



# 2020 ANNUAL REPORT

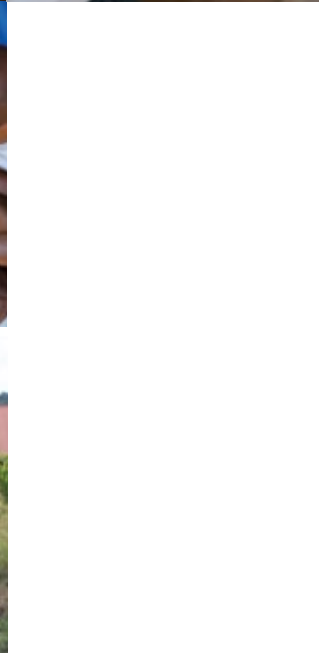
## WHO South Sudan



**World Health  
Organization**  
South Sudan







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South Sudan







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# Foreword

The year 2020 has been an unprecedented one. Never did the world imagine that a virus can halt the global pace and progress affecting millions. South Sudan was no exception. However, working with other UN agencies and health partners, we effectively supported the Republic of South Sudan's response to the pandemic. Along with the South Sudanese health authorities, we enhanced capacities, expanded infrastructure, and provided equipment to the Infectious Disease Unit in Juba to strengthen its ability to isolate and treat COVID-19 patients. WHO also helped ramp up the response by coordinating the response effort, surveillance, training health workers, resource mobilization, procuring laboratory testing supplies, personal protective equipment, and infection prevention and control supplies<sup>i</sup>.

Across South Sudan, polio experts have been at the forefront of the COVID-19 response as they used their experiences in the country's polio eradication work. More than 300 polio team members strengthened COVID-19 surveillance in communities, health facilities, contact tracing, and data management<sup>ii</sup>. All public health responders' diligent work has contributed to the country's mild COVID-19 experience so far, with 64 deaths reported and 3,882 confirmed cases at the end of the year.

As COVID-19 took centre stage, we faced inevitable setbacks on our other intervention areas due to the movement restriction, reduced working hours, coupled with floods and insecurities. However, with the easing of public health measures and restrictions following the decline in cases, WHO gradually commenced implementing other interventions during the last quarter of the year.





I am sincerely grateful to our dedicated staff, partners, and volunteers who worked hard despite the challenges emanating from the pandemic. Their persistent efforts have helped us restrict the spread of COVID-19 and impact lives due to the devastating floods by quickly reaching the remotest areas through our Mobile Medical Teams and Rapid Response Teams. Insecurities, lack of reliable internet and mobile network, weak transport system due to floods, among others, affected our pace. Despite these impediments, we managed to implement much-needed interventions and activities to improve vital health services delivery.

I humbly thank our partners for their valuable financial contributions that enabled us in implementing key initiatives to stop the spread of the pandemic, diseases and respond to emergencies. We look forward to your

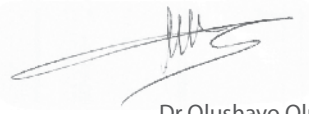
continued support as we strive to deliver better health services in South Sudan in 2021 and beyond.

We continued to uphold WHO’s mission to promote health, keep the world safe, and serve the vulnerable.

We have a long road ahead of us. We hope to improve the country’s public healthcare system through our targeted technical interventions supported by our operational capabilities using a coordinated and collaborative approach to widen and deepen our impacts on-ground.

As we advance, WHO will work towards a South Sudan, where everyone lives a healthy life.

Thank you,

For   
Dr Olushayo Olu  
WHO Representative to South Sudan

<sup>1</sup> <https://www.afro.who.int/news/enhancing-covid-19-response-south-sudan> <sup>2</sup> <https://www.afro.who.int/news/polio-expertise-steers-covid-19-response-south-sudan>





# List of Acronyms

<b>AFP</b>	Acute Flaccid Paralysis	<b>NTD</b>	Neglected Tropical Disease
<b>AVADAR</b>	Auto-Visual Acute Flaccid Paralysis Detection and Reporting	<b>ODK</b>	Open Data Kit
<b>ART</b>	Antiretroviral Therapy	<b>PCR</b>	Polymerase Chain Reaction
<b>CVDPV2</b>	Circulating Vaccine Derived Poliovirus type 2	<b>PHCC</b>	Primary Health Care Centre
<b>DHIS</b>	District Health Information Software	<b>PHEOC</b>	Public Health Emergency Operations Centre
<b>EPI</b>	Expanded Programme on Immunization	<b>PPE</b>	Personal Protective Equipment
<b>EVD</b>	Ebola Virus Disease	<b>RRT</b>	Rapid Response Teams
<b>EWARS</b>	Early Warning, Alert and Response System	<b>SAM</b>	Severe Acute Malnutrition
<b>HIV</b>	Human Immuno-Deficiency Virus	<b>SAM/MC</b>	Severe Acute Malnutrition with Medical Complications
<b>IDSR</b>	Integrated Disease Surveillance and Response	<b>SC</b>	Stabilization Centre
<b>IHR</b>	International Health Regulations	<b>SoP</b>	Standard Operating Procedure
<b>IMNCI</b>	Integrated Management of Newborn and Childhood Illnesses	<b>TB</b>	Tuberculosis
<b>IMS</b>	Incident Management System	<b>ToT</b>	Training of Trainers
<b>IPC</b>	Infection Prevention and Control	<b>UHC</b>	Universal Health Coverage
<b>MDA</b>	Mass Drug Administration	<b>UN</b>	United Nations
<b>MIYCN</b>	Maternal Infant and Young Child Nutrition	<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>MoH</b>	Ministry of Health	<b>UNICEF</b>	United Nations Children's Fund
<b>MOPV2</b>	Monovalent type 2 Oral Polio Vaccine	<b>WHO AFRO</b>	World Health Organization African Regional Office
<b>NPHL</b>	National Public Health Laboratory	<b>WHO FCTC</b>	WHO Framework Convention on Tobacco Control
<b>NOPV2</b>	Nobel Oral Polio Vaccine	<b>WCO</b>	WHO Country Office
<b>NSC</b>	National Steering Committee		



Healthcare worker administering Cholera vaccine during the 1st round of oral Cholera vaccination in Bor where over 63,000 individuals aged one year and above were vaccinated against Cholera in 2020.



# 01

## Background

Since its independence, South Sudan has been working towards improving its healthcare system, among other development goals. However, poverty, lack of adequate infrastructure, prolonged conflict, and devastating impacts of climate change has slowed this progress despite its moderate advances over the last couple of years.

The maternal mortality and mortality rates of children under five years are severely high at 789 per 100,000 and 99 per 1,000 live births, respectively. Communicable diseases constitute a significant public health problem.

2020 posed a unique challenge as the COVID-19 pandemic wildly spread across the world, leaving no country untouched. Thus, the country quickly adapted to the new environment and directed its resources towards mitigating its spread. However, this forced the government to stall development and plans in other socio-economic sectors, including public healthcare.

The country also witnessed devastating floods this year. Under the Ministry of Health's (MoH) guidance, WHO and partners responded to the emergency by reaching out to the affected communities, especially in the far-flung areas, with the required health services and kits despite facing severe hindrances.

Rising to the challenges, the Organization has adapted its programmes and interventions to address the urgent issue of containing the spread of COVID-19 in the country through technical, capacity building, and strategic initiatives.

**WHO continues to enhance the technical and operational capabilities and ensures accountability. It is supporting the MoH and partners in the following areas:**

- **Strengthen the coordination, supervision, monitoring, and evaluation of health services delivery.**
- **Develop a health system recovery and stabilization plan, a roadmap for building a resilient health system.**
- **Advocate for more domestic resources and support towards the attainment of universal health coverage.**
- **Strengthen health security through finalization, resource mobilization, and implementing the national action plan for health security.**
- **Bridge the humanitarian-development nexus using innovative approaches.**
- **Implement key lifesaving interventions such as immunization service delivery, provision of emergency health care services, diagnosis and treatment of communicable and non-communicable diseases, epidemic preparedness, and response, among others.**







# 02

## WHO South Sudan mission, goals, and objectives

WHO supports MoH for enhancing its health system by supporting the plans, policy-level initiatives, and providing a strategic direction for ensuring high quality and integrated service delivery by sharing technical know-how to strengthen its capacities for delivering high-quality health.

This report presents the work done by the WHO South Sudan Office in 2020, which covers the WHO Country Office and the ten field offices. The WHO country office (WCO) offers leadership on critical health matters and technical support to MoH and partners to achieve the overarching goal of ensuring healthy lives and well-being for all ages. This is done by achieving universal health coverage, addressing health emergencies, and promoting healthier populations as enshrined in the 13<sup>th</sup> General Programme of Work.

The WHO Country Office has received technical and managerial support missions from WHO Head Quarter, Regional Office and Inter Country Support Team (IST) for Eastern and Southern Africa to maximize the efforts rendered to major health problems in the country.

**The report summarizes the significant achievements across the three strategic priorities, each comprising a one-billion people goal and coined as the ‘triple billion goals’ and one corporate goal. The ‘triple billion goals’ include a billion more people benefitting from universal health coverage, a billion people more people better protected from health emergencies, and a billion more people enjoying better health and well-being, respectively.**





A vaccinator marking the finger of a child after administering Polio vaccines in Wau during the 2<sup>nd</sup> round nationwide Polio vaccination exercise



# 03

## Country Priorities

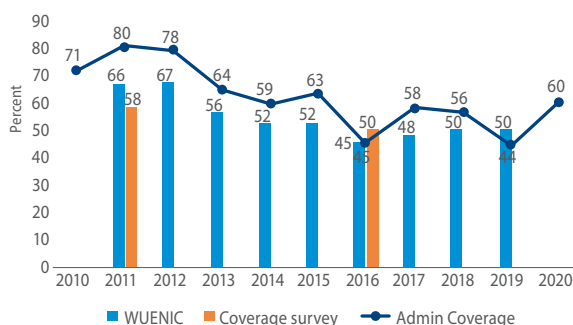
### 3.1 UNIVERSAL HEALTH COVERAGE

WCO's work on Universal Health Coverage involves strengthening health systems to improve availability and coverage of disease-specific interventions. It also includes addressing equity, health system barriers, and citizens' health needs across the life course.

#### MOTHER AND CHILD HEALTH

The percentage of assisted deliveries by a skilled birth attendant is among the lowest in the world at 19%. The OPD attendance for the following diseases (DHIS 2020) is 44.8% for malaria, 15.3% for diarrhoea, and 9.8% for pneumonia.

The increase in recurrent humanitarian crises has significantly affected healthcare services impacting child survival rates. Immunization coverage is one of the lowest in the region, and communicable diseases posing a major threat. For example, Penta 3 has covered 49% of the target population (WHO-UNICEF Estimates of National Immunization Coverage 2019).

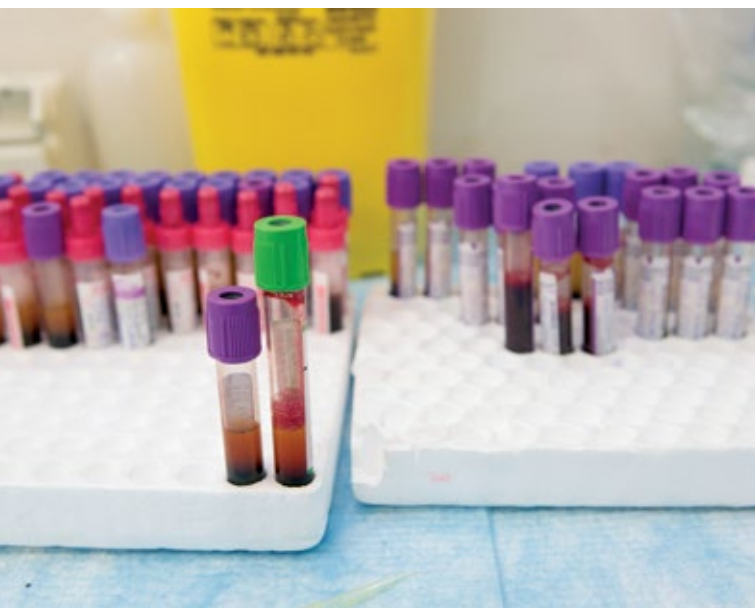


Thus, looking at the above factors, the Organization is working towards strengthening basic health service provision by improving the leadership, government accountability, and local ownership. It is working with MoH to improve the current infrastructure. It also enhances health teams' functionality at sub-national levels by providing relevant management tools and building capacities for using these tools.

In collaboration with MoH, WHO developed essential management tools for the sub-national level to monitor performance through supportive supervision of health services and programmes and recommendations for improving services.

#### Achievements

- WHO's Integrated Management of Newborn and Childhood Illnesses (IMNCI) Training Guidelines, Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition strategy and plan have been validated and endorsed by MoH.
- The Organization supported MoH and partners by training 20 health workers (doctors, clinical officers, and nurses) from Upper Nile and Jonglei states as Master Trainers on IMNCI case management.
- To improve the quality of reproductive health and infection prevention and control (IPC) services, WHO supported the rehabilitation of the neonatal intensive care unit, labour/delivery unit, waiting home and medical wards of the Juba Teaching Hospital.



### Challenges

- The neonatal intensive care unit, maternity waiting unit, labour/delivery units and a medical ward of the nation's premier referral hospital, Juba Teaching Hospital, functions suboptimally.
- COVID-19 affected the coordination of activities, including the National Health Sector Working Group that manages the health sector due to suspension of gatherings and reduced working hours.
- The management tools were outdated and needed revisions to meet the current needs of improving the MoH and County Health Departments' health teams.
- Lack of infrastructure for conducting meetings and training.
- Low EPI coverage, persistent low routine immunization coverage despite different strategies used due to accessibility, communal conflict and population movement.
- Lack of financial resources.

### HIV AND AIDS

South Sudan has a generalized HIV pandemic with a prevalence of 2.5% among adults aged between 15-59 years and an estimated 190,000 people living with HIV (UNAIDS 2019). The number of new infections per year has seen an upward trend, increasing from 14,000 in 2010 to 19,000 in 2018, whilst annual related deaths have remained constant over the same period.

The country has made some progress, with 24% of the estimated number being tested and knowing their results, and 67% of those are receiving lifesaving antiretroviral (ART) therapy. Treatment coverage for People Living with HIV (PLHIV) remains low at 22% by the end of 2020.

Currently, there are 105 facilities eligible to function as ART centres, with the number functional and providing antiretroviral therapy over 80 and counting. The Organization supported the country to continue providing and scaling up HIV treatment services.

With the onset of COVID-19 and the subsequent government-decreed and self-imposed movement, restrictions interfered with HIV services. A joint effort coordinated by MoH involving the WCO HIV programme, other partners and networks of people living with HIV agreed on the mitigation measures to ensure that HIV clients receive their expected supplies, including those in newly established and expanding centres.

The government immediately implemented WHO's recommendation of three to six-month prescriptions of antiretroviral medicines (or multi-month dispensing) to strengthen treatment retention. The approach helped maximize community-based Antiretroviral Therapy distribution to protect the gains in the HIV response and ensure continuity of HIV services<sup>iii</sup>.

<sup>iii</sup> <https://differentiatedservicedelivery.org/Guidance/National-policy>

### Achievements

- The programme initiated at least ten new centres.
- The number of clients for HIV treatment rose from 34,000 in 2019 to about 42,000 in 2020.
- At least 80% of HIV treatment facilities implemented the multi-month dispensing by the end of the year.

### Challenges

- Restricted movement limited the supervision and mentoring visits to facilities.
- Lack of funding for activities related to policy, guideline, capacity building including lack of funding including inadequate human resources, in terms of numbers at all levels. Recent observation indicated that the rate of new HIV infections is increasing while on the other side some of the program are not practiced such as Pre-exposure Prophylaxis (PrEP) and self-testing.



### TUBERCULOSIS (TB)

As per the Global TB Report 2020, the country has an estimated TB incidence of 227 per 100,000. The case notification in 2019 was 16,323, with more males than females, and the estimated number of cases was 25,000 with treatment coverage of 65%.

The mortality rate is 34 per 100,000 for HIV negative and 8.4% per 100,000 for HIV positive cases. The proportion of TB cases with Drug Resistant TB (MDR/RR-TB) in 2019 among new cases was 2.5% and among previously treated was 14%. Around 830 MDR-TB/RR cases were expected to be detected in 2019, but only 122 cases were diagnosed. However, 90% of the detected cases are on treatment.

### Achievements

- Supported MoH to update the TB National Strategic Plan (NSP), 2020-2024. The NSP has set milestones for 2035 targets (as compared to 2015): reduce TB deaths (by 65% by 2024 and 95% by 2035); decrease in TB incidence rate (by 30% by 2024 and 90% by 2035), and reduce catastrophic costs in TB-affected families (to 0 % by 2035).
- Updated the Paediatric TB treatment guidelines, mainly helping with adapting new drug-resistant TB (DR-TB) recommendations that focused on oral short-course regimens.
- Built capacities of 25 healthcare workers involved with the management of drug-resistant TB (DR-TB) in the country. The healthcare workers received the latest recommendations using oral shorter course regimens for DR-TB to provide quality healthcare services for eliminating it as a public health threat.

### Challenge

- Lack of funding.





Medical supplies delivered to Bor, Jonglei State ahead of the commencement of Oral Cholera vaccination campaign in 2020

### HEPATITIS

The prevalence of Hepatitis B (HBV) and Hepatitis C (HCV) in the general population is unknown. The mortality related to these infections is not accurately established due to limited data available to the Ministry of Health through routine health information systems, surveillance, and research.

However, based on the draft situation analysis report of viral Hepatitis produced in 2016, HBV is classified as highly endemic with at least 8.18% and HCV at 5.6% prevalence. Data collected from 17 large public and private health facilities across ten counties in the country in 2018 revealed the prevalence of HBV at 11.5% and HCV at 2.5%.

WHO supported the MoH finalize and launch the previously developed hepatitis strategy and guidelines, to focus on the diseases' burden and use the documents as the first step towards resource mobilization.

#### Achievements

- Around 1,570 and 1,000 copies of the guidelines and the strategy produced were disseminated to help fill the void of service provision guidance and case management of Hepatitis and showcase the need for liver disease support.

#### Challenge

- Lack of funding.

### NEGLECTED TROPICAL DISEASES (NTD)

South Sudan is one of the top priority countries in Africa, with the highest burden in preventive chemotherapy and case managed NTDs. A total of 59 counties and 317 *payams* are endemic for schistosomiasis. Three counties are in the high-endemic category, while 22 counties are in the moderate category. In collaboration with the MoH, WHO and partners are implementing the elimination of NTDs through the Mass Drug Administration (MDA).

In the effort of breaking transmission of the bilharzia infection through preventive chemotherapy, MoH organized MDA of school-aged children and adults living in highly endemic areas in Lakes and Northern Bahr el Ghazal States.

WHO provided technical support and mentorship on Kala Azar diagnosis, treatment and rolled out Kala Azar DHIS2 indicators for real-time reporting.

One confirmed case of guinea worm disease was detected in July 2020 through IDSR. The Organization collaborated with Sudan to investigate the suspected South Sudanese case at the refugee camp in Darfur. To raise awareness of the disease, the Organization organized a case sweep and health education on guinea worm.



WHO technical officers assisted in measuring the height of the beneficiary in Rumbul village Awiel East during the mass drugs administration for bilharzia to ensure her eligibility to receive the treatment

## Achievements

- Five of the nine counties achieved over 75% treatment coverage for the bilharzia with an average of 68%.
- Built capacities of 28 National supervisors, 16 county supervisors, 88 Payam supervisors, 349 Boma supervisors, and 2,844 community drug distributors on bilharzia MDA through a door-to-door campaign, school-based and community centre approaches.
- To manage Kala Azar cases, WHO trained health workers of facilities, including the two refugee camps in Ajuong, Thok and Maban counties.
- The guinea worm case was successfully contained, and none of the patients contaminated water sources.

## Challenges

- COVID-19 delayed the MDA for the bilharzia, and a national scale-up was not possible due to the delayed arrival of medicines and lockdown. Further, floods affected the movement.
- Insecurity in some areas in Unity and Upper Nile states postponed the activities planned.
- The facilities ran out of rapid diagnostics, which were only shipped into the country after the lockdown.
- Planned guinea worm case sweeps in bordering villages with Ethiopia could not be implemented due to lockdown.



A Community mobilizer mobilizing the community during yellow fever vaccination in Kajo-Keji

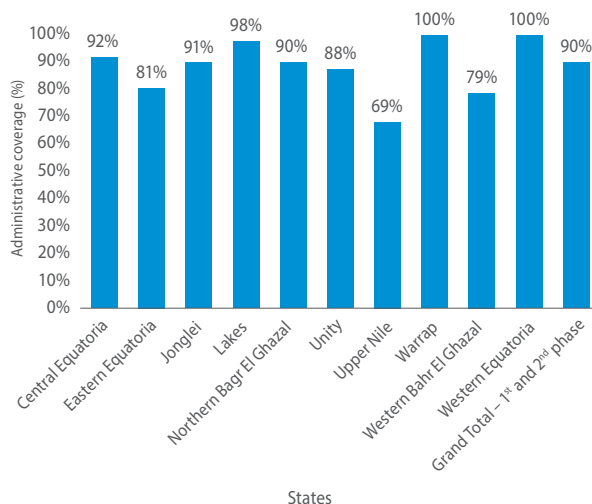




### EXPANDED PROGRAMME ON IMMUNIZATION (EPI)

Despite various efforts made, the routine immunization coverage remains low. The national administrative coverage of Penta 3 reported at 60%, with lower coverage in the former two conflict-affected states (<40%) Upper Nile Unity. However, states like Lakes and Western Equatoria reached have above 80% coverage. However, the overall country's coverage is behind the Global Immunization Target set at 90%.

To improve the immunization gap for measles, WHO assisted the MoH in planning and conducting a measles follow-up campaign across the country. The first phase of the campaign covered 55 out of 80 counties in January–March 2020. While the second phase planned to cover 25 counties on November–December 2020, however, only 13 counties implemented the campaign.



### Achievements

- In 2020, 1.7 million out of the targeted 1.9 million children aged 6–59 months were vaccinated, covering 91% of the target group. Five states (50%) and 33 counties (61%) achieved coverage above 90%. Around 66 minor Adverse Events Following Immunization were reported, with no serious ones.

### Challenges

- As part of the campaign, implemented during the pandemic, the programme mobilized additional funding to buy supplies for protecting the vaccinators.
- Due to the flooding, inaccessibility forced 12 counties of Jonglei, Upper Nile, and Unity to postpone the campaign to the first quarter of 2021.







Mothers and babies aged between 0 and 5 years are lining up in Al Sabah Children Hospital waiting for the measles vaccine, Vitamin A and deworming

### INTEGRATED SERVICE DELIVERY

WHO collected necessary data to form a baseline for regional objectives and monitor progress towards achieving universal health coverage and sustainable development goals for strengthening data on human resources for health.

WHO developed a cohesive document outlining the COVID-19 response and its impact on the health workforce by collecting information through a case study and supporting South Sudan to identify and estimate health workforce needs using available WHO simulation models for the pandemic.

### Achievements

- WHO completed the survey in the planned timeline despite limitations. The completed health workforce survey on the pandemic now serves as a baseline for planning.

- The case study on the COVID-19 response and its impact on the health workforce has helped assess the needs and ways to save the health workforce from morbidity and mortality. The lessons drawn from the study will help guide future investments.

### Challenges

- The survey implementation coincided with the pandemic's onset, leading to the government's stringent rules and regulations, limiting office working hours, interstate travels, and restraining the easy access to the primary respondents.
- For preparing the document on the COVID-19 response, obtaining data from remote areas was challenging. In areas with limited transport facilities and road networks, few people were involved, which led to potential information bias as messages were passed on from one person to another. Information sharing was slow due to the bureaucratic process and led to delayed completion of the survey.



### 3.2. HEALTH EMERGENCIES

South Sudan reels under the threat of infectious diseases, conflict, food insecurity, and now the pandemic. WHO Health Emergencies Programme provides support to the country to prepare for, prevent, detect, and respond to health emergencies. The country has experienced outbreaks of cholera, measles, yellow fever and experienced an upsurge of malaria during rainy seasons. The prolonged conflict has weakened the health system resulting in a high threat to all-hazard emergencies. WHO's role as a convener and leading health agency is critical to ensure a swift and efficient response and effective international cooperation.

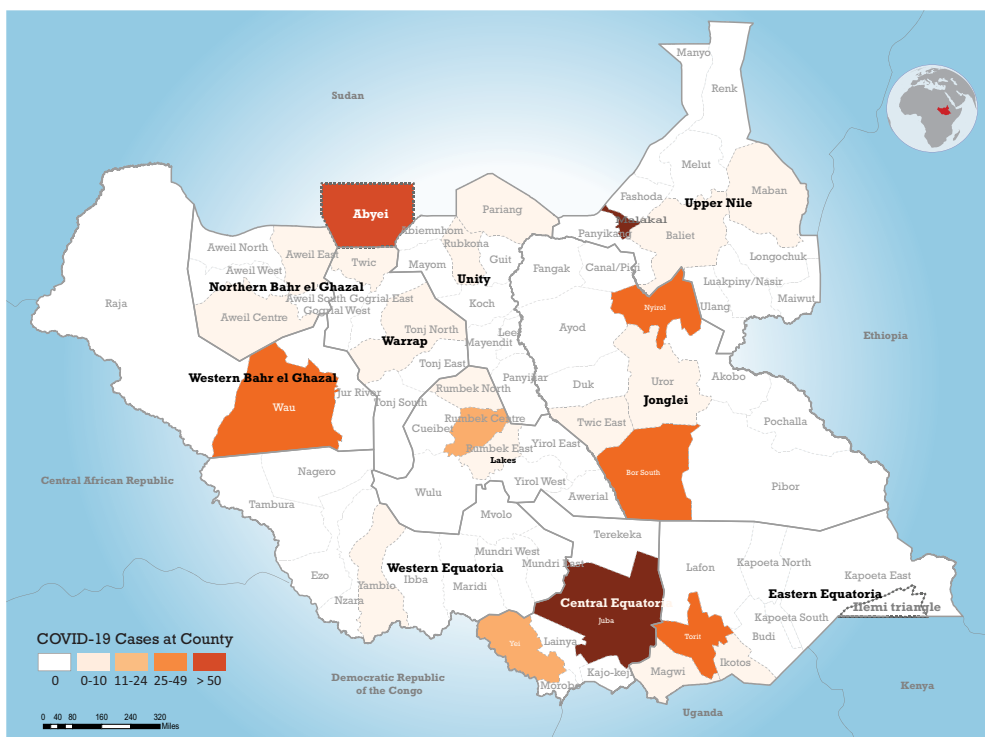
### COVID-19 RESPONSE

#### COUNTRY-LEVEL COORDINATION, PLANNING, AND MONITORING

Before the first cases in South Sudan were reported, MoH, with the Organization and partners' support, activated the Incident Management System (IMS) to guide the national COVID-19 preparedness and response. The IMS installed the following pillar response: country-level coordination, planning, and monitoring; Case Management; IPC; National Laboratories; Operational Support and Logistics; Points of Entry; Risk Communications and Community Engagement; and Surveillance, Rapid Response Teams and Case Investigation.

WHO co-chaired the multi-sectoral National Steering Committee (NSC) to oversee and coordinate the national and sub-national COVID-19 response. The NSC interacted with the government-led National Task Force and Medical Advisory Panel, and the UN architecture.

Distribution of COVID-19 cases per county in South Sudan as of december 31, 2020



## Achievements

WHO conducted vulnerability mapping, baseline, and readiness assessments informing the National COVID-19 Response plan development. The Organization built health workers' capacities and organized over 169 daily and weekly NSC and TWGs meetings at the national and state levels. The detailed achievements are included under each pillar below:

- **Surveillance, rapid response teams, and case investigation**

Over 230 rapid response team members trained in all ten states to investigate alerts. Nearly 165 contact tracers received training to follow up on the confirmed cases using the mobile application-Open data kit (ODK) to collect data. The mobile app expedited information collection, analysis, and presentation as it provided real-time data to inform response decision making. Of the 1,800 alerts received, 1,696 (94.2%) were verified and investigated.

Around 45 health facilities (sentinel sites) were engaged throughout the country, including two in protecting civilian sites and ten health facilities outside Central Equatoria State. In 2020, 4,056 samples were tested from these sites, of which 233 tested positive with a sample positivity rate of 5.7%, higher than the 2.2% national positivity rate.

The Organization supported MoH to set up a mortality surveillance team to collect information on death alerts better. WHO strengthened the reporting and established a database at the Public Health Emergency Operations centre to manage the country's outbreak response data for making public health decisions during the containment measures.

It produced and disseminated over 200 situation reports for informed decision making, conducted a 60-day and 90-day analysis, and released two analysis reports monitoring the outbreak response progress efforts.



WHO supported the Ministry of Health to conduct a training of laboratory technicians in Juba as part of response to COVID-19

- **Laboratory**

Over 65,240 tests performed at the National Public Health Laboratory and other decentralized Public Health Laboratories in Nimule, Bor, Malakal and UN clinics in Juba. WHO procured and delivered 20,000 Viral Transport Medium sufficient to test 20,000 samples.

National Public Health Laboratory (NPHL) molecular laboratory was enrolled in the WHO's COVID-19 Global External Quality Assessment (EQA) testing scheme and participated in the regular testing and reporting of panels. The NPHL was linked to WHO supported regional laboratory COVID-19 sequencing support. The first batch of COVID-19 was a successful shipment, and NPHL received sequencing results for decision making. WHO built and commissioned a fully-fledged waste storage shelter at the NPHL to promote the safe handling of waste and revamped the NPHL molecular laboratories to provide the required infrastructure before installing new PCR Machines.

WHO has supported the operational management of the testing at the NPHL, which is not limited to partner mobilizations, resource mobilization, and daily operational support with stationary, incentives, logistic, and technical support.

Over 50 laboratory staff were trained on standard infection prevention and control practices in laboratories to reduce the risk of infection and other infectious diseases. By the end of 2020, WHO and partners set up 23 peripheral testing points with the GeneXpert machine.





South Sudan received a consignment of PPE to support the COVID19 response

#### • Case management

In collaboration with MoH and other partners, WHO trained over 400 healthcare workers across all the states and three administrative areas using WHO clinical and infection prevention and control guidance.

The Organization procured and distributed over 3.2 million various types of PPEs to 121 partners operating in 375 locations across the country, serving 153 PHCCs, 249 PHCUs and 27 hospitals to protect health workers and others performing critical public health functions.

Over 8,800 kgs of essential medicines were distributed to 18 priority health facilities for treating COVID-19 patients and supported the home isolation interventions.

WHO procured 231 Oxygen Concentrators, 102 Pulse oximeter, 89 Patient Monitors, 21,000 Nasal cannula, 1,050 infrared thermometers and over 200 of these were distributed to 18 Priority Health Facilities to support severely ill patients with respiratory distress at designated treatment healthcare facilities.

To enhance the country's emergency response, WHO upgraded and equipped the Dr John Garang Infectious Diseases Unit with additional beds, increasing the bed capacity from 24 to 82.

#### • Operations and logistics

Through the UN COVID-19 Supply Portal, the WHO procured essential commodities worth US\$ 6.7 million. In collaboration with the Logistics Cluster, a shared inventory pool was created to promote streamlined PPE allocation and distribution. WHO led the rollout and implementation of the UN COVID-19 Supply Chain System to address the global demand and supply dynamics by adapting a common procurement channel at the country and global level.

#### Challenges

- The huge challenges posed by a nationally weak health system led to inadequate response.
- Insufficient funding and unequal distribution across the various preparedness and response pillars. To date, only 49% of the National Response Plan has been funded, with some pillars receiving less than 10% of their required budget.
- Sub-optimal coordination at the state-level due to lack of infrastructure, human resources and partners led to poorer preparedness and response efforts.
- Intra- & inter-pillar coordination bottlenecks due to lack of coordination and lack of leadership clarity through the National Task Force and Medical Advisory Panel resulted in response planning mismatch.
- Limited testing capacities at the National Public Health Laboratory, poor cross-country laboratory network and inadequate use of peripheral testing resulted in a low per capita testing rate giving misleading and under-reported outbreak data.
- Poor data management, delayed case notification, and limited coordination between the case management and other pillars combined with delayed and sub-optimal psycho-social support to confirmed cases reduced the compliance measures, such as isolation, quarantine, and contact tracing protocol. Thus, affecting pandemic management.
- Travel restrictions, lack of information on procurement, unknown timelines for receiving laboratory reagents, PPEs, and other supplies due to market bottlenecks and global demand delayed delivery of essential commodities to the targeted end-users and beneficiaries.

## SUPPORT TO DELIVERY OF EMERGENCY HEALTHCARE SERVICES

Following the massive floods in 2020, affecting over a million individuals across 43 counties, WHO activated the Incident Management System (IMS) to coordinate the response.

WHO deployed Emergency Mobile Medical Team (MMT) to Pibor and Bor in Jonglei states to respond to the health consequences of conflict and flooding in the country with much-needed health services reaching population cut-off from routine health service provision. The multi-cluster response approach implemented by WHO in Pibor effectively addressed the needs of the affected population. Working with partners and affected communities helped map and identify areas most in need of health services. Also, leveraging the use of existing structures and health facilities helped ensure emergency response activities' sustainability. WHO also procured and prepositioned emergency medical kits for hard-to-reach areas.



As floods hinder access to several areas, WHO teams use canoes to conduct supervisory visits to hard-to reach vaccination sites during the oral cholera vaccination in Bor County targeting to ensure effective implementation



Mobile medical team providing healthcare services in Jonglei State

### Achievements

- WHO, MoH, and partners vaccinated over 200,000 individuals against cholera at risk-locations in Bor and Pibor. Additionally, to prevent the Yellow Fever outbreak, WHO and partners supported MoH to conduct a reactive Yellow Fever campaign in Kajokeji County. As a result, over 19,500 individuals aged nine months to 65 years have been vaccinated.
- Trained 300 frontline healthcare workers in Pibor and Bor on disease surveillance and the common communicable disease management.
- The Organization supported the Ministry of Health and health partners to respond to the measles outbreak following confirmation of measles outbreaks in several counties. Over 22,217 children under the age of five have been vaccinated against measles.
- MMT reached over 30,000 women, men, girls, and boys with the much-needed health services through Pibor and Bor's outreach programme.
- To ensure uninterrupted provision of essential medicines, WHO donated 707 Emergency Health Kits, benefitting nearly 500,000 individuals across South Sudan. Besides, 2,561 snake anti-venoms were distributed to help manage snakebite cases, significantly increasing due to flooding.





A beneficiary receiving a yellow fever vaccine in Kajo Keji during a campaign to vaccinate 93,000 people against Yellow fever in 2020

- To support early detection and response to disease outbreaks, WHO prepositioned 89 outbreak investigation and response kits in all ten states across the country. The kits are readily available to all partners to investigate disease outbreaks.
- Around 45 public health professionals from the Public Health Emergency Operation Centre (PHEOC) have been trained in the Incident Management System (IMS) to improve emergency response coordination.
- WHO supported 28 members of the national Rapid Response Teams (RRTs) to investigate suspected outbreaks for prompt outbreak investigations and alerts verifications to prevent high morbidity and mortality. In 2020, the RRTs were deployed to investigate the Yellow Fever outbreak in Kajo-keji; suspected Cholera in Pibor, COVID-19 alerts in Juba, Tonj and Torit, and suspected Yellow Fever in Magwi. Over 1,500 alerts on COVID-19 have been investigated over the year.
- WHO supported the Ministry of Health to conduct an After-Action Review (AAR) of the 2019 floods

response affecting 32 counties in South Sudan to improve floods preparedness and response activities. The exercise helped document best practices, lessons learned, and challenges.

### Challenges

- Communal violence and flooding led to poor access to the affected communities by mobile medical teams.
- Poor mobile phone coverage and inadequate funds hampered the response.
- Weak surveillance and early warning systems led to delays in identifying public health threats and disease outbreaks.
- Due to the shortage of skilled health workers in the National and the State MoH, staff were regularly transferred basis needs to other units or locations, creating a gap in the Rapid Response Teams' initial structure.
- Lack of commitment by some State RRTs due to lack of incentives, inaccessibility due to insecurity, floods, and distance affected alerts' investigation.





WHO donated 4.5 metric tones of emergency kits and medical supplies to support the floods response

## COUNTRY PREPAREDNESS AND INTERNATIONAL HEALTH REGULATIONS (IHR) 2005

In 2020, the country was in the grips of the COVID-19 pandemic like other countries. The preparedness status inherited from EVD preparedness activities became very important to slow the progress of the pandemic. The 2017 Joint External Evaluation of the country preparedness core capacities showed the country had minimal capacity in all 19 technical areas. This remains a challenge for the government to effectively detect and respond to public health emergencies given the protracted humanitarian context of the country.

### Achievements

- Preparedness investment supported the health system strengthening, such as the newly improved National Public Health Laboratory's capacity to conduct PCR tests for COVID-19 and other Viral Haemorrhagic Fevers profiles in-country.
- The government launched the National Action Plan for Health Security to guide the building of core capacities for surveillance and response within the context of the IHR (2005).
- Decentralizing of viral testing capacity using Gene-expert to the state hospitals helped to increase the performance.
- Convened IHR stakeholders' meeting to review, update and submit the state party annual assessment report for 2020 as required under the IHR (2005).

- Support to the Ministry of Health and partners through training, guidelines provision, support supervision and equipping them with phones, computers, and incentives; and rolling out EWARS to all the functional health facilities improved weekly reporting performance with the timeliness of 83% and completeness of 93% in 2020.
- WHO updated infectious and natural hazard plans for cholera, yellow fever, meningitis, rift valley fever, viral hemorrhagic fever, and floods to enhance readiness and response capacities.
- The Organization conducted an after-action review for the 2019 flood response involving multidisciplinary actors in the response. The findings informed the updating of the national flood contingency and operational plan for 2020.
- Updated the national operational readiness matrix and supported the development of the COVID-19 business continuity plan.
- Supported the investigation and confirmation of a yellow fever outbreak in Kajo-keji in March 2020 and controlled the outbreak following a yellow fever vaccination campaign with 90.93% (31,489) administrative coverage for persons between nine months to 60 years and 90.59% PCE coverage.



WHO supported South Sudan to develop and launch its first ever National Strategic Plan on Viral Hepatitis and Treatment and Care Guideline for Hepatitis in South Sudan



- Deployed RRTs to investigate and establish comprehensive measles outbreaks response, including surveillance, case management, risk communication, and reactive measles vaccination. As a result, ten measles outbreaks in Tonj East, Magwi, Bor, Kapoeta East, Tonj South, Wau, Pibor, Bentiu, Aweil East and Ibba were controlled.
- There is an established influenza sentinel surveillance programme in the country since 2019. There are currently 13 COVID-19 designated sentinel surveillance sites in Juba and States Hospitals collecting epidemiological data and samples. Around 4072 samples were collected, with 233 (5.7%) being positive for COVID-19 in Juba.
- The multi-sectoral antimicrobial technical working group was activated in the country in March. WHO supported the government to convene antimicrobial resistance (AMR) focal points from the Ministries of Health; Agriculture; Environment; Livestock and Fisheries; FAO; and World Organisation for Animal Health (OIE). They completed and submitted the Tripartite AMR annual self-assessment report for 2019, used as a basis for prioritizing AMR activities during the current fiscal year.

### Challenges

- Community engagement and acceptance is required for preparedness and prevention activities to be effective, along with the need for community-based surveillance.
- Over 50% of health facilities are not fully functional; hence, they are not regularly reporting in the weekly IDSR surveillance report.
- The high healthcare workers turnover affects performance at all levels, and, thus, there is a need for more frequent health workers training.

### PROVIDING LIFESAVING NUTRITION SERVICES DELIVERY

The Organization conducted a capacity building programme to improve healthcare workers' knowledge and skills on case management of severe acute malnutrition (SAM), Stabilization Centres (SC) reporting system and counselled mothers on Maternal Infant and Young Child Nutrition (MIYCN).

### Achievements

- With MoH and State MoH, the Organization conducted training for 100 healthcare workers; 35 on inpatient management of severe acute malnutrition with medical complication (SAM-MC), 17 on stabilization centre reporting tools, 18 on MIYCN, and 30 on nutrition sentinel surveillance.
- To support early detection and response to acute malnutrition, WHO established six nutrition sentinel sites in Verteth, Lekuangole, Pibor, and Gumuruk Primary Healthcare Centre (PHCC) in the Greater Pibor Administrative Area (GPAA).
- WHO conducted seven supportive supervisions to nutrition sites, screening 1,276 (Male:578 and Female: 698) children aged between 6-59 months for acute malnutrition, 611 mothers/caregivers with children aged between 0-23 months were counselled on infant and young child nutrition in Pibor county.



- To ensure continuity of treatment for children with SAM with medical complications, WHO provided 31 kits to support the treatment of 1,550 children across the country.
- WHO provided supportive supervision visits in the states of Warrap and Western Bahr El Ghazal to improve the quality of nutrition services, especially for managing the SAM with medical complications and assessing the functionality of the County Health Departments.

### Challenges

- Floods affected movement, and lack of communication due to bad internet and mobile services affected the service delivery due to the destruction of the infrastructure and inaccessibility due to flooding in the catchment locations.
- The protocol on inpatient management of SAM use in the stabilization centre was not in line with the National Protocol affecting the on-job training for the healthcare workers in the stabilization centres.

### HEALTH CLUSTER COORDINATION

WHO is the health cluster lead agency its coordination under the Humanitarian Country Team mechanism. WHO and partners in close collaboration with the Ministry of Health actively prepare for and respond to health emergencies, including disease outbreaks in the country. Health Cluster, with its 49 Implementing partners, implemented, monitored, and mobilized resources for the 2020 Humanitarian Response Plan's health component.

As the lead agency, WHO actively participated in various humanitarian forums in the country, such as the Inter-Cluster Coordination Group and the Need Analysis Working Group.

The Organization supported the MoH in continuing the weekly Emergency Preparedness and Response meetings. The country's humanitarian needs are discussed in these platforms, prioritizing emergency response areas through a joint strategy and plan.



WHO has been instrumental in Emergency Response Mechanism in the country under the cluster's aegis. In this forum, WHO mobilized responders to conduct health emergency response in the disasters and disease outbreaks affected areas.

The Organization helped identify these humanitarian needs and developed necessary plans. WHO and MoH regularly held meetings to coordinate health cluster response to emergencies in the country.

### Achievements

- The 2020 Humanitarian Response Plan's health component was developed and now being implemented by health cluster partners.
- WHO assisted the Health Cluster partners in advocating for and allocating resources for the emergency response. Health Cluster partners are supported by holding a regular bi-weekly online meeting.
- WHO's field offices supported the coordination mechanisms in all ten states in the country.





### Challenges

- COVID-19 restricted movement that affected field coordination and fewer physical meetings.
- Limited internet connectivity and IT infrastructure in the field hindered communication and coordination.
- Lack of deployment of co-coordinator and sub-national cluster coordinators affected the progress.
- Health Cluster partners' funding unmet need remains at 70%.

### POLIO

The country maintained its wild poliovirus-free status, and this claim was accepted in June 2020, following a rigorous desk review and verification visit by the African Regional Certification Commission.

Working closely with WHO, MoH declared a circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreak on 18 September 2020, with 37 confirmed cases as of 31 December 2020. In response, the country conducted two phases of monovalent oral polio vaccine type 2 (mOPV2) campaigns in Nov and Dec



WHO team embrace all obstacles to ensure that disease outbreaks are investigated WHO's Dr Jiel Jiel and his team passed through hardship to investigate reported suspected acute flaccid paralysis cases in Cueilbet in Lakes state

2020. In the first and second phase, 1.48 million and 890,317 under-five children received the vaccination with 96% and 92% administrative coverage.

In March, a round of polio campaign covered 896,411 under-five children vaccinated, with administrative coverage of 86% to maintain and improve herd immunity against the poliovirus.

South Sudan has been classified as high-risk and has been prioritized to introduce the novel Oral Polio Vaccine (nOPV2) for future cVDPV outbreaks. Approvals from the South Sudan Immunization Technical Advisory Group, Inter-Agency Coordinating Committee, and the Food and Drug agency have been obtained. A desk review underway identifies surveillance gaps, initiates mitigation measures, and updates necessary guidelines and SOPs and cold chain assessment before the final introduction of the vaccine.

Despite the movement restriction, polio-funded staff continued to conduct active case search in priority surveillance sites to maintain the sensitivity of the AFP surveillance system with the country achieving the set international standards.



A vaccinator conducting measurement to determine whether the child is eligible to receive Polio vaccine in Wau

WHO promoted the use of mobile health interventions, such as Auto-Visual AFP Detection and Reporting, which is in three counties to supplement routine AFP surveillance sensitivity. This has helped identify and investigate 149 suspected AFP cases, of which 24 AFP cases were confirmed.

The WHO Country Office supported the MoH in revising and updating national guideline for AFP, Standard Operating Procedures for sample collection, and Job Aids for polio campaigns and active case search. It helped prepare and submit the monthly and annual polio reports to donors, partners, and the Africa Regional Certification Committee.

### 3.3. BETTER HEALTH AND WELL-BEING

#### NON-COMMUNICABLE DISEASES (NCDs) AND MENTAL HEALTH

NCDs are increasingly becoming major causes of morbidity and mortality as their burden remains unknown. The routine data generated through DHIS 2 platform showed that close to 10% of all OPD consultations in 2020 are related to NCDs. Strokes and cardiovascular diseases were the leading causes of death. South Sudan is yet to conduct a population base Step Wise (STEPS) survey to establish disease burden and associated factors.

WHO strengthened the coordination role of the Departments of Non-communicable Diseases and Mental Health of the Ministry of Health by developing and finalizing the NCD biannual plan for the Ministry of Health shared with various stakeholders. This costed plan helped the ministry in developing the national budget.

WHO supported the monitoring of common risk factors in the country by collecting data on tobacco control, eye health survey, the Annual Mental Health Report and WHO Atlas-2020. The reports became important sources for planning and tracking progress in implementing global set targets, such as progress in ratification of the WHO Framework Convention on Tobacco Control (WHO FCTC).



To manage COVID-19 cases in the country, WHO helped train 119 health workers from different cadres providing psycho-social support and psychological first aid for COVID-19 patients. Health workers were deployed for service delivery, and 30 became lead trainers at the sub-national level. Training on mental health and psychological first aid helped mitigate heightened stigma around the pandemic, especially during the disease's first wave.

#### Achievements

- Provided medicines and supplies supporting 6,000 outpatients with common non-communicable diseases including hypertension, diabetes, asthma, psychosis, moderate depression and harmful use of alcohol for about six months.
- Routine health facility data on the burden of common non-communicable diseases, including the leading causes of NCD deaths (hypertension, diabetes, asthma and common cancers), can now be accessed, for the first time, through the DHIS 2 platform. The rich data available will be pivotal in monitoring NCD trends in the country and for policy action.



### Challenges

- NCD is a neglected priority of the country that limits donors and partners support for implementing NCD-related activities in the country.
- Current programming supported by PHC does not include management of common NCDs, such as hypertension, diabetes, and asthma. Patients with these disorders, therefore, source treatment out of pocket.
- There is limited data on the magnitude of NCD risk factors as South Sudan is yet to conduct a population base Step Wise (STEPS) survey. South Sudan is one of the few countries that still need to ratify the WHO FCTC.

### WATER, SANITATION, AND HYGIENE (WASH)

WHO strengthened the role of social departments of health by enhancing water quality, safety, and monitoring surveillance.

#### Achievements

- Water quality, safety, and monitoring sentinel site were established in Juba cholera hot spots.
- Around 235 water samples were collected from Juba, Malakal, Frangak, Wau, Bentu, Kapeota, Pibor, and Bor tested for water quality and safety. 140 of the samples tested positive of bacteriological contamination total coliforms represent 60% of the total sample collected and tested. Also, 95 of the samples collected and tested turns negative of bacteriological contamination of total coliforms, represent 40% of the samples tested. The data is shared with the WASH cluster regularly for remedial action with the water points' GPS coordinates.

#### Challenges

- Lack of funding to scale up water quality surveillance at sentinel site.
- Lack of capacity and reagents to conduct water quality surveillance.



### 3.4 A MORE EFFECTIVE AND EFFICIENT WHO: BETTER-SUPPORTING COUNTRIES

#### STRENGTHENED COUNTRY CAPACITY IN DATA AND INNOVATION THROUGH HEALTH INFORMATION SYSTEMS

Strengthening the capacity in data management and innovation are key strategic areas to provide timely and authoritative situation analysis, risk assessment, and response monitoring for all acute public health events and emergencies. Disseminating accurate and timely information on potential public health events of international concern, monitoring signals of potential threats, and coordinating surveillance networks to establish early warning systems are focus areas to strengthen the information systems.

WHO provides technical support to MoH in epidemiology, health operations monitoring, data collection in emergencies and development nexus, coordinating activities for data products and management, mapping and analytics responsible for catalyzing health service delivery decisions within the healthcare.

Visits to the health facilities helped verify data through assessments by sampling health facilities to increase confidence in analysis, report results, and suggest ways of improving partner data quality and reporting accuracy for advancing health sector performance.



## Achievements

- WHO developed a master database with 12,000+ reports from 1,771 facilities.
- Successfully launched an interactive South Sudan Health Service Functionality (HSF) Dashboard. This platform gives real-time, single-window access to the most recent information on health service functionality and service availability through filters and automated maps, graphs, and tables while overlaying data on essential disease burden. It allows users to customize content and aggregates over 20 datasets to provide integrated data to guide decision-makers in health service planning, program design, and service follow up. HSF monthly bulletins offer a detailed analysis of specific areas of interest.
- Conducted data quality assessment visits at 75 facilities across 11 counties to verify the self-reported data by implementing partners to improve accuracy and confidence and shared a technical report with all stakeholders.



WHO staff conducting monitoring and support supervision visits in health facilities in Torit Eastern Equatoria to assess availability and delivery of health services

## STRENGTHENED HEALTH MANAGEMENT INFORMATION SYSTEMS-DHIS 2

MoH received support to conduct training to implement a national-level data quality assessment and desk review in selected health facilities and county health departments. WHO continues to support the nationwide rollout and implementation of DHIS 2 in all the ten states and 80 counties in the country.

### Achievements

- 20 county and ten state M&E officers, five national officers, four WHO Officers were trained on data quality, completeness and timeliness reporting using standard tools for reporting. This aims to strengthen systems for reporting in the country while ensuring quality data is collected and transmitted to the National level to inform decision making.
- WHO provided support to MoH by procuring Office supplies and equipment, which has strengthened HMIS and DHIS 2 implementation. The data quality improvement office is now operational and ensures quality data analysis and dissemination to all levels for planning and managing health services to South Sudan people.
- WHO supported interoperability of the national reporting system (DHIS2) with other reporting systems, such as EWARS, program-specific reporting systems which have conformed with the country's goal of three ones (one database, one leadership and one monitoring & evaluation).

### Challenges

- Timely sharing of data from partners posed a hurdle, and COVID-19 disrupted the data verification process and impacted the quarterly stakeholder meetings.
- Inadequate funding hampered the process of covering all facilities as funds from USAID and the World Bank ended.
- There was limited reporting from humanitarian partners and health facilities as they did not receive partner support, leading to reporting gaps.



WHO deployed teams from the national & states Ministry of Health to conduct IDSR supportive supervision in health facilities in different states to improve performance

## STRENGTHENED HEALTH SYSTEMS AND INTEGRATED DISEASE SURVEILLANCE AND RESPONSE (IDSR)

WHO implemented a data collection initiative and provided quality training to promote regular data collection, analyze data, and interpret the information for enabling evidence-based decision-making.

### Achievements

- WHO conducted training for 46 officers-- State Surveillance Officers, County Surveillance Officers, Monitoring and Evaluation Officers, and Data officers-- on data collection and data analysis for Northern Bhar el Ghazal and Western Bhar el Ghazal States aimed at building their capacity in data collection and data analysis at the county and facility level for better management of health services as well as decision making within the health sector.
- Nearly 320 community-based surveillance resource persons were trained to detect and report alerts of IDSR priority diseases and COVID-19 at the community level and support healthcare workers during the outbreak investigations and contact tracing.

### Challenges

- Lack of proper IT infrastructure and limited internet access hindered implementation efforts and affected report completeness and related timelines.
- The number of health facilities in the EWARS was different from the numbers in DHIS 2.
- The fear of contracting the virus among health workers affected the reporting.



WHO Representative in South Sudan and UK Ambassador hands over 160 oxygen concentrators to Ministry of Health to support response to the COVID-19 pandemic





# 04

## Financial, Human, and Administrative Resources

The Corporate Services unit 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.

In 2020, the team relentlessly worked towards supporting the programmes in achieving their goals, especially those around COVID-19 response.

### FUNDS DISBURSED AND PERSONNEL DEPLOYED



**38.2 million**  
disbursed



**501 personnel**  
42 International  
and 459 Nationals

In Juba, State Hubs, Counties and Payams



**38 vehicles**  
in 11 locations

### FIELD PRESENCE



**1 country office**  
and **10 Sub Offices**

(Juba, Aweil, Kuajok, Bentiu, Malakal, Bor, Torit, Yambio, Rumbek, Wau). Temporary sub-offices were set up in Yei and Nimule to support the ongoing COVID-19 response.



The Minister of Cabinet Affairs, Hon. Dr Martin Elia Lomuro, along with other high-level-government officials, donors, UN, and other partners launched the South Sudan National Action Plan for Health Security 2020 -2024 - a multisectoral plan to strengthen the country's International Health Regulations (IHR, 2005) core capacities & enhance public health security

## 4.1. STRENGTHENED LEADERSHIP, GOVERNANCE, AND ADVOCACY FOR HEALTH

### PARTNERSHIPS

Collaboration and partnerships are key to achieving the set goals to implement programmes and improve health conditions effectively. Partnerships help raise the visibility of an unmet need, support coordination, provide financial support to the country, and common platforms for working together. WHO's partnerships seamlessly combined the strengths of different stakeholders from diverse backgrounds ranging from the public and private sector to NGOs, philanthropic foundations, and academic institutions to achieve common objectives.

The Country Office plays a vital role in ensuring that partners are on board and use their unique strengths and capacities to attain the results towards strengthening the country's healthcare system and responding to health emergencies.

### DONORS

Donors provide an indispensable source of funding contributing to financing programme priorities. WHO's donors range from the Member States, international organizations to the private sector. Funds are used by the headquarters, regions, or specific programme areas.

Programme funding consists of ongoing base programmes and event-driven non-base programmes (i.e., polio, outbreaks, Ebola preparedness, COVID-19 response, and other crisis responses). Base funding comprises specified voluntary contributions, assessed contributions, programme support costs, and voluntary contributions.

### COLLABORATING CENTRES

Health challenges require collaboration and coordination with various stakeholders and partners to support the Government of South Sudan to respond to the numerous diseases and health emergencies and build a robust health system to protect the communities and save lives. Collaboration with the Center for Disease Control (CDC) takes part at strategic planning for health, response to health emergencies, preparedness, advocacy, and collaboration at technical and implementation levels.

### OTHER PARTNERS

WHO partners with a variety of governmental and non-governmental actors to respond to challenges such as:

- Government of South Sudan, including different ministries with primary collaboration with the Ministry of Health governed by the Country Cooperation Strategy.
- WHO implemented joint actions and engagements with the UN Country Team, Program Management Team of the UN, H6+ (WHO, UNICEF, UNFPA, WB, UNWOMEN, UNAIDS), Humanitarian Country Team, Health Cluster, Health Development Partners, and Health Sector Working Group. By pooling resources, the collaboration has helped finalize the National



Health Policy and the Humanitarian Response Plan. Ongoing discussions with humanitarian and development partners have given rise to a detailed Health Governance proposal. The upcoming Health Summit will address the bottlenecks in delivering health services and operationalize the Boma Health initiative.

- Non-state actors play an increasingly important role in global health. They include non-governmental organizations, private sector entities, philanthropic foundations, and academic institutions. WHO continually seeks to strengthen its engagement with non-state actors while protecting its work from potential risks such as conflict of interest, reputational risks, and undue influence. WHO's engagement with this group is governed by the Framework of Engagement with non-State Actors (FENSA), endorsed during the 69th session of the World Health Assembly.
- Other partnership initiatives include STOP TB Partnership, Measles & Rubella Initiative, Global Polio Eradication Initiative, The Global Fund, etc.



Minister of Health Hon. Elizabeth Acuei Yol and Dr Olushayo Olu, WHO Country Representative in South Sudan speaking to journalists following the declaration of South Sudan free from wild Polio

## 4.2. COMMUNICATION

The Country Office has proactively worked in strategic, media, and risk communication during 2020.

Regular communication and information products, such as press releases, web stories, weekly IDSR bulletin, quarterly health newsletters, situation updates, radio talk shows, interviews, press briefings and social media posts on the Country Office's Facebook and Twitter accounts, were created based on the audience profile and were widely disseminated.

In partnership with partners, a media desk was established to handle COVID-19 external communications and produced a guide for journalists to ensure responsible reporting. Established a network of journalists reporting on COVID-19 consisting of 15 media houses in South Sudan, including freelance journalists, provided technical support. It planned and organized weekly media briefings at the Public Health Operation and Emergency Center to brief the media and responded to journalists' questions.

In collaboration with MoH and partners, over 60 journalists, including editors and freelance journalists, were trained on health emergencies to their enhance skills in reporting on health issues.

### Funding needs

As outlined, WHO seeks critical funding to address the communicable and non-communicable diseases that cause most of the morbidity and mortality in South Sudan.









# 05

## Way forward on common challenges

Public health measures and restrictions instituted as part of the pandemic response are key challenges halting and delaying implementation, lack of funding for most programmes, and insecurity due to intercommunal clashes and armed conflict.

The WCO will adapt programmes implementation given the current scenario to ensure public health measures adherence while progressing on delivering other interventions. Strategic engagement and targeted advocacy amongst donors will be essential for mobilizing additional resources for poorly funded programmes. WHO is exploring avenues to expand the current traditional donor base by reaching non-traditional donors both within and outside the country. The WCO will maximize implementation during periods of relative stability and peace while attempting to the extent possible to integrate implementation with peacebuilding initiatives of other partners like UNMISS.





WHO colleague delivering vaccines on foot due to impeded access by cars cause by heavy rains that washed the road during the Yellow Fever vaccination in Kajo-Keji, Central Equatoria



# 06

## Conclusion

Despite the challenges due to the pandemic and floods, WHO and partners addressed the critical health challenges with agility and adaptability using skills and strategic approaches to mitigate these issues' health catastrophes. The MMTs and RRTs played a crucial role in extending quality health services in remote areas despite communications and movement challenges.

WHO ensured children and adults' vaccination to protect them from life-threatening diseases such as yellow fever, cholera and adapted its approach, keeping in mind the environment and situation. For example, snake biting increases due to the floods, WHO provided kits to manage snakebite cases.

Further, responding to the pandemic, the Organization trained health workers to detect and trace the virus, sample management, conducting PCR tests and investigations. Additionally, it produced weekly reports and follow-up analyses to understand the spread of the virus.

The new interactive health service functionality dashboard provides all data and information on infrastructure and service availability to enable evidence-based decision-making, centralizing the healthcare services and data related to it.



COVID-19 Coordination meeting being conducted at the Public Health Emergency Operation Centre in Juba







# 07

## Acknowledgement

We are grateful to South Sudan citizens for their resilience, the Ministry of Health for their leadership, other Ministries, Departments, and Agencies (MDAs). We work closely to actualize our mission in the country.

Our work would be incomplete without the unwavering support of NGOs, civil societies, the United Nations Country Team, and Mission in South Sudan. They have assisted and guided us every step of the way.

Finally, our partners' guidance and valuable contributions have helped us work and inspired us to do more, and we hope to have your continuous support.

- African Development Bank Group (AfDB)
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- Department for International Development (DFID), United Kingdom
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- DG for International Cooperation and Development (DEVCO), European Commission
- Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO), European Commission
- Federal Foreign Office, Germany

- Gavi, the Vaccine Alliance
- Germany
- Gilead Sciences Inc.
- Korea International Cooperation Agency (KOICA)
- Kuwait Fund for Arab Economic Development (KFAED)
- Ministry of Foreign Affairs, China (People's Republic of)
- Ministry of Foreign Affairs, Japan
- National Philanthropic Trust (NPT)
- Norwegian Agency for Development Cooperation (NORAD)
- Pandemic Emergency Financing (PEF)
- Real Estate Fund Proxy Donor
- Rotary International
- Sanofi-Aventis
- South Sudan Humanitarian Fund (SSHF)
- Swiss Agency for Development and Cooperation (SDC)
- The Global Fund through United Nations Development Programme
- The Government of Japan
- UNDP Multi-Partner Trust Fund (MPTF)
- United Nations Central Emergency Response Fund (CERF)
- United States Agency for International Development (USAID)
- Vital Strategies
- World Bank through United Nations Children's Fund



**World Health  
Organization**  
**South Sudan**

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Together, we can transform the health system for a healthier and happier South Sudan.



**World Health  
Organization**  
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