



THE REPUBLIC OF SOUTH SUDAN
MINISTRY OF HEALTH

Policy Framework 2013-2016

February 2013

Foreword

This Policy Framework and Work Plan (PFWP), 2013-2016 was developed in line with the framework of the Health Sector Development Plan 2012-2016 (HSDP) and the South Sudan Development Plan 2011-2013 (SSDP). It sets out the key policies, priorities, and actions that will be undertaken by the Ministry of Health (MoH) during the next four years to contribute to the attainment of the SSDP and HSDP goals. It was developed after broad and comprehensive consultation amongst the staff and technical working groups of the respective MoH directorates. Furthermore, the PFWP clearly illustrates how the organisational structure of the ministry promotes a synergy of collective actions to realise the mission of the MoH.

The priority actions within each directorate support this mission; to improve the health status of the population and provide quality health care to all of the people of South Sudan. Their implementation builds on the political will and commitment of the Government of the Republic of South Sudan to a healthy and productive population fully exercising its human potential; better health outcomes for all the citizens of South Sudan and a more productive economy, contributing to prosperity and the eradication of poverty.

The need for an additional allocation of resources to the health sector to allow the attainment of these priority actions cannot be overemphasised. Systematic advocacy for additional resources, combined with improvements in the efficiency and transparency in the utilisation of available resources will be essential.

Achieving the desired healthcare outcomes requires an adequate number of well-trained health staff. The competencies and skills of the current health workforce to implement these priority actions must be strengthened, and more staff must be trained, recruited and deployed to optimise the functioning of the MoH structure at national and sub-national level.

I wish to thank the Deputy Minister, the Minister's advisors, the Undersecretary, the Senior Management Board, the Directorates of the Ministry of Health, the Ministers and Director Generals of the State Ministries of Health, and all development partners who participated in producing this Policy Framework and Work Plan.

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Minister of Health

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Executive Summary

The Ministry of Health (MoH) Policy Framework for 2013 – 2016 and Work Plan for 2012/13-2013/14 Fiscal Year detail the strategy to address the objectives of the HSDP:

1. To increase the utilisation and quality of health services, with emphasis on maternal and child health.
2. To scale up health promotion and protection interventions so as to empower communities take charge of their health
3. To strengthen institutional functioning including governance and health system effectiveness, efficiency and equity.

This document details the core functions of the MoH: policy formulation; strategic planning; resource mobilisation and budgeting; setting standards and quality assurance; regulation; capacity building and technical support; monitoring and evaluation of overall sector performance; coordination of operational research; provision of advice on health issues to other government institutions; dialogue with health development partners (HDPs); leadership of the health response to humanitarian situations and epidemic control.

In order to systematically and effectively accomplish the aforementioned core functions, the MoH is organised into the following directorates: Administration & Finance; Policy, Planning & Budget; Primary Health Care; Medical Services; Preventive Health Services; Medical Training & Professional Development; Reproductive Health; Pharmaceuticals & Medical Supplies; and International Health & Coordination.

Each of these directorates undertakes specific programmes and projects that contribute to the goals and objectives of the HSDP. The directorates will implement the priority actions of this document during the next four years in collaboration and synergy to achieve their targets, as outlined in section three of this document.

The major challenges facing the health sector include: inadequate funding; over-dependence on donors and partners; inadequate human resources in both number and skill; high staff turnover due to poor motivation; inadequate supply of essential medicines, supplies and medical warehouses; non-functional national public health

laboratory; poor record keeping and reporting; limited capacity to coordinate activities with partners at different levels of the health system; and the absence of a number of legal documents such as the General Medical Council Act, the Medical Commission Act, Public Health Act, Medical Specialisation/Postgraduate Medical Studies Act and Environmental Health Act, just to mention a few.

To address the budgetary constraints within the health sector, several avenues are being explored: discussions to establish public-private partnerships for certain projects and inter-ministerial discussions to look at the possibility of 'soft' loans from the international community.

Finally, this Policy Framework and Work Plan documents the strategies and activities which the MoH is committed to lead, in partnership with all stakeholders, in order to improve the health of citizens of the Republic of South Sudan.

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List of Acronyms and Abbreviations

ACT	Artemesimin Combination Therapy
BCC	Behaviour Change Campaigns
BPHNS	Basic Package of Health and Nutrition Services
CH	County Hospital
CHD	County Health Department
CIDA	Canadian International Development Agency
CMYP	Country Multi-Year Plan
CPA	Comprehensive Peace Agreement
DFID	Department for International Development
DHIS	District Health Information System
DOT	Directly Observed Therapy
EPI	Expanded Programme on Immunisation
FBO	Faith Based Organisation
GAM	Global Acute Malnutrition
GAVI	Global Alliance for Vaccines and Immunisation
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HDP	Health Development Partners
HRH	Human Resources for Health
HSDP	Health Sector Development Plan 2012-2016
HSWG	Health Sector Working Group
ICU	Intensive Care Unit
IDSR	Integrated Disease Surveillance and Response
IEC	Information Education and Communication
IMSAM	Integrated Management of Severe Acute Malnutrition
INGO	International Non-Governmental Organisation
JDT	Joint Donor Team
M&E	Monitoring and Evaluation
MDTF	Multi Donor Trust Fund
MMR	Maternal Mortality Rate
MoFEP	Ministry of Finance and Economic Planning
MoH	Ministry of Health
NCDs	Non-Communicable Diseases
NID	National Immunisation Day
NNGO	National Non-Governmental Organisation
NHP	Nutrition Health Policy
NTDs	Neglected Tropical Diseases
PMTCT	Prevention of Mother to Child Transmission
PHC	Primary Healthcare
PHCC	Primary Healthcare Centre
PHCU	Primary Healthcare Unit
PPP	Public Private Partnership
SSDP	South Sudan Development Plan 2011-2013
SH	State Hospital
SMoH	State Ministry of Health

SSMIS	South Sudan Malaria Indicator Survey
SSRRC	South Sudan Relief and Rehabilitation Commission
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank

1. Introduction and Background

1.1. Introduction

The Ministry of Health (MoH) Policy Framework 2013-2016 and Work Plan for the 2012/13-2013/2014 fiscal years is based on the Health Sector Development Plan 2012-2016 (HSDP) as well as the South Sudan Development Plan 2011-2013 (SSDP). The goal of the Social and Human Development Pillar of the SSDP, "*To promote the well-being and dignity of all the people of South Sudan by progressively accelerating universal access to basic services*", informed the development of the vision of the HSDP. To achieve the vision of the HSDP, "*Promote a healthy and productive population fully exercising its human potential*", the MoH has developed a clear mission and values to guide its actions.

The mission of the HSDP that expresses the core functions of the MoH is to "improve the health status of the population, prolong life expectancy and ensure provision of quality healthcare to all the people of South Sudan, especially the most vulnerable, women and children". The fulfilment of this mission shall be guided by the following values: right to health, equity, pro-poor, community ownership and good governance.

Furthermore, aware of the very poor health status of women and children, the HSDP coined the slogan, "*one maternal death is one too many*", to advocate for and underscore the urgent need to improve reproductive health and promote child health in South Sudan.

1.2. Background

The protracted civil wars in South Sudan, from 1955-1972 and from 1983-2005, caused the destruction of the country's physical and social infrastructure and led to the death and displacement of over four million people. The Comprehensive Peace Agreement (CPA) was signed in 2005 and brought the war to an end. Since that time, South Sudan has experienced significant political, economic and social transformation, culminating in its independence on the 9th July 2011.

Independence has brought peace and stability, but the Republic of South Sudan faces great challenges in ensuring adequate and equitable healthcare for all, and in controlling the enormous burden of disease. However, the political will and commitment of the independent and sovereign government of South Sudan to streamline and transform the currently weak health system, provides the MoH an invaluable opportunity to implement its priority programmes.

The Policy Framework for 2013-2016 presents the actions and priorities that will be undertaken to contribute to the attainment of the SSDP and HSDP goals. It outlines how the organisational structure of the MoH operates to realise its mission through collaboration. The current and future actions of each directorate to meet the HSDP objectives are stated herein.

This Policy Framework will support the HSDP to achieve the following objectives:

1. To increase the utilisation and quality of health services, with an emphasis on maternal and child health.
2. To scale up health promotion and disease prevention interventions, to empower communities to take charge of their health.
3. To strengthen institutional functioning including governance and health system effectiveness, efficiency and equity.

2. Organisational Structure of the Ministry of Health

The core functions of the MoH include:

- ✚ Policy formulation and dialogue with health development partners (HDPs)
- ✚ Strategic planning
- ✚ Resource mobilisation and budgeting
- ✚ Regulation, including setting standards and quality assurance
- ✚ Capacity building and technical support
- ✚ Monitoring and evaluation
- ✚ Coordination of operational research
- ✚ Providing advice on health issues to other government institutions
- ✚ Leading the response to health aspects of humanitarian situations and epidemic control
- ✚ Advocacy and representation

The MoH is organised into the following directorates and departments:

- ✚ Directorate of Administration & Finance
The directorate consists of the following departments: Finance; Administration; Procurement & Logistics; Information and Communication Technology; and Human Resource Management
- ✚ Directorate of Policy, Planning & Budgeting
The directorate consists of the following departments: Monitoring & Evaluation; Health Policy & Planning; Budgeting; and Research

- ✚ Directorate of Primary Healthcare
The directorate consists of the following departments: Nutrition; Health Promotion & Education; Child Health & Extended Programme on Immunisation (EPI); and the Department of Primary Healthcare Centres/Primary Healthcare Units (PHCCs/PHCUs).
- ✚ Directorate of Medical Services
The directorate consists of the following departments: Hospital Services; Mental Health; Infrastructure & Medical Equipment; Diagnostic Services; and Nursing & Midwifery.
- ✚ Directorate of Preventive Health Services
The directorate consists of the following departments: Environmental & Occupational Health; Epidemics Preparedness & Response; Non-Communicable Diseases (NCDs); Neglected Tropical Diseases (NTDs); Guinea Worm Eradication Programme; HIV/AIDS/STIs; TB, Leprosy & Buruli Ulcer; Malaria Control Programme; and Eye Care.
- ✚ Directorate of Medical Training & Professional Development
The directorate consists of the following departments: Training & Professional Development; and Health Training Institutes Coordination & Management
- ✚ Directorate of Reproductive Health
The directorate consists of the following departments: Safe Motherhood; Adolescent Sexual & Reproductive Health; and Sexual & Gender Based Violence.
- ✚ Directorate of Pharmaceuticals & Medical Supplies:
The directorate consists of the following departments: Pharmacy Policy & Practice; Pharmaceutical Supplies Management; and Quality Assurance.
- ✚ Directorate of International Health & Coordination:
The directorate consists of the following departments: Project & Partners Coordination; International Health Regulation; and Private Medical Coordination

All the MoH directorates directly engage in the provision of health services, except the directorates of Administration & Finance and Policy, Planning & Budgeting, which provide a supporting role to the other directorates. A detailed organogram of the MoH structure is presented in the annex of this document. Semi-autonomous bodies such as the Central Medical Stores (CMS), Medical Commission, Advisors and the Drug and Food Control Authority report directly to the Office of the Minister.

3. Overview of the Programmes of the Directorates

This section outlines the key functions of the directorates in the MoH, as well as the programmes and projects undertaken by these directorates. A review of each directorate's functions and planned actions that contribute towards achieving the objectives of the directorate are presented. Ultimately, all planned actions of the directorates collectively aim at achieving the goal and objectives of the HSDP.

3.1. Administration & Finance

The Directorate of Administration & Finance provides administrative oversight to the MoH, ensuring efficient resource management and utilisation. The major functions include:

- ✚ Enforcement and maintenance of transparent, effective and efficient financial management practices within the MoH.
- ✚ Payroll management, staff emoluments, and sanctions.
- ✚ Management of a transparent procurement system for goods and services within the MoH.
- ✚ Provision of logistical support services and asset management within the MoH.

Planned actions for the directorate include:

- ✚ Establish mechanisms to enhance accountability and transparency. These include publication of financial allocations to directorates; quarterly reports on expenditures before the release of subsequent transfers; prompt annual financial audits and the introduction of a computerised financial management information system (FMIS) as per the directives of the Ministry of Finance and Economic Planning (MoFEP).
- ✚ Strengthen the reporting system of health expenditure.
- ✚ Seek technical assistance to strengthen financial management for health service delivery.
- ✚ Adopt more transparent and timely procurement procedures and processes.
- ✚ Establish responsible and accountable systems regarding the use of MoH assets.

3.1.1. Administration

The department provides administrative support services and asset management within the MoH. It also engages in administrative capacity building with other directorates and State Ministries of Health (SMoHs).

3.1.2. Finance

The department works to enforce and maintain transparent, effective and efficient financial management practices within the MoH. It works in collaboration with the Ministry of Finance and Economic planning to constantly review and update these practices. The department also helps with payroll management, in synergy with the department of HR Management.

3.1.3. HR Management

Major functions of the department include:

- ✚ Formulation of HR policies and guidelines for the MoH, SMOHs, HR officers and health training institutions in the areas of training, professional development, recruitment, deployment and HR management.
- ✚ Development of strategic and operational cost-indicative HR plans to be shared with HR officers and health training institutions for the implementation and monitoring of policies and plans.
- ✚ Supervision of HR officers at state and lower levels, and provision of appropriate support.
- ✚ Development of annual narrative reports to be shared with the MoH, partners and stakeholders.

Recent activities include:

- ✚ Developing the human resources information system (HRIS) and rolling-out across the states.
- ✚ Managing payroll.
- ✚ Performing routine personnel administration procedures.

Planned actions include:

- ✚ Develop a cost-indicative comprehensive annual work plan.
- ✚ Produce annual report and share copies with partners and stakeholders.
- ✚ Review and update the HR manual, HRH situation analysis, HRH policy and the HRH strategic plan 2012-2016.
- ✚ Roll out HRIS to all states, countries and payams.
- ✚ Recruit and deploy HRH.

State	UNS	JS	US	WS	NBGS	WBGS	LS	WES	CES	EES
Doctors	7	30	8	7	21	51	17	8	141	7
Nurses	571	131	215	82	88	465	111	262	711	161
Midwives	104	34	49	12	19	62	21	81	204	70
Clinical Officers	67	81	39	41	39	42	39	61	142	23
Medical Assistants	1	7	0	0	0	8	0	4	6	0
Laboratory Technicians	44	43	57	31	25	44	28	50	192	35
Pharmacists &	52	54	26	40	40	38	26	12	38	15

Assistants										
Dentists & Dental Technician	6	1	0	1	3	14	1	3	15	0
Nutrition Staff	1	26	6	64	6	6	0	17	14	29
Allied Health Personnel*	19	41	199	68	25	35	9	59	72	22
Radiology & Imaging	0	0	1	0	0	5	0	1	11	0
Total	916	896	600	692	276	785	252	570	1546	362

*Allied health personnel include Physiotherapists, HIV Counsellor, Public Health Assistants etc.

3.2. Policy, Planning & Budgeting

The directorate of Policy, Planning & Budgeting is responsible for enhancing the leadership and governance functions of the MoH. It ensures that key sector instruments and frameworks guide the actions of the health sector. The major functions include:

- ✚ Policy development and dialogue with all sector stakeholders.
- ✚ Strategic planning.
- ✚ Coordination of sector budgeting processes.
- ✚ Overall sector monitoring and evaluation.

3.2.1. Health Policy & Planning

The department leads and coordinates the development of national policies, plans and budgets for the health sector. This has included the Health Sector Development Plan 2012-2016, that sets out the medium-term strategic direction for the health sector, providing the framework that will guide the actions and interventions of all stakeholders over the next five years.

Functions include:

- ✚ Leadership and coordination of the development of an operational plan for the HSDP.
- ✚ Improvement of the capacity for policy making and planning at national, state and county levels.
- ✚ The review and updating of national health policy.
- ✚ The periodic review and revision of the basic package of health and nutrition services.
- ✚ Leadership and coordination of the budgeting process in the health sector.
- ✚ Develop key sector guidelines to streamline the relationships and responsibilities between the MoH, state MoHs (SMoHs), county health departments (CHDs) and health facilities.

- ✚ Develop and implement guidance for transitioning health programming from a humanitarian to developmental focus, whilst maintaining an optimal balance between these approaches.
- ✚ Develop a health financing strategy for the sector.
- ✚ Lead and coordinate all health systems development initiatives, programmes and projects.

3.2.2. Monitoring & Evaluation

The MoH values monitoring and evaluation (M&E) of the health system as a means of generating data and information to promote evidence based decision-making at all levels. The main functions of the department include:

- ✚ The development of research policies and guidelines.
- ✚ Operational research on health management.
- ✚ The provision of oversight for clinical trials.
- ✚ The continuous development and improvement of health information systems.
- ✚ The conduct and monitoring of surveys.
- ✚ The mapping of health facilities.
- ✚ Disease surveillance.

Recent activities include:

- ✚ Establishing a single framework and implementation manual to guide data collection, processing and use by all agencies providing health services in South Sudan.

It is imperative that the M&E system continues to provide information for tracking progress and improving the effectiveness of programmes, thus fostering accountability among stakeholders. Planned actions for the department include:

- ✚ Roll out the district health information system software (DHIS®) at county level across all ten states of South Sudan.
- ✚ Develop a comprehensive national M&E database.
- ✚ Emphasise data quality, analysis and use at all levels of the health system.
- ✚ Train staff and health workers at national and states levels.
- ✚ Institutionalise regular and comprehensive health sector performance reviews, with input from all stakeholders and host forums for dialogue on health sector performance.
- ✚ Support and institutionalise regular comprehensive support supervision from the MoH to SMOHs, and from SMOHs to CHDs.
- ✚ Develop a health information system strengthening policy and strategy based on the Health Metrics Network framework.

3.3. Primary Healthcare

Primary Healthcare (PHC) has been recognised and adopted globally, following the Alma Ata Declaration, as the most suitable approach for basic healthcare delivery. It includes a selection of the most cost-effective elements in healthcare and promotes an integrated delivery of these services at facility and community level. PHC improves

accessibility to healthcare among populations in rural settings and enhances national progress towards achieving the Millennium Development Goals.

The table below outlines primary healthcare facilities in South Sudan currently; in addition to 100 PHCCs which we have initiated the process of construction.

State	PHCC	PHCU	Total Facilities	PHCC planned for construction in the next 2 years
Upper Nile	39	100	139	11
Jonglei	78	106	184	12
Unity	17	54	71	10
Northern Bahr al Ghazal	15	67	82	10
Western Bahr al Ghazal	21	69	90	8
Lakes	14	70	84	10
Warrap	25	92	117	12
Central Equatoria	58	204	262	9
Eastern Equatoria	28	98	126	9
Western Equatoria	29	116	145	9
Total	252	988	1300	100

3.3.1. Expanded Programme on Immunisation

The Expanded Programme on Immunisation (EPI), dating back to 1976, operates at both state and county levels. Its goal is to reduce morbidity and mortality caused by vaccine-preventable diseases, especially among women and children. High immunisation coverage, using potent vaccines and safe immunisation procedures will achieve this goal. Major functions of the department include:

- ✚ Increasing immunisation coverage across South Sudan.
- ✚ Ensuring the use of potent vaccines and safe immunisation procedures.
- ✚ Conducting both routine and supplemental immunisation activities.
- ✚ Collaborating with the World Health Organisation (WHO) on the Polio Eradication Initiative, national immunisation days (NIDs), AFP, combating measles and surveillance.
- ✚ Collaborating with UNICEF to increase and maintain vaccination rates for BCG, DPT, OPV, measles, and tetanus vaccines; and to develop South Sudan's cold-chain storage and improve social mobilisation.

Recent activities include:

- ✚ Increasing routine vaccination coverage for DPT3, from 12% in 2005 to 77% in 2011.
- ✚ Conducting more than thirty-two rounds of polio NIDs, 2005-2012.

- ✚ Conducting mass measles campaign 2005-2007, reaching 73% of children from nine months to fifteen years of age.
- ✚ Developing comprehensive multi-year plan (CMYP) for immunisation activities, 2007-2011
- ✚ Receiving immunisation services support from the Global Alliance for Vaccines and Immunisation (GAVI), including a \$4 million investment grant 2007-2011 for vaccination outreach activities.
- ✚ Developing national immunisation policy guidelines.
- ✚ Interrupting polio transmission; polio-free status has been sustained for over forty months, last wild polio virus observed in June 2009.
- ✚ Implementing measles follow-up campaign in all ten states.
- ✚ Developing second-generation CMYP 2012-2016.
- ✚ Submitting application to GAVI for support for pentavalent vaccine (DPT, hep B, Hib) introduction in 2014.

Planned activities:

- ✚ Implement two rounds of NIDs for polio in November and December 2012, and continue with four rounds in 2013, to sustain South Sudan's polio-free status.
- ✚ Continue vaccine-preventable disease surveillance with IDSR and WHO support.
- ✚ Prepare for the introduction of pentavalent vaccines in 2013, if approved by GAVI.
- ✚ Construct national vaccine stores, in preparation for the introduction of new vaccines.
- ✚ Train vaccinators, supervisors, cold-chain technicians and officers.
- ✚ Conduct maternal and neonatal tetanus (TT) campaign in 2012-2013, targeting women of childbearing age, fifteen to forty-nine years.
- ✚ Vaccinate at-risk groups against hepatitis B (health workers and children under the age of five).
- ✚ Solicit co-financing for the introduction of pentavalent vaccine; campaigns and funding by the government for routine vaccination activities, including new vaccine introduction. (N.B. all traditional vaccines are procured by UNICEF).
- ✚ Procure more solar fridges to strengthen county-level cold-chain, with support from UNICEF.
- ✚ Advocate for recruitment of personnel to EPI at all levels.
- ✚ Implement global targets for immunisation, as appropriate to the context of South Sudan.
- ✚ Implement mass-immunisation campaigns for hepatitis B, Hib, rota, yellow fever, and HPV vaccines.

3.3.2. Nutrition

South Sudan has some of the worst nutrition indicators in Africa. As of 2010, it was estimated that 48.2% of children were stunted due to chronic malnutrition with 22.7%

suffering wasting, indicating acute malnutrition. These results confirm the average trend of 22% global acute malnutrition (GAM) observed in the period from 1998 to 2009. The most recent nutrition survey conducted between January and June 2012 revealed an 18.5% GAM rate and 3.9% severe acute malnutrition (SAM) within twenty high-risk counties. Malnutrition plays a large part in the high mortality rate for children under five and contributes to the overall disease burden. Recent evidence links early childhood malnutrition to later development of chronic non-communicable disease; it is also associated with irreversible damages to cognitive and physiological development. These consequences, in turn, lead to economic losses and undermine the development agenda. Malnutrition is caused by inadequate food intake, inadequate healthcare, ignorance and negative socio-cultural practices. Nutrition shall constitute a core component of the Basic Package of Health and Nutritional Services and other related health policies.

Because of its crosscutting importance, the MoH shall strengthen coordination and collaboration with multi-sectoral stakeholders to improve the nutrition situation in the country. The MoH shall engage in core interventions to address all forms of malnutrition including the double burden of over nutrition. A framework for mobilising resources for nutrition services shall be developed and the policies, plans, structures and systems needed to implement quality nutritional services, established.

Recent activities include:

- ✚ Finalising the national Nutritional Health Policy (NHP), this is awaiting state level consultations before presentation to the Nutrition Cluster and the Council of Ministers for endorsement.
- ✚ Rolling out the recently completed national guidelines for the integrated management of severe acute malnutrition (IMSAM) and the ready packs (job aids) for moderate acute malnutrition (MAM).
- ✚ Developing a national strategy for the implementation of the global guidelines for infant and young child feeding (IYCF).
- ✚ Strengthening the coordination and performance of humanitarian actors with regards to the nutrition crisis in South Sudan.
- ✚ Standardising nutrition surveys.
- ✚ Harmonising reporting formats for nutrition interventions.

Planned actions include:

- ✚ Strengthen the department of nutrition in the MoH and establish a multi-sectoral national board for nutrition, headed by the MoH.
- ✚ Continue to review and update training manuals and guidelines for community-based management of acute malnutrition (CMAM).
- ✚ Continue to review and update guidelines, job aids and protocols for the management of acute malnutrition.
- ✚ Standardise nutrition surveillance systems, strengthen the nutrition information system, and ensure integration into the framework of DHIS.

- ✚ Develop essential package for nutrition services and integration into the Basic Package for Health and Nutrition Services (BPHNS).
- ✚ Build skills for management of acute malnutrition at facility and community levels through training and exchange visits.
- ✚ Develop key messages, including audio and visual aids, and strategy for nutrition education and communication to raise public awareness.
- ✚ Strengthen collaborations with relevant sectors.
- ✚ Develop guidelines, legislation and strategies for micronutrient supplementation, food fortification, labelling and consumer protection.
- ✚ Develop guidelines for institutional feeding (schools, prisons, etc) that promote nutrition.
- ✚ Ensure recruitment of human resources for nutrition at central and state levels to undertake identified core nutrition functions and build skills for managing nutrition programmes.
- ✚ Strengthen hospital dietary services, care and support for chronic diseases.
- ✚ Strengthen research base, conduct mapping studies and document contextual information on local patterns, practices, resources, and geographical factors influencing nutrition outcomes in South Sudan.

3.3.3. Health Promotion & Education

Health promotion is part of an integrated approach to health development. Health is affected by a broad range of determinants - physical, socio-economic, biological, lifestyle, cultural, and environmental - all of which must be addressed in order to improve the long-term health and development of communities. The MoH recognises the role of health promotion as a way to give people the tools to better understand and improve their own health. It comprises a social and political process, to strengthen the skills of individuals and change social, environmental and economic conditions so as to ameliorate public and individual outcomes.

Recent activities include:

- ✚ Supporting the Expanded Programme of Immunisation in creating awareness of National Immunisation Days.
- ✚ Developing a comprehensive evidence-based strategy for polio communication.
- ✚ Holding the first workshop in South Sudan on the development of information, education and communication (IEC) materials for major diseases.
- ✚ Conducting training for disease outbreak and risk communication for front-line cadres, with resultant risk communication plan for three states (Central Equatoria, Western Equatoria, Western Bahr al-Ghazal).
- ✚ Building the capacity of front-line health workers in the implementation of health education and promotion strategy.

Planned actions include:

- ✚ Conduct knowledge, attitudes and practice (KAP) survey on child health and maternal health issues.
- ✚ Develop a health education and promotion strategy of implementation.
- ✚ Develop, print and disseminate IEC materials (posters, billboards, flipcharts, flyers, etc.) to all ten states.
- ✚ Post health information billboards and posters in all towns.
- ✚ Develop guidelines for Village Health Committees (VHCs) and Home Health Promoters (HHPs).
- ✚ Enhance outreach campaigns on all health issues through radio, TV and drama (e.g. for malaria, water and sanitation, HIV/AIDS, TB, etc.).

3.4. Medical Services

The directorate is responsible for overall management and coordination of clinical services in all levels of hospitals. The directorate ensures the optimal functionality of these institutions by deploying an appropriate number and mix of health workers; providing the necessary infrastructure and diagnostic equipment; and strengthening managerial functions.

3.4.1. Hospital Services

Currently there are three teaching hospitals (Juba, Wau and Malakal), ten state hospitals and thirty-five county hospitals in South Sudan.

State	Teaching Hospital	State Hospital	County Hospital
Upper Nile	1	0	4
Jonglei	0	1	4
Unity	0	0	4
Northern Bahr al Ghazal	0	1	1
Western Bahr al Ghazal	1	0	1
Lakes	0	1	5
Warrap	0	1	3
Central Equatoria	1	2	3
Eastern Equatoria	0	2	3
Western Equatoria	0	1	5
Total	3	10	39

Planned actions include:

- ✚ Develop a unified plan for the employment and deployment of key healthcare professionals to hospitals across the country. The Cabinet has endorsed this.
- ✚ Renovate and rehabilitate hospitals.
- ✚ Provide appropriate equipment to all teaching, state and county hospitals.
- ✚ Scale up the current exchange programmes with the UK and Ethiopia, which provide capacity building for South Sudanese medical professionals.
- ✚ Improve hospital management through managerial training.
- ✚ Improve data recording and management system in teaching and state hospitals through provision of IT equipment and staff training.
- ✚ Establish quality assurance/continuous quality improvement strategies and processes in all hospitals.
- ✚ Establish an oxygen plant in the country.
- ✚ Improve current hospital mortuaries, and where they are missing establish facilities and train attendants. Work with other institutions, including police, prisons and the judiciary, as well as the private sector, to help them develop similar facilities.
- ✚ Construct national, state and county hospitals.

3.4.2. Diagnostic Services

Diagnostic services play a vital role in healthcare. Reliable diagnoses of disease cannot be achieved without modern diagnostic tools and well-trained staff. A disease properly diagnosed is half-cured.

Diagnostic services consists of laboratory services, reference laboratory, blood transfusion services and radiology & imaging.

3.4.2.1. Laboratory Services

Laboratory services contribute greatly to disease detection, treatment and surveillance, aiding the provision of cost-effective, quality healthcare. Laboratory results can facilitate a scientific approach to patient management, allowing the clinician to make accurate diagnosis and rationalise drug use.

Laboratory Services planned actions include:

- ✚ Open four new laboratories and associated infrastructure in Juba, Malakal and Wau teaching hospitals and in El Sabah Children's Hospital, constructed under the UNDP Global Fund (GF) Health Strengthening System. These labs will perform specialised tests.
- ✚ Open seven state hospital laboratories equipped with basic equipment under UNDP GF in Bor, Rumbek, Yambio and Bentiu, and later Torit, Aweil and Kwajok to perform basic tests.
- ✚ Develop a list of equipment and reagents in collaboration with the Directorate of Pharmaceuticals & Medical Supplies.

- ✚ Initiate recruitment of qualified laboratory personnel at all levels.
- ✚ Implement laboratory quality management system.
- ✚ Strengthen hospital-based blood bank service.
- ✚ Ensure a continuous supply and distribution of laboratory commodities to all laboratories in a timely and efficient manner in collaboration with the Directorate of Pharmaceuticals & Medical Supplies.
- ✚ Strengthen the system for effective laboratory data collection.
- ✚ Ensure coordination and implementation of M&E system for laboratory services.

3.4.2.2. Public Health Reference Laboratory

Planned actions for the reference laboratory include:

- ✚ Open national reference laboratory in Juba.
- ✚ Develop laboratory quality management system.
- ✚ Train and register for proficiency testing all lab staff.
- ✚ Implement accreditation scheme for all laboratories.
- ✚ Ensure coordination and implementation of M&E system for laboratory services.
- ✚ Ensure adherence to the code of ethics by all personnel and disciplinary consequences for non-compliance.
- ✚ Develop integrated specimen referral system.
- ✚ Print, launch and distribute policy and strategic plan documents.

3.4.2.3. Blood Transfusion Services

Safety in transfusion, screening for transmissible infections and adequacy of blood and blood products is an integral part of quality comprehensive health care delivery.

Planned actions for blood transfusion services include:

- ✚ Recruit voluntary non-remunerated blood donors from low-risk population groups such as students and youth using standardised donor selection criteria.
- ✚ Mobilise the community at-large to actively participate in the recruitment and retention of regular voluntary blood donors through mass media outlets, youth and women's associations.
- ✚ Open new blood transfusion centres in Juba, Malakal and Wau, constructed under UNDP GF, to mobilise blood from voluntary donors and supply hospital-based blood banks in the surrounding regions.
- ✚ Produce national blood transfusion service guidelines.

3.4.2.4. Radiology & Imaging

Recent advances in technology have led to the introduction of sophisticated tools for imaging. Radiology and medical imaging consists of the following specialities: diagnostic radiography (X-ray), fluoroscopy, CT (computed tomography), MRI (magnetic resonance imaging), nuclear medicine, radiotherapy, mammography and ultrasound.

Planned actions for radiology and imaging include:

- ✚ Assess radiology and imaging units in all health facilities.

- ✚ Ensure recruitment and deployment of medical imaging technologists and radiologists.
- ✚ Explore training of undergraduate medical imaging technologists in South Sudan's universities.
- ✚ Maintain continuous in-service training for medical imaging technologists in radiology and imaging specialities.
- ✚ Ensure recruitment of biomedical engineering technicians.
- ✚ Train radiation protection officers to monitor ionizing radiation exposure of patients, staff and the public.
- ✚ Ensure procurement of radiology and imaging equipment, X-ray films, processing chemicals and contrast media.
- ✚ Ensure construction of standard physical infrastructure for radiology and imaging in health facilities.

3.4.3. Nursing & Midwifery

Nursing and midwifery are key components of any healthcare system, linking together professionals from various disciplines and coordinating care. Nurses and midwives are trained to monitor people and their families throughout their lives, identifying appropriate therapeutic interventions. The major functions of the department include:

- ✚ Development of the policy, legal and regulatory frameworks that govern nursing and midwifery practice, with input from all stakeholders.
- ✚ Conducting in-service training and assessment of nurses and midwives, including development of a formal mechanism to ensure that health workers are up-to-date with the latest best evidence-based practice. This should include input from other actors, so that community and national needs are met.
- ✚ Stewardship, mobilisation and management of resources, including human resources, to maximise the efficacy of nursing and midwifery services given constraints.
- ✚ Setting nursing and midwifery policies and strategic plans at national level.
- ✚ Provision of advice on the state of nursing and midwifery services, training and regulation to government.
- ✚ Regulation of the nursing and midwifery profession in collaboration with the Nursing/Midwifery Council.
- ✚ Addressing staff morale through improved management and support mechanisms.
- ✚ Development of a system for nursing and midwifery quality assurance and the conduct of research to benefit patient care in the country.

Planned actions include:

- ✚ Develop a four-year national nursing and midwifery strategic plan.
- ✚ Develop and implement a legal and regulatory framework for nursing and midwifery practice and education, guided by international standards, including

those published by the International Council of Nurses, International Confederation of Midwives and the WHO.

- ✚ Develop nursing and midwifery practice guidelines and policies to enhance service delivery and maintain quality.
- ✚ Strengthen collaboration and coordination with national and state level nursing and midwifery associations to raise the profile of the profession.
- ✚ Implement a robust system for continuing in-service training of nurses and midwives, including selection, follow-up and monitoring of nurses and midwives who participate in overseas training and education programmes.
- ✚ Recruit and deploy nurses and midwives including international UNV midwives and nurses.
- ✚ Monitor quality and provide supportive supervision for nurses and midwives in practice settings to maintain and improve standards.
- ✚ Revive certificate-level nursing and midwifery schools in all states.
- ✚ Establish national diploma-level nursing and midwifery schools.
- ✚ Build capacity of nursing and midwifery service managers.
- ✚ Attach registered nurses to hospitals to gain practical experience.
- ✚ Compile a database of practising nurses and midwives.

3.4.4. Mental Health

Mental health is an integral part of well-being. South Sudan faces an increased burden of mental health problems as a result of the civil wars, which led to the disintegration of family and social fabrics, and left a legacy of trauma. These manifest in various anti-social behavioural changes and attitudes.

Recent activities include:

- ✚ Mental health assessment 17th – 29th October 2011.

Planned actions include:

- ✚ Draft a strategic plan for mental health.
- ✚ Train cadres in psychiatry and mental health counselling.
- ✚ Establish trauma-counselling centres.
- ✚ Raise awareness of mental health issues among the leadership and ensure their political commitment.
- ✚ Establish mental healthcare at primary, secondary and tertiary levels.
- ✚ Identify and prioritise vulnerable groups of the population.
- ✚ Collaborate with other sectors to promote mental health and prevent mental disorders.
- ✚ Promote research into the causes of mental health disorders.

3.5. Preventive Health Services

The Directorate of Preventive Health Services is responsible for the coordination and management of programmes, projects and responses to control endemic diseases, non-communicable diseases and neglected tropical diseases. It develops and provides policies, guidance, protocols and standards to address these conditions.

3.5.1. Malaria Control Programme

Malaria remains a leading cause of mortality in South Sudan. It accounts for almost a quarter (24.7%)¹ of all diagnoses reported by health facilities in South Sudan. According to the 2009 South Sudan Malaria Indicator Survey (SSMIS), up to 35% of children below five years had suffered from a fever within the two weeks preceding the survey. Only 12% of children with fever were treated with an appropriate anti-malarial medicine within twenty-four hours of the onset of fever. Although 53%² of households have one or more insecticide-treated nets (ITNs), only 25% of children under five and 36% of pregnant women sleep under an ITN. The socioeconomic burden of malaria is thought to be very high. In 2011, August, September and October witnessed an unprecedented increase of malaria morbidity and mortality across South Sudan.

The Malaria Control Programme's main interventions are early case detection, management and distribution of bed nets through routine health services and community mass campaigns.

Recent activities include:

- ✚ Conducting Malaria Programme Review to identify strengths and weaknesses.
- ✚ Supplying anti-malarial (ACT) drugs.
- ✚ Strengthening partnerships at national, state and county levels on malaria control.
- ✚ Promoting behavioural change through communication and social mobilisation.
- ✚ Recruiting state malaria M&E officers.
- ✚ Improving coordination with Health Management Information System and Integrated Disease Surveillance and Response.
- ✚ Supplying ten vehicles to the states for malaria surveillance purposes.
- ✚ Indoor residual spraying (IRS) pilot programme in Warrap in partnership with the Mentor Initiative (an NGO).
- ✚ National conference on vector control held in October 2012.
- ✚ Distributing over one million long-lasting insecticide treated mosquito nets through campaigns in Warrap, Western Bahr al-Ghazal and Western Equatoria.
- ✚ Updating malaria treatment protocol according to WHO guidelines.

¹ UNICEF 2009

² SSMIS 2009

Planned actions include:

- ✚ Provide prompt diagnosis and treatment of malaria; improve access to free malaria diagnosis and treatment.
- ✚ Scale-up the distribution of long-lasting insecticide treated mosquito nets (LLITN) to the community through mass campaigns in a three-year phased effort.
- ✚ Strengthen the vector control unit of the malaria control programme.
- ✚ Introduce an integrated vector management approach for the Republic of South Sudan, (IRS, LLITN, larviciding, environmental management).
- ✚ Promote environmental management through health education.
- ✚ Provide a complete package for management of malaria in pregnancy (IPT, LLITN, prompt treatment with ACT).
- ✚ Strengthen the malaria epidemic preparedness and response capacity.
- ✚ Provide a comprehensive package for behaviour change, communication and advocacy.
- ✚ M&E: conduct research studies in malaria and strengthen malaria disease surveillance (MIS, sentinel sites, TET, vector mapping and susceptibility study, support supervision visits).
- ✚ Strengthen programme management policies, guidelines; conduct malaria programme review; improve partnership coordination and recruit staff to key positions in the malaria control programme.

3.5.2. HIV/AIDS/STIs

The prevalence of HIV/AIDS in South Sudan is estimated at 3%³, with the epidemic considered to be low generalised, though with some areas observed to have much higher prevalence, especially Western Equatoria State. Only 8.9% of those eligible for treatment are currently accessing it. The prevalence is expected to increase, mainly due to the low level of knowledge about HIV/AIDS and the practice of high-risk behaviours.

Recent activities to address HIV/AIDS include:

- ✚ Twenty-two anti-retroviral therapy (ART) treatment centres in South Sudan taking care of about ten thousand clients with over four thousand on ART.
- ✚ Establishing seventy-five prevention of mother to child transmission (PMTCT) facilities, of which fifty PMTCT sites provide comprehensive services and twenty-five currently provide only testing facilities, with patients referred to treatment sites if necessary. The programme has established over one hundred and twelve HIV testing and counselling (HTC) sites. All facilities are integrated into existing health care structures.
- ✚ Realising supplies of ART drugs sufficient for HIV/AIDS patients in South Sudan. These supplies are not sufficient to cover newly diagnosed cases.

Planned actions to address HIV/AIDS:

- ✚ Review of HIV Guidelines to support up-to-date implementation of HIV services as an integral package of BPHS.
- ✚ Increase national and stakeholders funding for HIV by 40%.
- ✚ Establish and support HIV/TB Coordination mechanism at state and county level.
- ✚ Establish Coordination mechanism at National level: National HIV/TB Health sector review meeting.
- ✚ Develop simple package on talking points (fact sheets) on HIV and AIDS for SMoHs and County leaders.
- ✚ Conduct annual training of trainers (ToT) on leadership and management of HIV programs at both national and state levels.
- ✚ Conduct bi -annual quantification and forecasting of HIV commodities and supplies.
- ✚ Procure HIV commodities and supplies, and stock the central medical stores.
- ✚ Establish supply chain management to deliver ARVs and other HIV commodities from the central medical stores to the ART facilities in a timely manner.
- ✚ Print and distribute 5,000,000 HIV/STIs IEC materials. PMTCT, CT, condoms, ART, patient education and HIV/AIDS Behaviour change materials.
- ✚ Support provision of clinic educational sessions to all mothers attending ANC on the importance of PMTCT and the value of male involvement.
- ✚ Establish a referral and follow-up system for HIV exposed infants and provide transport for mothers to PMTCT sites or DBS supplies and transport of samples.
- ✚ Training of service providers on early infant diagnosis using PCR machines.
- ✚ Conduct training of HCPs in Basic IMAI.
- ✚ Conduct training on laboratory monitoring: CD4, chemistry, haematology. Training for two persons for new sites annually and annual refresher training for two persons per site for the old sites.

3.5.3. Tuberculosis, Leprosy & Buruli Ulcer

A resurgence of tuberculosis (TB) has been reported globally. Although TB is thought to be among the major causes of morbidity and mortality in South Sudan, there are limited data on the TB burden. However, there has been a steady increase in TB notification from 53/100,000 in 2008 to 85/100,000 in 2011. The prevalence of HIV among TB patients has reached epidemic proportions (15%, in the 2011 TB/HIV survey report). Coverage of TB services in the country is still low (1 lab/137,000 people against a WHO target of 1 /50-100,000) with limited community involvement in TB care.

Whereas, the number of new leprosy cases detected has been gradually reducing worldwide, South Sudan is registering an increasing trend of new cases in the last five years (599 cases in 2008 to 1500 cases in 2011).

Recent activities include:

- ✚ Increasing the number of health facilities providing TB services (diagnostic and treatment centres) from thirty-two in 2006 to sixty-five in 2012.
- ✚ Maintaining a treatment success rate above 75% despite an increase in notifications of over 50%.
- ✚ Increasing human resource capacity from only one staff member in 2009 to twenty-four in 2012, fourteen at national level and ten state-level coordinators.
- ✚ Developing a five year TB strategic plan
- ✚ Implementing a centralised recording and reporting system.
- ✚ Ensuring uninterrupted supply of quality-assured drugs throughout the country.

Planned actions include:

TB Control

- ✚ Strengthen and expand quality diagnostic TB services through integration into the PHC system. The MoH plans to have at least one health facility providing diagnosis and treatment of TB in each county.
- ✚ Encourage patient compliance with TB treatment with the aim of achieving and maintaining a treatment success rate of at least 85%. The programme also intends to promote the use of community TB treatment supporters to reduce defaulting.
- ✚ Strengthen human resource capacity for TB control. The MoH intends to recruit and retain seventy-nine TB county coordinators.
- ✚ Strengthen programme supervision, monitoring and evaluation. The MoH intends to achieve this through coordination meetings at all levels, timely reporting and programme review and evaluation.
- ✚ Scale up integrated TB/HIV services through strengthening of collaboration between the TB and HIV programmes, train staff on collaborative activities and roll out job aids and Standard Operating Procedures (SOPs).
- ✚ Prevent, monitor and effectively manage Multi-Drug Resistant/Extremely Drug Resistant TB (MDR/XDR-TB) in South Sudan. The MoH intends to establish mechanisms to regulate the prescription and dispensation of TB drugs in South Sudan.
- ✚ Renovate TB treatment facilities.

Leprosy Control

- ✚ Raise community awareness to aid early detection, contact tracing and reporting for treatment.
- ✚ Increase the number of facilities to improve timely case finding and thus reduce the disease burden by early treatment.
- ✚ Promote and strengthen approaches to extend leprosy control services to as-yet uncovered and difficult to access areas, and those where a high proportion of new cases with Grade 2 disabilities and cases affecting children have been detected.

- ✚ Monitor progress by considering the trend of new cases with Grade 2 disabilities in the population.
- ✚ Prevent and manage disabilities due to leprosy.
- ✚ Promote social welfare and community-based rehabilitation of people affected by leprosy.

Buruli Ulcer Control

Due to appropriate treatment and sanitation activities, Buruli ulcer has been steadily declining in South Sudan, it is currently localised to Northern Bahr el-Ghazar and Western Equatoria. In 2012, only three cases were identified in the whole country.

Planned actions include:

- ✚ Promote integrated surveillance system.

3.5.4. Non-Communicable Diseases

Low and middle-income countries suffer the greatest impact of non-communicable diseases (NCDs) such as diabetes, hypertension, cancer and ischemic heart disease. These are reported to account for up to 20% of all deaths in Sub-Saharan Africa. Increases in the incidence of diabetes and hypertension are particularly alarming⁴.

Recent activities include:

- ✚ Integration of the prevention and control of non-communicable diseases into the HSDP.

Planned actions include:

- ✚ Carry out Step Wise Surveillance of NCDs.
- ✚ Reduce major risk factors (alcohol and tobacco consumption) through regulation and raising public awareness.
- ✚ Strengthen the capacity of health personnel, institutions and other stakeholders to identify major risk factors.
- ✚ Improve the prevention and management of NCDs through standard guidelines and protocols for all levels of healthcare.
- ✚ Promote healthy lifestyles in communities, especially among high-risk individuals.
- ✚ Promote public awareness campaigns about the major risk factors for NCDs.

3.5.5. Neglected Tropical Diseases

South Sudan suffers a high burden of several neglected tropical diseases (NTDs), which include kala-azar (visceral leishmaniasis), human African trypanosomiasis, trachoma, Buruli ulcer, leprosy, common intestinal worms (soil-transmitted helminths), elephantiasis

⁴ Unwin et al., 1999

(lymphatic filariasis), loasis, river blindness (onchocerciasis), nodding syndrome, Guinea worm (dracunculiasis) and bilharzia (schistosomiasis).

In South Sudan, a number of successful NTD control programmes have been launched since the CPA, targeting onchocerciasis, with support from Africa Programme for Onchocerciasis Control (APOC); and dracunculiasis and trachoma, with support from the Carter Center. The onchocerciasis and dracunculiasis control programmes provide good examples of disease-specific interventions for at-risk populations. The MoH is in the process of integrating these various interventions.

Recent activities include:

- ✚ Developing a comprehensive plan of action for the Integrated Disease Surveillance Programme.
- ✚ Holding a meningitis preparedness workshop for the ten states.
- ✚ Reviewing, producing and disseminating IDSR surveillance tools to the ten states.
- ✚ Assessing surveillance activities on Guinea worm interrupted transmission zones.
- ✚ Providing diagnosis and treatment of visceral leishmaniasis at twenty-six VL treatment centres.
- ✚ Providing diagnosis and treatment of human African trypanosomiasis at seven HAT treatment centres.
- ✚ Reviewing VL and HAT diagnosis and treatment guidelines.
- ✚ Devising action plan for trachoma, endorsed by the MoH.

Planned actions include:

- ✚ Review integrated NTDs strategy.
- ✚ Conduct baseline survey on nodding syndrome.
- ✚ Re-launch onchocerciasis control programme.
- ✚ Advocate and mobilise for prevention and control of NTDs at community-level; IEC materials, BCC campaigns.
- ✚ Strengthen surveillance for NTDs at all levels, especially at community-level.
- ✚ Expand access to treatment and control of NTDs through community based mass drug administration.
- ✚ Expand vector control programmes for NTDs.
- ✚ Build capacity of communities and schools for NTD control.

3.5.6. Guinea Worm Eradication Programme

South Sudan accounted for 97% of all Guinea worm cases reported globally in 2011. During the period 2006-2011, South Sudan maintained steady progress and reduced Guinea worm cases by 95%. The number of Guinea worm endemic villages was reduced by 90%. The MoH sustained this progress with support from the Carter Center, and other development partners.

The Republic of South Sudan is committed to the global eradication campaign and endeavours to achieve complete interruption of transmission by 2013. This is in line with

the 1997 World Health Assembly resolution that urged all member states to continue to ensure political support and resources for completion of eradication of Guinea worm disease as quickly as technically feasible.

The major functions of the department include:

- ✚ Supporting surveillance for Guinea worm cases by village volunteers.
- ✚ Case management, including occlusive bandaging.
- ✚ Distribution and replacement of filters.
- ✚ Abate application to treatable water sources.
- ✚ Health education.

The planned actions for the department include:

- ✚ Train village volunteers, field officers and programme officers.
- ✚ Procure and deliver intervention materials.
- ✚ Conduct state-level midterm review meetings of the Guinea worm eradication programme's (GWEP) activities.
- ✚ Commission an external evaluation of GWEP activities in endemic and formerly endemic states.
- ✚ Conduct regular assessments of surveillance activities in endemic counties.
- ✚ Train health workers from the SPLA medical corps on surveillance of Guinea worm disease with support from WHO, including a sensitisation workshop in Upper Nile.
- ✚ Conduct monthly meetings of the GWEP taskforce.
- ✚ Organise visit by the taskforce to endemic villages.
- ✚ Conduct annual programme review meetings.
- ✚ Participate in cross-border collaboration with neighbouring countries.

3.5.7. Environmental & Occupational Health

Environmental health deals with water and sanitation, chemical waste (including pesticides), solid waste, liquid waste, medical waste, air pollution, and food safety. Occupational health promotes and maintains the physical, mental and social wellbeing of people at work.

Recent activities include:

- ✚ Environmental Health Assessment – July 2011, funded by WHO.
- ✚ Developing the Healthcare Waste Management Plan 2012-2016.
- ✚ Procuring six medical incinerators and ten waste containers through UNDP.

Planned actions include:

- ✚ Develop national strategic plans for environmental health (air pollution, water quality, and chemical waste).

- ✚ Implement Healthcare Waste Management Plan.
- ✚ Develop national policies, guidelines and plans for health at work.
- ✚ Establish support services for occupational health.
- ✚ Develop occupational health standards based on risk assessments.
- ✚ Recruit staff for occupational health.
- ✚ Develop information services to effectively transmit data.
- ✚ Raise public awareness through public information campaigns.
- ✚ Conduct occupational health research.
- ✚ Coordinate occupational health with other activities and services.
- ✚ Procure heavy-duty incinerators for medical waste.

3.5.8. Epidemics Preparedness & Response

Communicable diseases contribute to proportionately higher population morbidity and mortality rates in South Sudan than other countries in the Horn of Africa. All the epidemic prone diseases, including cholera, measles, polio, meningitis, viral haemorrhagic fevers (Ebola, yellow fever, dengue fever), among others, have occurred in South Sudan since 2000.

Disease outbreaks, sometimes simultaneous, are frequent. During the January 2007 - October 2008 period, major outbreaks of meningitis, cholera, measles, and hepatitis E have occurred simultaneously, and in the same locations.

South Sudan lies within the "African meningitis belt" and continues to experience recurrent outbreaks of meningitis. Meningococcal meningitis outbreaks consecutively hit South Sudan in 2006 and 2007. During the 2007 season, South Sudan with over twelve-thousand cases and six hundred deaths was only second to Burkina Faso in terms of the most affected countries in the African meningitis belt. *Nisseria meningitidis* serogroup A was identified as the prevalent strain of the two outbreaks. Currently, there is an ongoing outbreak of hepatitis E in refugee camps in Maban County.

Planned Actions Include:

- ✚ Mobilise stakeholders on emergency preparedness and response activities.
- ✚ Develop and update protocols and guidelines for epidemic prone diseases.
- ✚ Improve emergency preparedness and response capacity of medical staff to respond to public health emergencies.
- ✚ Develop a national framework for surveillance integration to guide the process of integrating AFP and GW into IDSR program.
- ✚ Procure and preposition emergency medical supplies, vaccines, diagnostic kits, specimen collection materials and reagents, personal protective equipment (PPE) as required to various levels.
- ✚ Improve early detection, rapid confirmation and timely laboratory results feedback for priority epidemic diseases.
- ✚ Continue to expand the integrated disease surveillance (IDS) reporting sites to newly opened health facilities.
- ✚ Roll out community based IDSR surveillance.

- ✚ Assess the current IDSR system and implement international health regulations.
- ✚ Continue with in service capacity building for the surveillance officers and rapid response teams.
- ✚ Update case definitions and produce tools for priority diseases surveillance.
- ✚ Procure communication assets and distribute to surveillance officers.
- ✚ Recruit staff to key positions.

3.6. Medical Training & Professional Development

Health workers are one of the core building blocks of the national health system. The MoH has identified human resources for health (HRH) as the most important resource in the delivery of healthcare services. South Sudan faces an HRH crisis. Staffing levels and training are inadequate. Support, remuneration and career development opportunities for staff are insufficient. Skill mixes at all levels are inappropriate. Workloads are inequitable, with some staff members working very hard whilst others have low productivity and are de-motivated. The workforce is concentrated in urban areas and hospitals, at the expense of rural areas and PHC facilities.

The directorate is badly affected by the austerity measures, including a freeze on recruitment, cuts in allowances and delays in the payment of monthly salaries. These result in low staff morale and motivation. Many routine personnel administration functions have become cumbersome, rather than being done in-house, they are carried out by the Ministry of Labour.

Major functions of the directorate include:

- ✚ Formulation of training policies and guidelines, and communication of these with the MoH, SMOHs, training institutions, development partners, members of HRH-TWG and other stakeholders.
- ✚ Selection of eligible applicants for entrance into health training programmes.
- ✚ Provision of support to national examination committee.
- ✚ Provision of financial and technical support to health training institutions.
- ✚ Monitoring of performance of health training institutions.
- ✚ Coordination and management of professional development for eligible staff.
- ✚ Promotion of effective collaboration and communication with relevant sectors, development partners and stakeholders.

Recent activities include:

- ✚ Funding forty-four medical doctors on postgraduate studies abroad. This funding is threatened by austerity, as the MoH may no longer be able to afford the programme.
- ✚ Co-ordinating HR-TWG meetings.

Planned actions include:

- ✚ Formulate a comprehensive a national health training policy and plan.

- ✚ Establish a MoH scholarship committee and solicit funds to support the scheme.
- ✚ Promote effective collaboration and communication with relevant sectors, development partners and stakeholders.
- ✚ Manage the selection process and entry examinations for candidates applying for health training programmes.
- ✚ Provide material, financial and technical support to ten training institutions.
- ✚ Review and update the supportive supervision checklist for health training institutions and facilities, and involve tutors and HR officers to conduct peer-review of these facilities/institutions.
- ✚ Establish a public national annual award system for the best performing female and male students and for the best performing training programme.
- ✚ Establish more transparent staff appraisal systems and ensure timeliness of annual staff appraisal.
- ✚ Advocate for, and ensure budget allocations for recruitment to key positions within the MoH, tutors, and other national health professionals.
- ✚ Establish multi-disciplinary National Health Training Institutions (Juba, Maridi, Yei, KajoKeji, Wau, Rumbek). The MoH intends to open similar institutions in other states.

3.7. Reproductive Health

South Sudan has one of the highest maternal mortality rates (MMR) in the world, estimated at 2054/100,000 live births. Although 46.7%⁵ of pregnant women attend at least one antenatal clinic (ANC) visit, skilled health professionals attend only 14.7% of deliveries.

Recent activities:

- ✚ Devising a five-year reproductive health strategy.

Planned actions to address these appalling maternal and neonatal health indicators include:

- ✚ Improve accessibility to better healthcare to pregnant women and children.
- ✚ The construction of one hundred primary healthcare facilities, will increase accessibility to comprehensive maternal and child healthcare from 24% in 2012 to 70% in 2015.
- ✚ Construct twenty antenatal and maternity centres across the country.
- ✚ Develop emergency obstetric and neonatal care guidelines.
- ✚ Place and deploy skilled human resources through the IGAD initiative, including surgeons, anaesthetists and midwives.
- ✚ Raise the awareness of women and the entire community about safe motherhood, use of contraceptives and child spacing (family planning rather than prevention of pregnancy).
- ✚ Prevent and manage obstetric fistula.
- ✚ Create awareness and provide youth-friendly services for adolescents.

- ✚ Discourage marriage under the legal age of eighteen.

3.8. Pharmaceuticals & Medical Supplies

Previously, the MoH depended entirely on the World Bank procurement procedures with guidance of the WHO information on policies, standards guidelines, and regulations. With the end of the MDTF project, the Ministry has taken up procurement of medicines and medical supplies to all public health facilities in the Republic of South Sudan.

At present, the Ministry of Health supplies free medicines and medical supplies to all public health facilities in the Republic of South Sudan. This includes 47 hospitals, 250 primary healthcare centres (PHCCs) and 1,000 primary healthcare units (PHCUs)

Major functions of the directorate include:

- ✚ Development of policies and a legal and regulatory framework for streamlining the pharmaceutical sector.
- ✚ Ensuring availability of affordable, safe, efficacious and high quality medicines and supplies.
- ✚ Establishment of a national quality control laboratory and strengthen quality assurance mechanisms.
- ✚ Promotion of the rational use of medicines and containment of antimicrobial resistance.
- ✚ Procurement and distribution of vital diagnostic and therapeutic equipment.

3.8.1. Pharmacy Policy and Practice

Recent activities:

- ✚ The MoH has developed national treatment guidelines and a manual on rational use of medicines. This is to ensure adherence and reduce irrational use of medicines which continues to be a challenge in our facilities and communities. Training has been conducted in the hospitals on above issues.

Planned actions:

- ✚ Implore the Ministry of Higher Education, Research, Science and Technology to establish college of pharmacy in South Sudan's National Universities
- ✚ Train South Sudanese pharmacists abroad

3.8.2. Quality Assurance

Recent activities include:

- ✚ Establishing Drug and Food Control Authority.

- ✚ Introducing Minilab® at entry points to check and control all pharmaceutical products that enter into South Sudan and make sure they meet the required standards.

Planned actions:

- ✚ Develop standards and specifications for pharmaceuticals and medical supplies to be procured.
- ✚ Participate in technical evaluation for pharmaceutical procurement to ensure quality standards are adhered to.
- ✚ Inspect and monitor supplies supplied to MoH.

3.8.3. Pharmaceuticals Supplies Management

Recent activities include:

- ✚ Adopting the pull system of procurement of drugs based on the needs of the different levels of health facilities i.e. primary, secondary and tertiary.
- ✚ Procurement of four-months' supply of drugs worth SSP 24million

Planned actions:

- ✚ The next procurement will be initiated soon and is worth SSP 22 million.
- ✚ Improve the medical warehouse in three cities, Juba, Wau and Malakal, to serve as regional distribution points. The MoH plans to construct warehouses in the remaining seven states.
- ✚ Implement the pharmaceuticals management information system (PMIS) at all health facility levels.
- ✚ Integrate all the parallel and vertical procurement and supply chain under MoH Directorate of Pharmaceuticals and Medical Supplies.
- ✚ Request funds for procurement of medicines and medical supplies, to ensure the availability of essential medicines and medical supplies at all public health facilities.

3.9. International Health & Coordination

The MoH recognises and values the role played by all stakeholders in the financing and provision of health services in South Sudan. These stakeholders include health development partners (HDPs), international non-governmental organisations (INGOs), national non-governmental organisations (NNGOs), faith based organisations (FBOs) and the private sector.

Better coordination of the efforts of these stakeholders is critical to ensure that the goal and objectives of the HSDP are realised. Furthermore, coordination is critical in enhancing aid effectiveness, by reducing duplication of efforts and the transactional costs faced by the HDPs.

The Directorate of International Health and Coordination registers, coordinates and provides oversight on the activities of all development partners. It engages in dialogue with these partners in addition to coordinating initiatives for promoting aid effectiveness within the health sector.

Current dialogue to promote coordination in health service delivery has yielded a division of labour based on geographical coverage among the following key HDPs:

- ✚ USAID will focus its health development assistance in Western and Central Equatoria, from 2012 to 2017. It will focus on improving primary healthcare (PHC) in the two states, allowing for increased managerial and operational efficiency in programme implementation.
- ✚ The UK Department for International Development (DFID) will manage the implementation of the Health Pooled Fund (HPF), which will support the delivery of PHC services in Eastern Equatoria, Lakes, Unity, Warrap, Northern and Western Bahr el Ghazal States, from 2012 to 2017. In addition, DFID will support pre-service training to improve quality of maternal and child healthcare.
- ✚ The World Bank (WB) is supporting a sixteen month programme of delivery of PHC services in Upper Nile and Jonglei States.

Other HDP activities overseen by the directorate include:

- ✚ Canadian International Development Agency (CIDA) is supporting pre-service training for PHC providers, strengthening nursing and midwifery training and conducting studies to evaluate and improve the status of health in South Sudan.
- ✚ UNFPA is working in South Sudan to improve the quality of reproductive health services in coordination with the MoH.
- ✚ The WHO advocates with the MoH to develop policies, plans, and guidelines to implement public health strategies.
- ✚ UNICEF supports immunisation, nutrition and promotes child welfare.
- ✚ The Joint Donor Team (JDT) supports the MoH to ensure coordination of donors' efforts in South Sudan.
- ✚ The Global Fund assists in fighting against HIV/AIDS, TB, malaria and health system strengthening.
- ✚ The European Union assists in the areas of capacity building, and nursing and midwifery training.

Actions planned for the directorate include:

- ✚ Develop key sector guidelines to streamline the relationships and responsibilities between the public sector and the private healthcare providers, NGOs, not-for-profit providers, FBOs and traditional and complementary medicines practitioners.
- ✚ Promote collaboration with private sector healthcare providers, and provide framework for public private partnerships. Cognisant of the fact that no government can afford to meet all of the health care demands of its citizens, our policy is to encourage private sector health service delivery.

- ✚ Work with the private sector to see where services can be provided more efficiently by non-governmental actors., whilst strengthening government capacity to deliver these and without compromising quality.
- ✚ Consolidate participation of all stakeholders in the Health Sector Working Group (HSWG) forum.
- ✚ Develop instruments and structures to foster coordination at all levels of the health system.
- ✚ Develop mechanisms to enhance coordination between the MoH and parliamentary committee responsible for health to improve legislation relevant to the health sector.
- ✚ Promote and participate in the NGO forum, HSWG and Health Cluster forum.
- ✚ Coordinate the Health and Nutrition Cluster coordination meeting.
- ✚ Liaise with NGOs, multilateral and bilateral donors.
- ✚ Develop tools to improve utilisation of donor funds, their impact and cost effectiveness.
- ✚ The Medical Council shall oversee private healthcare services and ensure that quality and costs are controlled, so as to be appropriate to the means and needs of the citizens.
- ✚ Guard against exploitation of the people of South Sudan by unscrupulous agents.

4. Key challenges faced by the Ministry of Health

- ✚ Inadequate funding. The government's budgetary allocations for health have been steadily declining from 8.4% in 2007 to only 2.2% in 2012. Whilst the MoH fully supports the austerity policy, current levels of health funding threaten the gains made in healthcare since 2005.
- ✚ Inadequate human resources at all levels of the health system, in-service delivery and health systems support.
- ✚ Inadequate supply of essential medicines and consumables.
- ✚ High staff turnover due to poor motivation.
- ✚ Over-dependence on donors and partners.
- ✚ Lack of data on which to base planning and practice.
- ✚ Limited capacity to coordinate activities with partners at different levels of the health system.
- ✚ Absence of a number of legal framework documents.
- ✚ Poor accessibility to rural areas.
- ✚ Inadequate and poorly equipped health facilities.
- ✚ Lack of reference and quality assurance laboratory.
- ✚ In 2013 the country will run out of ARVs provided by the Global Fund.

5. Alternatives to Support Budgetary Constraints

- ✚ The MOH is exploring public-private partnerships (PPP) to execute some of its major projects that cannot be achieved using its budget.
- ✚ Currently, there is a discussion being led by the Ministry of Finance and Economic Planning, the Ministry of Foreign Affairs and the Ministry of Health to look at possibility of 'soft' loans from several friendly governments.

Annex I: Structure of the Ministry of Health