



The Minister of Health, Hon Dr Riek Gai Kok, addressing the gathering during the ground-breaking ceremony of a Ministry of Health building in Twic state, South Sudan: Photo: WHO.

South Sudan

Emergency type: Humanitarian Crisis in South Sudan

7 MILLION
NEED
HUMANITARIAN
ASSISTANCE




1.9 MILLION
INTERNALLY
DISPLACED



2.1
MILLION
REFUGEES

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS

98 ASSORTED MEDICAL KITS

WHO FUNDING REQUIREMENTS 2018



2.9M FUNDED

16.9M REQUESTED (UNDER 2018 HRP)

MALNUTRITION

261 424 CHILDREN ESTIMATED TO BE SEVERELY MALNOURISHED

53 FUNCTIONING STABILIZATION CENTERS ACROSS COUNTRY

VACCINATION

210 093 OCV DOSES DEPLOYED IN 2018

1 945 635 # OF CHILDREN (6-59mths) VACCINATED AGAINST MEASLES

1 506 168 # OF PERSONS VACCINATED AGAINST MENINGITIS



RIFT VALLEY FEVER



43 TOTAL SUSPECTED HUMAN CASES

HIGHLIGHTS

- WHO, the EAC, and ECSA-HC through the East Africa Public laboratory networking project and the Ministries of Health in South Sudan, Uganda, and Kenya convened a joint cross border meeting between the 3 countries in Nimule to strengthen implementation of cross-border disease surveillance and outbreak response.
- Suspected rabies cases continue to be reported in Bentiu PoC with a cumulative of 139 suspected cases including 2 deaths reported since Dec 2017.
- The Rift Valley fever outbreak in Eastern Lakes State is still ongoing with a cumulative total of 55 suspected cases reported since 7 December 2017. As of 29 April, 2018, a total of 6 were confirmed positive. 2 new suspected cases were reported in week 17 pending verification.
- Two new suspected Rubella cases were reported in week 16 of 2018, a total of 65 cases and no deaths have been reported from Jur River (59 cases) and Wau (6 cases).
- Hepatitis E outbreak has been confirmed in Bentiu PoC and Old Fangak where a total of nine suspect cases have been reported since week 1 of 2018.

Background of the crisis

- The crisis in South Sudan is currently a Protracted 3 humanitarian emergency following the conflict in December 2013. Currently, about 4 million have fled their homes for safety of which 1.9 million people are internally displaced, while an estimated 2.1 million are refugees in neighbouring 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.

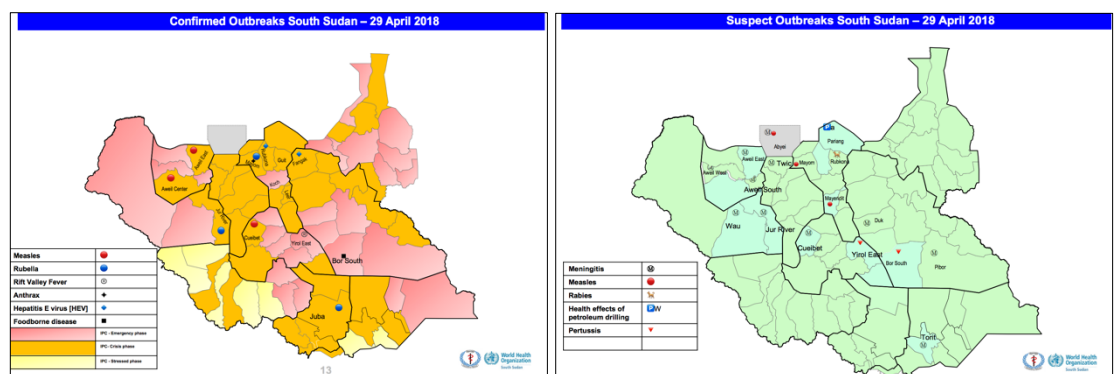
Event Description/ Situation update

- The security situation in the country continues to deteriorate with violation on human rights, sporadic incidents of intercommunal clashes, cattle raiding; kidnaping, harassment, intimidation and killing of humanitarian workers, burning down health facilities and revenge killings in multiple locations hampering humanitarian service delivery.
- Surging violence in parts of South Sudan is increasing and fighting is reported in Unity, Jonglei and Central Equatoria states, where violent clashes are reportedly causing an influx of internally displaced people, especially women, children and the elderly, seeking sanctuary. An influx of over 8,000 IDP are reported in Mayendit town, mostly from Northern Mayendit locations (Mirnyal, Dablual and Thaker).
- Attacks on humanitarian workers continue:
 - On 25 April, 2018, ten humanitarian staff all nationals, (one- UNOCHA, two- UNICEF, seven- NGOs) were abducted while on their way in a convoy from Yei town, Central Equatoria region to Tore to conduct a humanitarian needs assessment.
 - On 26 April, two staff members of Medair, an international relief agency, were shot and killed in separate incidents in Leer County.
- Intergovernmental Authority on Development (IGAD) once again postponed the continuation of the second phase of the peace talks of the High-Level Revitalization Forum to the 17 May, 2018 creating more tension.

Epidemiological Update

- In epidemiological week 16 of 2018, completeness and timeliness for IDSR reporting at county level was 55% while EWARS reporting from the IDP sites was 83%.
- A total of 9 alerts were reported, of which 100% have been verified. During the week, malaria, Acute Watery Diarrhoea, Acute Bloody Diarrhoea, and measles were the most frequent infectious hazards reported. Among the IDP, ARI and malaria accounted for 25% and 15% of consultations in week 16.

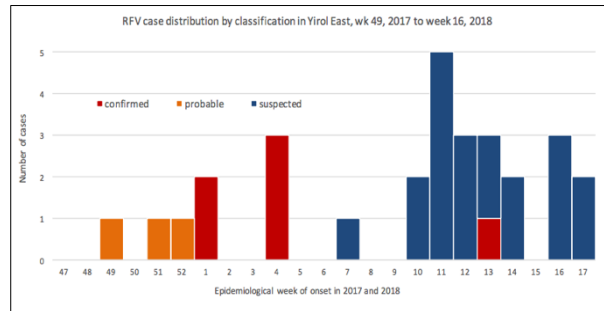
The figures below show confirmed and suspected outbreaks and events registered in South Sudan as of 29 April, 2018



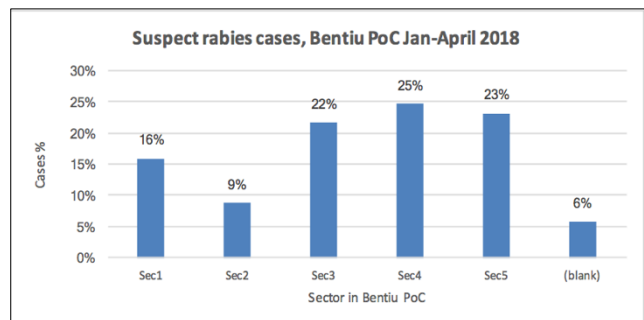
- **Rubella:** Two new suspected Rubella cases were reported in week 16 of 2018, a total of 65 cases and no deaths have been reported from Jur River (59 cases) and Wau (6 cases). Of all the cases reported 57% are aged 1 - 4 years, all unimmunized.
- **Malaria:** Malaria is still the top cause of morbidity in the country, with a cumulative total of 575,089 (52%)cases and 74 (10%) deaths registered since week 1 of 2018. In week 16 of 2018, over 24 thousand cases (43%) of malaria were reported with no deaths. Among the IDP, malaria accounted for 15% of consultations in week 16. In the relatively stable states, malaria is the top

cause of morbidity accounting for 30% of the consultations in week 16 (representing a decrease from 32% in week 15). Malaria trend for week 16 of 2018 is above 2014, 2015, however, is below the trend for 2016 and 2017.

- Rift Valley Fever:** The Rift Valley fever outbreak in Eastern Lakes State is still ongoing with a cumulative total of 55 suspected cases reported since 7 December 2017. As of 29 April, 2018, a total of 6 were confirmed positive. 2 new suspected cases were reported in week 17 pending verification. Out of the 28 animal samples collected, 9 were confirmed positive serologically.

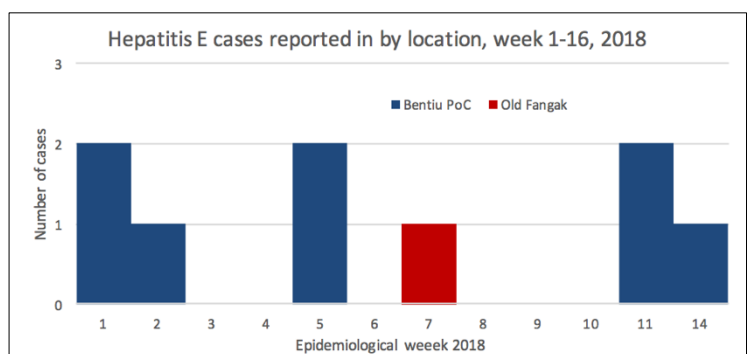


- Animal bites - Suspected Rabies:** Cumulatively 139 animal bite cases including 2 deaths have been reported in Bentiu PoC since December 2017.



- Malnutrition:** Despite the seasonal improvements resulting from harvest, the food security and nutrition situation in South Sudan is still alarming and has deteriorated compared to the same period last year. The results from IPC analysis show that 57% of population is in critical and emergency phase. This proportion is projected to increase to 63% in the period May to July, 2018. Out of the 8 SMART surveys conducted in 2018, 63% of them show Global Acute Malnutrition rate exceeding the emergency threshold of 15%, specifically in Urur, Melut, Ulang, Nyrol and Duk. The total number of children admitted with SAM in both inpatient and outpatient therapeutic program is 17,600 in March, with highest admission registered in Jonglei, Unity and Warrap.

- Hepatitis E:** Hepatitis E outbreak has been confirmed in Bentiu PoC and Old Fangak where a total of nine suspect cases have been reported since week 1 of 2018. Out of the nine suspect cases, 7 have been confirmed positive for HEV by ELISA (6 in Bentiu PoC and 1 in Old Fangak).



WHO Public Health response

- The World Health Organization, the East African Community, the East Central and Southern Africa - Health Community (ECSA-HC) through the East Africa Public laboratory networking project and the Ministries of Health in South Sudan, Uganda, and Kenya convened a joint cross border meeting between the 3 countries in Nimule to strengthen implementation of cross-border disease surveillance and outbreak response. Read more:



A cross section of participants attending the cross-border meeting in Nimule. Photo: WHO

<http://www.afro.who.int/news/south-sudan-uganda-and-kenya-strengthen-implementation-cross-border-disease-surveillance-and>

- Cholera prevention and preparedness activities are underway to mitigate the risk of cholera outbreaks in cholera transmission hotspots. OCV second round campaign was conducted in Wau PoC+ and IDP settlement reaching over 34 000 people (93% coverage). WHO will conduct water quality mapping in Juba during which the water supply chain from source to consumption will be assessed to track risks.

- The African Vaccination week supported by WHO was launched by the special advisor to the Minister of Health with various activities that included provision of routine immunization services, distributed of Long Lasting Insecticide treated bed nets and health talks. This week-long activity will continue using Periodic



Vaccination ongoing during the African Vaccination week in Juba. Photo: WHO

Intensification of

Routine Immunization (PIRI)

as a platform to reach as more children with various antigens in all the states.

- WHO has completed a round of distribution of SAM kits, to support 14 functioning stabilization centers (4 hospitals and 10 PHCC) targeting annually 2875 children with SAM in Jonglei, Upper Nile, Unity and Greater Equatoria. In addition, WHO is supporting the opening of 4 new stabilization centers in Duk, Kapoeta South, Mundri and Abyei, by providing essential supplies to partners.
- On 25 April 2018 following the reported death of a six (6) year old child associated with viral hemorrhage fever in Makpandu refugee camp, WHO team in Yambio supported the Rapid Response Team (RRT) to investigate of the alert case. A specimen was collected and dispatched to Juba. The primary findings attributed the reported alert to complicated Malaria.

- WHO Kuajok, and other UN agencies, attended a State Resilience Platform meeting between the Hon Minister of Health Hon. Dr Riek Gai Kok, and Ministries of Education, Health, Agriculture and Animal Resources, Physical and Infrastructures in Gogrial, Twic and Tonj States to agree in key priorities and areas of partnership in 2018. A joint supportive supervision of the health facilities in Mayen Abun Town, Twic State was undertaken.



Partners meeting with Hon. Dr Riek Gai at Mayen Abun State Hospital

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\$ 2.875,983 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\$ 2.9 million	16.9%

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



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