



2021 ANNUAL REPORT

WHO in South Sudan



World Health
Organization
South Sudan

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FOREWORD



2021 brought new opportunities to improve the health systems in South Sudan and paved the way for much-needed innovations that highlight the country's capabilities and instill hope among its citizens.

Despite facing onslaughts such as COVID-19, floods and insecurity, WHO and the Ministry of Health and partners marched along to ensure high-quality service delivery in targeted areas. The importance of unbiased information and data is becoming quintessential to steering evidence-based decision-making, and WHO has supported the government in collecting, analyzing, and sharing such information through dashboards and other information products, including reports.

COVID-19 was a critical focus area, and the well-planned vaccination programme to increase access has helped get people vaccinated against the virus. The COVID-19 dashboard provides real-time information that enables further planning to reach more people, especially the vulnerable and remote areas.

This year we focused on issues that have remained in the shadows. For example, Sexually Transmitted Infections need focus. Despite an absent strategy to mitigate this issue, WHO updated the guidelines to inform the programme delivery. Also, the new

Integrated National Leprosy and Skin-NTDs Strategic Plan 2022-2026 will expand and decentralize quality and universally accessible leprosy and skin-NTDs services to all communities, including those hard to reach.

None of this would have been possible without our dedicated staff partners and volunteers as they marched on despite difficulties ranging from insecurity and floods to budgetary limitations.

Innovation, informed decision-making, building technical capabilities, and ensuring quality services remain our key focus areas. We will continue to help attain these through a coordinated and collaborative approach with the government and partners.

Our partners stood with us during hardships and extended support when we needed it the most and I humbly thank them for their valuable financial contributions. We look forward to their ardent support as we strive to enhance access to and delivery of health services in South Sudan in 2022 and beyond.

We resolve to uphold and follow WHO's mission to advocate and catalyze global and country actions to achieve health-related sustainable development goals and health for all.

Thank you,

A stylized white signature of Dr. Fabian Ndenzako on a blue background.

Dr. Fabian Ndenzako
WHO Representative a.i. to South Sudan



LIST OF ACRONYMS

AfDB	African Development Bank
AFP	Acute Flaccid Paralysis
ART	Antiretroviral Therapy
BeMONC	Basic Emergency Obstetrics and Neonatal Care
COVID-19	Coronavirus Disease 2019
CVDPV2	Circulating Vaccine Derived Poliovirus type 2
CVR	Community Violence Reduction
DHIS	District Health Information Software
DR	Drug Resistant
EPI	Expanded Programme on Immunization
EVD	Ebola Virus Disease (EVD)
GPAA	Greater Pibor Administrative Area
Hep	Hepatitis
HIV	Human Immuno-Deficiency Virus
HRP	Humanitarian Response Plan
IARHK	Inter-Agency Reproductive Health Kits
IEHK	Interagency Emergency Health Kits
IDSR	Integrated Disease Surveillance and Response
IMCI	Integrated Management of Childhood Illness
IPC	Infection Prevention and Control
IPTT	Indicator Performance Tractor Table
MDA	Mass Drug Administration
MDR/RR	Multi Drug Resistant/Rifampicin-Resistant
MoH	Ministry of Health
MSP	Minimum Service Package
NTD	Neglected Tropical Disease
NPHL	National Public Health Laboratory
ODK	Open Data Kit
PEN	Package of Essential Noncommunicable
PHCC	Primary Health Care Centre
PHEOC	Public Health Emergency Operations Centre
PIRI	Periodic Intensification of Immunization
PPE	Personal Protective Equipment
RRT	Rapid Response Teams
SAM	Severe Acute Malnutrition
SAM-MC	Severe Acute Malnutrition with Medical Complications
SC	Stabilization Centre
SSHF	South Sudan Humanitarian Fund
STI	Sexually Transmitted Infections
TB	Tuberculosis
TESK	Trauma and Emergency Surgery Kits
ToT	Training of Trainers
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
WB	World Bank
WCO	WHO Country Office
WHO AFRO	World Health Organization African Regional Office
WHO FCTC	WHO Framework Convention on Tobacco Control



BACKGROUND

Decades of conflicts in South Sudan have undermined the health system's performance and capacity to deliver essential health services. Health sector institutional arrangements for governance and service delivery have been established using a decentralized approach along the three tiers of government: National, State and County, which are responsible for tertiary, secondary and primary healthcare.

However, the overall general service availability score is low at 30.4%, with the health infrastructure and service utilization indices at 43.2% and 15.05%, respectively. The health workforce stock is far below the recommended to attain universal health coverage.

Health information systems are fragmented, driven by various projects and disease-specific reporting systems. As a result, the health sector's functions are fragmented and not optimally coordinated.

Health sector allocation of the national budget has remained below 2% for the last five years, with the country disproportionately depending on development assistance for health at over 70% of its total health expenditure. Public financing for procuring essential medicines has diminished, and regulatory capacity is weak.

Despite these challenges, overall health sector policies and strategies are in place, as well as several sub-thematic strategies and guidelines. The health sector budgetary allocation has increased to 7.9% of the national budget for the 2021/2022 fiscal year.

In 2020, the country eradicated wild poliovirus. The last known case of indigenous wild poliovirus transmission in South Sudan occurred in June 2009.

The emergency preparedness investment supported the health system strengthening. The preparedness status inherited from the Ebola Virus Disease and other health emergencies preparedness and response activities became very important to respond to the COVID-19 pandemic.

South Sudan faces multiple challenges emanating from natural disasters, conflicts, and insecurity that profoundly affect the country's health system and overall progress pace.

Communicable diseases, including Neglected Tropical Diseases (NTDs), constitute a significant public health concern. Non-Communicable diseases (NCD) are on the rise, while mental health disorders significantly affect the population in humanitarian settings. However, coverage and utilization of essential interventions for women, children and adolescents' health remain low.

Despite efforts, communicable disease tracking and access to basic health services, including mental health, remain a challenge. Combined with limited resources and human capital, the country is trying to overcome these challenges with support from development partners.



WHO supported the Ministry of Health to conduct the health emergency risk profiling to inform prioritization of hazards for preparedness and contingency planning to prevent, mitigate and improve emergency



The country's commitment is visible through its innovations and enabling of data-driven decision-making to increase coverage and access to healthcare services. WHO continues to enhance the technical and operational capabilities and ensures accountability. It is supporting the Ministry of Health (MoH) and partners in the following areas:

- Strengthen the coordination, supervision, monitoring, and evaluation of healthcare delivery.
- Develop a health system recovery and stabilization plan as a roadmap for building a resilient health system.
- Advocate for more domestic and external resources and support attaining universal health coverage.
- Strengthen health security through robust 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, emergency healthcare services, diagnosis and treatment of communicable and non-communicable diseases, and epidemic preparedness and response.
- Coordinate humanitarian health response by leading the health cluster.

WHO SOUTH SUDAN MISSION, GOALS, AND OBJECTIVES

WHO assists the Ministry of Health (MoH) to strengthen its health system through planning, support, and paving a strategic direction and policy-level initiatives by sharing technical know-how for building capacities for high quality and integrated service delivery.

This report outlines WHO South Sudan Office's contribution in 2021 to improving the health status of South Sudan. The WHO country office (WCO) supports critical health matters and technical support to achieve universal health coverage by addressing health emergencies and promoting healthier populations, as set out in the 13th General Programme of Work.

WHO's mission to promote health, keep the world safe, and serve the vulnerable is linked to the following **three bold targets**:

- 1** One billion more people to benefit from **universal health coverage**
- 2** One billion more people better protected from **health emergencies**
- 3** One billion more people enjoying **better health and well-being**



WHO prepositioned essential drugs to Juba Teaching Hospital to support delivery of healthcare services





COUNTRY PRIORITIES

1. Universal Health Coverage

WHO supports the Ministry of Health (MoH) to strengthen health systems to improve access, availability, and coverage of disease-specific interventions. It includes addressing access equity, health system barriers, and citizens' health needs, especially for those most vulnerable.

Achievements

- The first Pharmacy Policy and Strategy provides an overall framework for governance regulation and programming for the sector, missing since 2006.
- Helped MoH conduct the first Health Sector Performance Review since 2017, which concluded with a Declaration to improve health sector performance endorsed by the Honorable National Minister of Health and State Ministers of Health.
- Completed quarterly pulse surveys to monitor the continuity of essential health services, including sexual and reproductive health services, during the COVID-19 pandemic.
- Developed a harmonized medical curriculum that aims to ensure the production of highly competent medical practitioners capable of delivering high-quality care through this contextualized competency-based curriculum benchmarked against regional and international training standards.
- Revitalized the Health Sector Steering Committee (the overarching coordination platform in the country chaired by the MoH) to improve the harmonization of health interventions by stakeholders and alignment to the national health sector priorities and mutual accountability, transparency, and information sharing between partners and MoH.



A client receives oral cholera vaccine in Bentiu IDP camp during the Oral Cholera Vaccination campaign in January 2022



> Human immunodeficiency virus (HIV)

The estimated adult (15-49 years) HIV prevalence stands at 2.1%. Estimates reveal that 173,807 people are living with HIV, of which about 8% are children (0-14 years).

Approximately 35% of people living with HIV know their HIV status. 27% are on antiretroviral treatment (ART), and 84% of those on treatment have achieved viral suppression. By 2021, 47,440 people are on ART, including 2,400 children.

Achievements

- WHO supported updating the Consolidated Guidelines for Antiretroviral use in HIV treatment and prevention that includes Dolutegravir as the preferred antiretroviral drug for those eligible to scale-up access to HIV treatment for achieving at least 50% coverage by 2025 and move toward HIV elimination by 2030.
- Developed and adapted HIV self-testing guidelines, an innovative approach for rapidly scaling up testing and knowledge of HIV status, especially among priority groups. This aims to improve the first component of the global ‘triple 95’ targets set for the elimination of HIV by 2030.
- Capacitated 50 healthcare providers from peripheral facilities to support scale-up of treatment.

> Sexually Transmitted Infections (STIs)

South Sudan has a considerable burden of curable STIs comprising chlamydia, gonorrhoea, syphilis, and trichomoniasis. STIs are linked to poor pregnancy and maternal outcomes in the country, including stillbirths, low birth weight/ premature birth, neonatal deaths, congenital disease in newborns, infertility, and pelvic inflammatory diseases.

Achievements

- Updated the national STI guidelines aligned with the latest WHO recommendations and national context with a plan to disseminate widely for better service delivery and patient outcomes.
- Integrated STIs into the HIV service delivery tools and packages with the objective to scale up comprehensive HIV/STI/Hep services at the primary health care level.

Out of an estimated annual incidence of 25,000 in 2020, only 16,507 TB cases were notified, which indicates treatment coverage of 62%. However, only 2.2% tested with rapid diagnostics.

> Tuberculosis (TB)

As per the 2020 WHO global TB report, South Sudan’s estimated incidence of all forms of TB stands at 232 per 100,000 people, with an estimated range of 149 to 332 per 100,000, including an estimated 27 new cases of HIV-positive TB. The mortality rate stands at 26 per 100,000 for HIV-negative cases and 6.4 for HIV-positive cases.

4.6% of TB incident cases were diagnosed with multidrug- and rifampicin-resistant tuberculosis (MDR/RR-TB). Out of an estimated 1,196 new multidrug- TB (MDR-TB) cases, only 83 or 7% were diagnosed.

Achievements

- Strengthened MDR-TB case detection diagnosis and treatment. This included expanding MDR/RR TB treatment sites and capacity building an additional 30 primary healthcare workers on DR-TB case finding and management. These efforts have strengthened the prevention detection and treatment for DR-TB capacities of the National TB Reference Laboratory coordination and monitoring of drug-resistant TB, including patient support to improve treatment outcomes.



> Hepatitis

In 2021, the prevalence of Hepatitis B was estimated at 4.2% and that of Hepatitis C at 2.5%. However, even though the results are heartening, there are massive diagnoses gaps. Today only <1% of the people living with Hepatitis B infection know their status, while <0.1% access treatment.

Prevention efforts are suboptimal. The country is yet to start the birth dose of the Hepatitis B vaccine.

Achievements

- Conducted high-level advocacy during World Hepatitis Day and continued supporting community dialogue by civil society to raise awareness and mobilize resources to support the Hepatitis response in the country.
- Disseminated national guidelines and strategies for Viral Hepatitis in facilities to improve service quality and patient outcomes.
- The programme integrated Hepatitis into HIV primary care key populations and Boma Health Initiative (BHI) service delivery tools and packages.

> Neglected Tropical Diseases (NTDs)

The comprehensive multi-year plan for NTDs in South Sudan aligns with the WHO Global Roadmap for NTDs 2021-2030 and governs the prevention, control, and elimination of NTDs. It aims to promote integration and facilitate alignment among partners and stakeholders for joint and complementary support to accelerate progress towards the set NTD targets, including 17 endemic NTDs for eradication, elimination, and control.

Achievements

- To identify the extent of the leprosy problem in the country, WHO supported the MoH to clearly define the disease burden and distribution, which is being used as evidence to focus on the prevention, early detection, and management of leprosy cases.
- Assisted the MoH to develop a New Integrated National Leprosy and Skin-NTDs Strategic Plan 2022-2026 to expand and decentralize quality and universally accessible leprosy and skin-NTDs services to all communities, including those hard to reach. The plan will launch in 2022 and serve as an advocacy tool to mobilize resources, build capacities, and increase surveillance through monitoring and evaluation.

- Trained health workers and data clerks in DHIS2 on sleeping sickness, which has improved and increased reporting rate, including the completeness of the reports.
- Conducted support, supervision and mentorship, which has improved management of sleeping sickness, bilharzia, and Human African Trypanosomiasis (HAT) cases. In addition, over 500 sleeping sickness and 10 HAT patients were diagnosed and received treatment from the WHO- donated drugs and test kits.
- Coordinated training on the use and pharmacovigilance of fexinidazole in treating HAT has led to the approval of its use from the MoH, Drug and Food Regulatory Authority, and National Pharmaceutical Regulatory Authority.
- Supported the MoH to protect over 351,700 individuals against trachoma and 20,000 school-aged children against schistosomiasis through mass drug administration (MDA) campaigns.
- Integrated guinea worm surveillance and sensitization on the cash reward during MDA campaigns, polio active surveillance, and Integrated Disease Surveillance and Response (IDSR) as part of innovation has led to an increase in the number of rumours and suspected guinea worm disease cases reported by 29% and the detection of guinea worm cases in two formerly endemic areas.



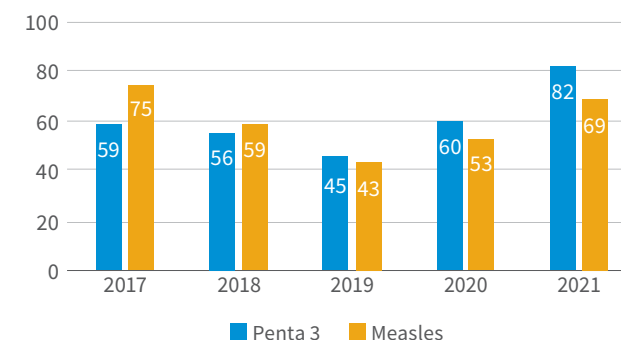
> Expanded Programme on Immunization (EPI)

Following the declaration of circulating Vaccine-Derived Polio Virus Type 2 (cVDPV2) in September 2020, vaccination campaigns were conducted to curb the outbreak. However, in 2021, nine cases have been confirmed.

The country was officially declared free of wild poliovirus in August 2020.

Achievements

- WHO supported the implementation of Periodic Intensification of Immunization (PIRI) in 20 of the 21 planned counties that had not received immunization services for the past two years. This has helped in reducing the number of zero-dose children in those communities.
- Two EPI performance review meetings took place, and recommendations were disseminated to the States for implementation.
- Supported the Ministry of Health (MoH) in building the capacity of managers and vaccinators by training 56 managers on Mid-Level Management (MLM) and 633 vaccinators on Immunization in Practice.
- Supported the development of facility micro-plan in 370 facilities to support service delivery.
- Supported the MoH of building the capacity of EPI Managers to utilize data for decision making by training 122 individuals in DHIS2.
- As a result of all the inputs, the country has witnessed an increase in the Penta 3 coverage from 60% in 2020 to 82% in 2021, as depicted in the below graph:



- Helped enhance surveillance by conducting case investigations and risk assessment and outbreak response activities.
- In response to the cVDPV2 outbreak, over 2.4 million under-five children were vaccinated against monovalent type 2 oral polio vaccine, with an administrative coverage of 97% in March 2021.
- Supported a mop-up campaign in 19 low-performing counties which vaccinated 847,400 under-five children with an administrative coverage of 97% and 12 out of 15 (80%) counties passed the Lot Quality Assurance (LQA) evaluation assessment.
- In improving herd immunity, apart from the routine immunization, one round of a national polio campaign was conducted. 2.7 million children received vaccination with an administrative coverage of 97% and 68% of the counties passed LQA evaluation assessment.
- Over 1,200 healthcare workers trained to improve vaccine-preventable disease surveillance case detection and notification capacity.
- Conducted over 13,054 integrated supportive supervisory visits through the Open Data Kit (ODK), improving the sensitivity of the surveillance system.
- As a supplementary strategy for routine surveillance, environmental surveillance sample collection was carried out in the Central Equatoria state, and 122 samples were collected in 2021. There were no cVDPV2 positive samples found in environmental samples.
- Community-based surveillance using Auto-Visual AFP Detection and Reporting system was maintained in Juba and Terekeka Counties in Central Equatoria State and in Gogrial West County in Warrap State to supplement facility-based routine surveillance system. In 2021, 188 of the 221 alerts reported were investigated, yielding 30 actual AFP cases.



Honorable Elizabeth Achuei Yol, Minister of Health received the first shot of #COVID19 vaccine alongside eligible high-level government officials at Juba Teaching Hospital during the launch of the vaccine rollout in South Sudan in April 2021

2. Emergency Preparedness and Response (EPR)

WHO continued to support the Ministry of Health (MoH) and health cluster partners to provide time-sensitive emergency health assistance in line with the South Sudan Humanitarian Response Plan (HRP2021). The year also experienced growth in Humanitarian needs within the ongoing protracted Emergency grade 3, orchestrated by multiple shocks including sub-national violence, flooding, economic crisis, and COVID-19. An estimated 8.9 million people currently need humanitarian aid, with an estimated 5.5million people requiring health assistance.

> COVID-19 response

The U.S. and French governments, through the COVAX Facility, provided 750,550 doses of Janssen (J&J) and 179,250 doses of AstraZeneca that were deployed to almost all 80 counties, ensuring an equitable distribution of vaccines within the country. While prioritizing high-risk groups like healthcare workers, the elderly, and people with underlying health conditions, South Sudan targeted all people over 18 years.

Achievements

- WHO established a molecular diagnostic laboratory in Wau Western Bahr el Ghazal State, renovated the molecular laboratory, and provided the necessary equipment, including a solarized power backup system, furniture and consumables, to increase testing capacity for COVID-19 and other high-threat infectious diseases.
- Installed the country's first oxygen generation plant at Juba Teaching Hospital with a generation capacity of 2,500 litres per day and the ability to refill around 72 D-type oxygen cylinders daily. The plant is a centralized production and supply hub for remote locations. Also procured 240 cylinders and four years of service and accessories and constructed a facility to house the plant.
- Renovated Wau, Nimule, Yei, and Aweil isolation facilities and procured 108 regular patient beds and 12 intensive care unit beds.
- Supports the MoH to coordinate the COVID-19 response through the incident management system. Each response pillar is represented in technical working groups and high-level regular technical coordination at the National Steering Committee.
- Helped establish and maintain the COVID-19 vaccination dashboard that provides real-time information on doses administered by county partners, vaccine type, and accurate population coverage.



WHO supported the Ministry of Health to establish the first oxygen plant in Juba, procured with funding from Africa Development Bank as part of measures to support the ongoing #COVID19 response



South Sudan receives additional doses of COVID-19 vaccines via COVAX facility

- WHO procured and distributed over 95,000 diagnostics tools to augment sample collection and testing capacity for a Reverse transcription-polymerase chain reaction, GeneXpert machines, and antigen rapid diagnostics test.
- Around 60,000 wide-ranging infection prevention and control supplies reached various priority facilities, including laboratories to ensure the safe disposal of medical waste.
- Supported the National Public Health Laboratory by sending samples for genomic sequencing to the referral laboratory at the Uganda Virus Research Institute for detecting the presence of the Delta and Omicron variants of concern.
- Procured and delivered over 3 500 biomedical equipment of various functions to 18 health facilities and around 7 million wide-ranging personal protection equipment (PPE) to over 40 locations to protect the frontline health workers against COVID-19.
- Despite a slow start, South Sudan received 930,070 COVID-19 vaccine doses throughout 2021, enabling 195,558 (1.4% of the total population) people to be fully vaccinated by 31 December 2021.
- Equipped over 120 community-based surveillance officers and leaders with information and skills on COVID-19 tools for a community-led response to COVID-19 in Juba, Nimule, Yambio, Yei, and Morobo counties.

- Increased advocacy and awareness on COVID-19 tools such as vaccines, treatments, masks, and adherence to public health measures among community leaders, women, youth groups, teachers, and law enforcement officers in Yambio, Wau, Torit, Yei, and Morobo counties.
- Assessed community perceptions to increase COVID-19 tools uptake in Torit, Yei, and Morobo to guide interventions and message development.

> Response to severe food insecurity and flooding in conflict-affected areas

WHO focused on responding to acute food insecurity and acute malnutrition as it saw 'Famine Likelihood' in the region and flooding.

The Organization ensured reconciled communities had increased access to equitable and reliable essential services through specialized care in Sexual and Gender-Based Violence (SGBV), trauma, Mental Health and Psychosocial Support (MHPSS), and substance abuse services in Pibor and Akobo.

Achievements

- To improve skills for quality health response, 742 responders received training on a range of topics, such as diseases surveillance and outbreak response, community-based surveillance, inpatient management of Severe Acute Malnutrition with Medical Complications (SAM/MC), Infection Prevention and Control (IPC), clinical management of rape, major causes of maternal mortality and its management, Integrated Management of Childhood Illness (IMCI), Basic Emergency Obstetric and Neonatal Care (BeMONC), SGBV, MHPSS and COVID-19 in the six counties of Pibor, Akobo, Aweil, South Tonj, East Tonj, North Tonj prioritized for severe food insecurity response scale-up. The knowledge and skills gained by the health workers in case management of SAM/MC have improved the quality of care and, hence, reduced the illness and death related to severe acute malnutrition.
- Over 260 health workers from Akobo and the Greater Pibor Administrative Area (GPAA) trained in conflict resolution and psychosocial support skills in health



service delivery, basic mental health, substance abuse management, and CMR. The knowledge and skills gained have enhanced the management of trauma, MHPSS, and SGBV.

- Established eight service delivery and reporting sites for SGBV trauma and MHPSS. These facilities reached 1,309 individuals through their services. Trauma and MHPSS consultations accounted for 68% of the volume of activity, SGBV for 10%, and rape for 3%.
- Procured and distributed 250 IEHK, 100 pneumonia kits, 20 SAM/MC kits, four trauma kits, and 80 cholera treatment and investigation kits to enhance access to essential health care and outbreak response readiness in 15 health facilities serving populations prioritized for the severe food insecurity response. These were sent to stabilization centres in Aweil, South, North and East Tonj, and Pibor Counties. Through this support, the Organization reached 314,000 affected persons with essential medicines.
- Provided Interagency Emergency Health Kits (IEHK) and Trauma and Emergency Surgery Kits (TESK) to support the management of trauma, MHPSS, and SGBV cases in eight facilities in Akobo and Pibor counties in Jonglei State. The kits can treat an estimated 40,000 individuals for 18 months.

- WHO and other frontline responders supported static health facilities and conducted mobile clinics in Pibor, Akobo, and Duk. Around 56,676 persons in need were reached through outpatient department consultations.
- The emergency responders, including WHO, supported routine immunization with 3,983 children aged six months to 15 years receiving measles vaccines in Pibor, Akobo, and Duk.
- Skilled birth attendants supported quality maternal and neonatal care resulting in 294 successful deliveries, thus, reducing the mortalities of mothers and newborn babies.
- WHO-supported facilities in Pibor and Akobo provided antenatal care consultations to 2,129 pregnant women.
- As part of nutrition status monitoring, 264 children under 5 years were screened for malnutrition, and six children identified with SAM were referred to the OTP in Akobo-Walgak. Furthermore, the comprehensive emergency obstetric and newborn care clinics conducted eight emergency Caesarean births in Pibor. Additionally, 229 people benefited from surgical procedures and other forms of emergency care for gunshots, physical assault, trauma, and septic wounds.



> Country Preparedness, Integrated Disease Surveillance and Response (IDSR), and International Health Regulations (IHR)

Enhancing the country's preparedness for health emergencies is critical for improved response readiness, resilience, and health security. WHO continued to engage multisectoral stakeholders to review and report the annual progress towards the IHR (2005) milestones through the State Party Annual Reporting (SPAR) process.

WHO supports the emergency response by conducting programme and after-action reviews and simulations to test response guidelines and contingency plans. It also supports the resources mobilization efforts for implementing the National Action Plan for Health Security (NAPHS) and the IDSR strategy. To mitigate the risk of public health emergencies, WHO helped implement the preventive vaccination campaigns for yellow fever and cholera alongside other evidence-based interventions, like risk communication and community engagement, promotion of infection prevention and control, and improving access to safe drinking water sanitation and hygiene in at-risk populations.

Achievements

- Submitted the South Sudan SPAR for 2021 with an action plan to improve national IHR capacities in 2022.
- Implemented preventive campaigns for yellow fever with 56 640 (98.6%) individuals aged nine months to 60 years receiving yellow fever vaccine in Morobo, Lainya, and Yei River counties of Central Equatoria State.
- Led the preventive cholera vaccination campaigns in the flood-affected counties of Pibor and Bor and vaccinated 148,593 people aged 1 year and above during the first round, and 162,595 individuals received the cholera vaccine in the second round.
- Supported the Ministry of Health and other multisectoral stakeholders in resource mapping for implementing the NAPHS. The process identified unfunded NAPHS priorities, technical assistance needs, and the extent of its implementation.
- Conducted IDSR quarterly supportive supervision in five states and addressed capacity gaps through on-

job training to ensure completeness of IDSR reporting, initial investigations, and reporting of suspected outbreaks at the county and health facility level.

- Strengthened IDSR functions at all levels through training-of-trainers in Juba and followed up cascade third edition IDSR training for at least 840 frontline healthcare workers in 22 of the 80 counties. As a result, IDSR reporting performance improved with timeliness and completeness reported at 74% and 89%, respectively.
- To enhance influenza surveillance, WHO developed training materials and trained health workers focusing on data collection and analysis of the influenza surveillance data.
- As part of strengthening preparedness and response capacity, the Rapid Response Teams were deployed and investigated 71 suspected outbreaks of communicable diseases, whereby confirmed cases were tackled in a timely manner. This included measles, acute watery diarrhea/cholera, viral hemorrhagic fevers, and yellow fever.
- Community surveillance for COVID-19 and other priority diseases is enhanced through community-based surveillance training for at least 560 Boma Health Workers from 14 counties in six states.
- To ensure yellow fever samples don't leave the country for confirmation, WHO trained five MoH Laboratory Technicians to establish yellow fever Enzyme-Linked Immunosorbent Assay (ELISA) testing at National Public Health Laboratory. This has improved turn-around time for yellow fever confirmation.



- To enhance preparedness for sample collection and prompt confirmation of outbreaks, WHO procured and prepositioned outbreak kits, including 50 cholera investigation kits, 30 cholera laboratory kits, and essential laboratory reagents for bacteriology.
- Supported the Ministry of Health and other multisectoral stakeholders to conduct a STAR hazard risk assessment. Fourteen hazards were identified and profiled at the end of the assessment as either very high, high, or moderate, and a risk calendar was developed to facilitate emergency preparedness planning in the country. Ultimately, it will inform the development of a multi-hazard plan and hazard-specific contingency plans.
- Conducted an independent evaluation of the IDSR programme with key recommendations made to facilitate strategic planning to bolster the programme.

> Health Cluster Coordination

Under the leadership of WHO, the Health Cluster analyzed a country-wide humanitarian health needs overview and formulated a one-year Humanitarian Health Response Plan (HHRP) for 2021.

The cluster undertook monthly monitoring of HHRP and other indicators that informed the dashboard development and operational presence maps.

In 2021, 26 national-level health cluster coordination meetings were held, and 11 field monitoring visits were conducted in 10 counties.



WHO supported the Ministry of Health to convene 1st meeting of the Health Sector Ministerial Advisory Board as a mechanism for overall sector stewardship & policy coherence in Juba. The Conference was attended by State Ministers of Health.

Achievements

- Led the Health Cluster responding to humanitarian emergencies in the country.
- Developed the health component of the 2021 Humanitarian Needs Overview and Humanitarian Response Plan.
- Coordinated more than 90 partners (including 64 Humanitarian Response Plan partners) providing humanitarian health services.
- Six health cluster bulletins, 10 monthly health cluster dashboards and operational presence infographics each were produced and shared with partners.
- Developed Health Cluster Flood Contingency plan to guide partners in flood response.
- Monthly monitoring of floods guided response strategy by gathering information on affected people, targeted facilities affected, needs, challenges, and partners' response.
- Supported emergency health partners to respond to food-insecure and flood-affected counties in the country.

3. Better Health and Well-being

> Non-communicable diseases (NCDs) and Mental Health

The NCDs burden is on the rise. However, common NCDs management is essentially absent at the primary healthcare (PHC) level despite 80% of the population accessing this level for services.

Additionally, South Sudan does not have a mental health strategy to guide the government and partners on the country's priorities and support resource mobilization.

WHO endeavours to scale up evidence-based tools for reducing morbidity and mortality due to mental health issues, substance use disorders, and others to uphold Universal Health Coverage.

The limited knowledge and practice prevent and limit risk factors such as lack of physical activity, unhealthy diet, excessive consumption of alcohol, and tobacco use. WHO supports campaigns to improve knowledge to promote attitude change and healthy practices.



Achievements

- The Package of Essential Noncommunicable Diseases and Mental Health guideline (PEN-M) for Primary Health Care has been endorsed for use. The package is designed to support PHC workers assess, manage, and refer patients appropriately. The focus is on assessment, management, and referral for cardiovascular diseases, diabetes, chronic respiratory diseases, common cancers, healthy lifestyle, self-care, and palliative care for NCDs. Four common mental health conditions are considered: depression, psychosis, epilepsy, and substance use disorders.
- Implementation of the PEN-M has been initiated in two high-volume PHCs within Juba. Health workers were trained, and drugs and commodities were supplied.
- Helped develop South Sudan National Strategic Plan for Mental Health – 2022-2026. The Strategic Plan hinges on “a Primary Health Care Centric Approach to Mental Healthcare” to integrate mental health services into general healthcare.
- Executed the Minimum Service Package (MSP) for Mental Health and Psychosocial Support (MHPSS) with an implementing partner. The MSP is a 12-month pilot project in five countries globally to assess the acceptability, feasibility, perceived benefit, use, and impact of implementing a pre-selected minimum set of MHPSS activities in a humanitarian setting. The project will be implemented in Bor and Malakal in South Sudan.
- Organized School Health Promotional campaigns in three schools within Juba city that reached 1,500 schoolchildren with messages on the importance of a healthy diet and lifestyle.



4. A More Effective and Efficient WHO: better supporting the country

During the year, WHO helped strengthen the country's capacity in data and innovation through health information systems and dashboards to enable evidence-based decision-making.

Achievements

- Built-in and maintained COVID-19 content to the South Sudan Health Service Functionality Dashboard as an additional layer of information with updated data since the onset of the outbreak. This dashboard is the one-stop repository of the most recent information on health service functionality and service availability to facilitate available data search through filters and automated maps, graphs, and tables.
- Based on South Sudan's Basic Package on Health and Nutrition services, independent data verification visits were conducted in 87 health facilities within eight counties. This helped in basic assessments of health service availability, staffing, and infrastructure to compare against the self-reported data submitted by implementing partners.
- Helped set up an EPI dashboard that pulls data from the DHIS2 and displays analyses at various levels, thereby enabling decision-makers to monitor performance directly. The dashboard also incorporated an accountability framework to track partner performance vis-a-vis resource allocation and cold chain and human resources available at various levels. It also provides visibility on immunization uptake and coverage, builds donor trust and confidence, and showcases the country's ability to analyze and visualize data from the national data system.
- AFP data reconciliation through monthly validation has improved the submission of case investigation forms.
- Monthly analysis of integrated supportive supervision conducted as a dashboard and shared with partners has enabled better decision-making at their levels.
- In collaboration with MoH, WHO conducted a Data Quality Assessment in all the 10 states to assess the quality of data generated through the existing health information. The challenges facing the data management systems were highlighted, and interventions for system strengthening were proposed.





FINANCIAL, HUMAN, AND ADMINISTRATIVE RESOURCES

The Country Support Unit (CSU) helps the technical programmes implement their activities with timely, effective, and efficient support anchored in WHO's corporate values. Ensuring accountability and transparency compliance with the Internal Control Framework and risk mitigation measures underpins the CSU's function.

Implementing the Functional Review recommendations as part of the AFRO Transformation initiative will provide the necessary support to strengthen the field teams through appropriate staffing. Thus, allowing a greater level of decentralization. CSU envisions to be a catalyst for timely support at the field level, where virtually 80% of activity implementation occurs.

Instituted routine field visits by the Compliance focal point and Programme Assistants provided first-hand information on the operational context and challenges at the operational front. This led to taking measures early on at the central level. All States were visited during the year. The recommendations from these field visits form part of the measures towards strengthening the control and risk mitigation measures for WHO South Sudan Country Office.

 **Main office in Juba with 10 sub-offices**

 **Vehicle Fleet of 38**

 **504 personnel of which 89% are nationals of South Sudan and 74 % are based in the field supporting the Ministry of Health and partners**

1. Funding needs

- The persistence of insecurity, floods, poor infrastructure, inadequate funding, and dysfunctional healthcare facilities mean that the work of WHO will need to still support assessment and response to humanitarian emergencies.
- Communicable and non-communicable diseases remain the major contributor to illness and death in South Sudan.
- Catalytic funding is required for strengthening the health system to tackle build newer programmes such as Hepatitis, NCDs, Mental Health and Sexually Transmitted Infections.
- The Global Fund, PEPFAR and Gavi, the vaccine Alliance are currently funding for traditional global programmes such as Malaria, HIV, TB and EPI. There are opportunities for communicable and non-communicable diseases strategic integration at primary health care level from available resources.
- In addition, the health information systems will need to be more integrated into the national DHIS2 system, for running the national health management information system.
- The estimated budget to fulfil the set goals for 2022 is US\$ 23 million. We expect this figure to increase since in previous years the annual budget usually increases to about US\$ 38 million due to efforts to respond to epidemics and other humanitarian emergencies such as floods.

2. Strengthened leadership, governance, and advocacy for health

Partnership

Collaboration is critical to achieving common objectives and goals. It is more important than ever in an everchanging context like the one in South Sudan, where partners need to act rapidly to address the multiple needs of the country. Moreover, COVID-19 and various variances have also emphasized the need to use resources in an effective and coordinated manner.

To this end, 2021 has been an important year for partnerships from a WHO perspective. Thanks to partners and donor support, WHO has used its expertise and played a critical role in supporting coordination processes and advancing the health agenda in South Sudan. Critical strides have been made on prevention and disease control, particularly around COVID-19, and coordination mechanisms have been essential to achieving common results.

WHO pushed to revitalize common platforms to enhance the dialogue among partners and government by fostering discussion around the revitalized Health Development Partners Group and H6+ (WHO, UNICEF, UNFPA, WB, UNWOMEN, UNAIDS). WHO is currently co-chair of the Health Donor Partner group jointly with Canada. In addition, Health Cluster and Humanitarian partnership coordination has been strengthened to ensure that the most pressing needs of populations are met efficiently and effectively. Joint proposals and projects with other UN agencies and partners were also developed to maximize respective know-how, thus advancing the health agenda in South Sudan.

WHO has ensured continuous engagement and dialogue with the government through joint efforts and discussions. However, to achieve common goals, the government, WHO, and partners need to understand the issues and strategize in a coordinated manner to address existing and upcoming issues. Partnerships are critical to achieving a healthy South Sudan.

Communication

The Country Office proactively worked in strategic media and risk communication during the year.

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 and widely disseminated based on the audience profile.

In collaboration with the MoH and partners, over 30 journalists, including editors and freelance journalists, were trained to enhance their reporting skills on the importance of COVID-19 vaccine issues. WHO also procured 22 recorders for journalists to support the pandemic response.

More than 300 community and religious leaders were engaged and oriented on COVID-19 vaccination. WHO also supported the identification and management of rumours related to COVID-19 vaccines.

Visibility, information, education, and communication materials were printed and disseminated to enhance donor visibility and advocacy.





CHALLENGES

- In general, more than 50% of the office spending was on COVID-19 and other emergencies leaving little funding for universal health coverage programmes (mainly health system development and fighting communicable and non-communicable diseases). In addition, there is limited funding for scale up training and supervision of implementation at State level.
- Health system delivery was affected by inaccessibility due to insecurity, floods, poor infrastructure, poor funding and dysfunctional facilities.
- Health system governance, ownership and coordination are weak due to inadequate capacity and skills at both national and sub-national levels.
- The fragmentation of the health information system, driven by various project and disease specific reporting systems continues to undermine tracking progress to achieving the UHC goal. The DHIS2 is nascent with inadequate human resources, digital capacity and infrastructure which affect data collection and transmission resulting in slow rollout of the system
- Services tend to be provided focusing on the requirements of the donor. This leads to inadequate integration of activities with other public health interventions in many areas of delivery.
- Lack of drugs and commodities to support the implementation scale-up as most of the recommended drugs and commodities are not part of routine supplies provided to health facilities by partners and the government.
- Continuous developments on COVID-19 require regular updating of existing guidelines, particularly on case management and IPC. Reduced number of participants due to COVID-19 restrictions.



WAY FORWARD ON COMMON CHALLENGES

The WCO engaged in partnerships with several bilateral and multilateral partners to leverage their capacities and resources toward addressing the various challenges experienced. By convening and protectively engaging in coordination mechanisms like the health development partners forum, health sector steering committee, and the health cluster coordination forum, WHO highlighted these challenges and lobbied for partners' support to mitigate them.

The WCO also engaged with the Senior Ministry of Health Leadership and the legislature to advocate for enhanced government ownership and increased budgetary allocation to the health sector and progressive reduction of dependency on donors for health sector funding and service delivery.



CONCLUSION

Despite multiple challenges, such as insecurity, flood, COVID-19 response, and budgetary limitations, WHO and its partners addressed the critical health challenges through innovation and adaptability through a robust strategy and implementation approach. Increasing access to COVID-19 vaccines using data and analytics to drive decisions has helped inform future steps and showcased the country's ability to harness existing strengths.

WHO investigated to review the situation and took appropriate measures to learn from the experience. Focusing on issues such as leprosy and STIs, the Organization and government are resolute in solving current problems and mainstreaming these in healthcare service delivery.

Further, the pandemic has exposed its impact on mental health and together with partners. WHO is mainstreaming the mental health needs into healthcare provision. Partners' financial support has helped ramp up COVID-19 care, reduce violence in the community, and meet some of the current demands of the country.



South Sudan launched introduction of a nationwide 2 dose of routine inactivated Polio vaccine aims to vaccinate over 592 000 infants against all 3 types of poliovirus, including wild poliovirus and vaccine derived

ACKNOWLEDGEMENT

We are grateful to South Sudan citizens for their resilience, the Ministry of Health for their leadership, and other Ministries, Departments and Agencies for their support. 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 the 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. In alphabetical order:

- African Development Bank Group
- Australia
- Bill and Melinda Gates Foundation
- Canada
- Carter Center
- Center for Disease Control and Prevention (CDC), United States of America
- China
- Department for International Development (DFID), United Kingdom
- DG for International Cooperation and Development (DEVCO), European Commission
- East African Community
- European Union Humanitarian Aid (ECHO)
- Federal Foreign Office, Germany
- Federal Ministry for Economic Cooperation and Development (BMZ), Germany
- Foreign, Commonwealth & Development Office (FCDO), United Kingdom
- GAVI, The Vaccine Alliance
- Germany
- Gilead Sciences Inc.
- Korea International Cooperation Agency (KOICA)
- Kuwait Fund for Arab Economic Development (KFAED)
- Ministry of Development Cooperation and Humanitarian Affairs, Luxembourg
- Ministry of Foreign Affairs, Japan
- Ministry of Foreign Affairs, Netherlands
- National Philanthropic Trust (NPT)
- Norwegian Agency for Development Cooperation (NORAD)
- Real Estate Fund
- Rotary International
- International Sanofi-Aventis
- Sasakawa Health Foundation
- South Sudan Humanitarian Fund
- Susan Thompson Buffett Foundation
- Swiss Development Cooperation Agency (SDC/DDC)
- UNDP Multi-Partner Trust Fund (MPTF)
- United Nations Central Emergency Response Fund (CERF)
- United States Agency for International Development (USAID)
- University of Edinburgh
- Vital Strategies
- World Bank

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



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2021 ANNUAL REPORT

WHO in South Sudan



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