

## South Sudan



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Low-income
<b>Child health</b>	
Infants exclusively breastfed for the first six months of life (%) (2010)	45.1
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	26
<b>Demographic and socioeconomic statistics</b>	
Life expectancy at birth (years) (2015)	58.6 (Female) 56.1 (Male) 57.3 (Both sexes)
Population (in thousands) total (2015)	12339.8
% Population under 15 (2015)	42.1
% Population over 60 (2015)	5.1
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) ( )	
Literacy rate among adults aged >= 15 years (%) ( )	
Gender Inequality Index rank (2014)	...
Human Development Index rank (2014)	169
<b>Health systems</b>	
Total expenditure on health as a percentage of gross domestic product (2014)	2.74
Private expenditure on health as a percentage of total expenditure on health (2014)	58.48
General government expenditure on health as a percentage of total government expenditure (2014)	4.00
Physicians density (per 1000 population) ( )	
Nursing and midwifery personnel density (per 1000 population) ( )	
<b>Mortality and global health estimates</b>	
Neonatal mortality rate (per 1000 live births) (2015)	37.9 [20.5-67.3]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	90.7 [56.4-143.6]
Maternal mortality ratio (per 100 000 live births) (2015)	789 [ 523 - 1 150]
Births attended by skilled health personnel (%) (2010)	19.4
<b>Public health and environment</b>	
Population using improved drinking water sources (%) (2015)	66.7 (Urban) 56.9 (Rural) 58.7 (Total)
Population using improved sanitation facilities (%) (2015)	4.5 (Rural) 6.7 (Total) 16.4 (Urban)

Sources of data:  
Global Health Observatory May 2017  
<http://apps.who.int/gho/data/node.cco>

### HEALTH SITUATION

South Sudan has some of the worst health outcome indicators globally. Maternal mortality ratio stands at 789 per 100,000 live births, whereas neonatal and under-five mortality rates are 39.3 and 99.2, per 1000 live births respectively (2014). A significant disparity in health status across socio-demographic factors and geographical location is well documented.

The country has experienced recurrent humanitarian crises which have deepened and spread since December 2013. Approximately 2.6 million people – about one in every five people in South Sudan – have been forced to flee their homes since the conflict began, including nearly 1.6 million internally displaced people (with more than 50 per cent estimated to be children) and more than one million refugees in neighboring countries. The humanitarian crisis has had devastating effects on food security, child survival, access and utilization of health services and escalation of the economic situation. Some 4.8 million people – more than one in every three people in South Sudan – were estimated to be severely food insecure; 67 out of 80 counties have inadequate or no health care services at all due to dilapidated structures, destruction and closure of health facilities; widespread outbreaks of diseases such as cholera, malaria, measles and other communicable diseases.

Communicable diseases remain a major public health problem and are the leading causes of deaths. Malaria, diarrhea and pneumonia constitute about 77% of the total OPD diagnoses for children under five. Other causes of morbidity and mortality include maternal deaths; severe acute malnutrition; TB/HIV where TB prevalence is at 146 per 100,000 and HIV/AIDS prevalence is estimated at 2.6%, hence classified as a generalized epidemic. Most neglected tropical diseases (NTDs) are endemic. South Sudan accounts for about 24% of global guinea-worm disease burden. Other NTDs include visceral leishmaniasis, trypanosomiasis, onchocerciasis, trachoma, lymphatic filariasis and schistosomiasis.

Non-communicable diseases (NCDs) are on the rise, especially cardiovascular disease 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.

Illiteracy rates are high at 88% and 63% for women and men respectively. Although 55% of the population has access to improved water sources, only 7% of citizens have 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 the International Health Regulations, a tobacco free initiative and non-communicable diseases control to promote the global health agenda, are at preliminary stages.

### HEALTH POLICIES AND SYSTEMS

The Ministry of Health in South Sudan developed the National Health Policy (NHP) 2016-2026, to provide the overall vision and strategic direction for development in the health sector. The NHP 2016-2026 which shall be implemented through two five year strategic plans: 2016-2021 and 2021-2026, draws its mandate from the Transitional Constitution of the Republic of South Sudan (2005), Vision 2040, the South Sudan Development Plan (SSDP), and is cognizant of the Comprehensive Peace Agreement (August 2015) and the Sustainable Development Goals agenda. The overall goal of the NHP is a strengthened national health system and partnerships that overcome barriers to effective delivery of the Basic Package of Health and Nutrition Services (BPHNS); and that efficiently responds to quality and safety concerns of communities while protecting the people from impoverishment and social risk.

Public health services are delivered along a four-tier system, starting from the primary level to tertiary level. Most health infrastructures are dilapidated or destroyed; 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 eruption of political conflicts in December 2013 and July 2016 that disrupted oil production (a situation which has been exacerbated by the global fall in oil prices). South Sudan is at the forefront of implementing the Comprehensive Peace Agreement (CPA) that provides for the formation of a Transitional Government of National Unity (TGoNU) to implement a Special Reconstruction Fund (SRF), as well as define a National Development Agenda, where development and humanitarian assistance is integrated in state and peace-building objectives.

The major health development partners include the following: the World Bank, US Agency for International Development, Sweden, Norway, the Netherlands, Denmark, the European Union, Australian Agency for International Development, United Kingdom's Department for International Development, Canadian International Development Agency, Japan International Cooperation Agency, UNICEF, UNDP, UNFPA, GAVI, and the Global Fund.

The United Nations Country Team has developed an Interim Cooperation Framework 2016-2017 in lieu of the UNDAF that is aligned with and informed by priorities of the CPA. The health-related outcomes of the ICF are therefore aligned with and contribute to the priorities of the NHP. An H6 coordination forum is in place that brings together UNICEF, UNFPA, WHO, UNAIDS, UN Women and the World Bank to regularly review UN contribution to health programming.

## WHO COUNTRY COOPERATION STRATEGIC AGENDA (2014 – 2019)

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