SOUTH SUDAN HEALTH STRATEGY 2023-2025

1. South Sudan Background information

South Sudan continues to struggle with a severe health crisis affecting 8.9 million people, primarily in flood- and conflict-affected regions with population movements (displacement and returns), and disease outbreaks. The nation's health system, heavily reliant on international aid, faces staffing and resource shortages. Vulnerable groups, including women, children, the elderly, and those with disabilities, have limited healthcare access and face heightened risks of mortality and illness.

The life expectancy at birth (55 years) is among the lowest globally, as mortality rates remain among the highest with neonatal, infant, under-five mortality rates estimated at 39.63, 63.76 and 98.69 deaths per 1000 live births respectively, and a maternal mortality ratio of 1,223 deaths per 100,000 live births. Although some disease specific mortality rates such as TB and AIDS-related mortality have declined, mortality due to malaria and non-communicable diseases have increased over the past five years.

The main causes of morbidity remain communicable diseases; malaria, is the top cause of morbidity (64%) and mortality (45%) among outpatients, followed by pneumonia and diarrhea.20 Several Counties report malaria cases above the threshold perennially especially during the rainy seasons, affecting mainly children under five years. The last malaria indicator survey (2017) estimated malaria prevalence of 32%, 34% and 18% among children under-five, protection of civilian's sites, and internally displaced persons, respectively.21

Non-communicable diseases are on the rise particularly hypertension and diabetes, which account for 44% and 24% of the five tracer indicators seen in out-patient departments (OPDs) across the country.

South Sudan is also facing acute food insecurity; the Integrated Food Security Phase Classification (IPC) projected that over half of South Sudan's population experienced high levels of acute food insecurity (IPC phase 3 or worse) in October and November 2022, including 2.2 million people in IPC phase 4 (emergency) and 61 000 people in IPC phase 5 (catastrophe). These numbers are expected to hit 7.8 million during

April-July 2023. The result is unacceptable levels of malnutrition that remained a persistent problem in the country, adversely affecting the well- being of women and children. Today, one in every five children in South Sudan suffers from wasting and requires lifesaving nutrition interventions. FSNMS Round 27 showed 9% of the children have access to the minimum acceptable diet for optimal growth and development. Determinants of health such as income, education level, access to safe water and sanitation, cultural beliefs, housing conditions, and political instability/conflict in some locations, affect health seeking behaviors, access to quality health services, and therefore the health status of the population.

The decades of conflict the country experienced prior to its independence, undermined the health system capacity to deliver essential health services and eroded the health security capabilities, resulting in a weak health system prone to acute events and shocks. The health system is characterized by inadequate health sector financing, sub-optimal coordination, low health workforce density, weak supply chain management with frequent stockout of supplies, and a weak health information system. Recurrent humanitarian crises such as conflict, seasonal flooding and health emergencies including disease outbreaks and the COVID-19 pandemic in 2020, further strained the already weak health system, exacerbating inequities and access to quality essential

health services. These findings, reflect the weak state of the health system in the country, and the need for a more strategic and focused approach to improve health sector performance

Vision & Mission Vision: To save lives and promote dignity in humanitarian and public health emergencies **Mission:** The Health Cluster collectively prepares for and responds to humanitarian and public health emergencies to improve the health outcomes of affected populations through timely, predictable, appropriate, and effective coordinated health action

2. South Sudan Health cluster

2.1 Health cluster Members

Over 111 active health partners operate in the country (57 NNGO, 31 INGOs, and 6 UN agencies) ,11 donors ,1 National authority and two partners with observers (ICRC, MSF) status. All partners are committed to working together to provide a need driven and evidence-based health response.

2.2 Health Cluster Structure

The health cluster is led by Health cluster coordinator from WHO and co-led by MoH and Co-coordinated by Save the children international (SCI). The national health cluster is based in Juba and there are three sub-national WHO health cluster coordinators supporting the overall health cluster coordination and response at state level in Uppernile,Bentiu and Bor as well as 10 WHO state coordinators. The health cluster has dedicated information management team supporting the health cluster at national level.

They are three functional technical working groups managed by the health cluster; Emergency responders team,MHPSS TWG, SRH working group.

The SAG/TAG (strategic/technical advisory group) support the health cluster and provide guidance and support to specific issues in their scope.

Strategic priorities and objectives

4.1 strategic Objectives

(i) Reduce of excess morbidity and mortality; prepare, prevent, detect and timely respond to

epidemic-prone & endemic diseases, driven by climatic shocks and conflict among IDPs and

non-displaced

(ii) To ensure access to safe, effective, equitable and inclusive humanitarian lifesaving and lifesustaining health services to the crisis affected population

(iii) Contribute to improvement in physical and mental wellbeing of the population affected by

conflict and displacement

4.2 Strategic Priorities

The work of the health cluster is guided by five strategic priorities that will provide the structure to measure achievement and challenges.

Strategic Priority 1: Strengthen coordination for local, national, regional and global actors to prevent, prepare for, respond to and recover from public health and humanitarian emergencies.

To effectively respond to the re-current emergencies in Somalia the health cluster will take the lead role in strengthening of coordination at all levels in responding to emergencies. The health cluster will provide forums where health partners and other stakeholders meet and discuss the best way to respond to any emergency. The cluster will ensure partners are operational ready to effectively respond to health emergencies.

For outbreak response the health cluster will collaborate with all key stakeholders such ministry of health at federal and state level, health cluster members to provide guidance and support most

effective coordination mechanisms. The health cluster will work closely with WASH cluster in response to acute watery diarrhoea and cholera outbreaks. The health cluster through collaboration with ministry of health will localize responses and form task force teams that coordinate responses at local level. The health cluster will facilitate and coordinate all meetings and provide minutes and other feedback to stakeholders. The health cluster will disseminate information to OCHA and other stakeholders on the outbreak situation on either daily or weekly basis or as agreed by the task force team.

As part of information sharing platform the health cluster will organize national meeting every month but can as well call for ad hoc if need arises. The health cluster will also facilitate sub-national monthly meeting in all the states. The health cluster will build the capacity of coordination at all levels and more so at sub-national and regional levels to strengthen responses and operation capacity at all levels.

The health cluster will actively engage with developmental actors to strengthen humanitarian

developmental nexus.

Strategic Priority 2: Strengthen inter-cluster and multi-sector collaboration to achieve better health outcomes.

The cluster will actively work with other all the clusters operating in the country and provide

information related to health actions and enhanced collective and coordinated response to affected

people. The health cluster will attend all inter cluster coordination group at national and state level

and contribute and take part to all joint assessment, planning, programming, and monitoring and

evaluation activities.

Strategic Priority 3: Strengthen our collective and respective health information management and

use

Information management officers in the health cluster team will ensure health service delivery data are collected, analysed, and visualized. Information products like bulletins and dashboards are published on the Health cluster website and google drive. The health cluster provides regular

collective and individual training sessions to health cluster partners on the use of the reporting tools.

Health cluster partners report service delivery data through activity info, a cloud base application managed by UNOCHA. These data are compiled and reported to OCHA monthly and presented in an interactive 4W dashboard on the humanitarian response page.

The HERAMS (health resources and availability monitoring system) is a collaborative approach where partners provide information on essential health resources, HeRAMS data are presented in an interactive dashboard on the humanitarian response page.

Information products are used to avoid duplication and high light health service availability and response gaps.

Strategic Priority 4: Improve the quality of Health Cluster action

The cluster will promote and strengthen partner's technical and operation capacity to deliver health services. The cluster will continue mapping partner's operational presence and operation capacity and prioritise gaps in coverage and quality. The cluster will advocate for funding to cover gap through engagement of stakeholders to ensure coverage and quality of services all over the country.

The health cluster will carry out monthly health partners mapping and presence and will share areas that lack health services with health partners and donors and further advocate for funding. The health cluster will conduct health resources and services availability monitoring system to gauge the distribution of services and functionality of health facilities in the country.

The health cluster will provide first line responses to newly displaced communities and people in hard reach areas or extreme constraint areas as initial response to prevent or reduce loss of lives until second line response is in place. In addition ,the health cluster will organize weekly knowledge sharing sessions where partners are sensitized on identified areas of gaps.

Strategic Priority 5: Strengthen Health Cluster advocacy at local, country, regional and global levels.

The cluster will advocate for better health services coverage, quality, and equity to all affected population in the country. The health cluster will promote integration and promotion of multi-sectoral responses that enable better health outcomes.

The health cluster will champion for protection of health care providers and users in conjunction with WHO health security frameworks. The cluster will track and document attack on health providers, health facility attacks and patients throughout the year. The health cluster will generate annual report on attack on health care and will share with all stakeholders.

5. Key Strategic approaches

People centered response - affected populations at the heart of decision making and cluster will consider the specific needs and capacities of women, girls, boys and men of all ages, people with disabilities and other characteristics.

Empowered leadership. The health cluster remain committed to supporting national authorities and relevant stakeholders who have primary responsibility for taking care of the people affected by occurring man-made and natural emergencies.

Collective action and results. The Health Cluster strengthens existing global, regional and national/ local humanitarian management or coordination systems and diversifies collaboration with all stakeholders in the humanitarian space.

Strengthen coordination for collective action and collective results- The health cluster will strengthen coordination at all levels and produce results that can improve better health service delivery to partners and ensure effective and timely response to emergencies.

Building capacity of national and local health partners- the health cluster will ensure coordination capacity of all actors considering capacity building as cross cutting theme.

6.0 Response planning

The WHO food insecurity and health readiness and strategic framework will continue to guide the

South Sudan Health cluster strategy to ensure effective coordination among health cluster partners and with other relevant sectors, particularly Nutrition, WASH, Food security and Protection. These include collecting, analysing, and acting upon disease and nutritional surveillance data, ensuring essential nutritional services, providing essential health services, and reducing the barriers experienced by affected people to reach and utilize health services.

The health cluster will scale up life-saving interventions to people at risk of famine and increase their access to adequate healthcare by providing health services as close as possible to where they live.

Early treatment of malnutrition and illness saves lives. Children and pregnant and lactating women

will be prioritized to ensure early detection and treatment of diseases. Access to and referral from

community to health facilities will be reinforced, especially for newly displaced IDPs and affected

people living in hard-to-reach rural areas.

Prevention and response to outbreaks of diseases will be achieved by early detection and early

treatment. Activities include strengthened surveillance of epidemic prone diseases, rapid field and

laboratory investigation of alerts, case management of diseases in the community and health facilities.

Prevention services include measles vaccination (outreach and supplementary immunization

activities), cholera vaccination for people in cholera hotspot areas, micronutrient supplementation of children, pregnant and lactating women, promotion of breastfeeding, vitamin A supplementation, deworming of children and promotion of kangaroo care for premature and underweight babies.

Response capacities will be strengthened by reinforced logistical hubs with prepositioned emergency supplies for outbreak response and effective movement of medical commodities.

Health and nutrition services for affected and vulnerable people will be provided at community level by community healthcare workers, complemented by outreach services through mobile teams.

Mobile teams will provide integrated nutritional and health services coordinated and converged with other humanitarian assistance services as described in the 2022 HCT-endorsed integrated response framework approach. Health cluster partners will continue to manage and run fixed health facilities with service packages as determined in the Somalia essential package of health services (EPHS 2020), with the addition of specialized services for the treatment of severe acute malnutrition, medical complication in stabilization centers, mental health and psychosocial services and physical rehabilitation services.

Referral pathways from the community to fixed health facilities for the necessary care will be

reinforced. This will be done by increasing community awareness on existing free-of-charge services supported by health cluster partners and provision of transport to reach these services, especially for children and women of reproductive age among the newly displaced and the hard-to-reach population living in rural areas.

Health cluster partners need to increase the number of functional fixed healthcare facilities with a

complete package of healthcare services as stipulated in the Basic Package of Health Services

(BPHS 2021) as well as additional case management services for severely malnourished with

complication and possible responses to outbreaks of cholera and measles. More health facilities will need CEMONC service delivery so that women with complications before and during delivery can be referred to these facilities