



The EVD National Task force meeting at the PHEOC

South Sudan

Emergency type: Humanitarian Crisis in South Sudan



7 MILLION
NEED
HUMANITARIAN
ASSISTANCE



1.91 MILLION
INTERNALLY
DISPLACED



2.47 MILLION
REFUGEES

WHO FUNDING REQUIREMENTS 2018



5.35M FUNDED
16.9M REQUESTED (UNDER 2018 HRP)

MALNUTRITION

261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

55 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

CUMULATIVE VACCINATION FOR 2018



933 541 OCV DOSES DEPLOYED IN 2018
1 954 097 # OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES
1 791 589 # OF PERSONS VACCINATED AGAINST MENINGITIS

RIFT VALLEY FEVER



58 TOTAL SUSPECTED HUMAN CASES

HIGHLIGHTS

- South Sudan has heightening its Ebola Virus Disease outbreak (EVD) preparedness following the elevation of the risk assessment of national and regional spread of DRC EVD outbreak from 'high' to 'very high'.
- The samples from the suspected Ebola Virus disease case reported in New site, Juba on 26th Sep 2018 tested negative for Ebola, Marburg, CCHF, RVF, and Sosuga.
- Malaria remains the top cause of morbidity and mortality with at least 15 counties having malaria trends that exceed the expected levels.
- Three new Hepatitis E Virus cases were reported in week 38. A total of 134 HEV cases (18 confirmed by PCR) have been reported in Bentiu PoC in 2018.

Background of the crisis

- Despite recent regional efforts and commitment by the government and opposition groups toward lasting peace, the humanitarian situation remains dire and the needs are huge. Furthermore, multiple episodes of armed conflict, population displacement, disease outbreaks, malnutrition and flooding continue to be reported. The government has challenges to provide and support essential services including Health, with partners providing over 80% of the required health services.

Event Description/ Situation update

Armed Robberies:

- Juba –Torit roads remain closed due to previous shooting and child abductions at Jebel Mulak.
- On 26 September in Torit, a UN Agency (WFP) contracted truck travelling along the road from Kapoeta to Torit was stopped by three armed men at Hakuma Mafi (at Lopa /Lafon junction) and the driver was robbed at gunpoint of his money, cellphone and other personal valuables but was unharmed.

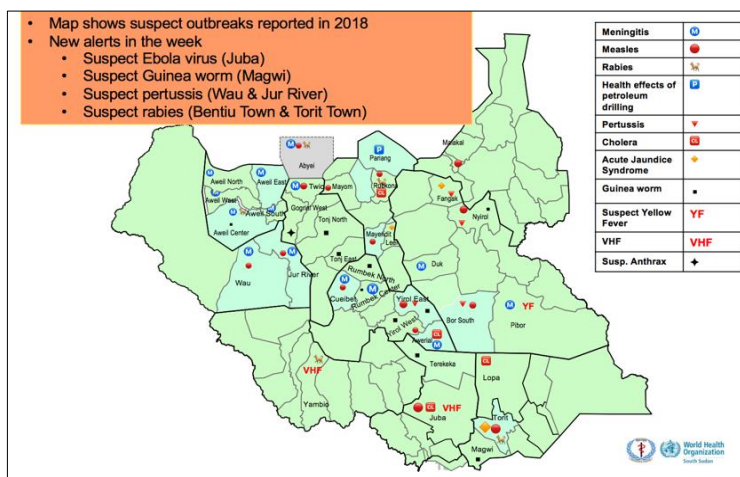
Demonstration in PoC Site:

- On 28 September in Malakal, a group of about seventy (70) IDPs, composed mainly of women and children staged a peaceful demonstration in front of Golf gate to protest against an alleged plan from the UN to arrest some ring leaders in the PoC. A petition letter was delivered to UNMISS representative where they also highlighted their right of being employed by UN claiming that majority of locals in UN jobs are Equatorians.

Civilian casualties

- In Yei River State, it was reported that Kajo-Keji and Kupera remained hotspots as renewed fighting continued. Civilian casualties were reported in Mundu and Bunit, Kupera. Humanitarian partners are monitoring the situation as displacements are anticipated, should the fighting resume.
- In epidemiological week 38 of 2018, completeness and timeliness for IDSR reporting at county level was 76% while EWARN reporting from the IDP sites was 76%. Acute bloody diarrhoea, acute watery diarrhoea, and measles were the most frequent infectious hazard reported.

Epidemiological Update



Geographical location of suspected outbreaks in South Sudan- 30 September, 2018

Update on disease trends and ongoing disease outbreaks/events

Ebola Virus Disease (EVD)preparedness:

- Following the elevation of the risk of EVD spread in the region from “High” to “very High”, South Sudan has heightened preparedness efforts. This includes developing and testing the operational readiness for a potential EVD response.
- The suspect Ebola case reported in New Site, Juba on 26th Sep 2018 tested PCR negative for Ebola, Marburg, CCHF, RVF, and Sospuga.
- The emergency hotline (6666) at the Public Health Emergencies operations center continues to receive calls from across the country with 967 calls received during week 38.



WHO field staff on a follow up visit in Wun-acier village. Photo: WHO

Suspect cutaneous anthrax:

- During the week, a suspected case of subcutaneous anthrax was detected in Kuajok hospital. The case originated from Wun-acier village, Monjioc Boma in Gogrial West County.

Malaria:

- Malaria remains the top cause of morbidity and mortality that accounts for 62% and 81% of cases and deaths as of week 37, 2018. Consequently, trend analyses show that 15 counties in 5 hubs currently have malaria trends that are significantly higher than expected. Counties with malaria trends that exceed the threshold (third quartile of trends for the period 2013-2017) include: Aweil hub (Aweil Center); Rumbek hub (Rumbek Center, Rumbek East, Rumbek North, Wulu, Yirol East, Yirol West); Kuajok hub (Abyei, Gogrial East, Tonj East, Tonj South, and Twic Mayardit); Bentiu hub (Mayom); and Juba hub (Terekeka).

Measles:

- At least 18 suspected measles cases (with no deaths) have been reported in Yirol East since week 25, 2018. Most of the suspected cases are from Adior payam with most cases reported from Madhiengok and Adior villages. All the suspected measles cases report to date are not immunized.

Hepatitis (HEV):

- Three new HEV cases were reported in week 38 in Bentiu PoC. At least 139 suspected cases of Hepatitis E (HEV) have been reported in 2018. Of the 139 suspected cases, a total of 18 cases have been PCR confirmed as HEV in Bentiu PoC.

Alert verification:

- During the reporting week, 85% of the 20 alerts reported were rapidly verified and investigated. Heightened surveillance countrywide for Ebola and other diseases continues.

Logistics and prepositioning of supplies:

- WHO supplied 4 kits of IEHK Basic Malaria Module to treat 4000 people at PHCU and community level, 1 kit IEHK supplementary Malaria Module to treat 10,000 people with severe malaria in hospitals and PHCCs and IEHK Basic Unit malaria to Relief International.

Ebola Virus Disease preparedness:

- Following the elevation of the WHO risk assessment of the DRC EVD outbreak from High to very high, the national EVD taskforce is working with partners to enhance surveillance and risk communication in Juba and the high-risk states. The focus now is to attain operational readiness necessary for responding to any suspect EVD case.
- The national Ebola taskforce chaired by the Hon Minister of Health and co-chaired by the Incident Manager held meetings twice (25 and 27 September) and is coordinating the implementation of the EVD contingency plan.
- Currently entry screening of travellers for Ebola exposure and symptoms is ongoing at 8 of the 14 priority points of entry. These include: Juba International Airport, Nimule ground crossing and River Port, Yambio Airport, Sakure, Gangura border areas, Yei Airstrip, and Wau International Airport. A cumulative total of 222,599 travelers have so far been screened.
- Risk communication and social mobilization is ongoing at national and the high-risk states targeting different audiences through various interventions including airing of radio jingles, radio talk shows, display of IEC materials, community engagement, advocacy/sensitization meetings, and house to house community mobilization.
- The Weekly EVD preparedness update report was developed and disseminated widely and can be accessed at this link. <https://afro.who.int/publications/weekly-update-ebola-virus-disease-evd-preparedness-south-sudan>

Malaria:

- WHO, MOH and partners continue to identify malaria upsurge areas in need of support. Malaria commodities (ACTs and RDTs) were sent to Lol state, Abyei and Melut in response to floods and rising number of cases.



Ongoing prepositioning of supplies in States

EPI

- An integrated campaign of Measles, Meningitis and OPV campaign is planned in Ulang county to commence on 8th October with micro plans and training of vaccination teams completed
- Implementation of PIRI activities in the 7 non-conflict affected states remain on-going, along with health facility microplanning.
- The humanitarian operations continue to be hampered by insecurity, poor road network, floods, and bureaucracy at all levels.
- Despite the resource mobilization drive, there is an inadequate fund to retain the needed technical staff.
- **Financial Information:** The total recorded contributions for WHO emergency operations amounts to US\$ 5.35 million for the financial year 2018 as of 9 September, 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. Concerted efforts to mobilize additional resources are ongoing.

Operational gaps and challenges

Resource mobilization

FUNDING STATUS OF APPEALS US\$

	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Humanitarian Response Plan	US\$ 16.9 million	US\$ 5.35 million	32%

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