



SOUTH SUDAN



Newly independent South Sudan, while still in the grip of a protracted conflict and related humanitarian crisis, is taking strong steps to restore its broken health sector and scale up community health access for its 12 million citizens.



NATIONAL HEALTH POLICY, 2016-2026

12 230 730 TOTAL POPULATION, (2016)	56 YEARS LIFE EXPECTANCY AT BIRTH, (2015)	73\$ TOTAL HEALTH EXPENDITURE PER CAPITA, (2014)	60% TUBERCULOSIS TREATMENT COVERAGE, (2016)
54% OUT OF POCKET EXPENDITURE AS % OF TOTAL HEALTH EXPENDITURE, (2014)	4% GENERAL GOVERNMENT HEALTH EXPENDITURE AS % OF GENERAL GOVERNMENT EXPENDITURE, (2014)	42% EXTERNAL AID AS % OF TOTAL HEALTH EXPENDITURE, (2014)	17% ANTENATAL CARE COVERAGE, (2010)
NO DATA HOSPITAL BEDS PER 10 000 POPULATION, (NO DATA)	5% RURAL POPULATION WITH ACCESS TO IMPROVED SANITATION FACILITIES, (2015)	26% DTP3 IMMUNIZATION COVERAGE AMONG 1-YEAR-OLDS, (2016)	19% BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL, (2010)

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SOURCE: WHO GHO & NBS

CURRENT PRIORITIES

South Sudan's commitment to health is enshrined in its 2011 Constitution and a major priority of its Development Plan (SSDP). Delivering effective and efficient health services however remains incredibly challenging. With vast displacement of people, hunger gaps and a multitude of ever-threatening disease outbreaks, as well as many other health issues, South Sudan's health system remains fragile and risks losing recent gains in progress. Recognizing the prevailing poor health status of the population, South Sudan's health and nutrition (BPHNS) policies underscore the need for the equitable expansion of access to quality basic health services throughout the country. In 2017 a new National Health Policy (NHP) 2016-2026 and Boma Health Initiative provides the strategic direction for development in the health sector, with a focus on guiding efforts to improve people's health status by considering solutions to overcome a weak health system and drivers of poor health.

LINKAGE TO UHC

The overall goal of the NHP is a strengthened national health system and partnerships that can:

- overcome barriers to effective delivery of the Basic Package of Health and Nutrition Services (BPHNS); and
- efficiently respond to quality and safety concerns of communities while protecting people from impoverishment and social risk.

The Roadmap for the development of a National Health Sector Strategic Plan 2017-2022 is an essential step towards implementing the NHP and attaining UHC. In the meantime, South Sudan has taken steps to improve its Integrated Disease Surveillance & Response (IDSR) system and has introduced a new Early Warning Alert & Response System (EWARS) to complement and enhance the IDSR in conflict-affected states. Over 1,300 healthcare workers have been trained. Early detection of nearly 3,000 cholera cases reported in 2016 helped WHO and partners to target where to deliver over 69,000 oral vaccinations as part of the response. Unfortunately, the Joint Annual Health Sector Review in 2016 was unable to proceed due to the outbreak of conflict.

Sources: All data WHO 2016 unless otherwise stated

WHO SUPPORT TO DATE

- Finalization of the National Health Policy 2016-2026
- Support for the development and implementation of the new five-year Health Sector Strategic Plan 2017-2022
- Development of the Boma Health Initiative (BHI) Strategy, implementation guidelines and operational plans
- Support to generation and use of information for decision-making (e.g. routine HMIS and Service Availability and Readiness Assessments)

Remaining gap: Limited implementation across the country

↳ **Recommendation: Health cluster partners to deliver services in inaccessible areas.**

Remaining gap: Lack of up-to-date information and data

↳ **Recommendation : Roll out DHIS2, conduct Data Quality Assessments and routine HMIS.**

Remaining gap: Inadequate numbers of skilled health workers

↳ **Recommendation : Improve retention of in facilities/communities; select and train CHWs.**

Stories from the field: The Boma Health Initiative (BHI)



In a country where only 40% of the population live within reach of health facilities, community health extension strategies will be critical to meeting UHC goals. The Boma Health Initiative (BHI) is a new approach to community health service delivery supported by WHO and the Ministry of Health.

Each community, or Boma, will select 3 health workers to be trained and equipped to deliver high impact, cost-effective primary health care services, including: malnutrition screening; immunisation promotion; safe motherhood interventions; and malaria prevention and treatment. BHI staff will also gather vital statistics for disease surveillance and the national monitoring.

“Getting to the local level and ensuring community workers are supported to provide a basic package of health services with the ability to refer more serious cases to health facilities should allow for better results and healthier lives across South Sudan,” said Dr Abdulmumini Usman, Country WHO Representative.



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