

# 2022 ANNUAL REPORT

WHO in South Sudan



World Health  
Organization  
South Sudan

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## TABLE OF CONTENTS

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<b>Foreword</b>	7
<b>List of Acronyms</b>	8
<b>Background</b>	10
<b>Country Priorities</b>	13
1. Universal Health Coverage	13
2. Emergency Preparedness and Response	20
3. Better Health and Well-being	24
4. A More Effective and Efficient WHO: better supporting the country	26
<b>Financial, Human, and Administrative Resources</b>	27
<b>Funding needs</b>	27
<b>Strengthened leadership, governance, and advocacy for health</b>	28
<b>Challenges</b>	30
<b>Way forward</b>	31
<b>Acknowledgements</b>	32





## FOREWORD



A lot has happened this year. While we continued to tackle the COVID-19 pandemic, we were hit by disease outbreaks and humanitarian crises. Yet, despite these challenges, we marched on, resolute in resolving critical health systems issues to increase access to quality healthcare services.

To further our vision and bring concrete actions to reality, under the leadership of the Government of South Sudan, we developed the Health Sector Strategic Plan to define the strategic approaches, key interventions, mapping resource needs, and the implementation framework to strengthen the health system to deliver essential quality health services equitably for 2023 to 2027. For WHO, this Plan will usher in a new reality -- access to lifesaving or health-promoting interventions is doable and possible, making the health sector fairer, especially for those unable to pay.

We also expanded our strategic approach to other areas by developing key policies and strategies, such as the 2022 Pharmaceutical Policy and Strategy to improve access to medicines. This is a critical component of the healthcare delivery system. Hence, promoting sustainable and equitable access to medicines is the core mandate of the Ministry of Health (MoH).

Responding to the COVID-19 pandemic remained a key public health priority in 2022, especially in terms of increasing COVID-19 vaccination coverage amongst the target group being immunized, i.e., adults aged 18 years and older.

In order to increase vaccination coverage and foster 'herd immunity' within the population, seven intensified sub-national vaccination campaigns were conducted. As a result, the number

of adults protected against COVID-19 through vaccination increased from 200,809 (3.4%) to 2.27 million (36.9%) over the course of 2022. Importantly, more than 90% of healthcare workers and 52.9% of persons aged 65 years and older had been vaccinated during the year.

Developing capacities was another area WHO worked tirelessly on during the year. Together with the World Bank, WHO bolstered disease surveillance and response in South Sudan by training over 200 healthcare workers to improve real-time detection and prompt response to disease outbreaks and other health emergencies. Before the rollout of Early Warning, Alert and Response System (EWARS), the Integrated Disease Surveillance and Response (IDSR) weekly reporting rates were as low as 30%. After completing the EWARS rollout to the health facilities, the reporting rates improved and surpassed the target of 80% on completeness and timeliness of weekly IDSR reporting.

We managed to get a lot done primarily due to our committed staff, partners, and volunteers, whose dedication is commendable. However, we grappled with setbacks as we lost our committed Polio Field Surveillance Officer, Daniel Deng Galuak, who has been associated with us since 2011. This attack has robbed a family of a beloved member and the Organization of a committed frontline health workers.

We are fortunate to receive unrelenting support from our partners and donors, and I humbly thank them for their valuable financial contributions. We look forward to their continued guidance and support as we strive to enhance access to and delivery of health services in South Sudan in 2023 and beyond.

Thank you.

Dr Fabian Ndenzako  
WHO Representative a.i.  
South Sudan

# LIST OF ACRONYMS

<b>AfDB</b>	African Development Bank
<b>ART</b>	Antiretroviral Therapy
<b>BPHNS</b>	Basic Package of Health and Nutrition Services
<b>CFR</b>	Case Fatality Rate
<b>COVID-19</b>	Coronavirus Disease 2019
<b>CVDPV2</b>	Circulating Vaccine Derived Poliovirus type 2
<b>DHIS</b>	District Health Information Software
<b>EPI</b>	Expanded Programme on Immunization
<b>EVD</b>	Ebola Virus Disease
<b>Hep</b>	Hepatitis
<b>HIV</b>	Human Immuno-Deficiency Virus
<b>HSSP</b>	Health Sector Strategic Plan
<b>IARHK</b>	Inter-Agency Reproductive Health Kits
<b>IEHK</b>	Interagency Emergency Health Kits
<b>IDSR</b>	Integrated Disease Surveillance and Response
<b>IMCI</b>	Integrated Management of Childhood Illness
<b>IPC</b>	Infection Prevention and Control
<b>MDA</b>	Mass Drug Administration
<b>MDR/RR</b>	Multi Drug Resistant/Rifampicin-Resistant
<b>MoH</b>	Ministry of Health
<b>MSP</b>	Minimum Service Package
<b>NCD</b>	Non-Communicable Diseases

<b>NTD</b>	Neglected Tropical Disease
<b>NPHL</b>	National Public Health Laboratory
<b>ODK</b>	Open Data Kit
<b>PEN</b>	Package of Essential Non-Communicable
<b>PHCC</b>	Primary Health Care Centre
<b>RMNCAH</b>	Reproductive, Maternal, Newborn, Child, and Adolescent Health
<b>RRT</b>	Rapid Response Teams
<b>SAM</b>	Severe Acute Malnutrition
<b>SAM-MC</b>	Severe Acute Malnutrition with Medical Complications
<b>SRHR</b>	Sexual Reproductive Health and Rights
<b>STI</b>	Sexually Transmitted Infections
<b>TB</b>	Tuberculosis
<b>TESK</b>	Trauma and Emergency Surgery Kits
<b>ToT</b>	Training of Trainers
<b>UHC</b>	Universal Health Coverage
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>WB</b>	World Bank
<b>WCO</b>	WHO Country Office
<b>WHO AFRO</b>	World Health Organization African Regional Office
<b>WHO FCTC</b>	WHO Framework Convention on Tobacco Control

# BACKGROUND

South Sudan gained independence in July 2011, becoming the 193rd country recognized by the United Nations (UN), and the 54th UN Member State from Africa. The country is administratively divided into states, counties, payams and bomas. The country has an estimated population of about 12.3 million.

The conflict and flooding in South Sudan were still an active threat for most of 2022, affecting the delivery of preventive and curative health services to the population. The health system had been weakened with a breakdown in supply chains, high turnover and inadequate capacity of the health workforce, threats to the safety of health service providers, and funding gaps.

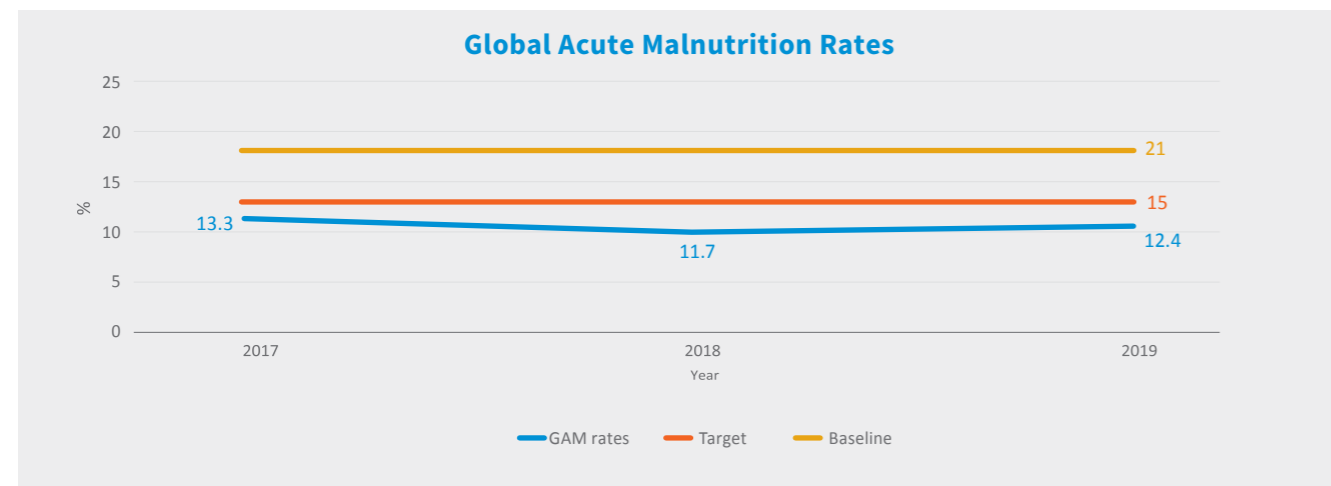
There was continuous population movement either due to forced displacement or in search of safer living conditions within or outside the country. All the while, WHO continued to work alongside the Ministry of Health to ensure access to quality, timely and affordable health care for the people.

South Sudan's development is impeded by high mortality rates and disease burden, with malaria accounting for 64% of morbidity, an upward trend in new HIV cases, and an increase in Non-Communicable Diseases (NCDs). In

addition, perennial disease outbreaks, such as measles, yellow fever, etc., coupled with inadequate health system performance, low financial risk protection and the rise of humanitarian crises, aggravate the situation.

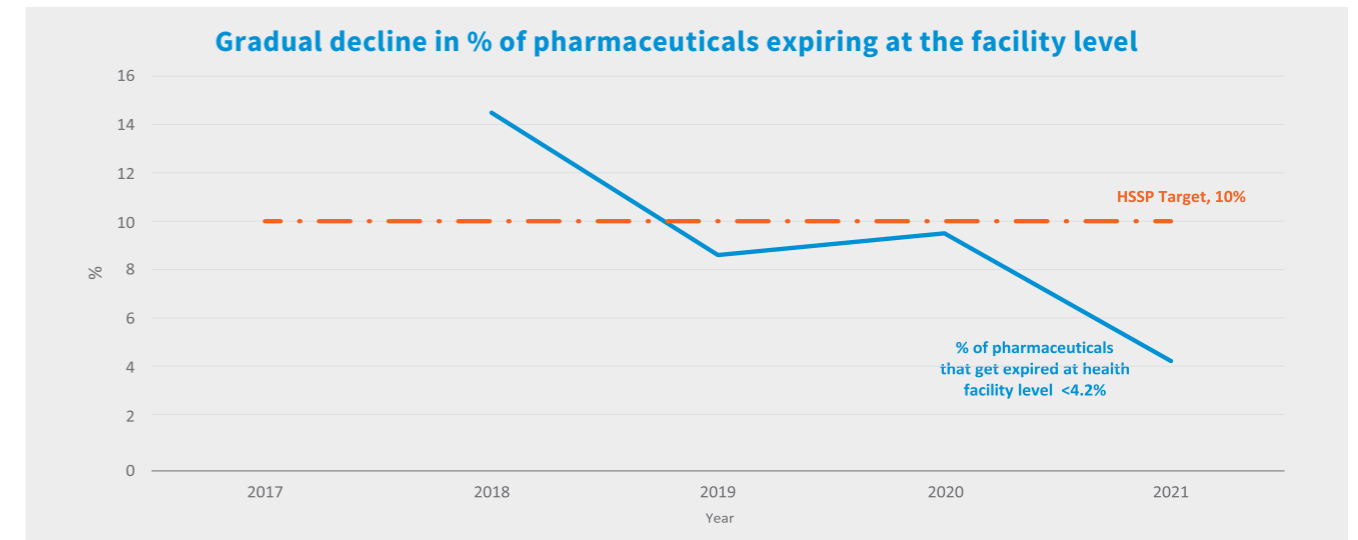
However, the Triple Billion target has set in motion a series of positive changes to improve the health and well-being of the population. For example, Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) services have improved. Antenatal care coverage - at least four visits - reached 28% in 2021, improving from the baseline of 17% in 2016, while skilled birth attendance improved from 10% to 18% by 2021. In addition, with the help of the community and religious leaders, the Sexual Reproductive Health and Rights (SRHR) services have been scaled up to protect and promote positive behaviours. Similarly, reproductive health has witnessed improvements.

Similarly, stunting rates have significantly reduced from a baseline of 30% to 16.3% by 2020, surpassing the Health Sector Strategic Plan (HSSP) target of reduction to 20%. Global Acute Malnutrition rates dropped from a baseline of 21% to 12.4% (2019), surpassing the HSSP target of reduction to 15%. The Severe Acute Malnutrition (SAM) rate also improved from a baseline of 7.6% to 3.8% (2019), short of the HSSP target of 2%.



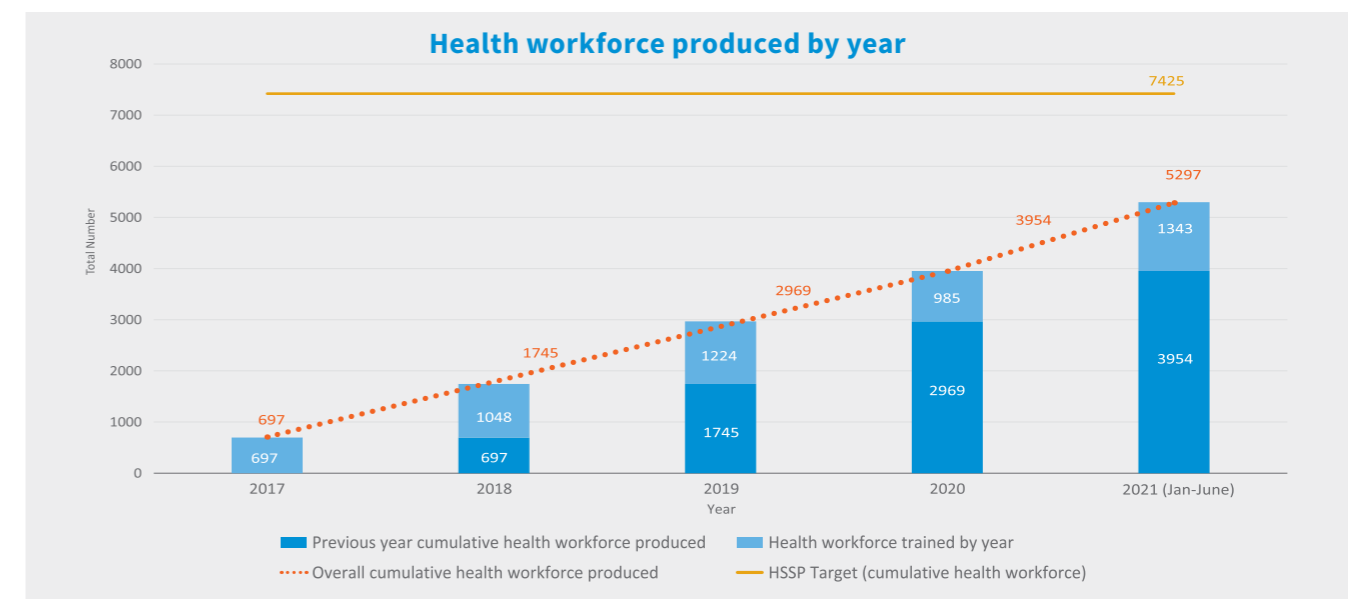
Access and quality of healthcare services have improved through several initiatives, such as developing a Basic Package of Health and Nutrition Services (BPHNS) for primary, secondary, and tertiary care, mental health strategy, and a Package of Essential Non-Communicable Diseases (PEN) guidelines.

Further, Pharmacy Policy and Strategy and Standard Treatment Guidelines endeavour to improve access to essential medicines and diagnostics.



Health sector governance has been strengthened through capacity enhancement of the health sector leadership and management, revitalizing health sector coordination mechanisms, and supporting health sector strategic and operational planning. To improve workforce quality, WHO helped revise the curriculum of all three university medical

schools to form one unified national competency-based medical training curriculum, which enhances the quality and competence of medical doctors trained in these institutions. Along with other initiatives, health workforce production has improved, achieving 71% (5,297) of the HSSP target (7,425) by June 2021 (midwives and nurses accounting for almost half of the workforce trained).



The country is committed to reducing the financial burden by creating a health financing strategy, strengthening the

health sector's public financial management system, and advocating for increased government budgetary allocation to the health sector.





## COUNTRY PRIORITIES

### UNIVERSAL HEALTH COVERAGE

#### 1. Universal Health Coverage Life Course

With support from committed donors, WHO completed several initiatives – from developing Health Sector Strategic Plan (HSSP) 2023-2027, assessing the Public Financial Management (PFM), launching and disseminating the National Pharmaceutical Policy and Strategy, and strengthening Health Sector Coordination, leadership and governance to renovating the maternity theatre in Bor State Hospital, constructing a waste management site through installation of a high-temperature incinerator at Juba Teaching Hospital and strengthening the RMNCAH services.

#### Achievements

- Provided technical and financial support to the MoH to develop its second Health Sector Strategic Plan (HSSP) 2023-2027 to implement the second phase of its National Health Policy 2016-2026. The HSSP 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 in the country during the next five years.
- Supported the MoH in conducting its first PFM assessment, identifying the strengths and improvement areas in the country's health sector and its implications for achieving UHC.
- Established the waste management site at Juba Teaching hospital to ensure minimum facility-WASH infection

prevention and control standards. In addition, it will strengthen optimal waste disposal and management during COVID-19 and other epidemic outbreaks.

- Helped print, launch, and disseminate the National Pharmaceutical Policy and Strategy that provides a framework for governance, regulation, and programming within the health sector, which has been lacking since 2006.
- Helped MoH strengthen the overall health sector coordination, which led to the formation of an MoH secretariat, review of the coordination forum's ToR, and institutionalizing quarterly health sector coordination meetings.



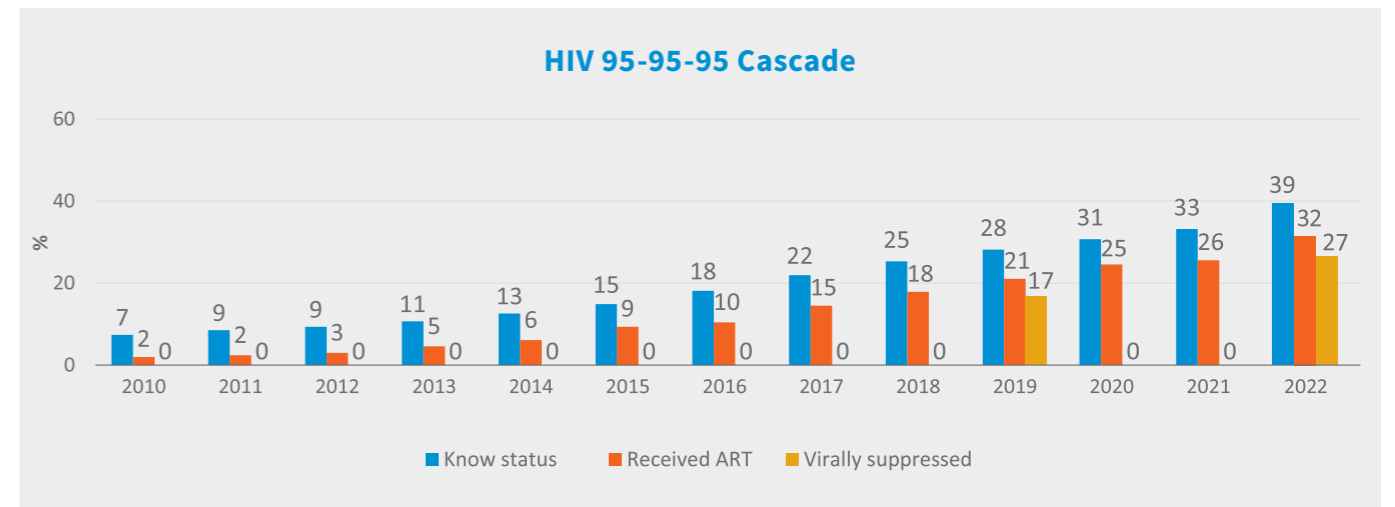
- Developed the Minimum Standards for Reproductive Maternal Newborn Child Adolescent Health (RMNCAH) and HIV/AIDS integration which will contribute to the delivery of integrated RMNCAH and HIV services at the facility level.
- Improved the skills of 39 health care workers on basic and emergency obstetric and neonatal care in six basic and comprehensive emergency obstetric and neonatal care centers in the country.
- Enhanced skills of 25 health care workers from 8 health facilities on Integrated Management of Common Childhood Illnesses (IMNCI) through training and provision of IMNCI job aids in order to provide quality and integrated pediatric care in Unity State.
- Improved quality of care for pediatric illnesses through instituting pediatric death audits in Al-Sabah Children Hospital following orientation, and formation of a pediatric death audit review committee which has started to conduct mortality reviews in December 2022.
- MoH senior leadership from the National MoH and all the State Ministries of Health (sub-national level) and WHO staff gained knowledge on Gender Equity and Rights (GER) approaches and mainstreaming in health programming through capacity building.
- Enhanced skills of 87 health care workers on Maternal Perinatal Death Surveillance and Response (MPDSR) to improve the quality of care for maternal and newborn health service provision in health facilities, namely, Juba and Wau Teaching Hospitals, Torit State, Yambio State, Rumbek State and Bor State Hospitals, and Maridi and Nzara County Hospitals.
- Oriented 370 community and religious leaders from three states of Eastern Equatoria, Western Bahr El Ghazal and Jonglei on Sexual Reproductive Health and Rights (SRHR) issues to enable them to become advocates for SRHR in their respective communities.
- Supported the MoH in reviving its Reproductive Health coordination forum, which brings together stakeholders to regularly deliberate on progress and challenges in implementation of the Reproductive Maternal Newborn Child and Adolescent Health strategy.



### 1.1 Human immunodeficiency virus (HIV)

WHO continued to provide technical support to the Ministry of Health in HIV prevention, treatment and care, and strategic information. Regarding the 95-95-95 global targets for HIV elimination by 2030, the first 95 for the country reached 39%, up from 35% in 2021. The second 95 stands at 32%, up from 27%, and the third 95 reached 27%, a jump from 23% in 2021.

Estimated adult (15-49) HIV prevalence stands at 2.1%, with females at 2.6% and males at 1.5%. By the end of 2022, the number on ART was just over 50,000.



### Achievements

- A consultative meeting helped update the HIV module and tools and integrate viral hepatitis and sexually transmitted infection into the District Health Information System 2 (DHIS2) reporting platform, with a consensus reached for better monitoring of the three diseases and programmatic planning and resource mobilization.
- Piloted HIV self-testing in five facilities within Juba and informed the country, including implementing partners, on the importance and feasibility of the innovative approach for rapidly scaling up testing and knowledge of HIV status, especially among priority groups like men, uniformed forces, and key populations.
- Service quality is enhanced by disseminating the National Consolidated Guidelines for the prevention and treatment of HIV to facilities.
- Clinical mentorship and quality improvement tools have been updated in line with the updated national HIV consolidated guidelines. The tools will harmonize work across various implementing partners and improve the quality-of-service delivery, including addressing high attrition rates.
- Supported the country conducting a joint HIV/TB programme review as a prerequisite to updating the national strategic plans and Global Fund funding request. Recommendations generated from the review were incorporated into the National Strategic Plans for HIV and TB to guide the responses in the next five years.





## 1.2 Sexually Transmitted Infections (STIs)

South Sudan has an enormous STI burden (syphilis prevalence at 8% as per antenatal care 2019), linked to poor pregnancy outcomes - stillbirths, low birthweight/prematurity, neonatal death, and congenital disease in the newborn. In addition, a cervical cancer screening programme is yet to be established.

### Achievements

- Developed sexually transmitted diseases case management guidelines with quality of care enhanced.
- Following the development of sexually transmitted diseases training materials, the capacities of trainers of healthcare providers were enhanced with subsequent improvement in the quality of care provided.
- High-level advocacy and policy dialogue on Triple Elimination of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B Virus was held and attended by senior officials of the Ministry of Health and senior representatives from UN agencies, PEPFAR, and other key stakeholders. This helped bring to attention the urgent need for focus and more support towards eliminating the transmission of the three diseases. The occasion was also used to launch the sexually transmitted disease case management guidelines, with the document coming in time to fill a void of guidelines for over a decade in the country.

## 1.3 Tuberculosis (TB)

According to the 2022 Global TB Report, TB incidence in South Sudan stands at 227 per 100,000 population, with a mortality rate of 28 per 100,000 for HIV-negative and 8.5 per 100,000 for HIV-positive.

Drug-resistant (Multi-drug Resistant/Rifampicin Resistant) TB incidence is at 550, with a rate of 5.1 per 100,000. Those who started on treatment the same year were 127 (about 23%).

### Achievements

- Supported the country with the annual Global TB Report for 2022. Data generated is utilized for planning for the next year and incorporated into the updated National Strategic Plan that will guide the TB response in the next five years.
- As drug-resistant is a relatively new area of the programme, treatment accessibility was enhanced by scaling up services from 15 facilities at the end of 2021 to 28 by the end of 2022.

## 1.4 Hepatitis

Hepatitis is a major public health threat in South Sudan, with all forms of the virus endemic. There are no adequate statistics on the disease. Still, data collected from 17 large public and private health facilities across ten counties in 2018 revealed the prevalence of Hepatitis B Virus at 11.5% and Hepatitis C Virus at 2.5%. There is no funding to support hepatitis in the country, making establishing services difficult.

WHO conducted a Hepatitis symposium on World Hepatitis Day 2022 at Juba Teaching Hospital, targeting academia, the public, and other stakeholders to raise awareness of the disease.

### Achievements

- Conducted training of healthcare providers from selected facilities, enhancing their capacities and improving the quality of care provided.
- Quality of services enhanced by disseminating the hepatitis strategy document and guidelines to facilities.

- In collaboration with MoH and civil society, WHO conducted an awareness campaign within Juba, which boosted awareness of the triple disease of HIV, Hepatitis, and Syphilis with a view of resource mobilization and an aim of eliminating the three diseases as a public health threat in the country.

## 1.5 Neglected Tropical Diseases (NTDs)

South Sudan is affected by 20 Neglected Tropical Diseases, most of which are readily preventable and/or treatable. Some of these have been mapped, and interventions commenced, while a number, particularly case management NTDs, are either yet to be mapped or fully mapped. The strategic goal of the NTD Programme is to reduce illnesses, disability and deaths via the control, elimination and eradication of targeted NTDs and contribute to poverty alleviation, increased productivity and better quality of life for the affected people.



### Achievements

- Detected and reached more people in hard-to-reach areas through active screening who received treatment against Human African Trypanosomiasis (HAT) and Visceral leishmaniasis (VL). A total of 23 and 930 people were treated for HAT and VL at the health facility, respectively.
- Number of health facilities treating Human African Trypanosomiasis increased from 5 to 9, hence increased access to HAT diagnosis and treatment.
- Geographical and treatment coverage scaled up in the population requiring preventive chemotherapy (PC) for five PC NTDs with over 7.3 million people (78%) receiving treatment coverage for Onchocerciasis and lymphatic filariasis.
- Guinea Worm Disease cases have reduced in the risk level 1 villages under active surveillance, with 99% village volunteers and 94% health education provided. Strengthened collaboration between Sudan and Ethiopia with active cross-border surveillance.
- Around 40 counties are now mapped for trachoma compared to 14 counties in 2021, with a close to 200% increase. In addition, the disease burden of leprosy is now known in at least 68% of the 80 counties, compared to 46% in 2021.

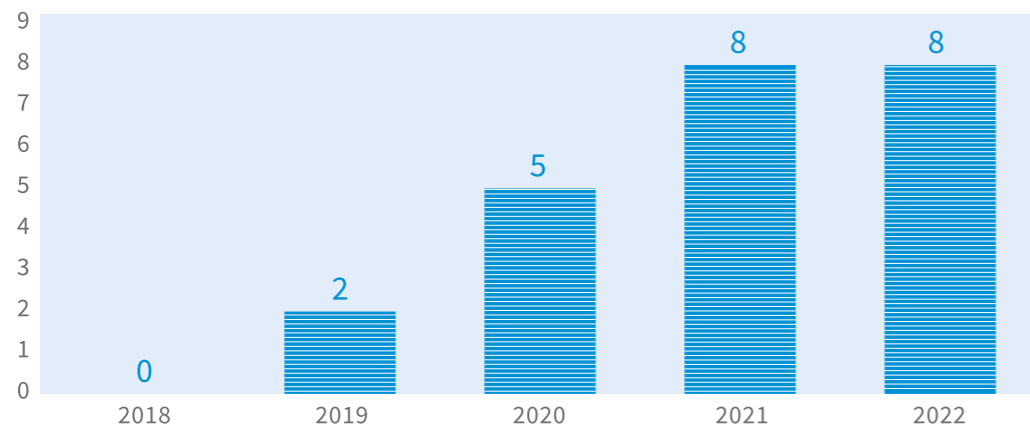


### 1.6. Expanded Programme on Immunization (EPI)

Immunization remains one of the greatest public health interventions, with the country offering protection against eight vaccine preventable diseases. The WCO continues to support in areas of coordination, providing technical assistance, data management, and training at all levels in the country.

WHO had set a measles elimination goal; however, the Measles coverage decline continues in 2022, with outbreaks reported in all ten states. To set a clear roadmap for measles elimination, the country has developed a Measles Outbreak Strategic Response Plan for 2023-2024.

**Number of States and Administrative Areas achieving Penta3 coverage >=80% 2018-2022**



### Achievements

- The country’s routine immunization and annualized coverage of Penta 3 remained at 84% in 2022. This indicator has improved in the last two years, with at least seven states and one administrative area meeting the Penta 3 target of 80% in 2022.
- Conducted EPI performance reviews at the sub-national and national levels from March 2022, with resolutions used to develop the 2022 Annual work plan.

### 1.7 Polio Eradication Initiative

In August 2020, the country was officially declared free of wild poliovirus. To keep the momentum, WHO and its partners support the Ministry of Health in all rounded polio eradication activities, including conducting active case searches in priority surveillance sites to maintain surveillance performance indicators and timely detection and response to outbreaks. In this regard, all samples from suspected AFP cases and environmental sewage are collected and tested in the WHO-accredited reference laboratory. Furthermore, WHO and its partners assist in conducting preventive campaigns to boost population immunity.

### Achievements

- In 2022, both surveillance indicators (NP-AFP rate and stool adequacy) showed progressive improvement. Accordingly, all states have a NP-AFP rate that is above 4/100,000 children under 15 years and stool adequacy of > 80%, while the national NP-AFP rate is 8/100,000 children under 15 years and stool adequacy is 96%. Moreover, 98% of counties have a NP-AFP rate of at least 2 per 100,000 children under 15-years, while 93% have an adequate stool rate.
- Over 12,000 integrated supportive supervisory visits through the open data kit were conducted in the priority surveillance sites.
- Surveillance officers were trained and sensitized on the job to improve the sensitivity of the surveillance system across the country.
- Over 800 healthcare workers trained in Vaccine-Preventable Diseases (VPD) surveillance for timely detection and response to VPDs.
- Three new environmental surveillance sites opened to complement AFP surveillance for more robust polio surveillance that ensures early detection of polioviruses in humans or the environment. In total, the country has seven environmental surveillance sites.
- Collected and shipped over 1,190 AFP and 49 environmental samples to the reference laboratory. All samples tested negative for wild poliovirus and circulating vaccine-derived poliovirus type 2.
- The country team developed AFP, Integrated Supportive Supervision and environmental surveillance dashboards to monitor the progress, identify gaps and provide technical feedback.

### 1.8 Malaria

In South Sudan, malaria remains a disease of public health significance and a major cause of morbidity and mortality, particularly among pregnant women and children under 5 years of age. The 2021 World Malaria Report estimates that about 8,750 malaria cases are reported daily, and about 20 people die of malaria daily in South Sudan. Transmission is year-round and peaks between July and November. Plasmodium falciparum is the dominant species, accounting for 93.1 % of infections.



In 2020, the national malaria control programme developed a five-year (2021-2025) Malaria Strategic Plan (MSP) to reduce malaria morbidity and mortality by 80% of 2019 levels and parasite prevalence by 50% of the 2017 level by 2025.

### Achievements

- WHO supported the Ministry of Health in the planning and conducting Mid-Term Review (MTR), an evidence-based appraisal of the country’s malaria situation and programme performance of the MSP. The MTR will help align the programme for better results and impact for the remaining plan period by ensuring the best information for the gap analysis in readiness for the next cycle of Global Fund proposal development in 2023.
- Conducted the first National Malaria Conference with the theme “Saving lives from malaria in a protracted humanitarian emergency setting” and launched the Zero Malaria in South Sudan Starts With Me campaign.
- The conference, which was launched by the Vice President for Services Cluster, Hon. Hussein Abdelbagi, galvanized the plans and actions of South Sudan’s health sector. As a result, the Government of the Republic of South Sudan and its partners re-committed to reducing the preventable impact of malaria on the population and ensuring access to quality healthcare services in the spirit of universal coverage. In addition, the Hon. Minister of Health, Dr Yolanda Awel Deng, pledged US\$ 500,000 to support malaria activities in the country. The malaria conference was recommended to remain an annual event for South Sudan.





## 2. Emergency Preparedness and Response (EPR)

### 2.1 Country preparedness and Response

#### Integrated Disease Surveillance and Response (IDSR)

The country continued to implement the IDSR strategy to ensure adequate capacity to detect and respond to health emergencies. The country's readiness capacity was instrumental in responding to outbreaks of Cholera, Meningitis, Hepatitis E virus, Anthrax, and the surge in malaria cases that occurred in the year.

The country also faced the risk of Ebola Virus Disease (EVD) following the declaration of an outbreak of the Sudan Ebola Virus Disease in Uganda on 20 September 2022. South Sudan and other high-risk countries collaborated to ramp up national capacity to prevent the risk of cross-border EVD infections.

#### Achievements

- Supported the country in conducting risk assessment using the Strategic Tool for Assessing Risks (STAR) and mapped out the country's risk in order of priority.
- Based on the STAR, supported the review, development and rollout of plans, technical guidelines and strategies for preparedness and response to outbreaks, such as the multi-hazard preparedness and response plan, Multi-year National Cholera Response Plan, Public Health Emergency Response Plan, and Ebola Virus Disease 72 hours readiness plan, among others.
- Strengthened disease surveillance and early warning alert and response system by training 853 (758 males and 95 females) healthcare workers on IDSR 3rd Edition and 438 (396 Males, 42 Females) on EWARs. The capacity helped to maintain 85% completeness and 81% timeliness of IDSR reporting rates from 1,177 sites by the end of 2022.
- Established and maintained functional Rapid Response Teams (RRTs) at the National and Sub-national levels. The RRTs investigated 6,415 alerts, of which 73% were verified and 1% risk assessed.
- Strengthened laboratory capacity to test and confirm priority diseases, including COVID-19, Meningitis, Monkeypox, Sudan and Zaire Ebola Strains, and influenza, among others. The turnaround time for COVID-19 test reduced from > 72 hours to <3 hours.
- WHO supported the country and health partners in establishing a functional EVD coordination framework consisting of national and sub-national EVD task forces in Juba, Nimule, Yambio, Torit, Ikotos, Yei, and Kajo-Keji. The task force met weekly and addressed challenges affecting preparedness efforts.
- Organized refresher training for 320 health healthworkers on EVD case investigation, case management, and infection prevention and control to boost readiness capacities.
- Provided technical support in the relocation, rehabilitation, and establishment of the 27-bed capacity Ebola isolation/ treatment centres in Juba.
- WHO established and strengthened border surveillance and screening, and by week 50 (ending 18 December 2022), 376,060 travelers were screened for EVD at six points of entry.

### 2.2 Response to Humanitarian Crisis and Acute Food Insecurity

The severe flooding and recurrent conflict have exacerbated humanitarian needs in the country. Over a million people were affected by severe floods, and over 180,000 people have been forced to leave their homes.

WHO's programme aims to strengthen the coordination of health responses, capacity for disease surveillance, outbreak detection, and response and Severe Acute Malnutrition with Medical Complications (SAM/MC) management in children. In doing so, WHO deploys RRTs to investigate disease alerts, provides emergency medical supplies to health partners, trains health care workers, does water quality testing and monitoring, and supports reactive and preventive vaccination campaigns.

#### Achievements

- Coordinated humanitarian response at national and state levels through the Health Cluster coordination forums and ensured effective response to health emergencies and optimum use of available resources.
- Provided essential medicines and the capacity to deliver essential health services to nearly 3 million people accounting for 87.87% of the Humanitarian Response Plan targets in 2022.
- Distributed 341 Inter-Agency Emergency Health Kits benefiting 891,000 people, 170 Cholera Investigation and treatment kits reaching 14,800 people, and 76 Pneumonia kits helping 4,125 people to over 20 implementing partners operating in emergency locations, and SAM/MC kits to treat 3,450 children distributed to stabilization centres in priority locations.





## 2.3 Outbreak Response

### COVID-19 response

The World Health Organization supports strengthening key pandemic response measures such as surveillance, testing, and treatment. Throughout the pandemic, WHO has been providing technical guidance to facilitate all health partners in delivering crucial medical supplies and equipment to the country to combat the virus.

Since the introduction of the COVID-19 vaccination in April 2021, South Sudan stepped up vaccination campaigns, including outreach initiatives to access hard-to-reach communities mobilizing communities through local and political leaders, regional campaigns, house-to-house activities, and rolling out widespread public communications.

By the end of 2022, 16.25% of the country's 'all-age' population was fully vaccinated. This corresponds to a vaccination coverage of 36.10% of the target population of adults aged 18 years and older. These end-of-year figures highlight the substantial progress achieved in 2022 compared to the COVID-19 vaccination coverage levels in January 2022 (1.54% all-age and 3.42% in adults aged 18 years and older) respectively.



### Achievements

- South Sudan received nearly 6 million COVID-19 vaccine doses and administered 2.4 million vaccine doses. However, the country ranked 42nd out of the 54 countries in Africa.
- The country developed the intensified COVID-19 vaccination optimization strategy, a campaign approach to delivering the COVID-19 vaccination. With this, vaccination coverage increased from 3.42% of the target population of adults 18 years and older in January 2022 to 36.10% by December 2022, with 93.2% coverage in healthcare workers and almost 52% of the elderly being fully vaccinated. It has also led to substantially more females being vaccinated. As such, presently, the gender distribution of fully vaccinated persons in South Sudan is 51.5% for females and 48.5% for males.
- The rollout of antigen rapid diagnostic tests (AgRDT) to approximately 250 health facilities in remote areas facilitates the detection of COVID-19 in areas where no other testing option exists. In addition, WHO is supporting the National Public Health Laboratory to improve the reporting from NGO partners to encourage the daily sharing of test results.
- Several batches of samples were sent to the Uganda Virus Research Institute for genomic sequencing confirming the BA.1, BA.2 and BQ.1.1 sublineages of the Omicron variant and the Alpha [B.1.1.7], Beta [B.1.351], and Delta [B.1.617.2] variants of concern were detected in the country.
- In 2022, 37,703 COVID-19 tests were conducted, yielding 481 positive test results. The positivity rate in 2022 was 1.28%. COVID-19 testing is predominantly undertaken through AgRDTs at key sites, such as in the border area of Nimule and in the host community and refugee camps of Pariang County in Unity State, polymerase chain reaction testing in Juba, and GeneXpert equipment in more than 35 locations nationally.
- Trained over 500 national supervisors, social mobilizers, and implementing partners staff on micro-plan development and supportive supervision. Also, over 4,000 COVID-19 vaccinators at Payam and Boma levels and 328 vaccine demand generation officers on the principles of vaccination confidence building and demand creation for the upcoming COVID-19 vaccination campaign. About 140 vaccine champions have been activated in 28 counties to help influence communities to increase uptake.



### Measles outbreak Response

A measles outbreak was reported in January 2022, and around 2,745 suspected measles cases were reported as of December 2022, with 31 deaths (CFR 1.1%). In December 2022, the Ministry of Health declared an outbreak of measles.

### Achievement

- Supported vaccination of 755,768 children aged six months to 14 years in 18 counties to maintain a case fatality rate (CFR) of 1.3% from 1,621 cases by December 2022.

### Cholera outbreak and response

South Sudan confirmed a cholera outbreak in Bentiu IDP Camp, Rubkona County in April 2022 following an index case reported on 19 March 2022. Cumulatively, 424 (30 culture-confirmed) cases and one death (CFR 0.24%) have been reported since the beginning of the outbreak. The last cholera case was reported in EPI week 47 of 2022.

### Achievement

- Supported two pre-emptive rounds of oral cholera campaigns where 1.6 million doses were administered in six hotspot locations, including Rubkona and Bentiu

IDP Camp, with 86% coverage during round one and 85% coverage during round two. The campaigns stalled cholera transmission.

### Hepatitis E Virus outbreak response

A persistent Hepatitis E virus transmission has been ongoing in Bentiu IDP Camp and the surrounding host community since 2019. To date, 3,990 cases (47% female, 53% male) have been reported with 27 deaths (CFR 0.68%). No deaths were reported in 2022.

The outbreak is persistent due to the environmental and hygiene conditions within the IDP camp. There is a lack of long-term, sustainable WASH infrastructure, which has been worsened periodically with flooding. In addition, there is frequent population movement between host/IDP communities with an unvaccinated host community, and lack of behaviour change programs and adaptation amongst the affected communities.

### Achievement

- Two rounds of Hepatitis E virus vaccination were conducted in Bentiu IDP Camp, reaching 24,469 (91% of the camp's population) in the first round and 19,861 (82%) in the second round.





## 2.4 Health Cluster Coordination

Under WHO leadership, the Health Cluster analyzed a countrywide humanitarian health needs overview and formulated a one-year Humanitarian Health Response Plan (HHRP) for 2022. In addition, the cluster monitored HHRP and other indicators that informed the dashboard development and operational presence maps. During the year, 24 national-level health cluster coordination meetings were held, and 19 field monitoring visits (13 national and four sub-national) were conducted across 16 counties.

### Achievements

- Led the Health Cluster responding to humanitarian emergencies in the country.
- Developed the health component of the 2022 Humanitarian Needs Overview and Humanitarian Response Plan.
- Developed Health Cluster Flood preparedness and response plan to guide partners in flood response.
- Coordinated more than 90 partners (including 62 Humanitarian Response Plan partners) providing humanitarian health services.
- Led WHO's global localization strategy consultative process with various stakeholders in South Sudan.
- Through the Emergency Response Technical Working Group, coordinated and facilitated measles reactive campaigns in 17 counties, Hepatitis E in one county, and Oral Cholera Vaccinations campaigns in eight hotspot counties.
- Coordinated and supported emergency health partners to respond to food-insecure and flood-affected counties in the country.
- Conducted monthly monitoring of floods and guided response strategy by gathering information on affected people, targeted facilities affected, needs, challenges, and partners' response.
- Developed the health component of Standard and Reserve allocation strategies for the South Sudan Humanitarian Fund (SSHF), which provides funds to respond to humanitarian emergencies in the country.
- Seven health cluster bulletins, 11 monthly health cluster dashboards and operational presence infographics each were produced and shared with partners.
- Coordinated and supported health emergency partners to respond to conflict/crisis affected IDPs in 11 counties.
- Developed advocacy note on continuing health services following Health Pool Fund (HPF) reductions.

## 3. Better Health and Well-being: Non-Communicable Diseases (NCDs) and Mental Health

South Sudan is currently grappling with a triple burden of diseases: communicable diseases, Non-Communicable Diseases (NCDs), and maternal, neonatal and childhood illnesses.

There are glaring challenges facing national efforts to combat NCDs and risk factors as the burden of NCDs and risk factors remain largely unknown. The paucity of data has largely contributed to the lack of prioritization of NCDs in the national response. There are also competing priorities for NCDs as the country is grappling with a high burden of maternal and childhood illnesses and infectious diseases like malaria, tuberculosis and HIV/AIDS, and several emergencies. Meaningful multi-stakeholder engagement in the NCD response has not occurred to date, which is critical given NCD risk factors.

In **mental health**, WHO supported the Ministry of Health to develop a costed Mental Health Strategic Plan 2023-2027 to advocate for resources. The first mental health strategic plan emphasizes the life-course approach and actions to promote mental health and well-being, prevent mental health conditions for those at risk and achieve universal coverage for mental health services.

The Plan aims to provide support for developing and enacting a Mental Health Act, to protect the rights and privileges of all persons with a mental health disorder, ensure 80% of primary healthcare centres have integrated mental health services, and promote mental health in communities by integrating related services to at least 50% of Boma Health Initiative (BHI) activities.

WHO is on a mission to reduce the NCD burden. To enhance focus, WHO collaborates with partners to implement a Minimum Service Project (MSP) for Mental Health and Psychosocial Support in Bor and Malakal.

### Achievements

- Around 10 health facilities (five in Bor and Malakal each) have staff trained to identify, manage, and refer persons with common mental health disorders and psychosocial conditions.
- Over 1,100 persons with mental health disorders received care and treatment for various mental, neurological and substance use disorders.
- Over 1,130 individuals received focused psychosocial and psychological care within the health facilities and communities.
- Nearly 23,500 people received key messages on mental health through community psychosocial focal points and community workers.

In **NCD**, WHO supported the Ministry of Health to adapt a Package of Essential NCDs (WHO-PEN) to guide countries in integrating NCD management into primary healthcare. The package is endorsed and ready for implementation and scale-up.

### Achievement

- In the first three months of follow-up during the implementation, it was feasible to provide services for managing hypertension, diabetes, and asthma in a separate clinic or when services are integrated into general care. As a result, around 471 patients received services for these conditions.



## 4. Strengthened country capacity in data and innovation through health information systems

### Health Information Management

In crises, information needs for the health sector are particularly important and complex due to the lifesaving nature of health services and the comparative breadth of interventions that may be required. WHO being the global lead agency for the Health Cluster alongside Ministries of Health is the authoritative data and information source on the health status and threats for affected populations, health resources and availability, and health system performance.

To improve public health information management, the Country Office has created a unit where all data/information staff are physically co-located in an 'Information Management Cell' to facilitate data management and information sharing to guide evidence-based decision-making.



### Achievements

- Assisted the Ministry of Health assessment of the Health Management Information System (HMIS) to integrate and foster the interoperability of the different databases into the DHIS2. The Country Office also provided technical guidance to review and validate the health information policy and strategic documents that will guide the implementation of the health management information system. This process has already gained significant progress and is estimated to be completed by the second quarter of 2023.
- Strengthened the disease surveillance systems through prevention, detection, and response to the threats by providing training on integrated disease surveillance and response (IDSR) guidelines and tools at the national and sub-national levels and developed data reporting and management systems for real-time reporting. Some 320 healthcare workers were trained, representing 46% of the total 700 healthcare workers on the IDSR 3rd Edition in 14 counties in 2022.
- Built health information interactive dashboards; these include health service functionality dashboard, COVID-19 dashboard, Acute Flaccid Paralysis (AFP) and environmental surveillance dashboards. These dashboards and information products provide essential health information to government agencies, United Nations agencies, donors, and implementing partners to drive timely health response and programme planning.

## FINANCIAL, HUMAN, AND ADMINISTRATIVE RESOURCES



The Country Support Unit (CSU) plays a critical role in realizing the Country Office's vision by implementing a transformative agenda and reforms. WCO, through effective mechanisms and systems, provides responsive strategic operations operating under a complex environment.

### Achievements

To ensure the quality and timeliness of the implementation, the compliance team visited nine out of ten states to assess the implementation status of the 2021 recommendations. It noted that it stands at 60%.

The human resource team focused on empowering women and bringing about gender parity in staffing, following the

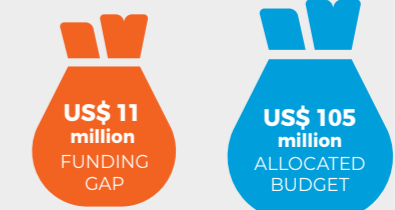
commitment of WHO's leadership. Following the review recommendations, the focus remains on improving long-term staffing levels. This is embedded in the current recruitment and selection drive for WHO South Sudan in filling positions approved under the Functional Review conducted in 2017/18. With a current staff strength of 72, this number is expected to increase to up to 132 by end of 2023 given funding availability. The team in South Sudan also participated in the UN-wide career fair targeting youth, particularly young women.

Significant improvements realized in the office infrastructure in Juba and the field locations. A refurbished conference room in the WCO and repairs and painting of the entire office adds and enhances the visibility of WHO. In the hubs we are exploiting the opportunities presented by the United Nations – Business Operation Strategy in terms of shared premises across agencies thereby optimizing costs.

Regular field visits offered on-site support to the field offices. The logistics team enabled more coordination and networking with other agencies to achieve the One-UN objectives. For both Juba and ten hub offices, the office invested in 20 brand new vehicles bring the current fleet size to 51. Most of the old vehicles are being phased out through the UNHCR auctions. We therefore now have a fleet that is new and road-worthy with reduced repair and maintenance costs.

## FUNDING NEEDS

The current funding gap of US\$ 11 million needs to be mobilized, as mentioned above. This number could change in emergency incidents as South Sudan is prone to such events, which is the rationale for having a current allocated budget of US\$ 105 million for 2022-23.





# STRENGTHENED LEADERSHIP, GOVERNANCE, AND ADVOCACY FOR HEALTH



## 1. Partnerships

WHO advocacy efforts ensured that health was at the centre of the agenda of key partners at the country level. The Organization led strategic engagements as the Chair of the Health Development Partners Group to propel initiatives, such as DHIS2 data systems integration to support strengthening HMIS through the Strategic Advisory Group Co-chaired by WHO and the Center for Disease Control.

Through WHO, the Health Development Partner Group (HDPG) worked with the government and different partners in developing the HSSP for 2023-2027 to guide and enable the MoH to successfully carry out its public health functions.

Also, the group worked on the Public Finance Management (PFM) assessment to ensure that public resources remain allocated to decided strategic priorities and spur reallocation from lesser to higher priorities to ensure allocation efficiency.

In line with inter-agency collaboration, WHO collaborated with UNICEF to accelerate COVID-19 vaccine uptake through campaigns in counties with low vaccination coverage, leveraging additional support from partners, such as the World Bank and USAID. In addition, WHO continues to provide leadership on several collaboration platforms, including the Health Cluster partner coordination at national and state levels, leading health in United Nations Sustainable Development Partnership Framework.

WHO Co-chair the United Nations Communication Group, the working group responsible for supporting the UNCT to achieve the UN's "One Voice" component.

WHO continues to provide a weekly health briefing to Senior Management Group (SMG) which is chaired by Special Representative to Secretary General (SRS) with Heads of Agencies, Funds and Programmes are members.

In addition, high-level advocacy was extended to the EVD Leadership Group under the leadership of the Deputy Special Representative of the Secretary General, Resident and Humanitarian Coordinator with WHO as the secretariat during the Ebola outbreak in Uganda in September 2022. This effort prioritized resources available for preparedness and immediate response through a resource mapping exercise for all implementing partners supporting the EVD Incident Management System. The key outcome was the constitution of the Simulation Exercise (SIMEX) core committee led by WHO with support from CDC and UNICEF to carry out a SIMEX to assess the Public Health Emergency Response readiness capacity to respond to an emergency/outbreak.

Leveraging its convening power, WHO supported the MoH to congregate multisectoral stakeholders, donor partners and other Government Ministries to commemorate the One Health Day themed "Collaboration for a Better Health Outcome." They included the Ministry of Agriculture and Food Security, the Ministry of Livestock and Fisheries, the Ministry of Wildlife Conservation and Tourism, the Ministry of Environment and Forestry, and other partners (Food and Agricultural Organization, World Organization for Animal Health, US-CDC).

## 2. Communication

The Country Office actively engaged in strategic and media communication and risk communication during 2022. Local, regional and global media were kept up to date on key milestones in WHO's work through press releases, web stories, media interviews, press briefings, and social media posts on the Country Office's Facebook and Twitter accounts.

A network of journalists, including editors and freelance journalists, received training on health emergencies to enhance skills in reporting on health issues with a focus on COVID-19 vaccination. As a result, a journalists and health reporters' network was established to effectively and consistently report on health emergencies to reach communities with messages primarily on COVID-19 vaccination and the prevention and control of other health emergencies through different media channels and tools.

A multisectoral team of risk communication and community engagement trainers, including representatives from the Ministry of Health at national and sub-national levels, line ministries, UN agencies and implementing partners, provided support and guidance on rolling out risk communication on COVID-19 vaccination.



## CHALLENGES

- Flood and insecurity in many counties led to cancellations/ rescheduling of project activities as well as worsened the access to health facilities by the population. South Sudan has also known persistent complex emergencies such as floods, disease outbreaks, famine and intercommunal violence.
- Most of the funding to the country office leans towards the emergency programme leaving the more developmental programmes with little funding to adequately respond to country developmental health needs.
- There is low human resource capacity in the Ministry of Health with low retention.
- Overall, South Sudan has weak health systems and the low monitoring further affect the quality of services provided. This has led to significant dependence of MoH on partners to provide health services.
- National health information systems are weak exacerbated by the parallel systems run by implementing partners. There is also inadequate skilled personnel to man the national health information system
- There is weak Ebola virus disease preparedness and response built from previous efforts.
- The global shortage of OCV doses could have affected achievements in the number of people vaccinated for cholera.
- Short term funding leads to overload in terms of reporting and under-delivery given the challenging operational context
- The lack of data on non-communicable diseases and risk factors has hampered the development of investment case for work on non-communicable diseases such as mental health. Awareness on these diseases is also weak.

## WAY FORWARD

To build on the above achievements in 2023 and beyond, the WCO shall harness the enabling factors and develop innovative interventions to address the challenges encountered in 2022.

- In 2023, the focus will be to validate and launch the Health Sector Strategic Plan 2023-2027 while continuing advocacy for increased government budgetary allocation to the health sector and supporting the Ministry to strengthen coordination and collaboration. WCO will engage traditional partners, the Ministry of Health, UN agencies, NGOs and other stakeholders to address the challenges, forge new partnerships and improve WHO's technical and operational capacity.

- WHO will aim at improving routine immunization coverage, while introducing of new and underutilized vaccines. Key to this will be the conduct of a nation-wide measles campaign to improve herd immunity while implementing the polio transition plan to absorb key functions in the country office.
- WHO will continue to work with the Ministry of Health to strengthen the HMIS through integration of different data collection and reporting systems into DHIS2.
- The WCO is exploring ways to bridge the humanitarian-development nexus using innovative approaches to develop a health system recovery and stabilization plan which would be a roadmap for building a resilient health system for the country.





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# 2022 ANNUAL REPORT

WHO in South Sudan



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