The second Government of Southern Sudan Health Assembly (GoSSHA2) was held in Juba from October 26 to 29, 2008. This assembly is an annual forum organized by the MoH/GoSS, in partnership with stake holders in the health sector, to review the state of health care and service delivery. This year’s theme was “Building Effective Health System in Southern Sudan”. All the participating agencies and individuals had an opportunity to present their experiences and useful lessons learnt through exhibitions, and exchange of ideas at informal forums. WHO worked with the MoH and other members of the GoSSHA Steering Committee in all aspects of the preparations for the Assembly, including programming and logistics. WHO provided technical support to each of the ten Southern Sudan States in the preparation of the situation analysis and presentations for the Health Assembly. The Assembly was conducted in a very lively and cordial atmosphere and consisted of presentations, plenary discussions and small group discussions. It was officially opened by the president of the government of Southern Sudan, H.E General Salva Kiir Mayardit. During his speech he stressed his government commitment to provide effective health services to the people of Southern Sudan. "Health is the cornerstone of our development, prosperity and wealth creation," said President Kiir to an audience comprised of doctors, nurses, traditional birth attendants, community health workers, medical assistants and delegates from international medical organizations.

H.E Kiir said that the Government of Southern Sudan recognizes health as a "fundamental human right," adding that "it is both moral and constitutional obligation upon all of us to ensure that our people have access to health services when they need such services." He stressed establishing effective health institutions, moving health services closer to people, role of private sector in health services delivery, creating highly motivated and trained health personnel as some of the best ways to build effective health systems in South Sudan.

In conclusion key recommendations towards the improvement of Health systems were made and it was unanimously agreed that strong and decentralized health systems are essential as a means towards achieving the targets of the Millennium Development Goals, according to household survey Southern Sudan has the worst maternal and child mortality rates in the world.
According to an overview of hazards in Southern Sudan, the months of September and October are characterized to have frequency of floods and malaria epidemics.

A total number of 125,830 population were affected with floods in the months of September and October in areas of Warrap, Upper Nile, Jonglei and Northern Bar El Ghazal States. The flood disaster contributed to the epidemic of diseases such as acute watery diarrhoea, cholera and malaria. In Northern Bar El Ghazal, a severe epidemic of cholera was reported during this period of time with cumulative cases of 1300. (Please see the EWARN update for diseases specific information). There were no major flood disasters reported in other States.

World Health organization have continue to support the NGO health forum through capacity building and strengthening of the local/indigenous (Southern Sudan) NGOs. In order to strengthen the coordination mechanism at central and State levels, WHO signed an Agreement to perform Work (APW) with an NGO named Tearfund, who is currently co-charring the NGO’s health forum.

Health sector coordination has improved in communication – the membership of the Southern Sudan Health Forum group has increased to 829 members (increased from 218 people in 2007), and attendance at the NGO Health Forum meetings is regularly around 40 – 50 people (increased from 20 people in 2007).

In regards to the UN & partners work plan for 2009, WHO sector lead for health, participated in the defense of the Health & Nutrition sectors along side UNICEF, sector lead for Nutrition.

The mission statement for the health and nutrition sector for the UN & Partners work plan for the year 2009 is “to provide support for and strengthen local capacity to mitigate, prepare for, respond to and properly manage public health risks to prevent avoidable mortality and morbidity with focus on maternal and child health and on ensuring vulnerable populations are covered by an integrated health and nutrition package of services”.

As reported in the last month update, the work plan is built up on three strategic objectives, which are:

1. to contribute towards better access for vulnerable populations to quality health care services that include a basic health package, nutrition and emergency referral services;
2. to strengthen local capacity to predict, prepare for, respond to, mitigate and manage health and nutrition risks that include communicable diseases and seasonal emergencies, with measures such as outbreak control and nutrition surveillance and
3. to contribute to a reduction in maternal and child morbidity and mortality focusing on Safe motherhood intervention.

In order to achieve the above three strategic objectives, the health and nutrition sector is appealing for a total amount of US$ 249,157,765 of which 32% of the entire amount represent the appeal for Southern Sudan region. The defense sessions were conducted in Khartoum chaired by Ms.Ameerah Haq, DSRSG, RC/HC, and Ms. Lise Grande DRC/HC Southern Sudan.
The improved state of preparedness for outbreaks is likely to have contributed to the low incidence of major outbreaks of epidemic prone diseases experienced this year relative to the previous years.

The persistent presence of cholera in Aweil South County could be attributed to poor sanitation and flooding causing contamination of water sources in the area.

Between Sep and Oct, 1600 cases of cholera were recorded from Aweil, the cumulative cases of cholera in Aweil from 28 July—31 Oct, 2008 stand at 3681 with 44 deaths. Follow up stool samples collected from patients still test positive for V. cholerae. WHO has sent 2 emergency health kits, each capable of supporting a facility caring for a population of 10,000 people for three months in normal situation. One infusion module consisting IV fluids was also sent to support the cholera effort.

Between September and October only nine cases with one death of meningitis were reported from all the ten States. No samples were collected as those cases occurred in isolation and in remote areas. The cumulative cases of meningitis for this year now stand at 117 cases with 16 deaths compared to 12,010 cases with 674 deaths in 2007.

In the last two month, 2 VHF's scares were reported in Juba Teaching Hospital (JTH),

The first case which was fatal turned out to be Dengue fever. The 2nd one was a soldier from Owinkibul with history of bleeding from all orifices for five days, the patient had no fever and he is a known HIV patient and not on Antiretroviral (ARV) drugs, the patient improved on supportive treatment. Blood sample results collected from the patient on the 6th of Nov are still being awaited from Nairobi.

Between September and October, WHO conducted five ToT IDSR training workshops in which over 300 surveillance officers were trained: in Abyei, Northern Bahr Gazel, Jonglei, Western Bahr gazal, Central Equatoria and Western Equatoria States.

The training in Western Equatoria State (WES) was for laboratory technicians where 22 laboratory technicians were trained on basic lab techniques on lab inspection of outbreak prone diseases. In the past few months, WES has been reporting large number of Acute Bloody Diarrhoea but they were lacking laboratory back up.

In Central Equatoria State, 10 surveillance officers from Juba County were trained on IDSR. This training was organized by the State surveillance officers who were trained earlier to roll out IDSR to County level.
Polio Cases

Polio Eradication Activities have been intensified to control the outbreaks and further spread of wild polio. Following the identification of cases in Ethiopia-Southern Sudan border, five more cases were confirmed with date of onset of illness in August and September, 2008. This brings the total number of confirmed cases in Southern Sudan to seven till end of October. Genetic sequencing showed that all cases are related to the cases identified in Ethiopia-Sudan border.

To control the spread, several rounds of Supplementary Immunization Activities (SIA) were carried out. The SNIDs in August and September were tough because of the difficulty in accessing some areas due to rains and floods. In order to fill these gaps additional rounds of National immunization days are planned to be conducted at the end of November and in the dry seasons of early 2009. Enhanced AFP surveillance was observed in all the ten States in view of the outbreak. A total of 132 cases have been investigated in 2008 of which 7 were confirmed as polio. All States have achieved the target for Non-polio AFP rate (≥2/100000) and adequate stool collection rate (≥80%).

EPI

- During these two months, most of the States have implemented first round accelerated EPI activities in all main health facilities and as an outreach in neighbouring areas, utilizing the GAVI support.
- In order to boost the coverage, three rounds of EPI acceleration have been planned in Oct – Dec 2008 – at least to reach the 30% DPT3 target by the end of 2008 as set by GAVI. Most of the States have already started implementing this strategy.
- Training plan on routine EPI and measles surveillance for County EPI officers and primary health workers has been finalized. The trainings will be conducted in all States before the end of this year.
- Control activities on measles outbreak reported from Udier Area, Upper Nile State were conducted despite the access problems due to heavy rains. The mission final report showed that the extent of the outbreak was much less than as propagated by the media. Only 50 cases of measles were registered in Udier PHCU, with no death records. Also, only 27 cases were reported from all 12 Counties of Upper Nile State. A mop up campaign was conducted in Udier and surrounding Bomas/Villages.
- The work plan for measles follow up campaigns and measles surveillance trainings for 2009 has been drafted and is awaiting final revision and endorsement by partners and Ministry of Health.
The Director of Endemic and Tropical disease in the Ministry of health – GoSS together with the WHO lab coordinator visited Lui hospital in September, 2008. The visit was part of the routine supervisory visit by WHO and also an opportunity for the MoH/GoSS to have a field experience on the Sleeping sickness activities and to deal with the issue of staff attrition which had been reported in the previous visits. During the visit, the Director of Endemic diseases met the staff in Lui hospital and discussed the challenges leading to staff attrition and the Ministry’s plan to deal with the challenges.

The nursing staff were trained on the use of water for injection in dilution of difluoromethylornithine (DFMO) and detailed data on Sleeping sickness relapses was collected as requested by WHO EMRO & HQ.

WHO continued to collect and compile the Sleeping sickness data from all the implementing partners and sharing it with the Ministry of health, through the Director of Tropical and Endemic diseases. According to the data received from five implementing partners, a total of 358 Sleeping sickness patients had been treated by the end of September. The need to have a concise situation of Sleeping sickness in all the endemic areas was realized thus WHO is planning to conduct a rapid situation analysis in the coming months which will not only provide the true picture of Sleeping sickness situation but also gaps will be identified.

Training on Kala Azar (KA) awareness, diagnosis and treatment was conducted in Bentiu – Unity State. The training targeted health workers in Bentiu hospital and also other staff working in Primary health care centres around Bentiu. Some participants attended from Leer, Rubkona and Mayandit Counties. The training was facilitated by the WHO laboratory coordinator and the Epidemiologist In-charge of Unity and Upper Nile States. A total of 25 participants attended the training which included, Doctor, Medical assistants, Nurses and Lab technicians. The training emphasized on Kala Azar awareness, diagnosis using the dipsticks (DiaMed), treatment using Glucantime (Meglumine antimoniate) and record keeping.

The KA control activities in Bentiu hospital were officially started after the training and WHO provided the drugs (Glucantime) and the diagnostic kits (Dipstick). A total of 500 vials of Glucantime and 48 test kits of dipstick were supplied.

The trainees were also provided with the draft guideline for laboratory diagnosis of Kala Azar, Glucantime dosage table, diagnostic algorithm and IEC materials for Kala Azar awareness and diagnostic (KA health education and diagnosis & reporting files prepared by WHO). The State Ministries of health in Unity and Upper Nile were involved in Kala Azar activities and to ensure the full participation of the SMOHs, WHO requested for a focal person to be nominated for Kala Azar activities, focal person from Upper Nile State has already been nominated while Unity State is in the process of identifying a suitable candidate.

The laboratory coordinator also assisted in the preparation of presentations and providing data for the Neglected tropical diseases for the GOSS-Health Assembly.
The Malaria Technical Working Group (MTWG) members agreed to apply for round nine as there are outstanding gaps mainly in the areas of diagnosis and treatment which were not covered in the approved round seven. The application of round nine for malaria, TB and HIV/AIDS was discussed and endorsed in the CCM meeting. The MTWG members held two days gap analysis workshop before the beginning of proposal writing.

UNICEF informed MoH/GoSS and other members of the group that there is an opportunity for Southern Sudan to receive 1.6M LLINs from UNITAID. This has been approved by the Board of UNITAID and disbursement of the funds is likely to be done on 1 November, 2008.

WHO has delivered 10,000 Rapid Diagnostic Test for malaria to Unity and Aweil, as a response to the increased malaria cases after the flooding.

During the MTWG meeting, malaria case definitions were discussed. It was suggested that three definitions were needed: one for under-fives, based on suspected/clinically confirmed cases; and then two for over 5s, one including parasitological confirmation where possible and one which is just clinical/suspected, for health facilities without diagnostic capabilities.

**TBCAP Activities**

TBCAP (TB Control Assistance Program) is a partnership funded by US government focusing on providing technical assistance to the targeted countries. In Southern Sudan, WHO, KNCV and MSH are the partners and WHO has been acting as the country coordinating body.

Southern Sudan has benefited since 2006, in the area of strengthening of the national capacity, developing national strategic plan, strengthening laboratories including national referral laboratory, and conducting trainings for the health staffs. The highest priority of those activities is developing 5 years National Strategic Plan for TB Control Program in Southern Sudan.

**TBCAP Consultants visit**

Two TBCAP consultants visited Southern Sudan on September 2—11, 2008, for monitoring and evaluation of the field activities; Dr. Seita (WHO/EMRO) and Dr. Blok (KNCV). During their stay, one day brainstorming meeting for developing National Strategic Plan was conducted by the technical working group, in which strategic components were developed.

**Developing National Strategic Plan**

WHO conducted a two day workshop for developing a 5 year National Strategic Plan for TB Control in Southern Sudan between September 29—30, 2008. The workshop was convened to draft the National Strategic Plan in accordance with the strategic components developed by the technical working group, the comments made during the workshop will be compiled and reviewed again in the technical working group.

**Trainings**

Ten days training course was conducted in Bentieu between September 17—26, 2008, involving participants from TBCAP targeted area. A total of 20 participants including five laboratory technicians received the training course both on DOTS and laboratory area.

**Renovation of the peripheral laboratories and purchase of equipments**

GDF (Global Drug Facility) laboratory starter kits have been ordered for five targeted laboratories, and WHO’s engineer has visited Wau and Aweil and prepared the assessment reports, quotations and plans.
Establishment of Rumbek Nursing Institute

- WHO together with MoH/GoSS, interviewed three candidates for the position of teacher in the nursing institute; however they did not prove to be adequately qualified. Considering the situation in South Sudan with regard to human resources, recruitment of qualified personnel is still a huge problem.

- WHO signed an APW with CISP in June 2008 for the construction of the institute building and its completion by December 2008. There have been delays in initiation of the activity. Who office in Juba has contacted the partner NGO restating the conditions of the agreement and requesting for initiation of the construction as soon as possible.

Training of Lab Technicians

WHO in collaboration with the MoH/GoSS, Directorate of curative services conducted a four days’ training on prevention/screening of transfusion transmissible infections.

A total of nineteen participants from thirteen hospitals of eight States attended the training. The main objective of the training was to know the status of blood services in Southern Sudan and screening of transfusion transmissible infections.

Training of Healthcare Workers on STIs

A total of 52 health care workers were trained on syndromic management of sexually transmitted infections (STIs) during the months of Sept and Oct, 2008. Three subsequent trainings were organized by the respective MoH in Lakes, Jonglei and western Equatoria States. Staff from hospitals and PHCCs were enrolled during the training. The plan was to cascade the STI trainings to all States and health facilities. The main objective of the training was to discuss key components of a comprehensive STI services.

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Other Updates

- WHO office has been supporting Juba Health Science Institute since 2006. The institute, which has been training medical assistants, laboratory technicians and operating room technicians, was closed for a year due to some internal matters in the ministry of health. Lots of efforts were made to reopen the institute, as a result of which it resumed its operation in September this year. In order to support the training of health personnel and alleviate the problems of shortage of teachers, WHO is going to sign an APW with five part-time trainers for the institute for a period of six months, so that the Ministry of Health will be able to take over afterwards. The APW is in its administrative process. Moreover, teaching aids requested by the institute for practical training of students have been provided.

- WHO is arranging for the refresher training of ten Sudanese nurses in Kenya via an APW with African Medical and Research Foundation. The APW is in the process of being approved in the regional office. If approved, the five-month course will start in November.

- WHO has drafted job descriptions for different categories of nurses. Currently the drafts are being shared with partners, UNFPA and MoH/GoSS for finalization.