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

South Sudan

FEBRUARY 7-10, 2023

Content

EXECUTIVE SUMMARY

To advance the implementation of the South Sudan's national Action Plan for Health Security (NAPHS), the Ministry of Public Health with support from the World Health Organization (WHO), conducted a resource mapping exercise to facilitate the identification of the country's financial and technical resources, needs and gaps.

The workshop, held between 7 and 10 February 2023 in Juba involved national technical experts reviewing South Sudan's NAPHS to prioritize activities for implementation, determining the status of implementation of the NAPHS activities, reviewing the costing of activities and determining the activities have associated support from partners and government. Participants also used the resource management tool and process (REMAP) developed by WHO to validate the already identified financial and technical support for health security in the country in November 2021, as well as activity and technical area related technical assistance needs and selected participants trained on the use of the WHO REMAP tool for continuous REMAP and validation exercise and for monitoring the implementation of the NAPHS activities at the country level

The workshop was attended by 45 participants including representatives from the ministries, agencies and multisectoral implementing partners including: Ministry of Public Health, Ministry of Defense, Ministry of Environment, Ministry of Livestock, Ministry of Youth and Sports etc.

The workshop aimed to validate the resources mapped for the implementation of the NAPHS that the country has developed to strengthen health security based on the IHR Monitoring and Evaluation Framework assessments, such as the State Party Annual Self-Assessment Report (SPAR) and the Joint External Evaluation (JEE). The resource mapping focused on the 24-month operational NAPHS.

The REMAP tool and process were used to prioritized activities for implementation and also used to validate the already mapped the health security projects that partners and the government are supporting in the country at national and sub-national levels, allowing decision-makers, donors and partners to see where gaps exist and where more investment of financial and technical resources are needed. Participants worked very hard to prioritize 85 (40%) summary activities and 149 (32%) detail activities.

The resource mapping demonstrated that little funding is currently committed directly for NAPHS activities. However, more than $132 million in partner support for overall health security activities in the country (beyond the NAPHS) was mapped out of 30 partners and governments supports. This can be leveraged to support NAPHS implementation in addition to the salary and infrastructure support being provided by the government, which is often the implementing agency in health security activities

The mapping demonstrated that the partner support is heavily weighted towards areas such as emergency response operations, workforce development, real-time surveillance and national laboratory system.

The process involved the validation of the key partners and stakeholders who are supporting health security in the country, as well as their priority areas, which can be used to facilitate coordination and alignment for NAPHS.

Workshop participants further used the REMAP tool and process to map the human resource needs for implementation of the 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 was designed to support South Sudan in the identification and matching of technical partners that can support

A range of NAPHS activities were identified as in need of expert technical assistance for completion, with areas of particular need including Points of Entry (PoEs), Emergency Response Operations, Risk Communication, Antimicrobial Resistance, Real-Time Surveillance, Preparedness, Zoonotic Disease, National Legislation, Policy and Financing, Food Safety, Biosafety and Biosecurity, Reporting, Linking Public Health and Security Authorities and Immunization. The workshop participants further prioritized 85 summary activities out of the 213 total summary activities (representing 40%) and 149 detail activities out of the total 460 detail activities (representing 32%) as most urgently requiring international expert technical support.

Participants indicated that implementation had begun, particularly in areas such as Real-Time Surveillance, National Laboratory System, Reporting, Workforce Development, Emergency Response, with overall prioritized NAPHS activities implementation status at least 15 percent. The REMAP tool can be used to further update the status as activities progress. The tool and dashboard provide Excel and online platforms for visualizing NAPHS implementation in the country and for national focal points to use in the ongoing tracking and analysis of health security resources in South Sudan, as the resource mapping is meant to be an ongoing process with partners invited to share information and become involved in a coordinated multisectoral approach to strengthening preparedness.

South Sudan officially the Republic of South Sudan, is a landlocked country in East Africa. It is bordered by Ethiopia, Sudan, the Central African Republic, the Democratic Republic of the Congo, Uganda, and Kenya. Its population was estimated at 10,913,164 in 2022. Juba is the capital and largest city.

South Sudan has experienced protracted conflict, both before and since the country gained independence in 2011. In 2021, more than 8 million people of South Sudan's population of 13 million needed humanitarian assistance because of conflict and violence, major flooding and the coronavirus disease (COVID-19) pandemic. With poor access to health services due to an acute health workforce shortage, inadequate health infrastructure and poor health service utilization, the country has poor health indicators. Its maternal, infant and child mortality rates are some of the highest in the world and life expectancy is low, at 56.5 years.

It gained independence from Sudan on 9 July 2011, making it the most recent sovereign state or country with widespread recognition as of 2023. It includes the vast swamp region of the Sudd, formed by the White Nile and known locally as the Bahr al Jabal, meaning "Mountain River". Sudan was occupied by Egypt under the Muhammad Ali dynasty and was governed as an Anglo-Egyptian condominium until Sudanese independence in 1956.

South Sudan's National Health Policy 2016-2026 defines new paradigms for health service delivery, health financing, strategic information, leadership and governance, human resources for health, and access to essential medicines to ensure improved health services

South Sudan has further shown commitment to strengthening health emergency preparedness, including conducting a Joint External Evaluation (JEE) of its health security activities in 2017, which was informed by gaps identified in an International Health Regulations (IHR) core capacity assessment conducted in 2009 and a pathway to veterinary services (PVS) assessment and gap analysis that was conducted in 2016. The JEE found an average score of 30 percent across 19 technical areas and the results were used to develop the National Action Plan for Health Security (NAPHS 2020-2024), which has been costed, validated and readied for launch.

In advance of the implementation of the South Sudan's Ministry of Health with support from the World Health Organization, conducted an exercise in resource mapping to advance implementation of the activities in the country's NAPHS (2020-2024). The workshop, held between 7-10 February 202i in Juba, involved the use of the resource mapping (REMAP) tool and process developed by WHO to validate and identify financial and technical support for health security in the country, as well as needs for support, prioritize NAPHS activities for 24-month implementation of the operational NAPHS, trained selected participants on the use the REMAP tool and completed the SPAR.

The Multisectoral Engagement for Health Security (MHS) Unit in the Health Security Preparedness Department at WHO Headquarters, working closely with the WHO Regional Office for Africa and the WHO Country Office in South Sudan, provided technical support to the Ministry of Health in the resource mapping.

Under the WHO Thirteenth General Programme of Work, the WHO Health Emergencies Programme contributes to the strategic priority of 1 billion more people better protected from health emergencies. WHO developed the resource mapping (REMAP) tool to advance this effort and support Member States in strengthening core health security capacities? The REMAP tool was first launched in 2018 to support country efforts to meet the requirements of the International Health Regulations through the implementation of the National Action Plans for Health Security (NAPHS).

 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 customized for each country to link national priorities for health security with available and potential resources (financial and technical) . The tool and process is used to map the health security activities and investments in the country, both domestic and external, and to identify gaps and needs, while highlighting key areas for collaboration between the government and partners. 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.

REMAP provides details of each health security activity mapped in the country, including the funding source, timeline, geographical location, nature of activity, and technical area supported (i.e. surveillance, laboratory or risk communication). As a result, the countries and partners now know what is being supported in the countries and by whom, and which key technical and geographical areas are lacking support. The process also includes human-resource mapping, which is necessary to identify human-resource needs for implementing the health security plan. By identifying needs and gaps, decision-makers can make evidence-informed decisions on resource allocation and re-allocation necessary to implement health security plans.

OBJECTIVE

The workshop aimed to:

- Prioritize NAPHS activities for 24-month operational NAPHS implementation.

- 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

- Train the national focal person on the use of the REMAP tool for continuous country level capacity for monitoring the implementation of the NAPHS and partner engagement on direct and indirect resources for NAPHS implementation

- Completes the country's State Party Annual Self-Assessment Report (SPAR)

REPORT ON SESSIONS

The face-to-face workshop brought together more than 45 participants including representatives from multisectoral line ministries and agencies including: Ministry of Health; Ministry of Livestock; Ministry of Defense; Ministry of Environment; Ministry of Youth and Sports; representative from the office of the South Sudan government; Partners and donors such as UNFAO, WHO and ICAP.

The main activities carried out in the workshop were:

- Prioritization of the NAPHS activities for 24-month implementation

- Identification of existing investments in NAPHS activities for baseline assessment of funding gap

- 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

- Mapping of health security activities and investments in the South Sudan throughout the 19 technical areas to facilitate the identification of needs and gaps and the allocation and reallocation of resources.

- Training of participants on the use of the REMAP tool for the monitoring of the implementation of the NAPHS

- Completion of the SPAR

Welcome and opening remarks

The workshop was opened by **Dr Santo Malek, Director General for International Health and**

coordination who described the prioritization exercise, and the resource mapping exercises as critical in ensuring that adequate resources are mobilized under the NAPHS for the implementation of the activities within 24-months. It was made clear to participants that, One-Health approach is not one person's business and therefore all other sectors should work hard to strengthen One-Health in South Sudan and in the world at large. WHO (both HQ and country office) was appreciated for the continuous technical and financial support to South Sudan on the development and implementation of the NAPHS activities. He urged participants to take the exercise very serious to be able to achieve the main objectives of the workshop to help the implementation of the NAPHS activities with the little available resources.

Methodology

Working group discussions were the core of the workshop. Participants were divided into 4 groups in the categories of: Prevent, Detect, Respond and Other IHR-related Hazards and provided with data sheets and guidance.

Participants used the **Health Security Activities Data Sheet** to prioritize activities for implementation

within 24-months and identify whether each prioritized NAPHS activity has committed funding (from government and partners), if it requires technical assistance to be implemented and, if so, what specific technical assistance is needed. Participants also indicated the status progress in implementing activities in the NAPHS.

Participants, guided by facilitators, also validated the **REMAP Data** for health security investments and activities at national and subnational levels (beyond the NAPHS) *which was*

mapped in 2021 and the financial, technical, and in-kind support that enables them. With technical support from WHO, participants completed the SPAR. Selected participants including some WHO country level staff benefited from a detail comprehensive practical training on the use of the WHO REMAP tool to conduct continuous REMAP exercise and to track the NAPHS implementation status. WHO compiled the results in the REMAP tool for analysis and discussion?

### RESULTS FROM WORKING SESSIONS AND KEY FINDINGS

The prioritization exercise resulted in 85 summary (40% of the overall 213 NAPHS summary activities) and 149 detail (32% of the overall 460 NAPHS detail activities) health security interventions at national and sub-national level in the NAPHS of South Sudan. Of the total prioritized summary activities, 19 activities (representing 12%) have been completed, 10 activities (representing 7%) are at advanced stage of implementation, 37 activities (representing 24%) are ongoing activities, 20 activities (representing 13%) have just been started and implementation of 65 (representing 44%) activities are yet to start
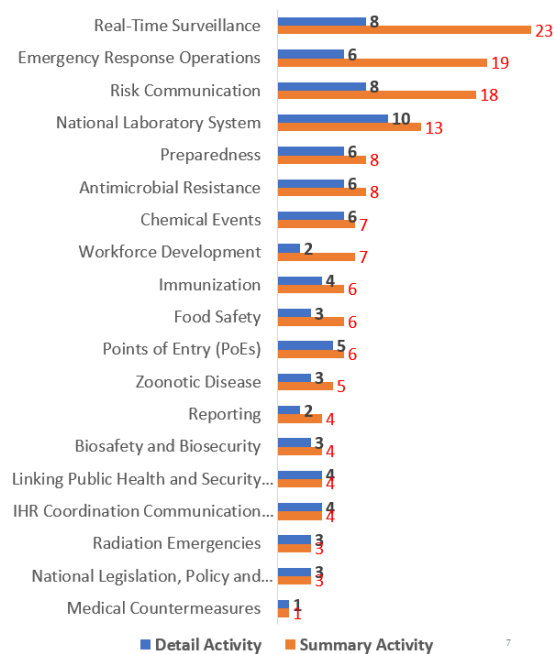

Illustrated below by technical area, with the largest number of detailed and summary activities for both real in Real-Time Surveillance (23) and Emergency Response Operations (19).

Number of activities of South Sudan NAPHS per each technical area
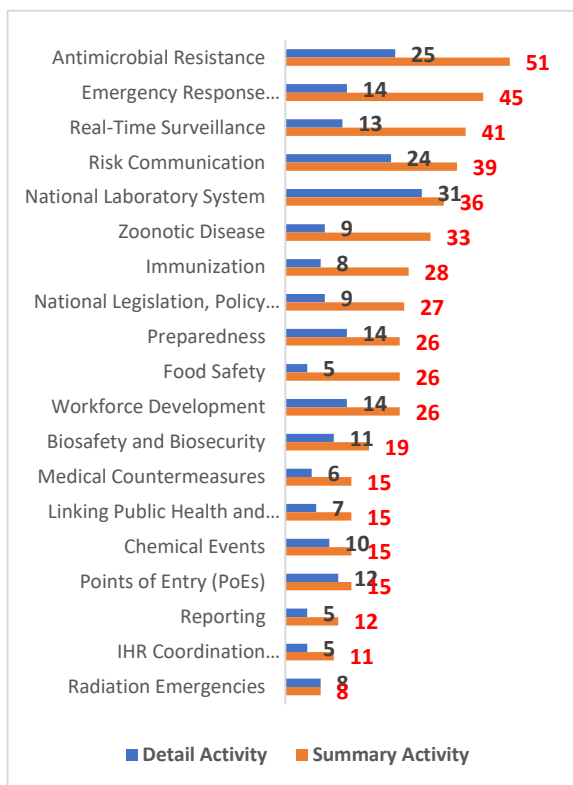
Number of activities of prioritized South Sudan NAPHS per each technical area

The resource mapping demonstrated that no funds are currently pledged directly to NAPHS and prioritized activities. Participants mapped $0.00 in committed funding as compared to the total NAPHS cost of $**69,538,788** and the total cost of the prioritized activities at **$13,357,841.00** (based on current exchange rates.)

However, **$132,190,576** in partner support for overall health security activities in the country (beyond the NAPHS) was mapped in 2021 REMAP exercise and validated during this workshop process. This can be leveraged to support NAPHS implementation in addition to the salary and infrastructure support provided by the ministries, which often are the implementing agencies in health security activities in the country.

The mapping found partner support focused in areas such as emergency response operations, real-time surveillance, workforce development and national laboratory system. Major gaps exist in areas such as Immunization, Food Safety, and Real Time Surveillance, where **$1.424,903.00** in health security support was mapped compared to nearly **$36,537,393.00** costed in Immunization activities in the NAPHS. Other technical areas identified with little or no partner support in South Sudan include Linking Public Health and Security Authorities, National Legislation, Polies and Financing, and Radiation Emergency, where **$0** in support was identified compared to **$421,828.00** needed in the costed NAPHS.

Radiation Emergencies is another area in need of substantial support, with **$0** in overall support specified with no partner support with over $10 thousand in activities included in the costed NAPHS.

An illustration of health security activities and investments mapped in each of the 19 technical areas is illustrated below.

Figure 1: Health Security investments mapped in each of the 19 technical areas
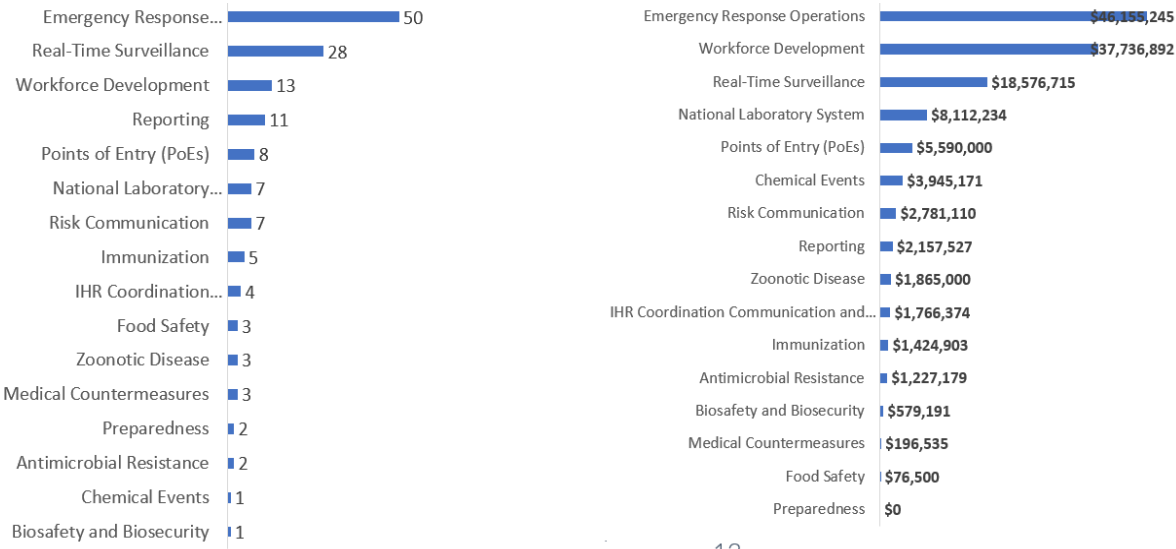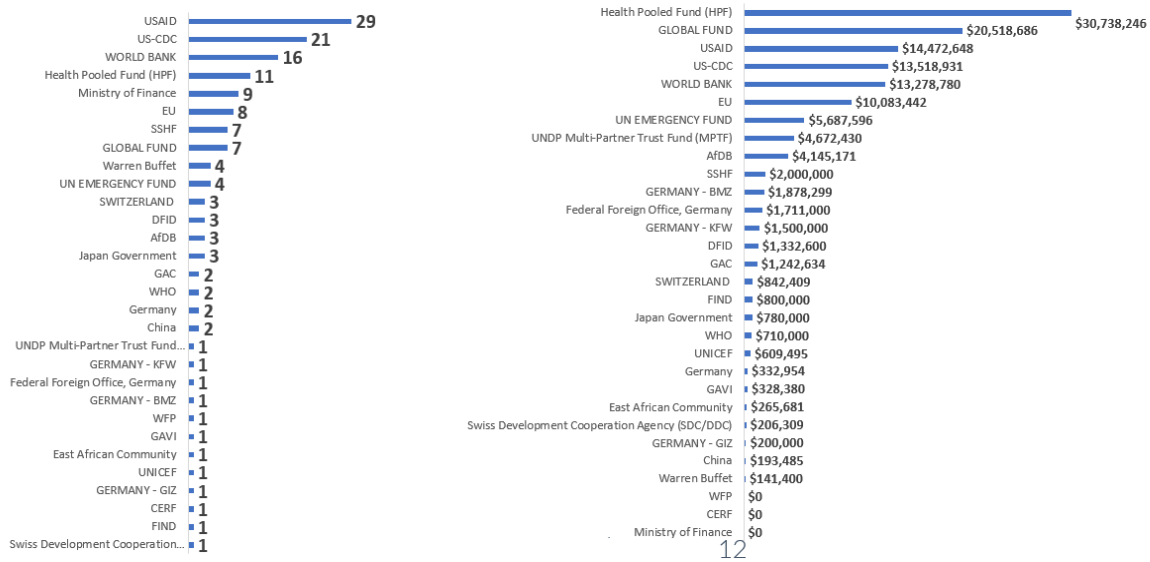

The mapping further identified the key partners and stakeholders who are supporting health security in South Sudan and can be engaged in collaboration to facilitate coordination and alignment for NAPHS implementation.

Visualizations in the REMAP tool include 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, which is investing particularly in Workforce Development, Immunization, Real-Time Surveillance, National Laboratory Systems, Reporting, Risk communication. The European Union (EU), which is investing particularly in National Laboratory Systems, Real-Time Surveillance, Points of Entry, The World Bank, which is supporting Immunization, Workforce Development, Reporting, IHR Coordination Communication, and Real-Time Surveillance, WHO and Global Fund (with a wide variety of support across technical areas) and USAID, which has funded activities prioritized in the NAPHS that support the alignment of National Legislation and the International Health Regulations (IHR, 2005) in South Sudan. The Japan and the Germany governments are supporters of Points of Entry activities in the country while GAVI, Health Pooled Fund, Switzerland and the World Bank have shown commitment to supporting the implementation of immunization activities in the South Sudan.

South Sudan can work with these partners, and others, who have shown that supporting health security in the country is a priority, to coordinate for the implementation of activities in the country NAPHS. An illustration of the partners mapped through the exercise as supporting health security in South Sudan is shown below. $0 means, there are activities but amount not specified.

Figure 2: Number of health security interventions and amount mapped by partner/government

Partner/Government	Number of interventions
USAID	29
US-CDC	21
WORLD BANK	16
Health Pooled Fund (HPF)	11
Ministry of Finance	9
EU	8
SSHF	7
GLOBAL FUND	7
Warren Buffet	4
UN EMERGENCY FUND	4
SWITZERLAND	3
DFID	3
AfDB	3
Japan Government	3
GAC	2
WHO	2
Germany	2
China	2
UNDP Multi-Partner Trust Fund...	1
GERMANY - KFW	1
Federal Foreign Office, Germany	1
GERMANY - BMZ	1
WFP	1
GAVI	1
East African Community	1
UNICEF	1
GERMANY - GIZ	1
CERF	1
FIND	1
Swiss Development Cooperation...	1

Partner/Government	Amount mapped
Health Pooled Fund (HPF)	$30,738,246
GLOBAL FUND	$20,518,686
USAID	$14,472,648
US-CDC	$13,518,931
WORLD BANK	$13,278,780
EU	$10,083,442
UN EMERGENCY FUND	$5,687,596
UNDP Multi-Partner Trust Fund (MPTF)	$4,672,430
AfDB	$4,145,171
SSHF	$2,000,000
GERMANY - BMZ	$1,878,299
Federal Foreign Office, Germany	$1,711,000
GERMANY - KFW	$1,500,000
DFID	$1,332,600
GAC	$1,242,634
SWITZERLAND	$842,409
FIND	$800,000
Japan Government	$780,000
WHO	$710,000
UNICEF	$609,495
Germany	$332,954
GAVI	$328,380
East African Community	$265,681
Swiss Development Cooperation Agency (SDC/DDC)	$206,309
GERMANY - GIZ	$200,000
China	$193,485
Warren Buffet	$141,400
WFP	$0
CERF	$0
Ministry of Finance	$0

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More detailed information on the details of partner and government health security support mapped in the country is included in the Excel and online REMAP dashboards created for South Sudan, including the details of activities, years of the project, regions being supported, amount of the investment, implementing agency (if any), whether the activity represents financial or technical assistance, and other relevant details.

South Sudan is encouraged to use the data for an evidenced-based dialogue with partners on how these existing health security investments can be leveraged to support the implementation of national priorities as reflected in the country's NAPHS, as well as to promote the allocation and reallocation of resources in areas of particular need. The data is also encouraged to be shared, including through WHO, with other partners who are not currently working in the country to better understand areas of need and how they might support South Sudan.

Monitoring Tool for IHR in, South Sudan

RESOURCE MAPPING AND NAPHS DASHBOARD

| Catégorie principale du RSI	Principaux domaines techniques pris en charge	Nombre d'activités	Montant investi
Prevent	National Legislation, Policy and Financing	0	$0
Prevent	IHR Coordination Communication and Advoca	4	$1,766,374
Prevent	Antimicrobial Resistance	2	$1,227,179
Prevent	Zoonotic Disease	3	$1,865,000
Prevent	Food Safety	3	$76,500
Prevent	Biosafety and Biosecurity	1	$579,191
Prevent	Immunization	5	$1,424,903
Total Investissement of partners and the government under Prevent		**18**	**$6,939,147**
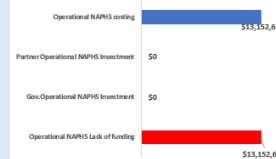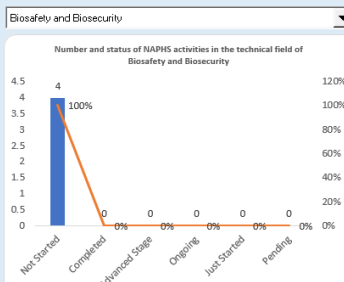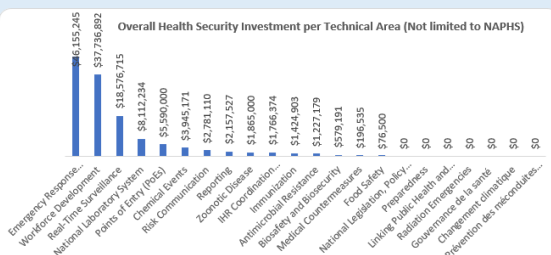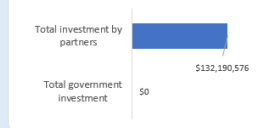
The REMAP tool and process is also being used in South Sudan to track and monitor progress in the implementation of the NAPHS. While the NAPHS is not yet launched, workshop participants indicated that implementation had begun, particularly in areas such as National Laboratory System, Workforce Development, Emergency Response Operations, Linking Public Health and Security Authorities, with overall prioritized NAPHS implementation status at least 15 percent. The REMAP tool can be used to update the status as activities progress.

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 Sustainable 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.

A range of NAPHS activities were identified as in need of expert technical assistance for completion, with technical areas of particular need including National Legislation, Policy and Financing, Antimicrobial Resistance, Zoonotic Disease, Biosafety & Biosecurity, Food Safety, Immunization, Real-Time-Surveillance, Emergency Response Operations, Linking Public Health and Security Authorities,

Reporting, Preparedness and Points of Entry (PoEs). The workshop participants prioritized 85 and 149 of the NAPHS summary and detail activities respectively as most urgently requiring international expert technical support.

Examples of the needs for expert technical assistance are listed below. The full listing, including the nature of the assistance needed and the activities prioritized at the workshop as requiring the most urgent support, is provided in Annex 1.

Examples of Technical assistance needs identified for NAPHS activities:

- Hire a consultant to develop National Action Plan for AMR/ Strategic and operational plans
- Support the development of AMR plan of action
- Give guidance on development of guidelines and SOPs
- To guide the development of One Health strategic plan
- Operationalization of the strategic plan for one health
- Need assessment in biosecurity and biosafety
- Hire consultant to develop policy guidelines and action plan for food safety and biosecurity and biosafety
- A consultant to train IHR focal points on IHR reporting and support with TTX
- Facilitators with the required technical skills in the area
  Participants Training on the use of the REMAP Tool

  Selected participants were given a comprehensive practical training on the use of the WHO REMAP Tool to conduct continuous REMAP exercise and to track the progress of implementation of the country NAHS activities. Nine (9) participants (5 from the Ministry of Health and Ministry of Environment and the remaining 5 were WHO country staff) were trained in total. The training was formally requested by South Sudan after the REMAP exercise to capacitate the country to be able to map out all the available resources or support directly or indirectly towards the implementation of the country NAPHS. With practical guidance, participants were able to detach the REMAP and the NAPHS data sheets from the dashboard and share with partners to provide all their IHR related support to be updated and technical areas heads to review the status of the NAPHS activity implementation respectively. Participants were able to conduct other troubleshooting with the use of the dashboard.

  After the training, it was agreed that Mr. Malick Gai, HMIS Lead WHO, will be the main country focal person to host the main country dashboard. He will be in charge of sending the REMAP data sheet to partners for data on their IHR related support and update the dashboard. The technical area head will also be trained by him and also receive implementation updates of the technical area activities.

  WHO has since sent all the NAPHS and REMAP data sheet to all the trainees and will continue to provide technical support to the team.

- *Table 1: List of participants who took part of the REMAP Tool training*

S/No.	NAME	INSTITUTION	POSITION	email
1	John Mabior Aguto	Ministry of Health	operation manager One health activities	mabioraguto77@gmail.com
2	Makuach Santino	Ministry of Health	Data &ICT	santinoakuey@gmail.com
3	Dora Sallvatore	Ministry of Environment & Forestry	senior inspector	doraponi@outlook.com
4	Abraham Ajok	Ministry of Health	Data Manager	abrahamajok99@gmail.com
5	Malick Gai	WHO,	HMIS Lead	gaim@who.int
6	Gloria Ayub	WHO	Risk. Comm officer	ayubg@who.int
7	Dr Antonio Oke	WHO	CPI officer	0kea@who.int
8	Sheila Baya	WHO	National Public Health Officer	bayas@who.int
9	Dr Sandra Banks	WHO	Meal Officer	banks@who.int
10	Dr Kwuakuan Yealue	WHO	One health Consultant	yealuek@who.int
11	Rose Dagama	WHO	Data manager	dagamaa@who.int

COMPLETION OF THE STATE PARTY ANNUAL SELF-ASSESSMENT REPORT (SPAR)

WHO led participants to complete the electronic state party annual-assessment report (SPAR). This was done by reaching consensus on each item with clear guidance and explanation by WHO. Lots of question came up for clarification ensure the understanding and importance of completing the document for South Sudan.

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 Sustainable 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.

NEXT STEPS

- WHO will continue to provide capacity building to the national focal points in the use and updating of the REMAP tool
- The country should share the mapping with technical and financial partners to promote collaboration and collect further information on their level of resources for the NAPHS;
- The country should periodically update the tool with WHO support to capture information from partners and ministries

- The REMAP data should be validated by the country 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.

ANNEX

South Sudan – Technical Assistance Needs

Technical Area	Activity Details	Technical Assistance Details
National Legislation, Policy and Financing	**Operational NAPHS**	
	Advocate, lobby and follow up the pending IHR 2005 related bills for enactment through the parliament	1. consultant hiring. 2. financial resources
	Establish a budget line for routine and emergency IHR (2005) priority actions for sustainable domestic resource mobilization and develop an external resource mobilization strategy	TA in developing a resource mobilization strategy for the IHR priorities (NAPHS)
	NAPHS	
	Necessary changes to optimize procedure	No details provided
	(Comprehensive mapping of laws, legislation and regulations that are related to IHR implementation) Conduct a comprehensive desk review of national laws touching on IHR (2005) implementation	Medical Legal Experts (2)
	Conduct a 5 day workshop for members of Parliament to come up with Public Health Bill	No details provided
	Conduct a comprehensive desk review of national laws touching on IHR (2005) implementation	No details provided
	Conduct a comprehensive desk review of national laws touching on IHR (2005) implementation	No details provided
	Conduct a comprehensive desk review of national laws touching on IHR (2005) implementation	No details provided

Technical Area	Activity Details	Technical Assistance Details
Antimicrobial Resistance	**Operational NAPHS**	
	Develop a National AMR Plan of Action that includes all critical sectors.	hire a consultant to develop National Action Plan for AMR/ Strategic and operational plans

	Develop a National AMR Plan of Action that includes all critical sectors.	Support the development of AMR plan of action
	Develop national guidelines and SOPs on AMR prevention and control in accordance to Laboratory policy 2019	Give guidance on development of guidelines and SOPs
	Establish AMR surveillance unit at PHL for human and animal health, to report back to the AMR TWG.	Developing tools for AMR |Disease Surveillance
	Develop/establish and institutionalize a national infection prevention and control (IPC) programme.	to develop National IPC program
	Develop a plan for Antimicrobial Stewardship (including survey on antibiotic use).	to follow up on the status of policy guidelines
	Establish national policies and regulation on antibiotic use in humans	to develop a policy of antibiotics use in human
	NAPHS	
	Review and update national treatment guidelines to include appropriate antibiotic use	No details provided
	Monitoring of prescription and consumption patterns in both human and animals	No details provided
	Establish antimicrobial stewardship committees at health facilities level	No details provided
	Establish community engagement plan to promote understanding of adherence and antibiotic use	No details provided
	Monitor antimicrobial stewardship activities	No details provided
	Monitor antimicrobial stewardship activities	No details provided

Technical Area	Activity Details	Technical Assistance Details
Zoonotic Disease	Operational NAPHS	
	Develop and operationalize the National One Health Strategic plan.	To guide the development of One Health strategic plan
	Develop and operationalize the National One Health Strategic plan.	Operationalization of the strategic plan for one health
	Develop and operationalize the National One Health Strategic plan.	Training of One Health secretariat
	NAPHS	
	Training of staff under the FELTP Basic ,Intermediate and advanced level program.	No details provided
	Equip laboratories with supplies and consumables for zoonotic diseases surveillance	No details provided

	Develop a master plan for the construction of Veterinary Infrastructures (Labs, quarantines ,Slaughter house, Cold Chains, Vaccines)	No details provided
	Establish common database information system for information sharing across sectors and joint response	Development of reporting tools

Technical Area	Activity Details	Technical Assistance Details
Food Safety	Operational NAPHS	
	Establish a Food Safety Technical Working Group to strengthen coordination for effective communication and collaboration among sectors with focus on the water and sanitation sector	to development terms of references for Food Safet TWG
	Develop National Guidelines for food safety	hire consultant to national on food safety

Technical Area	Activity Details	Technical Assistance Details
Biosafety & Biosecurity	Operational NAPHS	
	Conduct a needs assessment and identify gaps in biosafety and biosecurity.	Need assessment in biosecurity and biosafety
	Develop a national policy and guide line and action plan on biosafety and biosecurity.	Hire consultant to develop policy guidelines and action plan for food safety and biosecurity and biosafety

Technical Area	Activity Details	Technical Assistance Details
Immunization	Operational NAPHS	
	Conduct outreach, Rapid Response Missions and Periodic Intensification of Routine Immunization plans.	Hire a consultant to develop health facility micro plan
	Conduct a Needs Assessment for Livestock Immunization Program	consultant to develop lives stock immunization program

Technical Area	Activity Details	Technical Assistance Details
Real-Time-Surveillance	Operational NAPHS	
	Conduct regular evaluation to improve the surveillance systems	Int. consultant for one month

	Data collection through IDSR to be upgraded to DHIS 2 and operationalize the IDSR module.	International Consultant
	NAPHS	
	Develop a system to collect and share real-time laboratory data (animal and human) that is connected to MoH and Ministry of Livestock and Fisheries Ministry.	Int. consultant for one month
	Develop SOP on human and animal EBS	Int. consultant for one month
	Strengthen capacity for syndromic surveillance among human, animal and environmental health workers at all level	Consultant (National & International)
	Strengthen IDSR implementation at all levels (National, State, County and Health Facilities)	Int. consultant for one month

Technical Area	Activity Details	Technical Assistance Details
Reporting	**Operational NAPHS**	
	Do simulation/TTX exercise for reporting public health emergencies for all focal points.	a consultant to train IHR focal points on IHR reporting and support with TTX
	NAPHS	
	Train /sensitize the sectoral focal points on IHR	a consultant to train IHR focal points on IHR reporting

Technical Area	Activity Details	Technical Assistance Details
Preparedness	**Operational NAPHS**	
	Test NPHEPR plan	Consultant to facilitate the SIMEX
	Train the stakeholders to use the plan at all levels (ToT training) at National level for 30pax.	Facilitators with the required technical skills in the area
	Disseminate and advocate for NPHEPR	Technical expertise
	Hire international consultant for one month to write the AAR Report	Consultant to write the report

Technical Area	Activity Details	Technical Assistance Details
	Operational NAPHS	
	Form, train and equip rapid response teams	Refresher Trainings

Emergency Response Operations	Conduct refresher training to equip the rapid response teams in the EOC.	Refresher Trainings
	Conduct refresher training to equip the rapid response teams in the EOC.	Facilitators with the required skills
	Develop/review EOC SOP and plans	Consultant
	conduct annual After Action Review for analysis and emergency	Consultant
	NAPHS	
	Roll out EOC SOP and plans	Facilitation
	Information management - Developing PHEOC website and domain hosting.	Consultant
	Human resource development for EOC	No details provided
	Review/update case management guidelines for all relevant hazards	No details provided
	Develop/review outbreak case management guidelines	No details provided
	Test outbreak case management guidelines	No details provided
	Disseminate outbreak case management guidelines	No details provided

Technical Area	Activity Details	Technical Assistance Details
Linking Public Health and Security Authorities	**NAPHS**	
	develop a tool for Joint Risk assessment and SOP	A consultant to support Gov to establish and sensitize the one health TWG and develop plan

Technical Area	Activity Details	Technical Assistance Details
Risk communication	**Operational NAPHS**	
	Develop/operationalize a multi-hazard and One Health risk communication strategy and plan	Subject matter expertise
	Develop guidelines/SOP for One Health communication	Subject matter expertise
	Train the focal persons in public communication	Subject matter expertise
	Develop/review channels of community reporting	Subject matter expertise
	One day training of informants at State level	Subject matter expertise

	National level orientation of 33 state Risk Communication focal persons on rumor/feedback tool, data collection, analysis and response.	Subject matter expertise
	NAPHS	
	Include affected communities in emergency response	
	Allocate funds for risk communication	

Technical Area	Activity Details	Technical Assistance Details
Points of Entry (PoEs)	**Operational NAPHS**	
	Conduct an assessment to determine the gaps and Designate 6 PoEs.	Technical assistance to support field assessment and supervision
	Develop, test and implement comprehensive National Public Health Contingency plan for the PoE based on the assessment	develop ,validate, test (simulation exercise) and endorse the contingency plan
	Conduct continued monitoring of IHR implementation capacities at PoE. Train 50 staff on monitoring mobility at 7 POE sites	Technical support on mobility monitoring at PoEs
	Recruit 6 national staffs to for each of the 6 POEs (5 Renk,4 Nadapal, 7 Nimule, 5 Nabiapai,7 Kaya & 8 Juba.)	Support to MoH for recruitment of port health staff
	Training of PoE staff on relevant aspects of IHR 2005 for effective public health response	To organize and facilitate training sessions
	Conduct continued monitoring of IHR implementation capacities at PoE. Train 50 staff on monitoring mobility at 7 POE sites	Technical support for joint supportive supervision to designated PoEs
	NAPHS	
	Procure equipment and supplies for the 7 POEs	procurement of thermoscans and other PoE IT equipment, medical equipment
	Advocate for establishment and budgetary allocation of dedicated port health services department	Technical support to develop the position paper and present to parliament
	Organize for a high level advocacy meeting for Key stakeholders on IHR 2005' provision on PoEs	Technical experts to organize and engage with key stakeholders and disseminate the ECP
	Develop emergency communication plan	Technical experts to organize and engage with key stakeholders and disseminate the ECP

	Develop, test and implement comprehensive National Public Health Contingency plan for the PoE based on the assessment	Need to procure additional ambulances, permanent PoE structures
	Develop and field test IEC Materials on public health events of concern for public awareness at PoEs	Technical experts to develop and distribute IEC materials
	Develop and field test IEC Materials on public health events of concern for public awareness at PoEs	Technical experts to develop and distribute IEC materials
	Conduct simulation exercise to test and validate ECP	Technical support in planning and conducting the SIMEX

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Programme Outline for the workshop

South Sudan NAPHS Annual Operational Planning Workshop Meeting

Palm Africa Hotel, Juba

7th – 10th February 2023

Meeting Objectives

- Review and evaluate the current level of IHR implementation in the thematic areas
- Review the NAPHS document and identify priority actions considering lessons learned from the COVID-19 pandemic and ongoing EVD outbreak
- Develop a costed annual operational plan for NAPHS implementation in 2023
- Validate completed submission of the States Parties Annual Report (SPAR) 2022

Moderator:

Day 1 Agenda		
Time	**Activity**	**Facilitator**
8:00 – 8:30am	Registration	Secretariat
8:30 – 8:45am	Opening prayer	All
8:45 – 9:00 am	Introduction of participants	All
9:00 – 9:15am	Opening remarks	IHR NFP/DG EP&R
9:15 - 9:30 am	Objectives and Expected Outcomes of the Workshop	Antonio
9:30 –10:30am	Review of the NAPHS Implementation status for 2022	All
10:30-11:00 am	**Group Photograph**	**All**
11:00 -11:20 am	Overview of the budgeting cycle and NAPHS Advocacy	
11:20 -1:00 pm	Review Progress with Assessment Synthesis (IHR Coordination & Surveillance TAs)	Moderator
1:00-2:00 pm	**Lunch**	**All**
2:00 – 3:30pm	Break out session – Finalization of prioritized activities	TA leads
3:30-4:15pm	Review purpose of Functional Group Exercise – give examples, trouble shoot likely questions/challenges	
4:15 – 4:30 pm	Wrap up & closing	

4:30 – 5:00 pm	Tea break	All

Moderator:

Day 2 Agenda		
Time	Activity	Facilitator
8:00-8:30 am	Day 1 recap	
8:30- 10:30am	Breakout sessions by functional groups *Each technical area has 15mins to present their assessment synthesis and prioritization, 15mins to receive feedback, each TA to identify opportunities for refining, aligning, synchronizing, or reinforcing their activities*	Team Leads
10:30– 11:00 am	Healthy Break	All
11:00 -12:00am	Breakout sessions by functional groups – continues	Team Leads
12:00 am-1:00pm	Plenary *Each functional group to present some of their major findings, insights (5mins of reflection each)*	Team Leads
1:00-2:00pm	Lunch	All
2:00-2:30pm	Breakout sessions by functional groups *Support Team and TA leads de-brief/status check*	Team leads
2:30-4:00pm	NAPHS costing best practices – practical session	Bismarck
4:00-4:30pm	Wrap up & closing	
4:30 – 5:00 pm	Tea break	All

Functional Grouping

Group 1: National Legislation; Policy; Financing; IHR Coordination; Workforce Development
Group 2: Antimicrobial Resistance; Biosafety and Biosecurity; National Laboratory System
Group 3: Emergency Response Operations; Emergency Preparedness; Linking Public Health and Security Authorities; Medical Countermeasures and Personnel Deployment; and Risk Communications
Group 4: Points of Entry; Chemical Events; and Radiation Emergencies
Group 5: Immunization; Surveillance and Reporting; and Zoonotic Diseases; Food Safety

Moderator:

Day 3: Development of Activities and Costing		
Time	Activity	Facilitator
8:30 - 9:00 am	Day 2 recap	
9.00am - 10:30 pm	Breakout session *Detailing Activities, Costing and Refinement (Technical Areas develop their sub activities, obtain feedback from peers)*	Facilitators
10.30 - 11:00 am	**Healthy Break**	**All**
11:00 - 1:00 pm	Breakout session - continues	Facilitators
1:00 - 2:00 pm	**Lunch**	**All**
2:00 - 3:30 pm	Plenary	All
3:30 - 4:00 pm	Breakout session *Work through open issues review work based on feedback during plenary*	All
4.00 - 4.10 pm	Wrap up & closing	
4:10 – 4:30 pm	**Tea break**	All

Moderator:

Day 4: Plenary for Costing, Workplan and SPAR validation		
Time	**Activity**	**Facilitator**
8:00 – 8:30 am	Day 3 recap	
8:30 - 09:00 am	Technical Area's Regroup to reflect on lessons, challenges, path forward	Team Lead
10:00– 10:30 am	**Healthy Break**	**All**
10:30-11:30 am	Presentation of the South Sudan data dashboard	Bismark
11:30-1:00 pm	World Café – Each TA to set up stations (with a laptop) Each TA representative to share summary of - Priority Activities - Expected Costs - Roadblocks - Recommendations/Support Needed	Team Lead
1:00-2:00pm	**Lunch**	**All**
2:00-2:30pm	Overview of SPAR updated Technical Areas & Indicators	
2:30-4:30pm	Review of scores across the 15 technical areas	
4:30 – 4:45	Wrap-up and closing	
4:15 – 4:30 pm	**Tea break and departure**	