sudan crisis and provide services in prioritized food-insecure counties.
- ✓ The Health Cluster convened three workshops with key lifesaving clusters (Nutrition, WASH, and FSL) and sub-clusters (GBV). The workshops reviewed and discussed the current situation, response, challenges, and lessons learnt, and identified major areas for improvement.



3. Enhancing health and well-being



Noncommunicable diseases (NCDs) and mental health

The incidence of noncommunicable diseases (NCDs) in South Sudan is rising, and WHO estimates that 28% of all deaths occurring in the country are due to NCDs. Despite the rising cases and deaths, only 10% of primary health centres (PHCs) provide NCD services. WHO estimates that in settings affected by humanitarian emergency, such as the case of South Sudan, one in five people is likely to suffer a mental health condition. Despite the high burden, the country is still to finalize and implement a national strategy to guide the government and partners on the country's priorities and support resource mobilization for scaling up services.

Limited knowledge of the population on prevention of NCD risk factors, such as lack of physical activity, cessation of smoking and promotion of healthy diet, has contributed to the growing burden of NCDs and mental health conditions. In addition, there is paucity of data on the magnitude of NCDs and risk factors as the country

is yet to conduct a WHO STEPwise approach to NCD risk factor surveillance (STEPS) survey. Routine data for tracking population deaths is also lacking. Quality data is key for building a business case for NCDs and risk factors and thus influencing policy.

To address these issues, WHO is committed to scaling up evidence-based tools for reducing morbidity and mortality due to NCDs, mental health conditions, and substance disorders in the interest of promoting universal health coverage (UHC). WHO supports campaigns to improve knowledge to promote attitude change and healthy practices. Effective strategies must be implemented to address NCDs, especially at the primary healthcare level. Strengthening the policy environment and building coalition and strategic partnerships can significantly contribute to reversing the current trend, as NCDs are affected by factors beyond health.

Achievements

- ✓ In partnership with the MoH, WHO integrated NCD assessment, treatment and care into the Sudan crisis response. Guidelines and tools for delivering the WHO Package of Essential Noncommunicable Diseases (WHO-PEN) were adapted. A total of 30 Trainers of Trainers were trained, and services for diagnosis, treatment and follow-up were set up in Renk County Hospital. Referral pathways from the transit centers to Renk Country Hospital were established at the PoE and operationalized. Three NCD kits supplied to Renk and Aweil served the catchment population of 30 000 people for a period of six months.
- ✓ In collaboration with the MoH, WHO assessed the status of health promotion practices in the country. The assessment informed a review of the country's health promotion strategy for 2024-2028. The draft strategy is pending validation, endorsement, dissemination and implementation.
- ✓ In collaboration with the MoH and the Athletics Federation, WHO organized a public 'Walk the Talk' event where 600 people participated in the 5/10-kilometre run/walk. About 200 participants took measurements of blood pressure, blood sugar, and body mass index (BMI). Leaflets on healthy lifestyles were distributed, including materials on diabetes, hypertension, smoking cessation, breast cancer self-examination, and physical activity.
- ✓ Conducted data collection and analysis and disseminated findings through various reports, such as the Fifth Global Status Report on Road Safety, the Ninth Global Status Report on Tobacco, the First Global Status Report on Drowning, and the National NCD Country Capacity Survey. These reports uncovered glaring gaps in laws and policies for controlling risk factors such as road traffic injuries, tobacco, and regulation of sugar-sweetened beverages and alcohol.

4. A more effective and efficient WHO providing better support to the country

4.1 Strengthened the country capacity in data and innovation

WHO played a crucial role in enhancing the country's capacity for data and innovation by implementing cutting-edge health information systems and dashboards. These tools effectively gather and analyze vast amounts of data from various sources, enabling healthcare professionals to make evidence-based decisions more accurately and efficiently. This has resulted in improved healthcare outcomes and better health for the population.



Achievements

- ✓ WHO continued to update the South Sudan Health Service Functionality dashboard that consolidates recent data on healthcare and infrastructure and overlays it with population, disease monitoring, and service utilization data to provide an in-depth understanding of the health situation. By harmonizing data from various sources and providing on-demand filtering, interactive maps, plots and tables, the dashboard offers vital information on the healthcare system for planning and intervention purposes. Maintained by WHO and the MoH, this tool is an interactive interface for exploring health service availability and health facility functionality data.
- ✓ WHO developed and implemented a real-time AFP and Environmental Surveillance dashboard, enabling timely feedback to lower levels, data-driven decision-making, enhanced responsiveness, and improved collaboration for targeted polio control and eradication efforts.
- ✓ WHO developed and refined spatial mapping scripts to assist in logistical planning and resource allocation, specifically targeting flood and drought-prone areas, vaccine distribution routes, and COVID-19 vaccine distribution patterns.
- ✓ WHO provided critical support to States and counties by developing, training, and maintaining a mobile-based data collection tool (ODK). This tool is instrumental in gathering comprehensive data related to supplementary immunization activities, AFP, cholera, measles, and other key health indicators.
- ✓ WHO supported the MoH to develop a five-year implementation roadmap that outlines milestones, activities, and resources required to establish sustainable health information systems for the country.
- ✓ WHO supported the MoH in developing a five-year health information policy and strategy for health information systems. These strategic documents will guide the implementation of the health management information system (HMIS) by optimizing its functioning and integrating disparate databases.
- ✓ WHO supported the MoH to conduct data quality audits in health facilities across the country, including the development and deployment of tools, analysis, and production of reports.

4.2 Strengthened leadership, governance, and advocacy for health

Partnership

WHO's role in South Sudan was highlighted through keynote speeches at the launch of the National Multisectoral Cholera Prevention and Control Plan 2023–2027 and the celebration of One Health Day. WHO reiterated the importance of multisectoral collaboration among stakeholders at all levels as a critical vehicle in advancing public health and mitigating the emergence of new health threats, and highlighted its commitment to working with all government ministries, development partners, donors, and other stakeholders to improve health for all.

Leveraging its convening power, WHO as the secretariat of the Health Development Partners Group, ensured the Group met regularly. Under the leadership of WHO, Canada, UNICEF and World Bank rotational Chair and Co-Chair role in 2023, WHO increased advocacy with development partners for support to the Sudan crisis, highlighting critical gaps as the flow of refugees and returnees more than doubled the initially projected

numbers, in combination with responding to multiple disease outbreaks, compounding the challenges being faced. Gavi made exceptional considerations for traditional vaccines to ensure that returnees and refugees were reached. The European Commission Humanitarian Aid & Civil Protection (ECHO) mechanism provided support to respond to the cholera outbreak in Renk, where over 370 000 individuals had crossed into South Sudan through the Wunthow (Juda) PoE by December 2023.

WHO played a significant role in the Future of Health dialogue at the World Bank that culminated in an exceptional collaboration, the “Health Sector Transformation Project” developed by the World Bank and other resource partners to provide critical support to the MoH. Planning of the project, designed to ensure delivery of health services, began in August 2023 and implementation is expected to commence in July 2024. Estimated at US\$ 400 million, the project is slated to run under the leadership of the Government of South Sudan with a high-level steering committee led by the Minister of Health, as well as a project management unit. WHO will support the health systems strengthening component, while UNICEF supports the delivery of health services transitioning from the Health Pooled Fund.

At the height of the Sudan crisis, WHO organized and participated in high-level field visits to Malakal and Renk with humanitarian partners including UNICEF, WFP, OCHA, IOM, UNHCR; resource partners including the Ambassadors of the Netherlands and Germany and the Representative of Canada; and South Sudan's Minister and Under Secretary of Health. The delegation witnessed first-hand the situation and the emergency health interventions being implemented for internally displaced persons (IDPs), returnees and refugees, and engaged directly with stakeholders to identify challenges and opportunities to enhance the health response. This resulted in increased advocacy by resource partners to urgently support the Sudan crisis response, and particularly the mitigation of the cholera outbreak.



Recognizing the importance of partnerships and collaborative relationships to achieve greater results, the WCO engaged several non-State actors, including Children Aid South Sudan, Medair and Healthcare Foundation Organization, to support frontline health services in the delivery of integrated health response to communities impacted by protracted crisis and acute food insecurity, with funding support from OCHA, Central Emergency Response Fund (CERF), and South Sudan Humanitarian Fund (SSHF). Through an interagency collaboration, WHO and UNICEF supported a measles follow-up vaccination campaign and COVID-19 vaccination, particularly with revitalization of the AEFI system to strengthen vaccine safety surveillance.

A remarkable collaboration was developed with Bridge Network Organization, forming a research project to analyse health care access barriers and their impact on health care provision. Established amid attacks against health care, the project aims to build resilient primary health care in fragile, conflict-affected, and vulnerable regions of South Sudan.

Our resource partners' unwavering belief in our mission and support in challenging times enabled us to achieve tangible outcomes and positively impact the lives of vulnerable communities in South Sudan. On World Polio Day 2023, the United States Government, through USAID and the CDC, affirmed its commitment to continue supporting the Government of South Sudan through WHO to employ the four-pronged strategy for polio eradication, as set forth by the Global Polio Eradication Initiative (GPEI).

The progress made in 2023 would not have been possible without the support and collaboration of our partners. These include the Government of South Sudan, agencies of the UN system, bilateral and multilateral agencies, and civil society organizations. Their partnership, commitment and collaboration have been invaluable in our collective mission for better health outcomes for South Sudan.

Communications

In 2023, the WHO Country Office (WCO) actively ensured that key milestones and updates on WHO's work and efforts to prevent and control public health emergencies were communicated effectively and regularly to local, regional, and global media. Communications efforts included press releases, web stories, interviews, briefings, and social media posts on the WCO Facebook and Twitter accounts.

Additionally, WCO created a comprehensive training programme for journalists, editors and freelancers to improve their skills in reporting on health emergencies. This resulted in an effective network of health reporters focusing on the One Health approach, COVID-19 vaccination, and preventing and controlling other health emergencies.

WHO also established a multisectoral team of risk communication and community engagement trainers comprising representatives from national and subnational levels of the MoH, line ministries, UN agencies, and implementing partners. The team supported risk communication on COVID-19 vaccination and other health emergencies and created and implemented a strategy for community engagement, including community activities, social mobilization, and advocacy efforts. This was coupled with a monitoring and evaluation framework developed to track the effectiveness of communication efforts.

WCO's proactive approach towards strategic media and risk communication in 2023 played a vital role in disseminating accurate and timely information to communities and ensuring they were well-informed about COVID-19 vaccination and other health emergencies. Together, these efforts helped improve the overall health of communities.

On World Health Day, World Health Organization turns 75

On World Health Day 2023, the World Health Organization (WHO) celebrated its 75th anniversary. In 1948, countries of the world came together and founded WHO to promote health, keep the world safe and serve the vulnerable – so everyone, everywhere can attain the highest level of health and well-being.

Working with 194 Member States across six regions and on the ground in more than 150 offices, WHO envisions a world where Health for All is realized. The right to health is a basic human right that promotes health and well-being, dignity and a good quality of life for everyone, despite who they are, where they live or what they do.

As part of the commemoration, the Ministry of Health in collaboration with WHO and the South Sudan Athletics Federation hosted ‘Walk the Talk’ to promote health and prevent noncommunicable diseases.

“Physical health is free and contributes to the mitigation of diseases. Physical activity nourishes your physical and mental health and contributes to the peace and stability of the country”, said Hon. Yolanda Awel Deng, Minister of Health of South Sudan, who thanked WHO, partners and all participants on behalf of the Government.

With WHO’s support, South Sudan eradicated wild poliovirus. The country scaled up the delivery of maternal and child health services, and improved access to quality essential health services and essential medicines and diagnostics. Inpatient management of severe acute malnutrition with medical complications improved. National Blood Transfusion Services expanded, voluntary non-remunerated blood donations increased, and health workforce improved.

In remarks for the occasion, Peter Van der Auweraert, the Acting Deputy Special Representative of the Secretary-General, Resident and Humanitarian Coordinator said, “A lot of progress has been made to strengthen the health system in South Sudan. We will continue advocating for more domestic investment and resource allocation to the health sector”. He reiterated the UN’s support to rebuild the country’s health systems and to accelerate efforts towards the attainment of Universal Health Coverage.

“WHO’s 75th anniversary is an opportunity for us to stop and reflect on the remarkable achievements in advancing the health and wellbeing of the people of South Sudan,” says Dr Fabian Ndenzako, WHO Representative a.i. for South Sudan. “It is also the chance for us to come together around our common goal and renew our commitment to harmonized and contextualized health service delivery without financial barriers for greater health impact to the people of South Sudan.”

Source: <https://www.afro.who.int/countries/south-sudan/news/world-health-day-world-health-organization-turns-75>





Preventing and responding to sexual exploitation, abuse and harassment (PRSEAH)

WHO's South Sudan office welcomed a full-time international staff member appointed as the Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) Coordinator. This pivotal role facilitated 13 field missions across all 10 field offices, with particular attention given to high-priority areas such as Malakal and Renk, fostering PRSEAH initiatives at the State and local levels.

Over the year, 110 in-person PRSEAH activities, including awareness sessions and training workshops, were conducted nationwide, directly reaching 6039 individuals, including WHO personnel, partner organizations, and community members.

Efforts to expand the PRSEAH network saw the establishment of 27 dedicated and trained part-time focal points strategically placed across the country. Having undergone comprehensive training sessions, these focal points actively contributed to 65 PRSEAH activities, enhancing State-level outreach. All WHO staff underwent mandatory PRSEAH eLearning training and received in-person briefings, ensuring a comprehensive understanding of PRSEAH principles and reporting mechanisms.

Collaboration with other clusters within the WHO Country Office and relevant stakeholders, including the MoH and national NGOs, has been instrumental in integrating PRSEAH into broader health initiatives. Notably, partnerships with the Health Cluster facilitated capacity-building initiatives and the distribution of educational materials, reinforcing the zero-tolerance policy towards sexual exploitation and abuse (SEA). Engagement with the WHO African Region's Regional Coordinator and participation in inter-agency missions further underscored WHO's commitment to promoting a safe and accountable environment in South Sudan.

4.3 Financial, human and administrative resources

The Country Support Unit (CSU), led by the Operations Officer, offers operational support to technical programmes to enable them implement their activities. The CSU's functions are cross-cutting, covering the entire process, and anchored on respecting the accountability framework, which includes rules, regulations and business processes.

By the end of December 2023, the budget implementation level for WCO South Sudan reached 98%.



Human Resources

WHO continued implementing human resource (HR) actions throughout the year, originating from the functional review. Within these actions, 135 approved positions were filled, with 55% completed and another 25% of the positions currently being filled. However, funding gaps have limited the recruitment of the remaining 20%.

During the year, employees holding 350 agreements for performance of work (APW) were given improved contracts (special services agreements – SSA) that allowed them to access health insurance benefits. Almost all WHO personnel in South Sudan completed mandatory trainings, with only 3% located in remote areas without internet access.



Anti-corruption and Fraud Policy implementation

In October 2023, a ToT was conducted in Juba to educate staff on the recently launched Anti-corruption and Fraud Policy. This training will soon be expanded to other states. Additionally, the Certification in Risk Management Assurance (CRMA) team from Pretoria, South Africa, conducted a two-week compliance visit, during which they provided valuable feedback and recommendations to improve compliance measures and risk management. The recommendations are currently being implemented and monitored.



Challenges

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- Insecurity remains one of the biggest challenges in implementing activities in most communities and counties, especially when dealing with emergency outbreaks.
 - Development programmes face limited funding compared to emergency operations, with most funding tilted towards humanitarian response.
 - The Ministry of Health needs more human resources as well as improvement in motivation and retention strategies of the health workforce.
 - South Sudan's overall health system needs to be stronger, and the lack of proper monitoring further affects the quality of services provided, leading to significant dependence on partners to provide health services.
- The national health information system needs to be stronger, while it is weakened by the parallel systems run by implementing partners. In addition, there needs to be more skilled personnel to manage the national health information system.
 - Given the challenging operational context, short-term funding leads to an overload in reporting and under-delivery.
 - The lack of data on noncommunicable diseases and risk factors has hindered the development of an investment case for work on noncommunicable diseases such as mental health. Awareness of these diseases is also weak.



Way forward

South Sudan is preparing to hold elections in 2024, and the country's health sector is facing numerous challenges. The impact of El Niño is a significant concern, with its effects on the population's health likely to be severe. The government has made a series of encouraging reforms to support long-term stability and development outcomes. A two-year extension of the R-ARCSS to February 2025 will allow the government to meet key milestones in the peace agreement.

Furthermore, the health sector is under strain due to a reduction in donor funding, the increasing number of outbreaks, intercommunal violence, food insecurity, the climate crisis, and the conflict in neighboring Sudan.

However, there are opportunities available that can help mitigate these challenges. For instance, the Health Sector Transformation Project is an initiative that can help transform the sector. Additionally, support from partners is available to help overcome these challenges. Taking advantage of these opportunities is crucial to improve the health sector. Also, renewing our collaboration with the new Deputy Special Representative of the Secretary-General/Resident Coordinator/Humanitarian Coordinator (DSRSG/RC/HC) is another way to promote peace and ensure the successful implementation of the revitalized peace agreement. By working together, the people of South Sudan can build a robust and sustainable health system that is owned by the government. This will ensure that the country is better equipped to deal with health challenges and help promote the population's well-being.

To continue the progress made in the previous year and beyond, WHO will explore innovative ways to sustain and provide healthcare services. This includes enhancing disease surveillance, improving the quality and timeliness of outbreak response, expanding existing humanitarian coordination processes to include developmental programmes, and building the planning, organizing and management of integrated service delivery at all levels. WHO will take advantage of response activities to provide

multiple interventions, such as preventive chemotherapy for neglected tropical diseases during immunization campaigns. Additionally, WHO will develop standard operating procedures for frontline managers and health workers that facilitate the implementation of UHC through a primary health care approach. Finally, WHO will look to expand institutional system strengthening to complement health humanitarian situations.

In addition, WHO will enhance routine immunization coverage while introducing new and underutilized vaccines. This will be achieved through integrating COVID-19 into routine immunization, and a nationwide campaign will be conducted to address outbreaks and vaccine-preventable diseases and establish a clear path towards COVID-19 integration.

WHO will continue collaborating with the Ministry of Health to strengthen the Health Management Information System (HMIS). This will be achieved by integrating different data collection and reporting systems into the District Health Information System (DHIS2).

In 2024, WHO will implement innovative approaches to contribute to the implementation of the priorities of the health sector strategic plan 2023–2027. This plan will serve as a road map for creating a resilient health system for the country.

To safeguard staff welfare in the workplace, the WHO Country Office will optimize physical office space and institute robust mechanisms for reporting incidents of office abuse and harassment. Furthermore, the provision of mental health counselling services will be leveraged to prioritize staff mental well-being. These measures are likely to create a safer, more productive work environment that fosters staff well-being.

We look forward to working with the Government of South Sudan and the health donors and partners, as we move towards a desired level of health and wellbeing for the people in the country.



The WHO Regional Office for Africa

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Africa is one of the six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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World Health Organization

South Sudan

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