

DEEP DIVE

PHC-intensified support in fragile, conflict-affected and vulnerable countries – the example of South Sudan

South Sudan has an estimated 11 million people and a life expectancy at birth of 53 years for males and 55 years for females. After more than two decades of war, South Sudan became an independent country in 2011 and descended into civil war in 2013. Since 2018, after five years of war, the country is in a phase of transition, as its Government moves from a core focus of tackling a humanitarian and emergency situation towards reorienting the state's priorities to long-term development of the health sector. South Sudan's health system performance has been significantly affected by the cumulative effects of protracted conflicts which have destroyed livelihoods and left millions in need of humanitarian assistance. The war destroyed both physical and social infrastructure, including the health system, with limited access and

coverage of essential health services to the most vulnerable. Only 44% of the population live within a 5-kilometre radius of a health facility and only 68% of health facilities are functional.⁶⁶

As of February 2021,⁶⁷ there were 8.3 million people in need of humanitarian assistance, 1.6 million internally displaced persons and 1.4 million malnourished children. In the beginning of the year, 5.8 million people – or 48% of the population – were facing acute food insecurity (IPC phase 3 and above). An active cholera outbreak is affecting eastern counties bordering Ethiopia and vaccine-derived poliovirus type 2 is circulating in the country. In terms of the COVID-19 epidemic, 8010 cases and 94 deaths have been confirmed.

Collaboration between partners to a build PHC-oriented health system

South Sudan is the first fragile, conflict-affected and vulnerable context country which WHO has supported to develop a health sector stabilization and recovery plan (HSSRP). This allows better bridging between humanitarian, emergencies and development partners and programmes with synergies around the PHC strategic and operational levers.

The ongoing collaboration between partners has resulted in key achievements – for example, development of strategic and technical guidance such as the health financing strategy, the Health Sector Strategic Plan, the basic package for health and nutrition services, and disease control strategies (HIV, TB, hepatitis and NCDs). Sustained efforts to strengthen partners' coordination are vital for progressing towards UHC and health security.

WHO brought catalytic funding and worked jointly across its three levels to support the Ministry of Health in addressing critical gaps in the health system identified in the HSSRP. This financial and technical support is promoting a PHC approach with national stewardship and accountability in four states (Jonglei, Western Bahr el Ghazal, Eastern Equatoria and Central Equatoria).

While the domestic allocation remains very low, the humanitarian assistance is likely to decline with improvements in the political stability in South Sudan. However, health systems foundational issues in terms of health workforce, supply chain, infrastructure, governance and information management remain a critical challenge. This necessitates more progressive support and a collaborative approach to build a PHC-based health system with sustainable capacity to maintain quality and equitable health services and public health emergency risk management. The UHC-P can continue to provide a catalytic role in funding and technical support.

66 Ministry of Health of South Sudan. Primary health care in South Sudan, SDG 3 GAP PHC Accelerator Meeting, December 2020.

67 South Sudan Bi-weekly Humanitarian Situation Report. Issue 04, 15–28 February 2021. Juba: WHO South Sudan Country Office; 2021.

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Furthermore, the country has one of the worst health indicators for maternal mortality ratio, estimated at 789 per 100 000 live births. Infant and child mortality rates are 75 and 106 per 1000 live births, respectively.⁶⁸ Communicable diseases constitute a significant public health problem. In addition, while NTDs are endemic, NCDs – notably, mental disorders – are on the rise. Inadequate infrastructure such as lack of adequate road network and mobile services, coupled with security issues, hinders outreach activities in the country.

In order to make progress towards UHC, the country has determined three national priorities: rolling out the Basic Package of Health and Nutrition Services (BPHNS) at facility and community levels; the Boma Health Initiative in hard-to-reach communities; and the national health financing strategy. If the COVID-19 situation allows, in 2021, the following outputs are expected: policy dialogue for UHC through a national health summit, human resources policy and strategy, infrastructure standards and norms for the BPHNS, pharmaceutical policy and strategy, improved state and country health facilities management, functional national health observatory, and the operationalization of the national health financing strategy through a public finance management system. The PHC operational levers have contributed to informing the development and implementation of the various guidances and monitoring and evaluation in the health sector. For instance, a Service Availability and Readiness survey was conducted to collect critical health data and measure services availability and readiness. Core capacities of the IHR have been strengthened to prevent the importation of the Ebola virus disease. Furthermore, the country has enhanced polio surveillance and vaccinations to maintain its polio-free status.

WHO has been working tirelessly to harness and sustain targeted support to South Sudan from the three levels of WHO (country, regional and headquarters) and its partners, while building on the past and ongoing humanitarian and development-related investments in the country. Based on jointly identified national and subnational priorities, the WCO focuses on five key strategic areas of work:⁶⁹ maternal, newborn and child morbidity and mortality; prevention and control of communicable diseases, NCDs and NTDs; health

emergency risk management; health systems strengthening; and environmental and social determinants of health. Strengthening PHC has been identified as a key strategy in taking forward these priorities and improving the associated health services and outcomes, in the context of health system recovery.

The Ministry of Health, with the support of WHO and partners, developed a plan for investments in catalytic actions to foster the recovery, growth and performance of the health system – the HSSRP for the period 2020–2022. Costed at US\$ 2.8 billion, it aims to reinforce health governance, mitigate the impact of disruptions, while building foundations for sustained UHC and SDG efforts through cross-sector interventions and aligning all partners under one roadmap for UHC. As the health sector is fragmented and not optimally coordinated with multiple stakeholders and service provider systems, the implementation of the HSSRP should strengthen oversight and coordination mechanisms and performance monitoring systems, as well as improve predictability of funding and sustainability of services. This plan also aims to enhance stewardship and accountability between humanitarian and development programmes.

The HSSRP implementation is also expected to lead to an agreement on standardized and comprehensive incentive structure and non-financial motivators for health workers; implement a real-time human resources information system and support the accreditation of training institutions. There is a need to explore other cost-effective interventions, such as improving the quality of local educational institutions. Currently, the core health workforce density is estimated to be 7.6 per 10 000 (WHO minimum standard is 44.5/10 000) and investments in production of HRH have been limited to a small category of mid-level cadres and overseas training of a few doctors and specialists, which is more expensive. Also, none of the health science institutes is accredited.

In terms of health financing, around 1% of government budget is allocated to health, reducing the Ministry of Health's leadership and influence on resources mobilization, allocation and accountability. Multiple financial flows are not coordinated, resulting in an inefficient use of resources for health. The HSSRP aims

68 South Sudan Basic Package of Health and Nutrition Services (BPHNS), July 2019.

69 WHO, South Sudan annual report 2019.

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to secure increased government funding for medical supplies, human resources and infrastructure; improve mapping and monitoring of alignment of external resources to national objectives; harmonize financing of services; and improve the coherence of major funding streams. Moreover, the HSSRP defined other objectives to strengthen the health system, including: harmonization of supply chains; improvement of the procurement process and the pharmaceutical information system; scaling up the District Health Information Software 2 (DHIS2) system; undertaking critical health surveys; mapping, monitoring and introducing innovative approaches for health facilities; and reinforcing service delivery.

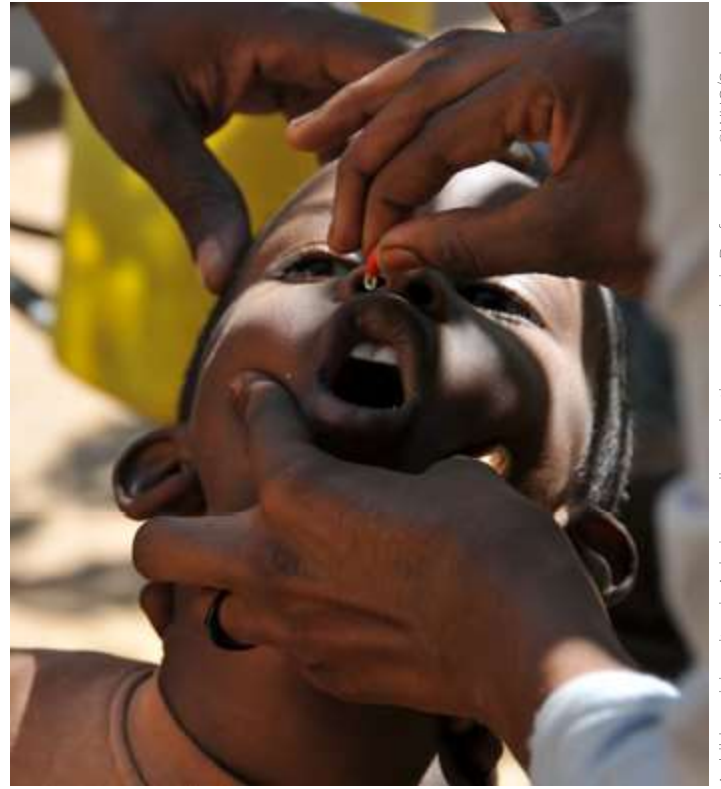
As part of WHO's support, through a year-long funded project, the Ministry of Health is implementing a PHC project in four states (Jonglei, Western Bahr el Ghazal, Eastern Equatoria and Central Equatoria). The project was established following WHO's collaborations with the Ministry of Health and in-country partners, which led to development of the HSSRP. This project aims to address the critical gaps in health systems foundations (across all health system building blocks) to create a more enabling environment for the advancement of PHC. To achieve this aim, an integrated approach is being applied to synergize efforts related to health systems strengthening, emergency preparedness and response, and essential health services delivery, in line with the humanitarian-development nexus. This includes emphasis on health services to vulnerable groups – particularly women and girls – and strengthening the country's capacity for early warning, risk reduction and effective management of public health risks.

The project has gained high-level political buy-in and commitment at the national level. This has been facilitated through continued engagements, coordination and participation of key stakeholders with the resuscitation of the Health Sector Working Group and through the creation of a Health Sector Secretariat with Ministry of Health staff designated as project focal persons. Management tools have been revised for improving health leadership and governance at county and state levels. Two major health facilities (the infectious disease unit and the Juba teaching hospital) have been rehabilitated to improve availability, quality and safety of health services, including primary-level services and maternal and child health. Around 400 community resource persons have been trained to support community surveillance of infectious diseases. Core pipeline drugs for emergency services have also been procured with the project support for distribution to primary care facilities.

Challenges encountered in the implementation of the project include the prevailing security and access concerns, ongoing COVID-19-related restrictions and impacts, and inadequate availability and motivation of suitably skilled staff. Under these realities the project has been able to adapt and provide needed technical and financial support in critical areas for building the capacities of national authorities and health workers. Given the catalytic nature of the project, it has drawn additional support from donors and partners for health systems strengthening. For example, the ongoing work within the scope of this project is informing a complementary initiative to build a PHC foundation in South Sudan as part of the first wave of SDG GAP countries. WHO is continuing to explore with partners options to diversify funding sources to enable adequate and long-term support to the country for sustained progress towards health sector stabilization, recovery and resilience.

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Assessment of nutritional status of a child in an IDP camp in Darfur. ©WHO/South Darfur Sub-office



A child receiving vitamin A during a polio vaccination campaign in Darfur region. ©WHO/Sudan

Abu Gao village health centre destroyed during the war in Darfur. ©WHO/North Darfur Sub-office



Community health dialogue session. ©WHO/North Darfur Sub-office