

# SOUTH SUDAN

People in need  
8.4 million

People targeted  
6.7 million

Requirements  
US\$ 20.64 million

## Grade 3 Emergency



## Context

South Sudan is experiencing a protracted humanitarian crisis as a result of prolonged political conflict that started in 2013, recurrent subnational violence, flooding, acute food insecurity, and associated infectious disease outbreaks. This leaves an estimate 8.4 million people in need of urgent humanitarian assistance, 6.7 million of whom need health services. South Sudan's health system is overburdened due to continual shocks and limited health financing by the government, which renders the Ministry of Health incapable of adequately responding to health emergencies. More than 90% of health services are supported by national and international nongovernmental organizations, faith-based organizations, and United Nations agencies. The Health Pooled Fund and the World Bank are the major actors providing funding to support the provision of health services. Factors negatively affecting delivery of health services include long geographical distances, lack of human resources, and inadequate essential medicines for basic and emergency health care.

## Response strategy

WHO will focus on urgent emergency response needs while ensuring current investments will ultimately build a resilient health system. The following will be integrated in the response strategy:

- Coordinate with existing health facilities and Health Cluster partners to scale up the health response.
- Conduct mobile health outreach in hard-to-reach locations without functional health facilities.
- Leverage Integrated Disease Surveillance and Response, the Early Warning, Alert and Response System, and community surveillance to detect disease upsurge, suspected outbreaks, and mortalities.
- Strengthen leadership, coordination, and partnerships.

## Country priorities

**Prevent and control outbreaks and other public health emergencies, and strengthen surveillance and health information.**

- 90% timeliness of reporting from Early Warning Alert and Response Network sites.
- 90% completeness of reporting from Early Warning Alert and Response Network sites.
- 90% of health facilities reporting Integrated Disease Surveillance and Response/Early Warning Alert and Response Network System.
- 80% of alerts verified and investigated within 48 hours.
- Case fatality rate from cholera <1%.

**Ensure effective coordination to increase access to essential health services for the most vulnerable populations.**

- More than 60% of the affected population has access to basic health services and people are reached through vaccination for measles, yellow fever, COVID-19, and/or cholera.
- 10% increase in the proportion of trained health care workers.
- Conduct joint assessments quarterly.
- Develop and implement the Health Cluster Response Plan.
- Conduct biweekly planned Health Cluster meetings.

**Increase resilience and capacity of the health system.**

- Provide 70% of health facilities with emergency health kits in the affected locations.
- Align emergency preparedness and response plans and recovery plans with national development policies and strategies.

Cholera prevention measures among displaced people in South Sudan. © WHO / Ali Ngethi

## COVID-19 response

South Sudan's COVID-19 National Response Plan aims to reduce mortality and morbidity by suppressing transmission, reducing exposure to new infections, countering misinformation, and protecting the most vulnerable population as the country accelerates equitable access to new COVID-19 tools, including vaccines, diagnostics, and therapeutics. WHO South Sudan will:

- Invest in capacity for COVID-19 community and facility-based surveillance, case investigation, and contact tracing with a focus on national and subnational high-risk locations and points of entry.
- Maintain capacity for diagnostics and testing for COVID-19 and other infectious health hazards at all levels through the establishment of a molecular laboratory, including GeneXpert and polymerase chain reaction test capacity, while ensuring infection prevention and control measures.
- Conduct simulation exercises to reinforce readiness and response capacities.
- Support the key functions of public health emergency operations centres.
- Conduct an annual seroprevalence survey.
- Provide training on specimen collection, case identification, and contact tracing.
- Deploy rapid response teams appropriately.
- Ensure that guidelines and protocols are in place by supporting South Sudan to update and distribute existing documents to facilitate COVID-19 response efforts.

Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	1.69	0.88	2.56
P2. Risk communication and community engagement	0.21	0.66	0.87
P3. Surveillance, case investigation, and contact tracing	1.21	1.37	2.58
P4. Travel, trade, points of entry and mass gatherings	0.01	0.40	0.41
P5. Diagnostics and testing	0.35	0.59	0.94
P6. Infection prevention and control	0.18	0.39	0.57
P7. Case management and therapeutics	0.43	0.55	0.97
P8. Operational support and logistics	5.22	2.34	7.55
P9. Essential health systems and services	0.88	0.94	1.82
P10. Vaccination	0.14	1.08	1.22
P11. Research, innovation, and evidence	1.16	-	1.16
<b>Total</b>	<b>11.46</b>	<b>9.18</b>	<b>20.64</b>



Families wade through floodwaters in Bunj, Maban County in Upper Nile State, South Sudan.  
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### For more information

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