



Workshop on Resource Mapping and Multisectoral Partnership Coordination for the Implementation of the National Action Plan for Health Security.



Table of contents

1. Acronyms and abbreviation	p. 3
2. Executive summary	p. 4
3. Introduction	p. 6
4. Resource mapping (REMAP) tool and process	p. 6
5. Objectives	p. 7
6. Reporting on sessions	p. 8
i. Welcome and opening remarks	p. 8
ii. Development and governance of the NAPHS in South Sudan	p. 9
iii. Government role in the implementation of health security activities	p. 11
iv. Role of partners in health security activities	p. 12
v. Introduction of resource mapping tool	p. 14
vi. Results from working session and key findings	p. 15
vii. Closing remarks	p. 21
7. Recommendations	p. 21
8. Next Steps	p. 21
9. Annexes	p. 22
i. Annex 1: Meeting in photos	p. 22
ii. Annex 2: Workshop planning	p. 24
iii. Annex 3: Groups	p. 28

1. Acronyms and abbreviations

AAR	After Action Reviews
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AMR	Antimicrobial Resistance
EPRP	Emergency Preparedness and Response Plans
FAO	Food and Agriculture Organization
FETP	Field Epidemiology Training Program
GHSA	Global Health Security Agenda
GOHi	Global One Health initiative
IHR (2005)	International Health Regulations (2005)
JEE	Joint External Evaluation
MEF	Monitoring and Evaluation Framework
NAPHS	National Action Plan for Health Security
NPHIL	National Public Health Institute of Liberia
PEPFAR	President's Emergency Plan for AIDS Relief
PHEM	Public Health Emergency Management
PHEOC	Public Health Emergency Operations Centres
REDISSE	Regional Disease Surveillance Systems Enhancement
REMAP	Resource Mapping and Impact Analysis on Health Security Investment tool
SimEx	Simulation Exercises
SOP	Standard Operating Procedures
SPAR	States Parties Self-Assessment Annual Reporting
SPH	Strategic Partnership for IHR and Health Security
USAID	United States Agency for International Development
US-CDC	United States Centers for Disease Control and Prevention
VRAM	Vulnerability, Risk Assessment and Mapping
WHO	World Health Organization
WHO-AFRO	WHO Regional Office for Africa

2. Executive Summary

Following up on the December 2020 launch of the National Action Plan for Health Security (NAPHS) of South Sudan (2020-2024), the South Sudan Ministry of Health, with support from the World Health Organization conducted an exercise in resource mapping and partner coordination to accelerate NAPHS implementation.

The workshop, held between 29-30 November 2021 in Juba, involved use of the resource mapping (REMAP) tool and process developed by WHO to support countries in identifying existing and potential resources for NAPHS implementation. The tool maps the health security projects that donors and the government are supporting in the country at national and subnational levels, allowing policymakers, donors, and partners to see where gaps exist and where more investment of financial and technical resources is needed. This provides valuable information for the country and at the same time offers visibility for the partners' investments. The Multisectoral Engagement for Health Security (MHS) Unit at WHO Headquarters supported the exercise in close collaboration with the WHO Regional Office for Africa and the Country Office in South Sudan.

The face-to-face workshop, held under strict observance of COVID-19 protocols, brought together over 58 participants including representatives from line ministries: Ministry of Health; Ministry of Defense and Veterans' Affairs; Ministry of Humanitarian affairs & Disaster management; Ministry of Livestock & Fisheries; Ministry of Water Resources and Irrigation; Ministry of Finance and Planning; Ministry of Agriculture & Food Security; Ministry of Environment and Forestry; Ministry of Transport; Ministry of Wildlife, Conservation and Tourism; Ministry of Interior; National Public Health Institute and experts from partner organizations, including U.S. Centers for Disease Control and Prevention (CDC), Food and Agricultural Organization of the United Nations (FAO), the International Organization for Migration (IOM), and the U.S. Agency for International Development (USAID).

The exercise resulted in the initial mapping of more than \$183 million in health security interventions in the country, and the identification of areas being supported. The mapping found extensive partner support in areas such as rapid response and surveillance, and major gaps in areas such immunization, where just \$1.5 million in total investment was mapped as compared to nearly \$37 million required for NAPHS implementation. The mapping, which continues in the country with WHO support, will be used for evidence-based dialogue between government and partners on addressing gaps and needs and strengthening collaboration for preparedness.

The REMAP tool is also being used to track implementation of the country's NAPHS and the workshop participants used the tool to determine that a total of 11 percent of the NAPHS activities have been implemented to this point, with specific progress measured in each of the 19 technical areas.

The tool is further being used to identify human resource needs for implementation of the plan, such as expert technical assistance in specialized areas. This human resource mapping is designed to inform mobilization of technical assistance through the Global Strategic Preparedness Network (GSPN). WHO is launching GSPN in 2022 with multisectoral partners to support implementation of country priority health security actions.

Dr Paul Samson Baba, Acting Undersecretary at the Ministry of Health, thanked all the ministries and partners who have joined the workshop. Dr. Baba raised that *"the launch of the National Action Plan for Health Security was a great achievement and now we must move forward in its implementation. Resource mapping and partnership building is paramount in this. There is a need for all stakeholders to play their respective roles to ensure that South Sudan establishes and maintains the necessary capacities for health security under the International Health Regulations"*.



Dr Paul Samson Baba



Dr Fabian Ndenzako

Dr Baba further explained that resource mapping exemplifies the coordination that will be necessary for South Sudan to successfully implement the National Action Plan for Health Security, bringing multisectoral ministries and partners together to discuss what is being supported and where the gaps exist. He raised that REMAP will further help South Sudan to track progress in the implementation of the national health security plan and that such monitoring and evaluation is important for country ownership and success of the plan.

Dr Fabian Ndenzako, the WHO Representative for South Sudan, underscored the importance of strengthening stakeholder engagement and collaboration to ensure alignment of efforts, reduce duplication for an enhanced emergency response capacity in the country.

"South Sudan has made progress in health security planning by completing the Joint External Evaluation of the country's health emergency preparedness capacities, and using the recommendations to help develop and launch the National Action Plan for Health Security," said Dr Ndenzako "We must ensure that the NAPHS is implemented as it must be in order to establish and maintain optimal national capacities to prevent, detect and respond to any public health threats".

3. Introduction

The newest country in the world, South Sudan attained independence on 9 July 2011 through referendum held under the terms of the 2005 Comprehensive Peace Agreement (CPA) that ended the decades-long conflict between the North and the South. The country is bordered by Ethiopia to the east, Kenya to the southeast, Uganda to the south, the Democratic Republic of the Congo to the southwest, the Central African Republic to the west, and Sudan to the north. South Sudan includes the vast swamp region of the Sudd formed by the White Nile, locally called the Bahr al Jabal.

The country has a nascent health system as seen from health indicators with sub-optimal physical access to primary care, low immunization coverage against vaccine preventable diseases, low capacity to detect outbreaks in time and reduced capacity to respond to outbreaks. The capacity to detect and respond to outbreaks in livestock and wildlife is also largely limited by prevailing social service and access constraints. The leading causes of death are infectious diseases although there is an increase in the incidence of non-communicable diseases. South Sudan is committed to attaining Universal Health Coverage, but this will require significant funding, infrastructure, and human resources investments into the national health system.

South Sudan, seeking to strengthen its capacities to prevent, detect and respond to health emergencies, volunteered for a Joint External Evaluation (JEE) in 2017 and followed up the findings and recommendations with development and December 2020 launch of a National Action Plan for Health Security (NAPHS).

Given South Sudan's vulnerability to numerous emergencies with health consequences including the protracted complex humanitarian crisis with severe food insecurity, floods, and disease outbreaks like COVID-19, cholera, measles among others and resources constrains, there is a need to identify available resources and invest in order to strengthen whole-of-society institutional capacities for implementation of the NAPHS to strengthen health security.

4. RESOURCE MAPPING (REMAP) tool and process

The workshop employed the WHO resource mapping (REMAP) tool and process to support the NAPHS of South Sudan. NAPHS implementation requires identifying country gaps and needs, mobilizing financial and technical resources (domestic and external) and monitoring and evaluation of national plans. The REMAP tool is used to map the health security projects and interventions in the country — through financial or technical assistance — allowing policymakers and partners to see where the gaps exist and where more investment of resources is needed. This provides valuable information for the country and for partners, supporting alignment and harmonization of efforts.

Resource mapping is based on multisectorality and inclusivity through which different government ministries and partners are involved with WHO support in mapping the health security resources, investments and activities in the country, identifying needs, gaps, overlaps and potential areas of collaboration between the government and partners in implementation of the NAPHS.

Many of the partner activities mapped through REMAP are not listed in the country's NAPHS as partners tend to have their own priorities and areas of interest. Collection of the REMAP data showing the partner activities in the country is meant to provide a visualization of the overall donor and partner landscape for health security preparedness that enhances dialogue among the country and partners, providing evidence of areas of support, as well as gaps, to inform alignment of partner resources national priorities and collaboration for implementation of the national plan.

The tool identifies whether partners are mostly supporting certain technical areas with little support for other pillars, or whether a vulnerable geographic region is not receiving needed support. The data reduces duplication of stakeholder efforts, enhances coordination for sustainable preparedness, and is designed to promote dialogue between the country and partners for establishment of a partnership for implementation of the NAPHS.

The REMAP tool features a dashboard with visualization of country progress in implementing the NAPHS, along with clickable buttons that bring the user to different pages within the tool that display information such as partner and project details, country and partner funding, and updates regarding the performance in implementation of national priority actions within the plan.

Countries use the tool to monitor the progress in implementing their national health security plans and to measure the effectiveness of allocations for public health preparedness and health security activities. The country controls the resource mapping process and maintains ownership of the data, while WHO provides guidance and technical support that includes adapting the tool for the national context.

Countries have ownership of their health security through resource mapping, using the process to improve donor coordination, multisectoral approaches to health emergency preparedness, and new strategic partnerships for strengthening IHR capacities and building resilient health systems.

The WHO Multisectoral Engagement for Health Security (MHS) Unit, working closely with the WHO Regional Office for Africa and the WHO Country Office in South Sudan, provided technical support through resource mapping in an effort to scale up multisectoral preparedness, accelerate implementation of IHR (2005), and contribute to the global strategic priority in the WHO General Programme of Work (GPW 13) of 1 billion more people better protected from health emergencies.

5. Objectives

The workshop aimed to:

- Provide government, partners, donors, agencies and other multisectoral stakeholders with better visibility of available and potential resources for health security in order to accelerate the implementation of the National Action Plan for Health Security (NAPHS)
- Facilitate the sharing of information between the country, partners and donors, including data on partner investments and activities, on country needs and gaps and on the effectiveness of funds allocated to preparedness activities in public health and health security;

- Encourage collaboration and synergies through the harmonization of the efforts of the country, donors and partners in order to prepare the strengthening of national capacities for prevention, detection and response as well as public health;
- Provide a platform for monitoring the implementation of the NAPHS and identifying specific technical needs for assistance in completing activities needed to strengthen health security

6. Report on Sessions

The face-to-face workshop, held under strict observance of COVID-19 protocols, brought together over 58 participants including representatives from line ministries: Ministry of Health; Ministry of Defense and Veterans' Affairs; Ministry of Humanitarian affairs & Disaster management; Ministry of Livestock & Fisheries; Ministry of Water Resources and Irrigation; Ministry of Finance and Planning; Ministry of Agriculture & Food Security; Ministry of Environment and Forestry; Ministry of Transport; Ministry of Wildlife, Conservation, and Tourism; Ministry of Interior; National Public Health Institute and experts from partner organizations, including U.S. Centers for Disease Control and Prevention (CDC), Food and Agricultural Organization of the United Nations (FAO), the International Organization for Migration (IOM), and the U.S. Agency for International Development (USAID). The main activities carried out in the workshop were:

- Mapping of health security activities and investments in South Sudan throughout the 19 technical areas to facilitate the identification of needs and gaps and the allocation and reallocation of resources.
- Status of completion of NAPHS activities reviewed and validated for visualization in the REMAP tool, enabling the country to track progress in the implementation of priority activities
- Technical Needs for Assistance identified (human resources) for implementation of the NAPHS, data which can be shared with technical partners for enhanced mobilization of assistance

I. Welcome and opening remarks

Dr Sudhir Bunga, South Sudan US-CDC Director began by reminding that the world we live in is a global village and that true and false information can be spread just as flights spread diseases globally. Dr Bunga emphasized that the world is in the midst of one of the largest pandemics in history and that new variants can spread around the globe in just a few hours through air traffic. Thus, Dr Bunga emphasized that outbreaks require coordination to better respond and prevent. He further raised the necessity for strengthening laboratories as well as good data management and an effective public health workforce to prevent, detect and respond. Dr Bunga highlighted that South Sudan needs strong capacities at both subnational and national levels. Dr Bunga concluded by underlining the necessity to work with key line ministries and WHO to leverage resources in South Sudan and support the strengthening of the national health security system.



Dr Fabian Ndenzako, WR for South Sudan

Dr Fabian Ndenzako, the WHO Representative for South Sudan congratulated South Sudan for moving to the REMAP step of implementation after having conducted the JEE in 2017 and launched the NAPHS (2020-2024). He expressed his gratitude for the multisectoral nature of the workshop participants and thanked UN sister agencies that joined as well. Dr Ndenzako further underscored the importance of strengthening stakeholder engagement and collaboration to ensure alignment of efforts and reduce duplication for an enhanced emergency response capacity in the country: “South Sudan has made progress in health security planning by completing the Joint External Evaluation of the country’s health emergency preparedness capacities, and using the recommendations to help develop and launch the National Action Plan for Health Security,” said Dr Ndenzako “We must ensure that the NAPHS is implemented as it must be in order to establish and maintain optimal national capacities to prevent, detect and respond to any public health threats”

Blasia Akongo James, representing the Ministry of Transport and Civil Aviation, noted that, on behalf of the other line ministries, she felt privileged to stand in front of participants. She praised the MoH with support of WHO that has managed to conduct trainings and meetings on JEE, SPAR and NAPHS. Ms James explained that in the area of civil aviation, necessary standards have been developed such as PoE. She reiterated her appreciation to South Sudan MoH and WHO for inviting the Ministry of Transport and Civil aviation to take part in the workshop.



Ms Blasia Akongo James, Ministry of Transport and Civil Aviation



Dr. Paul Samson Baba - Undersecretary MoH

Dr Paul Samson Baba, Acting Undersecretary at the Ministry of Health, thanked all the ministries and partners who have joined the workshop. Dr. Baba raised that "*the launch of the National Action Plan for Health Security was a great achievement and now we must move forward in its implementation. Resource mapping and partnership building is paramount in this. There is a need for all stakeholders to play their respective roles to ensure that South Sudan establishes and maintains the necessary capacities for health security under the International Health Regulations*".

Dr Baba further explained that resource mapping exemplifies the coordination that will be necessary for South Sudan to successfully implement the National Action Plan for Health Security, bringing multisectoral ministries and partners together to discuss what is being supported and where the gaps exist. He raised that REMAP will further help South Sudan to track progress in the implementation of the national health security plan and that such monitoring and evaluation is important for country ownership and success of the plan.

II. Development and governance of the NAPHS

Dr Kediende Chong, Director General International Health and Coordination at the Ministry of Health, reminded participants that every country is at risk and informed that a bulletin on outbreaks and other emergencies is released weekly. More than 132 events occurred in South Sudan by November 2021 such as Covid-19, Cholera, floods, hepatitis E, Measles, Yellow Fever, Rubella, etc.

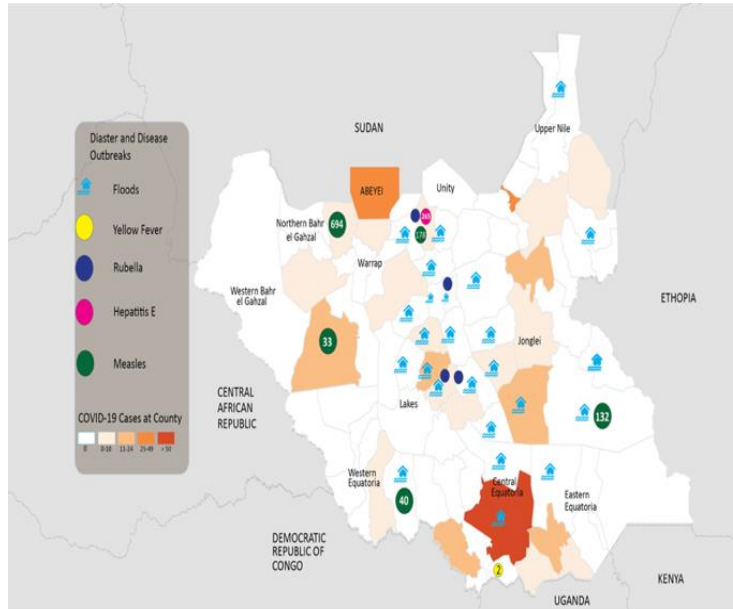


Figure 1: Map of Health Emergencies Outbreaks in South Sudan

Dr Chong reiterated that as South Sudan is part of the IHR (2005), the country is expected to be able to detect, assess and respond to all public health events and report them to the WHO. Through the IHR Monitoring and Evaluation Framework the NAPHS has been established.

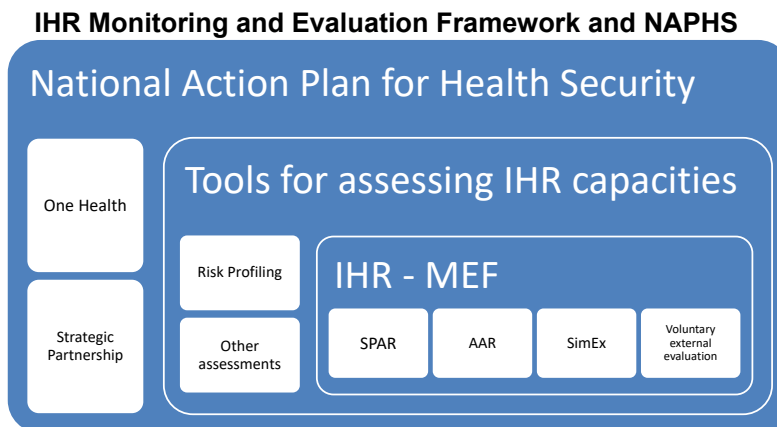


Figure 2: National Action Plan for Health Security framework

South Sudan conducted the NAPHS preparatory workshop from 7th – 9th August 2018 in Juba. During this meeting, the South Sudan NAPHS priorities were identified and agreed upon. A validation and costing workshop 16-20th September 2019 was held in Juba followed by the NAPHS launch on 9th December 2020.

S/ N	Technical Area	Budget (USD)	Total (%)
1	National Legislation and Financing	1,473,169	2.1%
2	IHR Coordination and National IHR Focal Point Functions	625,967	0.9%
3	Antimicrobial Resistance (AMR)	1,922,152	2.8%
4	Zoonotic events and the human–animal interface	1,468,086	2.1%
5	Food safety	613,709	0.9%
6	Biosafety and biosecurity	1,518,082	2.2%
7	Immunization	36,961,929	53.5%
8	National laboratory system	6,327,276	9.2%
9	Real-time surveillance	3,907,102	5.7%
10	Reporting	1,116,072	1.6%
11	Human resources/Workforce development	118,398	0.2%
12	Preparedness	614,431	0.9%
13	Emergency Response Operations	5,908,071	8.6%
14	Linking public health and security authorities	179,101	0.3%
15	Medical countermeasures and personnel deployment	257,494	0.4%
16	Risk communication	3,078,049	4.5%
17	Points of entry (PoE)	2,544,366	3.7%
18	Chemical events	379,085	0.5%
19	Radiation emergencies	54,520	0.1%
	Total	69,067,059	100.0%

Figure 3: Costing of the South Sudan NAPHS (2020-2024) by technical area

Dr Chong highlighted that the NAPHS enables the coordination of national health security stakeholders’ activities, their resource allocation, and the milestones and timeline for the implementation of priority actions over 3-5 years period.

Dr. Chong concluded by mentioning the next steps for the country which include to conduct a high-level meeting of Ministers, Under-Secretaries and Director Generals of all IHR relevant line ministries for sensitization and agreement on joint NAPHS implementation, and to conduct a NAPHS resource mapping exercise (REMAP), including a government and partners’ commitment meeting, which is the purpose of this workshop.

Dr Chong informed the participants that in order to move forward, the country is establishing a National Steering Committee for Health Security and a multi-sectoral Technical Working Group at different levels with responsibility for the oversight of the delivery of the NAPHS.

III. Government role in implementing health security activities

Representatives of the line ministries

Ministry of Health: Dr Chong reminded participants that the focal point for IHR in South Sudan and the lead for country capacities is the Ministry of Health and that it is the MoH that ensures that national legislation, policy, and financing is in place for other ministries and partners to be able to work on IHR. Regarding domestic financing, Dr Chong further expressed satisfaction that the government has decided to raise the budget allocation for health from 2% to 8%. Dr Chong highlighted that the MoH is responsible for the coordination of the IHR activities as well as to notify WHO on situations of IHR events in the country. He further emphasized the importance of multisectorality to prepare for health emergencies and

that the MoH holds the responsibility to put in place mechanisms and instruments that are required to achieve this goal.

Ministry of agriculture, Mary Benjamin Loh, reminded the importance of the nutrition aspect of health security and emphasized that strategies have to be developed jointly because of the multisectorality nature of the challenges.

Ministry of water resources, Robin Kochla underlined the importance of the ministry as it is a contributor in the first line of defense for outbreaks and protection. Mr. Kochla further explained the necessity to create a policy and put in place technical guidelines on hygiene and sanitation. He appealed to more collaboration to help prevent diseases.

IV. Role of partners in health security activities

International Organization for Migration (IOM), Dr Maria Auma Okello

Dr Auma Okello explained that IOM is mainly implementing activities around the 26 PoE in South Sudan along with WHO and other partners. These activities are in order to ensure PoE surveillance is in place. Dr. Auma Okello mentioned activities including workshops with stakeholders, communities, states and MoH; Support for the development of the PoE SOP for EVD and Covid-19; Support for PoE surveillance at 20 PoEs; Improvement of WASH infrastructure and PoEs and supporting health facilities; Training of healthcare workers on IDSR and epidemic disease surveillance; Community evaluation of Covid-19 response activities in Nimule, with support from CDC, and protection mainstreaming at major PoEs, such as rights of travelers.

IOM also monitors population flows along key border points and conducts interviews of travelers to ensure qualitative monitoring.

As part of the challenges that IOM and South Sudan face, Dr Auma Okello underlined the importance of strengthening border equipment (going beyond just temperature guns), and she highlighted the limited capacities and facilities at PoEs.

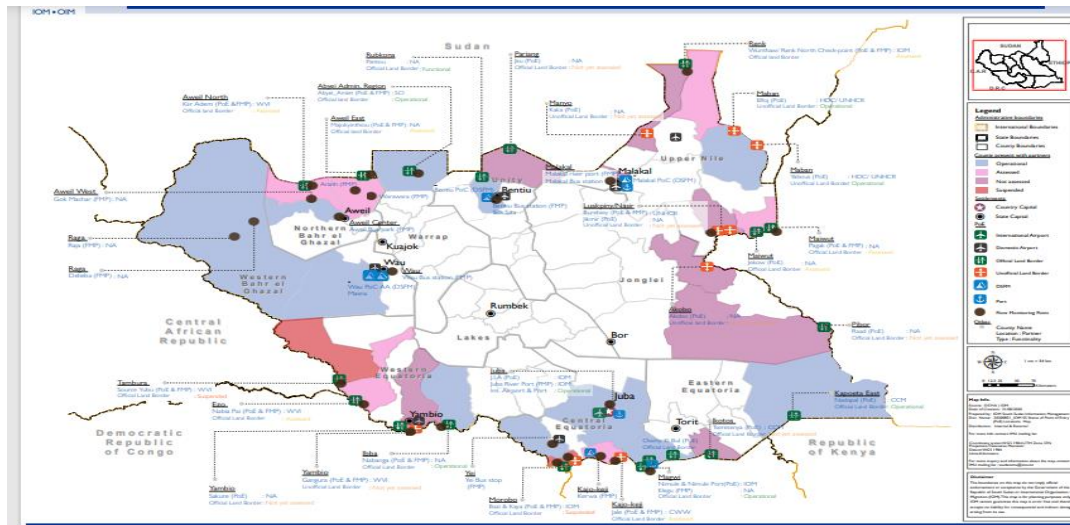


Figure 4: Map of South Sudan PoEs

Health Link South Sudan (HLSS), Dr Augustine Okwahi

Health Link is a South Sudanese non-profit humanitarian and development organization that contributes to reduction of absolute poverty and elimination of social inequalities. The NGO operates in four out of ten states in South Sudan (Eastern Equatoria-Magwi, Nimule, Torit, Ikwoto, Lopa-Lafon & Kapoeta East; Central Equatoria-Juba & Lainya ; Jonglei-Bor South, Bor PoC & Twic East; Upper Nile-Malakal, Baliet, Akoka & Melut).



Dr Augustine Okwahi explained that the focus of HLSS is on pandemic, outbreaks, epidemic prone diseases, and public health emergencies. HLSS works to improve human resource development, conduct technical trainings, and contribute to public health emergency preparedness and response. Dr Okwahi provided some examples of HLSS activities which include, among others, immunization campaigns, risk communication, door-to-door community mobilization, laboratory services and last mile distribution of medicines.

As part of HLSS' future initiatives, Dr Okwahi highlighted the development of Health & Nutrition, Health & Protection, Health & Education programmes along with the creation of mobile clinic services to reach population that live in secluded places.

U.S. Centers for Disease and Prevention Control (CDC), Dr Sudhir Bunga

Dr Bunga described the South Sudan Public Health Institute trajectory from its birth in 2017 to 2021. He raised that the institute has developed a field epidemiology training program thanks to US CDC and Africa CDC. Moreover, CDC has worked on a multi-partner project led by the MoH to support in-service training programs for county, state and national level public health professionals in the MoH that was launched in November 2021. Furthermore, a joint CDC-WHO-AFENET initiative has been established to support the MoH South Sudan. Programmes include, among others, the strengthening of laboratory systems at national and regional levels as well as multi-disease diagnostics decentralization and laboratory data management system and national Health Management Information Systems.

V. Introduction of Resource Mapping tool

Mr. Sean Cockerham, technical officer with WHO Headquarters Multisectoral Engagement for Health Security (MHS) Unit, provided workshop participants with an introduction to the REMAP tool. Mr. Cockerham explained the REMAP tool and process, including the use of the data collection sheets within the tool. He noted that the tool can be used, for example, to identify whether partners are mostly supporting one area such as laboratory systems with little support for another area like zoonotic control activities. Member States, partners and donors can use this information to make investment decisions. The Excel-based REMAP tool can also be used to track implementation of the NAPHS. Mr. Cockerham also highlighted that a Web-based tool would soon be released and that data from South Sudan can be transferred from the Excel tool.



Mr. Sean Cockerham, WHO HQ

The tool includes a dashboard for visualizing aspects such as partner support, funding, ongoing progress in the strengthening of IHR (2005) core capacities, and the completion of prioritized activities.

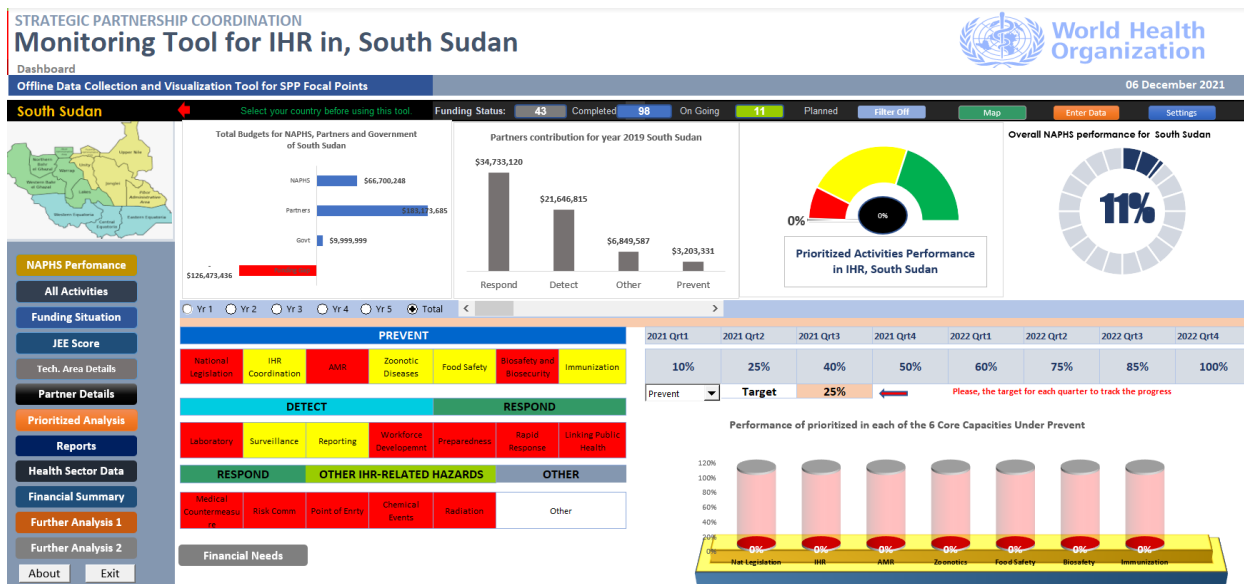


Figure 5: Dashboard of WHO resource mapping (REMAP) tool for South Sudan

Methodology

Working group discussions were the core of the workshop. Participants were divided into four groups in the categories of: Prevent, Detect, Respond and Other IHR-related Hazards and Points of Entry; and



Group work during the REMAP workshop

provided with two data sheets per core component. The groups used the resource mapping tool to identify the partners and resources working in support of those activities. Technical area leads and partners populated the sheets based on the standard instructions by selected facilitators (see workshop agenda in annex 2). Thematically linked technical areas were discussed with the relevant set of multi-sectoral stakeholders.

The workshop participants in the four working groups (Prevent, Detect, Respond and other IHR) were also asked to use the tool to update progress in NAPHS implementation based on the guidance of technical area experts.

VI. Results from working session and key findings

The exercise resulted in the initial mapping of more than \$183 million in health security interventions in the country, and the identification of areas being supported. The mapping found extensive partner support in areas such as rapid response and surveillance, and major gaps in areas such immunization, where just \$1.5 million in total investment was mapped as compared to nearly \$37 million required for NAPHS implementation.

Other technical areas identified with little partner support include AMR, Biosafety and Biosecurity and food safety. The full list of health security investments mapped in each of the 19 technical areas is illustrated below.

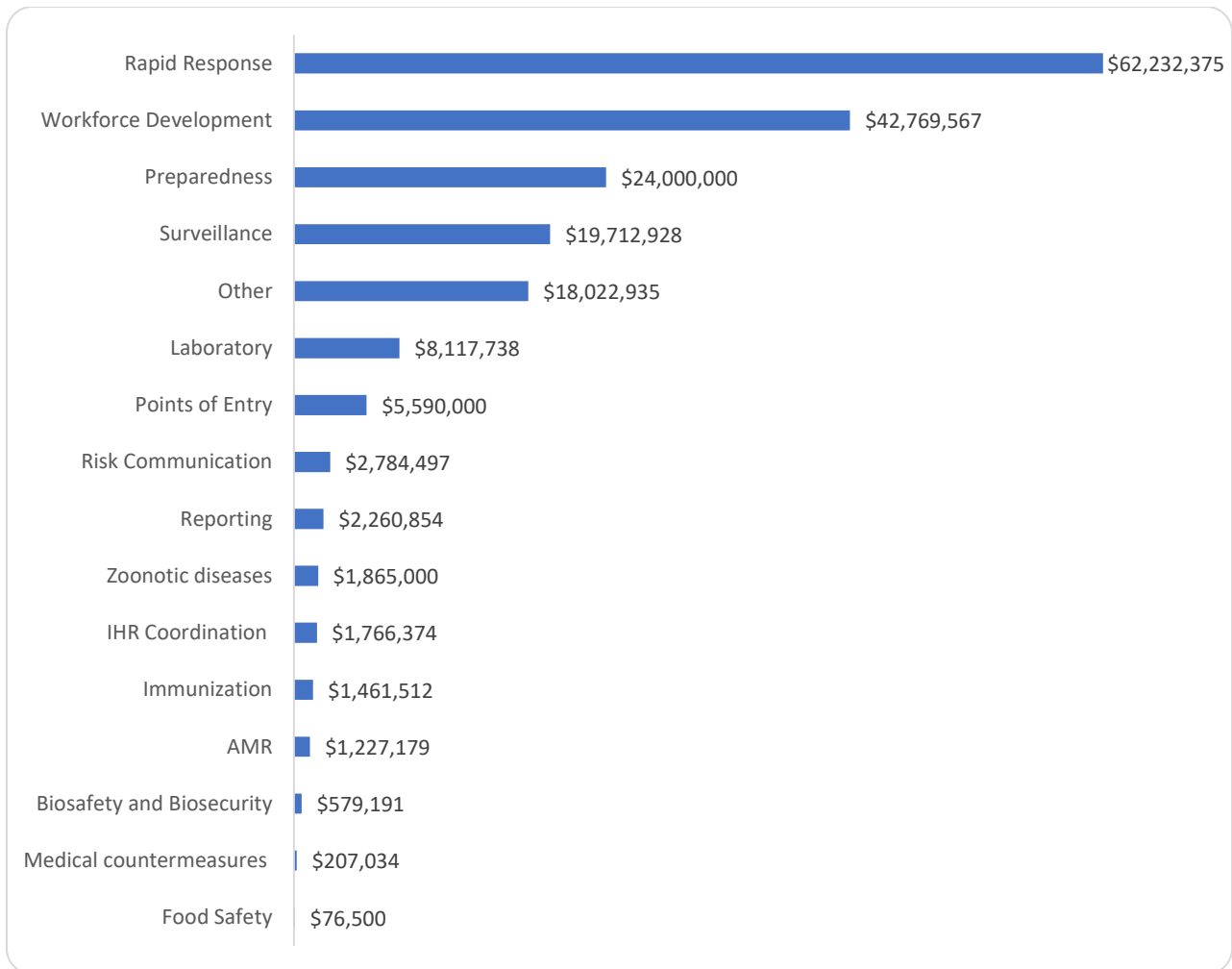


Figure 6: Health Security investments mapped in each of the 19 technical areas

The resource mapping exercise detailed more than 150 health security interventions at national and sub-national level, illustrated both by technical area and by the partner or government agency supporting the activity.

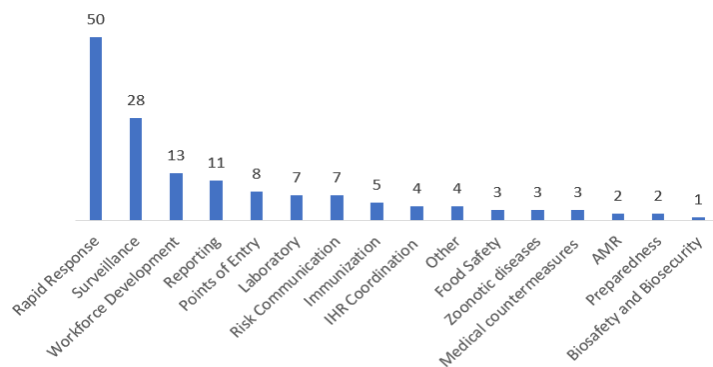


Figure 7: Number of health security interventions mapped by technical area

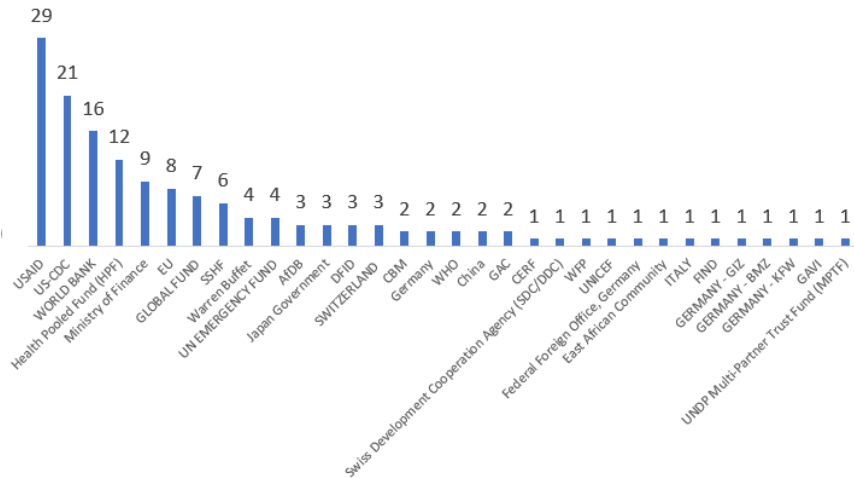


Figure 8: Number of health security interventions mapped by partner/government

The resource mapping further detailed amounts invested in health security by the different entities working at the national and sub-national level, with major donors including Health Pooled Fund (HPF) South Sudan, the African Development Bank, US-CDC, USAID, World Bank, the European Union, and the Ministry of Finance. The REMAP tool includes further details on each health security project supported in the country.

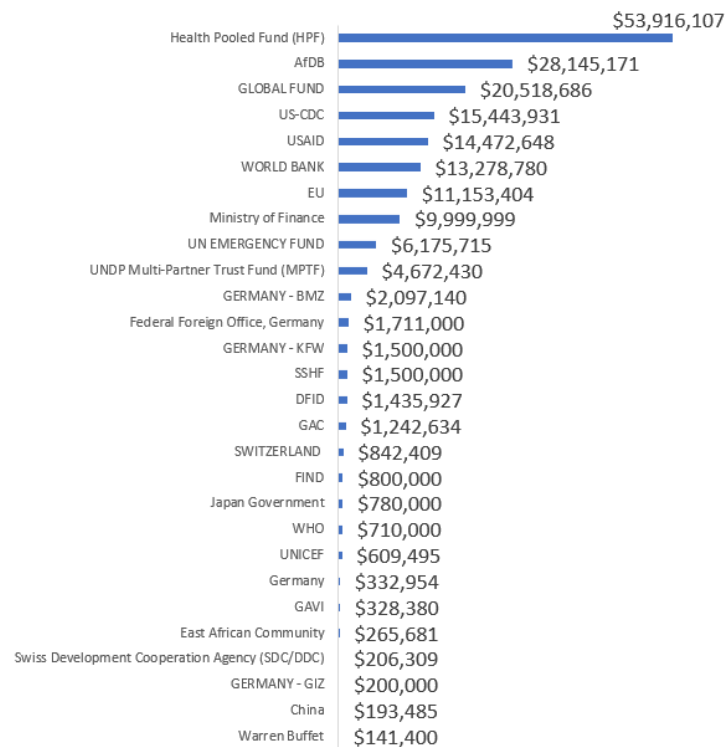


Figure 9: Mapped amounts invested by donors in South Sudan

The REMAP tool also shows the totals mapped by state to provide illustration of sub-national health security efforts in the country. The exercise demonstrated the greatest funding and activities on the national level, Central Equatoria, and Unity State.

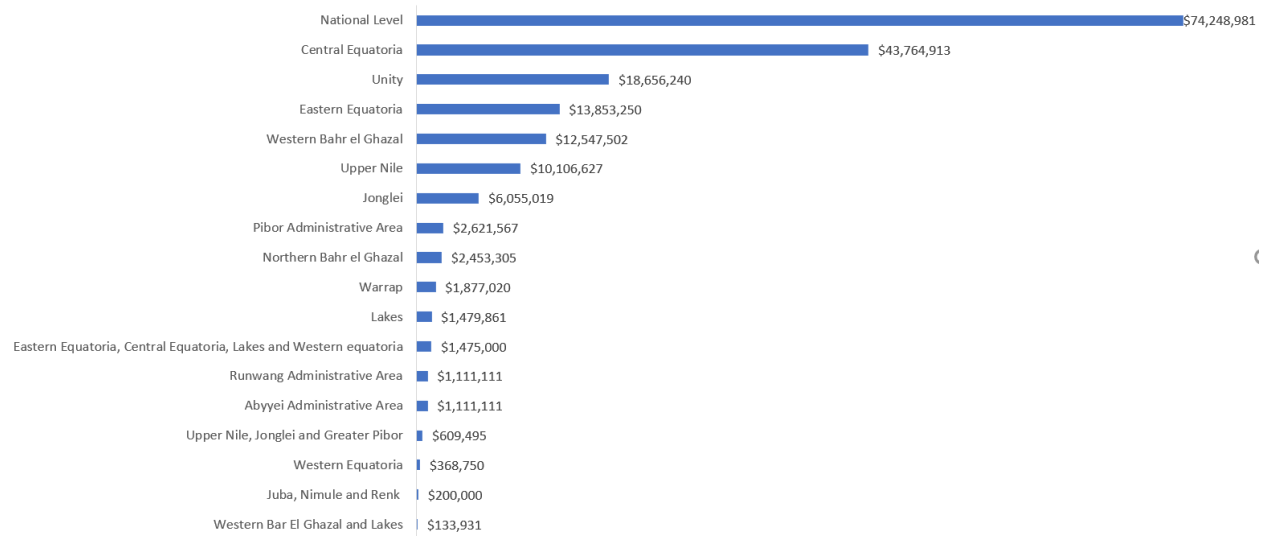


Figure 10: Mapped amounts invested by states in South Sudan

The REMAP tool and process is also being used in South Sudan to track and monitor progress in the implementation of the NAPHS. The national experts in the technical areas, along with partners, met and discussed how each of the activities are progressing in the NAPHS and used the REMAP tool to visualize the implementation.

The workshop resulted in the determination that a total of 11 percent of the NAPHS activities have been implemented to this point in South Sudan, with specific progress measured in each of the 19 technical areas as detailed below.

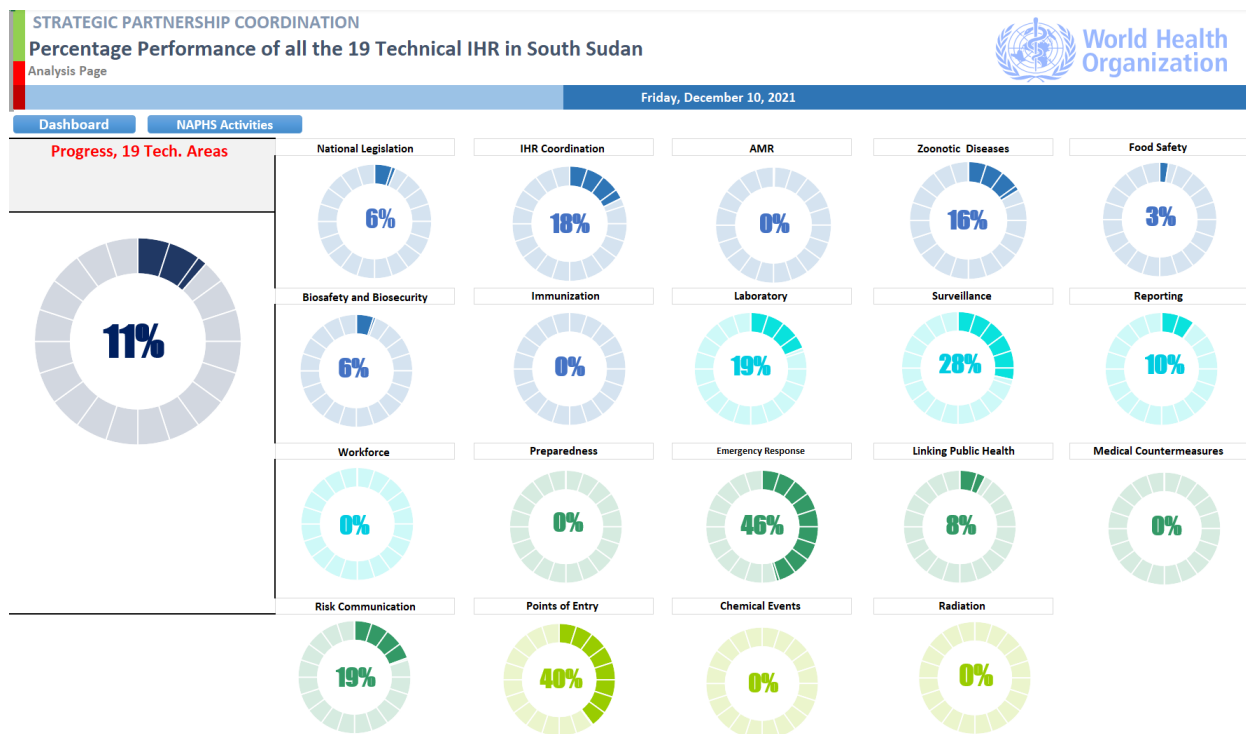


Figure 11: Implementation of the South Sudan NAPHS in the 19 technical areas as tracked in the REMAP tool

The working groups further used the REMAP tool and process to map human resource needs for implementation of the specific NAPHS activities. The national experts identified whether outside technical assistance was needed to complete each NAPHS activity and, if so, what specific assistance was required. This portion of the exercise is designed to support South Sudan in the identification and matching of partners that can support.

This support can be facilitated through the partner matching function in the WHO Strategic Partnership for Health Security and Emergency Preparedness (SPH) Portal <https://extranet.who.int/sph/home> as well as through the Global Strategic Preparedness Network (GSPN), which WHO is establishing as a network of Member States, multisectoral partners, public health institutions, international organizations and others to facilitate the provision of technical assistance to countries.

Through the workshop, participants identified a range of specific activities that require technical assistance (human resource expert support) for implementation, the full list is included in the REMAP dashboard, which has been provided to the country, with key examples below

Examples of Technical assistance needs identified for priority activities:

- Review and adoption of national legislation related to IHR
- Review and update national treatment guidelines to include appropriate antibiotic use
- Develop a master plan for the construction of veterinary infrastructure (Labs , quarantine facilities cold Chain, vaccine
- Establish mechanisms for resource mobilization

- Development and rollout of EOC SOP and Plans
- Review and update case management guidelines
- Comprehensive emergency response training for staff and relevant stakeholders
- Develop a tool for Joint Risk Assessment
- Develop action plan to respond to radiation emergencies

VII. Closing remarks

Mr Sean Cockerham of WHO HQ reminded participant of the importance to collaborate among sectors to avoid siloes and move further for health security. Mr. Cockerham reiterated the objectives of the workshop and praised the excellent work that was conducted. He shared results of the mapping, including discussing the technical needs for assistance identified for priority activities. Mr. Cockerham further reiterated the nature of the REMAP tool as being owned by the country.

Mr. Cockerham advised South Sudan to share the data collection sheets with additional technical and financial partners to collect as much information on their level of resources as possible in order to best portray the situation in the country. He further explained that the country should update the tool with new information from partners and that WHO will support the process and train national focal points in use of the tool. Mr. Cockerham said that once the data is validated by the country it will be published on the WHO - SPH Portal which will be used for information sharing and as a platform for collaboration in South Sudan.

Dr Joseph Wamala, Country Preparedness & IHR Officer, thanked the Ministry of Health and WHO HQ for their support. Dr Wamala emphasized that the work is only starting and that the key actors involved will keep moving ahead as a steering committee for NAPHS implementation is currently being established in South Sudan.

Dr Matur Alembany, from the Ministry of Livestock and Fisheries, expressed his satisfaction with the two days of workshop and raised that he was very satisfied to see the One-Health approach fully involved in the workshop. Dr. Matur further commented that it is extremely important to learn from other partners and regions and to adopt a multisectoral approach to health security. Dr Matur mentioned that many challenges were present in South Sudan such as coordination and capabilities, but he raised that he believes they can be overcome through collaboration. Dr Matur reiterated his appreciation of WHO's role, the MoH and other line ministries as well as partners and said the Ministry of Livestock and Fisheries will support as much as it can in the future.



Figure 2: Mr. Chong Kediende

Dr Kediende Chong, Director General for International Health and Coordination, expressed his appreciation to all the participants and colleagues from the ministries. Dr Chong reiterated, on behalf of all the ministries, that NAPHS is a collective responsibility to implement. He mentioned that resource mapping enables to identify individual responsibility from each partner and appealed to all participants to commit to it. Dr Chong emphasized the need to coordinate activities and respect the own functioning of the government of South Sudan. He called on

partners not to work on their own without collaborating with the government and to support the government as being the one driving the country forward.

Dr Chong thanked the facilitation from WHO and committed that the REMAP process would continue and ensured that the MoH would follow-up, notably with the establishment of the NAPHS steering committee. The NAPHS Steering Committee will be led by the Ministry of Cabinet Affairs and the MoH will host its Secretariat. Dr Chong said this new body would provide the leadership needed and oversee the health security in South Sudan.

Finally, Undersecretary MoH, Dr. Baba, congratulated and praised the work achieved throughout these two days. Dr Baba said it is the unity in purpose that will allow advancement in this project. Dr Baba thanked all the participation for their engagement and determination and expressed the MoH's gratitude and wished the best success in the achievement of the plan.



Figure 3: Dr. Samson Baba

7. Recommendations

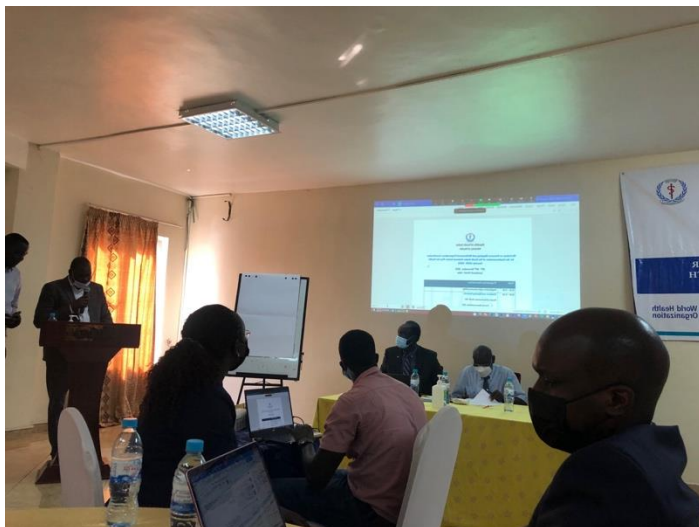
- Government of South Sudan, WHO and its partners: Use REMAP data to accelerate collaboration in order to mobilize resources for the implementation of priority activities of the National Health Security Action Plan (NAPHS);
- Government of South Sudan: Discuss with WHO the possibility of mobilizing technical assistance through the Global Strategic Preparedness Network (GSPN) for the implementation of the priority activities of the NAPHS;
- Government of South Sudan: Use the resource mapping tool to monitor the progress of the NAPHS and analyze the impact, and discuss the results during regular meetings;
- WHO: Assist South Sudan to periodically update the resource mapping at the national and subnational levels.

8. Next steps

- WHO will train national focal points in the use and updating of the REMAP tool
- The country should share the mapping with other technical and financial partners to collect information on their level of resources for the NAPHS;
- The country should update the tool with WHO support to capture information from other partners;
- REMAP data will be validated and published on the WHO Strategic Partnership Portal (SPH Portal), which will be used for information sharing and as a platform for collaboration and advocacy to advance the implementation of the NAPHS of South Sudan. <https://extranet.who.int/sph>

9. Annexes

Annex 1: Meeting in photos:





Annex 2: Workshop Planning

Time	Programme Description
8.30 – 9.00	Registration and welcome coffee
9.00 – 9.30	<p>Welcome and Opening Remarks</p> <p>Master of Ceremonies: TBC</p> <ul style="list-style-type: none"> • Highest government representative • WHO • 1 Partner Representative
9.30 – 10.30	<p>Introductory Discussion</p> <p>Master of Ceremonies: TBC</p> <ul style="list-style-type: none"> • Objectives of the workshop • Development and governance of the National Action Plan for Health Security • Overview of national priorities for health security • Regional Health Security context <p>Presenter:</p> <ul style="list-style-type: none"> • MoH • WHO AFRO
10.30 – 11.00	Group photograph + Coffee break
11.00 – 11.30	<p>Partners role in implementing health security actions</p> <p><i>In this session, each partner will present the existing and future initiatives that could contribute to country capacity in implementing their national priorities.</i></p> <p>Moderator: MOH</p> <p>Presenters:</p> <ul style="list-style-type: none"> • Partner 1 • Partner 2 • Partner 3

Time	Programme Description
11.30 – 12.00	<p>Introduction of Resource Mapping Tool</p> <p>Moderator: MOH</p> <p>Presenters:</p> <ul style="list-style-type: none"> • WHO • Q&A
12.00 – 12.15	<p>Introduction to Working Group session</p> <p>Moderator: WHO</p> <p>Presenters:</p> <ul style="list-style-type: none"> • WHO • MOH
12.15 – 13.00	<p>Lunch</p>
13.00 – 15.00	<p>Group Work</p> <p><i>Workshop participants will be divided up into four groups (Prevent, Detect, Respond and Other IHR) based on their expertise. The participants, with the aid of a facilitator and a rapporteur, will complete the resource mapping data input sheets identifying the partner and government health security activities at national and sub national level in each of the technical areas (Financial, Technical Assistance and in-kind contribution).</i></p> <p>Moderator: WHO</p> <hr/> <p>PREVENT</p> <ul style="list-style-type: none"> • National legislation, policy and financing • IHR coordination, communication and advocacy • Antimicrobial resistance • Zoonotic disease • Food safety • Biosafety and biosecurity • Immunization <p>Facilitator: tbc Rapporteur: tbc</p> <hr/> <p>DETECT</p> <ul style="list-style-type: none"> • National Laboratory System • Real Time Surveillance • Reporting • Human Resources <p>Facilitator: tbc Rapporteur: tbc</p>

Time	Programme Description
	<p>RESPOND</p> <ul style="list-style-type: none"> • Emergency preparedness • Emergency response operations • Linking public health and security authorities • Medical countermeasures • personnel deployment • Risk communication <p>Facilitator: tbc Rapporteur: tbc</p>
	<p>Other IHR all Hazard capacity</p> <ul style="list-style-type: none"> • Points of Entry • Chemical Events • Radiation Emergencies <p>Facilitator: tbc Rapporteur: tbc</p>
15.00 – 15.15	Coffee and Tea Break
15.15 – 16.30	Group Work Continued
16.30 – 17.00	<p>Results of Group Work Discussion</p> <p>The facilitator and rapporteur of each group will summarize the results of their group discussion</p>
End of Day 1	

Time	Programme Description
09.00 – 10.30	<p>Group Work Continued</p> <p><i>Workshop participants will continue on Day 2 working in the four groups (Prevent, Detect, Respond and Other IHR), to map the partner and government activities in the country.</i></p>
10.30 – 11.00	Coffee and Tea Break
11.00 – 12.30	Group Work Continued
12.30 – 13.30	Lunch
13.30 – 15.30	Group Work Continued
15.00 – 15.15	Coffee and Tea Break
15.15 – 16.30	Group Work Continued
16.30 – 17.00	<p>Results of Group Work Discussion</p> <p>The facilitator and rapporteur of each group will summarize the results of their group discussion</p>
17.00 – 17.20	<p>Closing Remarks</p> <p>Moderator: MOH</p> <p>Presenters:</p> <ul style="list-style-type: none"> • WHO • MOH
End of Workshop	

Annex 3: Workshop Working Groups:

Broad category	Facilitator	Rapporteur	Line Ministries and Organisations
Prevent	Ministry of Livestock and Fisheries	FAO	<ul style="list-style-type: none"> - Ministry of Livestock & Fisheries - Ministry of Agriculture - Ministry of Water & Irrigation - Ministry of Health (NPHL & EPI) - UNICEF - WHO - IntraHealth International
Detect	Ministry of Health – NPHL	WHO	<ul style="list-style-type: none"> - Ministry of Health (NPHL & EPR) - Ministry of Health (Human Resource Development) - CDC - ICAP - HLSS - WHO - IntraHealth International
Respond	Ministry of Defence - SSPDF	MoH PHEOC	<ul style="list-style-type: none"> - Ministry of Defence (SSPDF) - Ministry of Humanitarian Affairs and Disaster Management (MHADM) - Ministry of Interior (NSSPS) - Ministry of Health (PHEOC; Health Promotion) - WHO - UNICEF - IntraHealth International
Other IHR/ all hazard capacities	Ministry of Transport/ Civil Aviation Authority	MoH (International Health and Coordination)	<ul style="list-style-type: none"> - Ministry of Environment - Ministry of Transport/ CAA - IOM - WHO