



WHO Team supporting the national RRT in investigation suspected VHF in Gbudwe State. Photo: WHO

South Sudan

Emergency type: Humanitarian Crisis in South Sudan



7 MILLION
NEED
HUMANITARIAN
ASSISTANCE



1.74 MILLION
INTERNALLY
DISPLACED



2.47 MILLION
REFUGEES

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS

64 ASSORTED MEDICAL KITS

WHO FUNDING REQUIREMENTS 2018



3.8M FUNDED

16.9M REQUESTED (UNDER 2018 HRP)

MALNUTRITION

261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

53 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

VACCINATION

498 831 OCV DOSES DEPLOYED IN 2018

1 950 955 # OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES

1 654 880 # OF PERSONS VACCINATED AGAINST MENINGITIS

RIFT VALLEY FEVER

57 TOTAL SUSPECTED HUMAN CASES

HIGHLIGHTS

- A heightened level of surveillance is being maintained across South Sudan in response to the Ebola Virus Diseases outbreak in Democratic Republic of Congo. Screening of international travelers at the Juba International Airport (JIA) in ongoing and implementation of other preparedness interventions underway.
- Cases of dog bite (suspected rabies) cases continue to be reported and treated from Agok hospital in Abyei Administrative Area. During week 22, a total of 10 animal bite cases were reported in Bentiu PoC.
- Eight (8) HEV cases in were reported in week 22 of 2018 including one RDT positive and one pregnant female in Bentiu PoC. The current cumulative total is 70 suspected cases reported since week 1 of 2018.

Background of the crisis

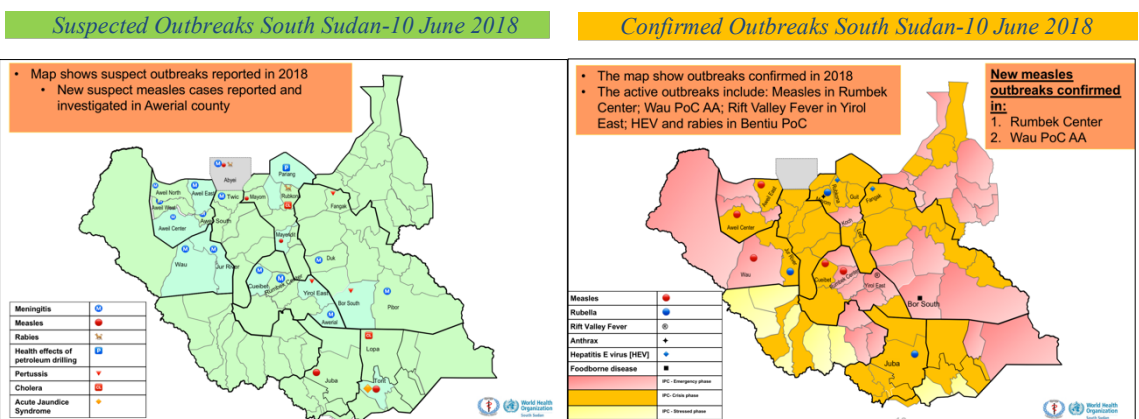
- South Sudan has been experiencing a protracted humanitarian crisis following the conflict that started in December 2013. Currently, about 4.21 million have fled their homes for safety of which 1.74 million people are internally displaced, while an estimated 2.47 million are refugees in neighboring countries. The country is currently facing a severe economic crisis and high inflation making the health emergency operations quite expensive and hence difficulties in delivering humanitarian assistance.

Event Description/ Situation update

- South Sudan remains a high risk operating environment for humanitarian workers with continued Inter-Communal fighting mostly resulting from revenge killings and/or cattle raiding affecting mostly the areas of Lakes, Jonglei, Warrap hampering humanitarian service delivery.
- The worsening economic situation has led to increase in criminal activities such as theft, break-in, robbery, harassment/extortion, and most recently Kidnapping. Government workers have not been paid since July last year.
- Road travel from Juba to the Equatoria Region has become very dangerous due to frequent ambush/road side robberies perpetrated by the infamous “unknown gunmen”.
- Increasing number of armed clashes between SPLA and SPLA-IO particularly in the Equatoria Region, Upper Nile and Unity will continuously affect WHO Operations in those areas.

Epidemiological Update

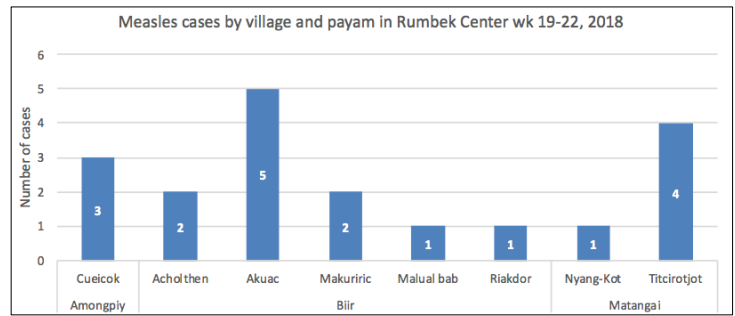
- In epidemiological week 22 of 2018, completeness and timeliness for IDSR reporting at county level was 65% while EWARS reporting from the IDP sites was 81%. In this reporting period, a total of 21 alerts were reported, of which 81% have been verified and none required a response. During the reporting week, acute watery diarrhoea and malaria was the most frequent infectious hazard reported. Among the IDP sites, Acute Respiratory Infections and malaria accounted for 23% and 15% of consultations in week 22 respectively.



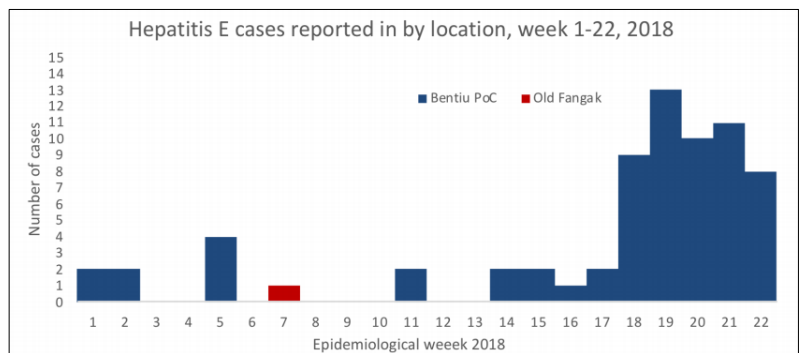
- **Ebola Virus Disease Alert:** There were no alerts of suspected cases of Ebola Virus disease reported in South Sudan in week 22 but the country continues to be on high alert.
- **Malaria:** Malaria trends continue to be monitored more closely with counties registering above normal trends flagged on a weekly basis. There were 30,742 cases (55% of total consultations) of malaria reported with 7 deaths (41%). Malaria continues to be the top cause of morbidity in the country, with a cumulative total of 781,973 (52%) cases and 104 (13%) deaths registered since week 1 of 2018. In non IDP reporting sites, malaria is the top cause of morbidity accounting for 32% of consultations (representing a decrease from 37% in week 21).
- **Rift Valley Fever:** Monitoring of the Rift Valley Fever outbreak in Yirol East, Eastern Lakes is still ongoing. As of 10 June, 2018, a cumulative total of 57 suspected cases have been reported since 7 December 2017 including 6 confirmed cases, 3 probable and 22 suspected RVF cases (no definitive laboratory results. Nine confirmed animal cases (cattle).
- **Animal bites - Suspected Rabies:** Cases of dog bite (suspected rabies) cases continue to be reported and treated from Agok hospital in Abyei Administrative Area. During week 22, a total of 10 animal bite cases were reported in Bentiu PoC. The cumulative figure of 229 cases of animal bites including

4 deaths reported in Bentiu PoC since 6 December 2017 and 437 have been reported in Abyei in 2018.

- Measles:** New measles outbreaks have been confirmed in Rumbek Center county and Wau PoC AA after 3 and 1 measles 1gM positive cases respectively were confirmed. A cumulative of 19 measles cases with no deaths have been listed since week 19. Most cases are from Akuach village (2km from Rumbek hospital) in Biir Payam. This is where the index cluster originated.



- Hepatitis E (HEV):** Eight (8) HEV cases in were reported in week 22 of 2018 including one RDT positive and one pregnant female in Bentiu PoC. The current cumulative total is 70 suspected cases reported since week 1 of 2018. Of the 70 suspected cases, a total of 14 cases have been PCR confirmed as HEV (13 in Bentiu PoC and 1 in Old Fangak). No new cases identified after active follow up in Fangak.



- Visceral Leishmaniasis:** Kala-azar is endemic in Upper Nile, Unity, Jonglei, & Kapoeta States. In week 22, six health facilities reported 4 new cases on Kala-azar. Since the beginning of 2018, a total of 1,132 cases including 35 deaths (CFR 3%); 25 (2%) defaulters; 895 (79%) new cases; 44 (4%) PKDL; and 203(18%) relapses - all reported from less than half of the 39 treatment centers. In the corresponding period of 2017, a total of 1,719 cases including 29 deaths (CFR 2%) and 53(3%) defaulters were reported from 21 treatment centers.

WHO Public Health response

- The high EVD alert status is being maintained in South Sudan with enhanced readiness capacities to respond to potential importation of Ebola Virus Diseases cases. Screening of international travelers at the Juba International Airport (JIA) in ongoing. Progress is also being made to set up an EVD treatment facility for case management in case of a confirmed outbreak. Implementation of other preparedness interventions underway.
- Following the recent displacements in Leer county; WHO and partners are supporting implementation of the first round of preventive oral cholera vaccination campaigns scheduled to start during the week of 11 June 2018 targeting 10,000 individuals aged one year and above in Leer Town.
- WHO has continued to respond to the evolving situation and emerging needs in Southern Unity, after fighting erupted on 21 April in Mayendit North and an increasing number of IDP have been received and assisted in the neighboring counties. Treatment for 50 children was provided in Koch PHCC. An emergency stock of 4 SAM kits is available at national level ready to be prepositioned when need arises.

- South Sudan successfully initiated Auto-Visual AFP Detection and Reporting (AVDAR) implementation in three counties in two states (Central Equatoria (CEQ) and Warrap). Community informants and county supervisors were trained on AVADAR training from the two states. Over 350 persons (Community informants, health workers, payam surveillance officers etc.) have so far been trained on AVADAR.
- WHO staff continue to use the ODK for all supportive supervision and investigation of AFP cases.
- A Program review meeting with five state EPI Officers and 36 Field supervisors, was held between 7-9 June 2018 with the MOH, BMGF, UNICEF, and core group personnel.
- To strengthen surveillance at lower levels, WHO in partnership with IHO conducted a five days IDSR training for 20 health workers in Aweil Centre and West.



IDSR training session in Aweil

Operational gaps and challenges

- Increasing crime incidents targeting humanitarian workers in the country mainly due to the worsening economic situation.
- The continued economic decline and high cost of living has continued to escalate markedly with inflation reaching 183% in Juba.
- Inadequate funding to support rapid outbreak investigations and response.

Resource mobilization

- **Financial Information:** The total recorded contributions for WHO emergency operations amounts to US\$ 3.8 million for the financial year 2018 as of 30th April 2018. WHO is grateful for the critical support provided by donors who have contributed to this operation as well as those who have contributed to WHO programmes with un-earmarked and broadly earmarked funds.

FUNDING STATUS OF APPEALS US\$

	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	US\$ 16.9 million	US\$ 3.8 million	22.5%

The operations of WHO in South Sudan are made possible with generous support from the following donors:



For more information please contact:

Mr Evans Liyosi
WHO Country Representative a.i.
Email: liyosie@who.int
Mobile: +211 955 037 645

Dr Guracha Argata
Emergency Coordinator
Email: guyoa@who.int
Mobile: +211 956 268 932

Ms Liliane Luwaga
Communications Officer
Email: luwagal@who.int
Mobile: +211 954 800 817