

South Sudan



HEALTH SITUATION

South Sudan has some of the worst health outcome indicators globally, in spite of modest improvements over the last five years. Maternal mortality ratio has stagnated at 2054 per 100 000. Mortality rate for infants and children under five years declined from 102 and 135 in 2006 to 75 and 104 in 2012 per 1000 live births respectively. The significant disparity in health status across socio-demographic factors and geographical location is well documented.

Communicable diseases constitute a major public health problem: Malaria accounts for 30% of outpatient diagnosis; TB prevalence is at 140 per 100 000; HIV/AIDS prevalence is estimated at 3%, and classified as a generalized epidemic. Most neglected tropical diseases (NTDs) are endemic: South Sudan accounts for about 90% of global guinea-worm disease burden. Other NTDs include visceral leishmaniasis, trypanosomiasis, onchocerciasis, trachoma, lymphatic filariasis and schistosomiasis.

Noncommunicable diseases (NCDs) are on the rise, especially cardiovascular diseases and diabetes among the affluent. Road traffic accidents are significant, while mental disorders are also prevalent, given the vulnerability to post-traumatic stress disorders after the prolonged conflicts in the country. The country is vulnerable to humanitarian crises, primarily as a result of inter-ethnic conflicts and perennial border tensions which increases the risk of epidemic prone diseases especially measles and cholera.

Illiteracy rates are high at 88% and 63% for women and men respectively. Although 57% of the population has access to improved water sources, 91% of citizens have no access to proper sanitation. While the ratio of girls to boys attending primary school is 4:5, overall school enrolment is quite low at 18.8%. Public infrastructure, such as roads and bridges, which are essential for service delivery, are lacking in most parts of the country, hence compromising access to over 60% of the population during rainy seasons. No national electricity grid or national energy system is in place.

Institutionalizing mechanisms such as International Health Regulations, Tobacco Free Initiative and noncommunicable diseases control to promote the global health agenda, is at the preliminary stage.

WHO region	Africa
World Bank income group	Low-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2012)	10838
% Population under 15 (2012)	42.28
% Population over 60 (2012)	5.26
Life expectancy at birth (2012) Total, Male, Female	55 (Both sexes) 56 (Female) 54 (Male)
Neonatal mortality rate per 1000 live births (2012)	36 [24-53] (Both sexes)
Under-5 mortality rate per 1000 live births (2012)	104 [72-148] (Both sexes)
Maternal mortality ratio per 100 000 live births (2006)	
% DPT3 Immunization coverage among 1-year olds (2012)	59
% Births attended by skilled health workers (2010)	
Density of physicians per 1000 population (2011)	
Density of nurses and midwives per 1000 population (2011)	
Total expenditure on health as % of GDP (2011)	1.6
General government expenditure on health as % of total government expenditure (2011)	4
Private expenditure on health as % of total expenditure on health (2011)	58.6
Adult (15+) literacy rate total (2010)	75.5
Population using improved drinking-water sources (%) (2011)	57 (Total) 63 (Urban) 55 (Rural)
Population using improved sanitation facilities (%) (2011)	9 (Total) 16 (Urban) 7 (Rural)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2011)	
Gender-related Development Index rank out of 148 countries	
Human Development Index rank out of 186 countries	

Sources of data:

Global Health Observatory April 2014
<http://apps.who.int/gho/data/node.coc>

HEALTH POLICIES AND SYSTEMS

South Sudan's Health Sector Development Plan (HSDP) 2012-2016 provides the overall vision and strategic direction for development in the health sector. It is aligned to the South Sudan Development Plan (SSDP), drawing its vision from the social and human development pillar goal of the former, which is "to promote the well-being and dignity of all people of South Sudan, by progressively accelerating universal access to basic services". The overall goal of the HSDP is to "contribute to the reduction of maternal and infant mortality and improve the overall health status, as well as the quality of life of the South Sudanese population".

Public health services are delivered along a four-tier system, starting from the primary level to tertiary level. Most health infrastructures are dilapidated; essential medical and surgical equipment outdated or lacking. Management and human resource capacity is weak. NGOs are responsible for close to 80% of health service delivery, which complicates the coordination of service delivery.

COOPERATION FOR HEALTH

Development assistance remains a significant source of revenue for South Sudan, especially following the disruption of oil production. In the build up to independence, it provides funds for up to 50% of government priorities. South Sudan is at the forefront of implementing the "new deal" for international engagement in post-conflict states, where development assistance is integrated in state and peace-building objectives

The major health development partners (HDP) include the following: The World Bank (WB), United States Agency for International Development (USAID), Sweden, Norway, the Netherlands, Denmark, the European Union (EU), AusAID, United Kingdom's Department for International Development (DFID), Canadian International Development Agency (CIDA), Japan International Cooperation Agency (JICA), World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), Global Alliance for Vaccine Initiative (GAVI), and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

The United Nations Country Team (UNCT) has developed a United Nations Development Assistance Framework (UNDAF) 2012-2016 that is aligned with and informed by priorities of the SSDP. The health-related outcomes of the UNDAF are therefore aligned with and contribute to the priorities of the HSDP. An H4+ coordination forum that brings together UNICEF, UNFPA, WHO, UNAIDS, and the WB to regularly review UN contribution to health programming is in place.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2014-2019)	
Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1:</p> <p>To contribute to the reduction of maternal, newborn and child morbidity and mortality</p>	<ul style="list-style-type: none"> • Provide technical support for the development and implementation of policies, strategies and plans for integrated maternal, newborn, and child health. • Support the Ministry of Health to improve the accessibility and availability of integrated maternal, newborn and child health services at all levels of the health system. • Ensure accessibility and availability of emergency obstetric and newborn care within the primary health care and referral system
<p>STRATEGIC PRIORITY 2:</p> <p>To strengthen national capacity for prevention and control of communicable diseases, noncommunicable diseases and neglected tropical diseases</p>	<ul style="list-style-type: none"> • Support government in scaling up national and institutional capacity for the prevention and control of HIV/AIDS, tuberculosis and malaria. • Build the capacity of the Ministry of Health, at all levels, to address the prevalent noncommunicable diseases, mental health problems and road traffic accidents. • Support the Ministry of Health in strengthening national capacity and building partnerships for the control, elimination and eradication of neglected tropical diseases.
<p>STRATEGIC PRIORITY 3:</p> <p>To strengthen national and sub national capacity for health emergency risk management that integrates prevention, emergency risk reduction, preparedness, surveillance, response and recovery</p>	<ul style="list-style-type: none"> • Build the capacity of the Ministry of Health for health emergency-risk management, and ensure that mechanisms are in place for implementing the provisions of the International Health Regulations (2005). • Build capacity at national and sub national levels for epidemic preparedness, surveillance and response. • Support the Ministry of Health at national and state level in the key functions of coordinating humanitarian response of national and international partners.
<p>STRATEGIC PRIORITY 4:</p> <p>To contribute to the strengthening of health systems to respond to the health needs of the population of South Sudan</p>	<ul style="list-style-type: none"> • Strengthen the capacity of the Ministry of Health for managing and organizing health services and developing human resources required for service delivery. • Support the management of medicines, health technologies and laboratory services. • Strengthen the capacity of the Ministry of Health to provide stewardship at all levels.
<p>STRATEGIC PRIORITY 5:</p> <p>To assist the Ministry of Health in addressing environmental and social determinants of health</p>	<ul style="list-style-type: none"> • Support the Ministry of Health in developing strategies to reduce environmental risks to health. • Support awareness creation on the influence of social determinants of health and catalyze inter-sectoral action.