



WHO team receiving a consignment of Oral Cholera Vaccine.
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

HIGHLIGHTS

WHO FUNDING REQUIREMENTS 2018



3.9M FUNDED
16.9M REQUESTED (UNDER 2018 HRP)

MALNUTRITION

261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

55 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

VACCINATION 2018



522 901 OCV DOSES DEPLOYED IN 2018

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

1 784 766 # OF PERSONS VACCINATED AGAINST MENINGITIS

RIFT VALLEY FEVER



58 TOTAL SUSPECTED HUMAN CASES

- 360 000 doses of Oral Cholera Vaccine from the Global Task Force on Cholera Control (GTFCC) were received by WHO for pre-emptive OCV campaigns to mitigate cholera in Panyijiar, Lankien, Yirol East & Yirol West, and Torit.
- The nutrition situation in South Sudan remains critical in 10 of the 15 counties assessed since the beginning of 2018, showing GAM levels above the WHO emergency threshold of 15%. Counties with formerly stable situation (e.g. Yirol East) that are now sliding into critical levels of acute malnutrition with GAM rates reaching about 23%.
- In Maban, Upper Nile, fighting broke out affecting humanitarian assets, personnel and disrupting the planned meningitis vaccination campaign. The Head of WFP in Bunj town was injured, over 26 UN vehicles vandalized and several staff accommodation looted and damaged.

Background of the crisis

- The humanitarian situation in South Sudan remains volatile and unpredictable since the beginning of the crisis now in its 4th year. Efforts to bringing together the warring parties are still ongoing in neighbouring countries with little progress. The UN Security council has imposed arms embargo on South Sudan with the aim of pressuring the warring parties to accelerate peaceful solution. In the meantime, fighting continues.

Event Description/ Situation update

- **Insecurity**
Increasing incidents of criminality, attacks, robbery and gunfire in Juba and other major towns are persisting in several locations across the country.
- **Attacks on humanitarian workers and assets**
Tension remains high in Malakal PoC after negotiations with youth leaders and meetings with religious leaders failed to resolve the ultimatum regarding departure of Equatorial staff. Health clinics are severely affected by ongoing refusal of entry of staff not originating from Upper Nile into the PoC; OPD, reproductive health and emergency services all partially functional because of staff shortages.
One foreign national was assaulted on Saturday morning by a group of rowdy youth who tried to snatch his phone.



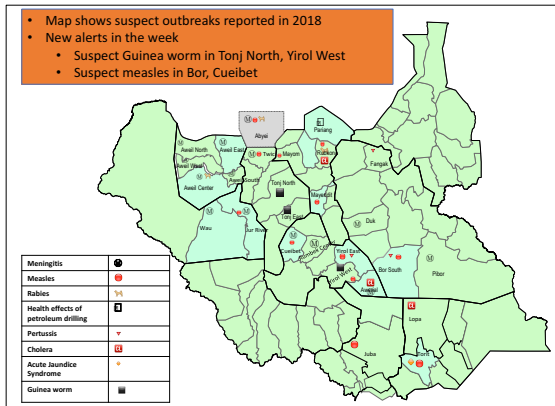
Violence against humanitarian assets in Maban in Upper Nile State.

- Fighting broke out in Maban where Youth demonstrated accusing South Sudanese national from other regions taking most of the jobs in Maban. The demonstration turned violent against humanitarian assets and personnel. The Head of WFP in Bunj town was attacked and injured. Over 26 UN vehicles were vandalized during the attack and several staff accommodation looted and damaged. This has also disrupted the planned vaccination campaign.

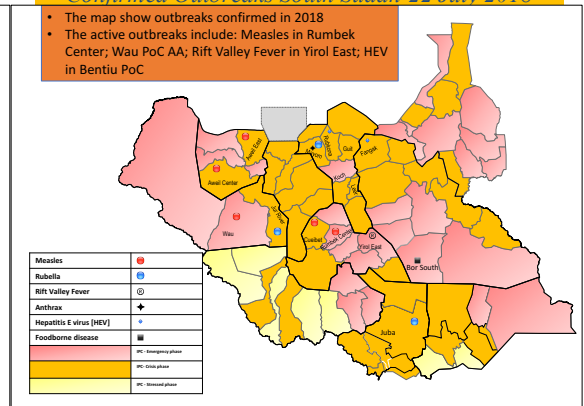
Epidemiological Update

- In epidemiological week 28 of 2018, completeness and timeliness for IDSR reporting at county level was 86% while EWARS reporting from the IDP sites was 80%.
- In this reporting period, a total of 10 alerts were reported, of which 90% have been verified and none required a response. The new alerts include suspected measles in Bor and Cueibet and Guinea worm in Tonj North and Yirol West.

Suspected Outbreaks South Sudan- 22 July 2018



Confirmed Outbreaks South Sudan-22 July 2018



Update on disease trends and ongoing disease outbreaks/events

- Malaria:** Malaria is the top cause of morbidity in the country with 53 319 cases (63% of the total consultations) reported in week 28 of 2018. The cumulative total of 1 082 893 (54%) cases and 144 deaths have been registered since week 1 of 2018. In the relatively stable states, malaria is the top cause of morbidity accounting for 38% of the consultations in week 28.
- Rift Valley Fever:** There were no new suspected cases reported during week 28 of 2018. However, enhanced surveillance is on-going. From the beginning of outbreak a total of 58 suspect human cases including 6 confirmed have been reported. Nine confirmed animal cases (cattle).
- Animal bites - Suspected Rabies:** Dog bites remain a major public health concern with a total of 3 new animal bites reported and treated in Bentiu PoC, Abyei town, and Aweil town. The cumulative total is now 266 cases of animal bites which include 4 deaths reported in Bentiu PoC since 6 December 2017 and 595 have been reported in Agok hospital, Abyei Town in 2018. A comprehensive response that includes post exposure vaccination, community mobilization and education to minimize the risk of dog bites, dog vaccination, sterilization and culling is underway.
- Measles:** New alerts of suspected measles were reported in Bor, Cueilbet counties, Adior payam in Yirol East and Bentiu PoC. In Adior payam, Yirol Twic county, two new suspected cases were reported bringing the total of 5 since week 25. Samples were collected for laboratory confirmation. In Bentiu PoC, two suspected case was reported making the total 8 (75% of the cases were from Sector 5). Currently there is no laboratory reagent in the country to process measles/Rubella samples.
- Hepatitis E (HEV):** During the reporting week, one positive HEV case was reported. Cumulatively, a total of 129 suspected cases have been reported with 16 confirmed positive and only 5 cases required admission. Current response entails surveillance, case follow up, WASH and discouraging communities from using stagnant water for domestic and recreational purposes.
- Visceral Leishmaniasis | Kala-azar:** Monitoring of Kala-azar which is endemic in Upper Nile, Unity, Jonglei, & Kapoeta is ongoing. In week 28, four health facilities reported 2 cases with one death reported. Since the beginning of 2018, a total of 1 500 cases including 38 deaths (CFR 3%) have been reported from 39 health facilities. In the corresponding period in 2017, a total of 2 059 cases including 36 deaths (CFR 2%) and 66 (3%) defaulters were reported from 21 treatment centers.
- Nutrition:** The nutrition situation in South Sudan remains critical in 10 of the 15 counties assessed since the beginning of 2018, showing GAM levels above the WHO emergency threshold of 15%. Counties with formerly stable situation (e.g. Yirol East) that are now sliding into critical levels of acute malnutrition with GAM rates reaching about 23%. This indicates lack of significant improvement in the key determinants of malnutrition, such as food insecurity, poor access to safe

water, sanitation and affordable healthcare. Four counties are currently classified as facing the most critical level of IPC phase 5; Leer, Mayendit, Longochuck and Renk.

WHO Public Health response

Alert verification

- Countrywide vigilance by surveillance officers to detect and rapidly investigate suspected cholera cases with priority to the cholera hotspot areas is ongoing.
- Surveillance officers are on high alert to detect and reporting of possible malaria upsurges for investigation.
- Due to the high number of suspected measles cases, case-based laboratory backed surveillance is ongoing for all new suspected measles cases. However, samples from Twic, Bentiu PoC, Jur River and Juba are pending laboratory testing due to shortage of measles/rubella reagents in AFRO.

Prepositioning of Assorted kits and supplies:

- 2 Inter Agency Emergency Kit (IEHK) supplementary kits were dispatched to one partner (Health Action Aid) to serve 20 000 population
- 11 kits were distributed to 4 partners (IMC, Medair, MoH, UNHCR) in 3 locations (Maban, Malakal, and Renk), out of which 9 were reproductive health kits

Cholera preventive campaigns

- A consignment of 352 000 doses of emergency OCV secured from Global Task Force on Cholera Control (GTFCC) was received on 18 July 2018 and pre-emptive OCV campaigns to mitigate cholera are planned for several locations in Panyijiar; Lankien; Yirol East & Yirol West; and Torit. The first-round campaign in Leer county is ongoing, targeting 40 000 beneficiaries.
- The Cholera preparedness and response plan has been finalized and validation is planned.

Hepatitis E - Bentui and Old Fangak

- A comprehensive response is ongoing which includes overall Health/WASH coordination, surveillance, supportive case management, risk communication, WASH, and messaging on use of stagnant water for domestic & recreational purposes.

Suspected rabies response

- A multisectoral meeting involving WHO, MOLF, FAO, VSF has been planned to discuss additional intervention including culling of stray dogs, sterilization and vaccination in Agok, Aweil, and Bentiu PoC.

Rift Valley Fever response

- A Joint meeting MoH/MoLF/WHO/FAO was held on 18 July 2018 to prepare for a follow up mission to Yirol East and recommended:
 - Heightened surveillance based on meteorological predictions.
 - Enhanced risk communication.
- Joint verification mission for two weeks, starting 26 July 2018 in order to understand the situation on ground, and determine whether the outbreak is still ongoing in humans and animals.

Measles surveillance and response

- Case based surveillance for suspected cases of measles is continuing.
- Preparations are underway to conduct measles follow up campaign in 4 counties in Upper Nile (Nasir, Ulang, Maiut and Longechuk) through UNKEA an implementing partner.
- Samples from Twic, Bentiu PoC, Jur River and Juba are pending laboratory testing due to shortage of measles/rubella reagents in AFRO.
- The Interim response strategy has been developed with support from WHO which includes: – active case search; supportive case management; risk communication; enhanced routine immunization (vaccination at fixed sites & outreaches for all infants with no evidence of receiving their first measles dose).

Meningitis vaccination campaign

- Preparations for the second round of MenVac campaign starting on 23 July 2018 in the refugee camps of Maban county have been finalized. WHO recently delivered the vaccines in Bunj, and is in

addition funding and coordinating the campaign with 2 consultants on ground. The initial campaign for the county only covered the host community excluding the camps. This is a 12-day campaign covering almost 100,000 persons aged 1-29 years (approximately 70% of the total population), implemented by International Medical Corps and Relief International with support from the Ministry of Health, MSF Belgium, UNHCR, UNICEF, and WHO.

Deployment of WHO Mobile Medical Team

- It is now almost two months since IOM clinics in Bentiu PoC were closed following a contractual dispute with staff and community leaders. This has severely strained the remaining two clinics operated by two other partners. Consultations have tripled on some days, with no capacity for additional staffing and essential medicines. With the onset of the rains and the closure of water in two sectors, the camp is on high alert for increasing disease caseload and potential outbreaks, besides the current Hepatitis E outbreak and suspect rabies and measles outbreaks. WHE redeployed MMT for two weeks (18 July-1 August) to continue gap-filling, based on feedback from OCHA, subnational Health Cluster and partners.



WHO MMT providing secondary management to post gunshot trauma patient in Bentiu PoC.

Ebola preparedness response

- The end of the 42 days countdown in DRC is due on 24 July of 2018. Preparedness efforts continue in South Sudan.
- A WHO team was deployed to Nimule border to conduct a comprehensive EVD preparedness training for the health workers. It will cover the Surveillance, Laboratory, PoE Screening, Case management/IPC/SDB, contact tracing and Coordination. The training for Juba, Yambio/Tambura and Maridi have also been scheduled.
- A new toll-free hotline - 6666 MTN toll free has been activated and it now operational.
- A technical officer from AFRO is in country to support risk communication training due this week.

Nutrition

- The roll out of nutrition surveillance is ongoing. The HIT and Nutrition Unit have held two coordination meetings with reporting partners operating in Twic (Kuajok hub) and Bentiu hub to strengthen data flow. In total in 2018, more than 32,000 children under 5 have been screened for malnutrition in the 32 WHO-nutrition sentinel sites, and data cleaning is ongoing before sharing.

Other activities

- The Ministry of Health with support from WHO held a one-day meeting with key donors and other stakeholders including UNICEF, to ensure maintenance of the critical immunization system functions and prevent the collapse following the ramp down of the Global Polio Eradication Initiative (GPEI) support.
- With support from the World Health Organization, the Ministry of Health convened a one day high-level advocacy meeting to define and deliberate on strategic funding and cross cutting priorities for health sector.
- In preparation for the NAPHS workshop, the first orientation meeting by the steering committee was held on 20 July. Representatives from the Ministry of Cabinet Affairs, Ministry of Livestock and Fisheries, various departments of Ministry of Health, FAO, IOM and WHO attended. It was agreed the Ministry of cabinet Affairs will be the convener of the committee since it is multisectoral, and MoH will be the chair. The next meeting will be on 3 August to finalize the NAPHS matrix of objectives and indicators, in order to host the workshop on 7-9 August, with support from AFRO.

Operational gaps and challenges

- The continued enhanced conflict in areas of Greater Upper Nile and Unity have rendered many people IDPs and have made humanitarian workers to have little access to them. This has led to humanitarian workers pushing for 21 days of tranquility where the belligerents would stop fighting and aid can reach the most deserving.
- The generalized food insecurity where four counties are in IPC 5 (Leer, Mayendit, Koch and Renk) have put the population in this areas at high risk of mortality and morbidity from Malaria which is expected to increase.
- The high inflation rate in the country has led to prices of basic food commodities to skyrocket.
- There is currently a shortage of reagents for measles and rubella testing in the National Public Health Laboratory. This has constrained testing of suspect measles cases with potential delays in responding to new measles outbreaks.

Resource mobilization

- **Financial Information:** The total recorded contributions for WHO emergency operations amounts to US\$ 3.92 million for the financial year 2018 as of 30th June 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. Efforts for mobilization of additional resources are ongoing.
- A proposal has been submitted to ECHO for supplementary funding at a cost of €500,000 for strengthening EWARS surveillance among IDPs for a period of 12 months.
- WHO is working on a concept note on expansion of blood transfusion services to 14 Comprehensive Emergency Obstetric and Newborn Care (CEmONC) centres and operational support to the newly established national Public Health Emergency.

FUNDING STATUS OF APPEALS US\$				
	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	US\$ 16.9 million	US\$ 3.92 million	23%

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



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