Polio Vaccination in Southern Sudan

Over 2.7 Million under five children were vaccinated against polio

Following the confirmation of importation of wild polio virus to South Darfur in October (Date of onset of paralysis on September 9), Southern Sudan conducted 2 rounds of NIDs in Oct/Nov and December.

The NIDs in October were staggered in two phases - the first phase was conducted from 29—31 October 2007 and the second from 5—7 November 2007. The December round was conducted from 5—7. Though the floods and the rains in some of the states made implementation difficult, most areas were covered successfully.

Problems Encountered

♦ Rains and floods - 2 Payams in Jonglei State were not accessible and some villages in Western Bahr El Ghazal (WBEG) and Unity State were difficult to reach.

♦ Insecurity in Ayod (Jonglei Sate) and Yambio (Western Equatoria State) delayed the implementation.

♦ Delay in social mobilization funds from UNICEF to the State ministries - some States did not receive funds altogether such as Eastern Equatoria.

It was determined to access the flood affected areas in December as the rains and floods subside considerably during that time period.

...more on page 9...
The year ending was characterized by a lot of positive and exciting events that registered increased WHO visibility in the South and strengthened our collaboration with the Ministry of Health (MoH)/Government of Southern Sudan (GoSS) and partners. Similarly, the capacity of MoH at GoSS and State levels has considerably escalated in particular in terms of human resources and technical capacity. MoH has started taking over several programmes which were previously being implemented by WHO or other partners.

From WHO side, technical support and field visits to Southern Sudan by senior officers have conspicuously shown WHO’s focus on Southern Sudan health systems rehabilitation. We can mention the visit of Dr Margaret Chan Director General (DG) in Nairobi who met with Southern Sudan WHO staff along with other delegates. Dr Mohamed Jama Deputy Regional Director (DRD)/Eastern Mediterranean Region (EMRO), Dr Abdullah Assa’edi Assistant Regional Director (ARD)/EMRO, Dr Ala Alwan Assistant Director General (ADG)/Health Action in Crisis (HAC) and many other senior officers from Khartoum, EMRO and Head Quarters (HQ) visited Juba and held discussions with MoH – GoSS officers and WHO country staff.

Last year was also characterized by consolidating WHO’s presence and capacity in the South. The office has now 30 international staff and over 300 nationals, supporting various programmes. It is worth noting that, in order to strengthen surveillance system and coordination, WHO has strategically assigned public health officers in five different States of Southern Sudan. This move has already demonstrated a decentralized response to outbreaks and better preparedness.

As previous year, we also responded to several outbreaks including meningitis, measles and acute watery diarrhea. With the experience on hands gained from last outbreaks coupled with MOH – GoSS leadership, the response and preparedness for future similar epidemics have improved.

Lastly, I thank to all WHO staff who have been contributing immensely in the development of the health system in Southern Sudan.

I wish you all Eid El Adha Mubarak, Merry Christmas and peaceful and prosperous year 2008!

Dr Abdullahi Ahmed
Head of Office
WHO Southern Sudan

Health System Strengthening (HSS)

WHO has been providing technical assistance to MOH – GoSS to coordinate the development of a proposal for health system strengthening in Southern Sudan to be submitted for funding to the Global Alliance for Vaccines and Immunization – Health System Strengthening (GAVI-HSS). The MOH – GoSS has already established a National Health System Steering Committee (NHSSC), which includes a Technical Task Force of the Committee coordinated by the Planning Wing, and requested WHO to coordinate the process, under the leadership of the Ministry.

WHO availed technical assistance dedicated to the proposal development, who has been working with all the stakeholders, and a drafting team drawn from members of the Task Force. A joint mission of the GAVI Alliance and WHO also visited Southern Sudan from 21-24 November 2007, and provided guidance to the NHSSC and the Inter-Agency Coordination Committee (ICC) of EPI on the development of the GAVI-HSS proposal.

The drafting team has been meeting with key staff of the State ministries of health in Southern Sudan to update available information and collect additional data for proposal development. Drafting of the proposal is currently in progress and a rough draft is expected by the first week of December 2007, following which it will be refined through a peer review process.
Study Tour for the Key Staff of the Directorate of Pharmaceutical Services

As part of the ongoing institutional capacity building efforts for the Ministry of Health / Government of Southern Sudan, WHO organized and funded a study tour for two senior members of the Directorate of Pharmaceutical Services, the Director General of Pharmaceutical Services and the Pharmacist in Charge of the Juba Teaching Hospital, to Nigeria and Ghana.

The objective of the study tour is to expose the officials to functioning pharmaceutical supply management and quality assurance systems. The officials will visit the regulatory institutions in the two countries with special focus on marketing authorization of medicines and post-marketing surveillance system: inspection and licensing of premises; national pharmaceutical quality control laboratories, as well as central pharmaceutical procurement units. They will also visit the respective pharmacy councils, responsible for the development and regulation of pharmacy professionals. The study tour is being conducted from November 24 to December 7, 2007.

Training of Trainer (TOT) on Medicines Supply Management and Promoting Rational Use

WHO is organizing and sponsoring fellowships to four pharmacists from Departments of Pharmaceutical Services in four State Ministries of Health of Southern Sudan for a training of trainer course on medicines supply management and promoting rational use from December 10 to 21, 2007 at the Faculty of Pharmacy, Muhimbili University of Health and Allied Sciences in Dar-Es Salaam, Tanzania.

The main objective of the training is to develop national capacity for appropriate medicines supply management and promotion of rational use. The course is expected to enable the participants to:

- understand and promote the Essential Medicines Concept, its historical perspective and its relation to the provision of primary health care
- understand the rational medicines concept and acquire skills to promote rational and cost effective use of medicines at all levels of health care.
- acquire skills for the organization and facilitation of pharmacy and therapeutics committees in state departments of health and health facilities.

The four pharmacists will be part of a team that will facilitate training of health workers on rational medicines use in 2008.

Human Resource Development

The Technical Officer in Health System Development, responsible for Human Resource for Health (HRH) and Essential Medicines and Pharmaceutical Policy (EMP) participated in a meeting with a WHO Human Resource Development Mission from WHO headquarters and the Regional Office for Eastern Mediterranean (EMRO) on November 22, 2007. The mission was organized by the Federal Ministry of Health and WHO Office of Sudan, in Khartoum, Sudan. The main objectives of the mission were to follow up on the implementation of the Global Health Workforce Alliance (GHWA) pledge to support Human Resource Development in Sudan and to identify additional areas for WHO support. The following areas have been identified as a priority for support:

- Assistance to streamline existing HR policies and plans.
- Scaling up pre-service training of mid-level health personnel.
- Support to the development of HR observatory in Sudan.
- Support to in-service training and continuous professional development programmes.

The issue of support for the HRH in Southern Sudan and the need for sharing resources with MOH/GOSS was also discussed. At the end of the mission, it was agreed that a follow up mission would take place in 2008, which will include a visit to Juba, Southern Sudan.
Emergency vigilance is a cornerstone of ‘WHO - Emergency & Humanitarian Action’ program. Southern Sudan has a history of being affected by both natural disasters and diseases outbreaks. Lesson learned from the flood disaster that affected seven States in Southern Sudan between July to October 2007, is that the preparedness to respond to the floods was weak at the State and Community level as well. In the month of November, WHO propositioned substantial quantity of medicines and supplies (New Interagency Emergency Health and Interagency Diarrhea Kits) at the State level.

Using the ECHO (European Commission's Humanitarian Aid Office) funds; State based Rapid Response Teams were established and trained in all ten states. WHO Public Health Specialists based in states have continued to build the capacity of the Rapid Response Teams in terms of awareness and responses. WHO supported the Ministry of Health in developing specific preparedness plans for the potential disease outbreaks, such as cholera, meningitis; avian influenza and ebola, have been developed and updated following the reported outbreak of Rift Valley Fever in the Northern States of Sudan.

The WHO team of Epidemiologists and Public Health Specialists conducted training programs for health workers in the health facilities in Upper Nile State of Southern Sudan - bordering Northern States. The training focused on Early Warning and Response Systems. A total number of forty four health workers were trained. WHO will be closely working with MoH GoSS and State MoH, to develop long term preparedness plans for natural disasters such as floods.

Funding/Resources Mobilization to Address Humanitarian Needs

Between January to December 2007, WHO mobilized resources from various donors to ensure technical support to the Ministry of Health in responding to humanitarian needs including strengthening of health systems.

This year however, it’s been noticed that there is a dramatic shortage of humanitarian funding. The transition period, between humanitarian (emergency) to early recovery and development has created a great challenge in the health sector. The Multi-Donor Trust Fund (MDTF) has taken longer than anticipated to disburse funding. The Health and Nutrition Sector requested US$ 50,455,000 for humanitarian interventions in Work-plan 2007. Only US$ 11,759,400 (approx. 23.3%) was dispersed. Approximately US$ 110 million has been requested by the health and nutrition sector for the year 2008, for humanitarian, early recovery and recovery and development projects.

Health Sector Coordination Meeting

Between January to December 2007, WHO's activities in Southern Sudan were supported by CERF for flooding response, CHF for (health sector coordination, HIV/AIDS & neglected tropical diseases), ECHO for strengthening EWARN, Italian Corporation for strengthening health systems, Finish Government for scaling up humanitarian interventions and Irish Government for Malaria program activities.

Establishment and strengthening of State health coordination committees as a forum for sharing information and coordinating activities has been ongoing; In Lakes State, between 23 and 28 November 2007 WHO/EWARN facilitated the meeting of health sector. UN agencies and NGOs at State MoH in Kuajok Warrap State and Rumbek Lakes State office assembled as part of the efforts to ensure provision of quality and sustainable health services in the State. In upper Nile, a three day health coordination meeting was held spearheaded by WHO with logistical and ...more on page 5...
In Southern Sudan, the health services coverage and distribution of health facilities is considered to be extremely low and inadequate in all States. It is estimated that overall coverage of health services is only 25% per cent of the population, contributing to some of the worst health indicators in the world.

Approximately 86% of the provision of health care services in Southern Sudan are provided by NGOs, of which 40 are international and 10 local (Source: CHAS Survey, 2007). The shrinking of humanitarian funding in recent months has caused NGOs to withdraw their support and agencies to not fully address the needs.

WHO as a health sector lead, is working closely with the Ministry of Health, UN agencies and the donor community to ensure that the funding gap is immediately addressed in order to sustain basic health services.

**Immediate Health Assistance to Returnees and Host Communities**

WHO has continued to support the Ministry of Health (MoH) in provision of health care services to the returnees (Internally Displaced population (IDPs))/ Refugees and host communities. Between 1 January to 15 December 2007, the repatriation figure reached 62,818, out of which 43,418 persons (69%) were organized, 5,035 persons (8%) were assisted with self-repatriation and 14,365 persons (23%) returned home spontaneously (UNHCR return report).

WHO, the leading agency for health, participated in various inter-agency assessment missions that were focused on assessing the health needs of the population of humanitarian concerns. In light of the ongoing diseases outbreak, such as acute watery diarrhea (AWD), meningitis, measles and Rift Valley Fever reported in the northern states of Sudan and Ebola in Uganda, WHO has been instrumental in providing key technical information to the Return and Reintegration (RR) working group. WHO is also working with the Ministry of Health and health implementing partners to ensure that the health assistance to the returnees and host communities is addressed appropriately and that health facilities are equipped with necessary medical supplies in order to cope with the increasing population at community level. Capacity building to health workers on going. In November 2007, a total number of sixty three (63) health workers were trained on the new policy for malaria treatment ‘Artemesin Combine Therapy & Rapid Diagnostic Test’ and Integrated Essential Childhood Health Care (IECHC).

**Health Sector Coordination Meeting**

...story continued from page 4

**WHO EHA program has supported the Director General of the State Ministry of Health in Western Bar El Ghazal to attend a course on “Analyzing Disrupted Health Systems in Countries in Crisis”. The course was organized by WHO-HAC and Merlin in Hammamet, Tunisia. The support is part of the technical and capacity building to the Ministry of Health staff in Southern Sudan.**
RVF Outbreak Verification

A follow-up assessment mission to northern upper Nile state which was earlier identified a risk area for Rift valley fever in South Sudan, did not confirm the disease in humans or animals. However additional five blood samples were collected from a suspected case and contacts. The 10 day mission was sponsored by WHO, comprised staff of MOH/FMOH and WHO. Activities undertaken during this mission include; training of 44 health workers, formation of Rapid Response Teams and an Epidemic Management Taskforce, Social Mobilization and Community Awareness and Education in which 1000 IEC materials were distributed.

Measles Outbreak Update

Anyangachor Measles outbreak in eastern Equatoria has been brought under control. 20,551 children were immunized in the villages of Naita, Bilamoi, Nakudochua, Kuron, Kauto areas and Anyangachor west (Napwatasikiria, Namorus). The immunization coverage rate was 60%. The cold chain system at Anyangachor PHCC has been strengthened with 3 cold boxes and ice packs, one deep freezer and two sibir fridges. In addition to other outbreaks in surrounding areas as of 20.Nov.2007. Three other outbreaks were reported in Counties of Yirol, Nyirol, Wuror and Fangak but these were rapidly contained. WHO in Lakes State responded and sent 8000 doses of measles vaccine together with other needed supplies to support the partners on ground to conduct mini vaccination campaign.

EWARN Update

- On 14 Dec 2007 MSF Swiss reported two cases of acute jaundice in Magwi County near the Ugandan border and is following up on the investigations.
- Cases of meningitis were suspected in Lobone (6 cases with no deaths) in Magwi County Eastern Equatoria State, and Yambio (2 cases with one death) in Western Equatoria State.
- Yellow fever and Ebola have been confirmed in Uganda and given the high traffic exchange between these two countries, a state of alert is being assumed in Southern Sudan. Awareness and surveillance activities are being boosted in the countries bordering Northern Uganda.
- The fifth WHO epidemiologist has finally been recruited for Western and Central Equatoria States during the second week of this reporting season.

Mapping of Health Facilities in Lakes State

In the process of building and strengthening health information system and skills, WHO has continued working closely with State MoH on mapping of health facilities in Warrap and Lakes States. The mapping includes: geographical positions, health staff and services provided at each health facility. The intention of the exercise is to improve evidence based planning and decision making.

Planned Activities for Next Month

- TOT training on IDSR in lakes state.
- Adaptation of international health regulations (IHR) guidelines for Southern Sudan.
- Continue surveillance activities and conduction of any outbreak investigation and response (Country wide).
- Establish weekly epidemiological bulletin for Southern Sudan.
A training workshop on standard operating procedures (SOP) on enhanced meningitis surveillance was organized from 10th to 15th Dec. 2007 in anticipation of the next meningitis season. Facilitation of the workshop was undertaken by an Epidemiologist and a Microbiologist from the WHO Multi Disease Surveillance and Control unit based in Ouagadougou and participants included Medical Officers, Surveillance Officers and Lab Technicians from the MOH and SMOH as well as WHO Epidemiologists and Public Health Officers. Preparedness and response plans for meningitis outbreak for South Sudan and for each of the 10 states were elaborated during the workshop. Meanwhile MOH has placed a request for 500,000 bivalent A/C vaccines for stockpiling.
IV/AIDS is already an epidemic in Southern Sudan. The HIV prevalence is estimated to be between 1% and 7% among the general population while among tuberculosis patients it is as high as 19.5% within patients routinely counselled and tested for HIV/AIDS. In order to curb the epidemic, WHO in close collaboration with the National TB/Leprosy/Buruli Ulcer program in the MOH - GoSS initiated TB/HIV collaborative activities in 2006. As a means to consolidate this program, WHO conducted a TB/HIV training workshop in Rumbek from 30 October - 6 November 2007. The aim of the workshop was to strengthen the capacity of health care workers, who are responsible for detecting and managing TB patients infected with HIV/AIDS in Rumbek hospital.

Rumbek Hospital is one of the hospitals run by Malteser International in Lakes State. It has a catchment population of over 300,000. It started treatment of tuberculosis in 1999. The hospital is served by three primary health care centres namely Cuibet, Abiriu and Mvolo health Centres. These centres act both as diagnostic and treatment centres during continuation phase of TB treatment. Usually when patients are diagnosed in these centres, they are referred to Rumbek Hospital for the initial phase of treatment and then referred back to the centres for continuation phase. These centres therefore complete the cycle of community DOTS in the area.

This workshop was attended by 25 participants, which included a TB supervisors, clinical officers, nurses and laboratory technicians. These participants were drawn not only from Rumbek Hospital but also from the centres serving the hospital. Rest came from Agangria, a TB treatment centre managed by Arkangelo Ali Clinic.

At the end of the workshop, participants acquired substantial knowledge not only on tuberculosis and HIV infections but also on basic principles of TB/HIV collaborative activities, the policies and guidelines underlying these activities and management of tuberculosis, HIV including antiretroviral therapy and treatment of other opportunistic infections common in HIV infected patients including recording and reporting on patients.

Tuberculosis Update

TB/HIV Training in Rumbek

Training on TB Infection Control

The WHO TB/Leprosy and Buruli Ulcer Focal Point Southern Sudan participated in two training courses on TB Infection Control in Gaborone; Botswana. These training workshops were organized by the KNVC tuberculosis Foundation. Goals of this Course were to disseminate the fundamentals of infection control in order to prevent tuberculosis transmission in institutional settings and to equip participants with the knowledge and skills to develop individual infection control plans for their respective facilities.

Basically the training covered TB Infection control based on administrative, environmental and personal protection methods of controlling tuberculosis in health institutions and congregate settings. This element has become an important in light of the HIV pandemic particularly in Sub-Saharan African where TB has become the single most important opportunistic infection among people living with HIV/AIDS. The workshops were attended by participants from eleven countries that include Ghana, Mozambique, Southern Sudan, Uganda, Zambia, Kenya, Malawi, Namibia, Nigeria, Cambodia and Botswana. This training was particularly important to Southern Sudan because it demonstrated the importance of considering TB infection control measures when establishing new health institutions.

It should be recalled that Southern Sudan is emerging from a long protracted war that has destroyed the entire health infrastructure and therefore the health system and institutions have to be rebuilt from scratch. Thus when planning and rebuilding these institutions TB infection control measures should be in place in the planning and implementation stage of the reconstruction. Meanwhile the National TB Program Manager for Southern Sudan left on 15 November 2007 for Arusha Tanzania to attend the International Union Against TB and Lung Disease (IUATLD) training course which took place from 17 November - 9 December 2007. This is part of the continuous training, meant to strengthen the capacity of the National TB/Leprosy and Buruli Ulcer Control Program in Southern Sudan.
... story continued from page 1

Tally sheets demonstrated the coverage rate of almost 100%, the post campaign evaluation results also reflected the picture closer to the real figures, showing coverage of 92% for Southern Sudan.

**AFP surveillance**

By the end of November a total of 124 AFP cases were identified and investigated. This makes the non-polio AFP rate 2.3 and the adequate stool collection rate 89.5% across Southern Sudan.

The Non Polio Entero-Virus isolation rate was 16.2% in addition to the cases from which vaccine viruses isolated indicating a very good reverse cold chain system.

**Mass Measles Campaign**

The implementation of the mass measles campaign in the remaining few counties is going on. By the end of November campaign was completed in Raja, Aweil south, Ruweng, Tonj east and Akobo Counties. Additional two counties are expected to be completed before the end of December, reducing the remaining counties to only five.

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The chart above shows the figures for the states with the exception of Jonglei State which was not ready at the time of report writing.
Expanded Program on Immunization (EPI) Update

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<th>Total pop</th>
<th>&lt; 5 years</th>
<th>Total vaccinated</th>
<th>Coverage</th>
<th>Zero dose</th>
<th>Wastage Rate</th>
<th># of children given Vit A</th>
<th>Vit A Cover. %</th>
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The table above shows the summary of the reported tally sheet results by state (the results from few Payams in NBEG and WBEG couldn't be completed due to access problems).
Three initial assessments were conducted in Torit, Yambio-Nzara and Nimule hospitals during the month of December 2007.

Initial site readiness assessment of Torit hospital was conducted by WHO from 20 - 26 November 2007 and detailed assessment of Yambio and Nzara hospitals were conducted from 4 – 6 Dec 2007 with a team from UNDP, WHO, UNICEF, MOH – GoSS and SSAC-Yambio. Torit and Nzara hospitals were identified as immediate sites to start ART in Southern Sudan using the global fund round four funds. Both teams identified the gaps in human resource, furniture, lab and pharmacy supplies and investigated the commitment from the partners working at the sites and the demand for services for PLHIV in the two counties.

A third group; Dr. Emmanuel Lino from MoH, Mr. Francis Taban from SSAC and Dr. Claudia Vivas and Ms. Shashu Araya from WHO who joined a mission to Nimule Hospital and SPLA VCT centre in Mugale. The objective was to assess HIV/AIDS services for the general population and especially for population of humanitarian concern in Magwi County. Local authorities and HIV/AIDS related organizations were interviewed.

The team to Nimule hospital concluded that:

1) Scaling up HIV/AIDS services in Magwi County and specifically in Nimule Payam is urgently needed.

2) Services and assistance available in Magwi County directly affects the return and reintegration of returnees and local integration of IDPs, as well as other groups identified as populations of humanitarian concern (demobilized children and women associated with armed forces and groups and war widows)

3) According to data available HIV Prevalence is 6.1%. Quality of services currently available in Nimule Hospital is very good, but need to be upgraded with commodities (drugs, lab equipments) and trained staff.

4) WHO has started supporting the facility by sending a medical doctor, 1 lab technician, 1 data clerk and 1 counsellor to an intensive IPCT training in Uganda and

5) SPLA VCT centre provides a good support for activities out of the hospital.

The joint mission recommends:

1) To scale up services in Nimule Hospital including: ARV, lab equipment and staff.

2) To upgrade the VCT and PMTCT services.

3) To advocate for Magwi County and Nimule Payam to benefit from GFATM RD4 for southern Sudan.

4) WHO to coordinate following activities with MOH - GoSS, Merlin as implementing NGO, local authorities, UNHCR, PLHIV associations, CBOs and other relevant stakeholders in Nimule.

5) To follow up close population movements and PoHC needs in the area and Job facilitation to start the ART services in Yei hospital continued during the months of Nov & Dec 2007. Sixteen health care staff (seven from Yei, four Kajokeji and four from Nimule) were sent to Uganda to attend the integrated prevention treatment counselling (IPCT) training from 29 Nov - 30 Dec 2007.

6) To follow up staff sent to IPCT training in Uganda.
Assessment on Blood Safety, Universal Precaution and STIs

Assessment of blood safety & universal precautions practices was conducted in 7 hospitals in Southern Sudan in November 2007. Assessment report was presented and disseminated during consultative workshop conducted on 10 and 11 December 2007 in Juba. STI assessment tools have been developed and data collections in 10 hospitals and 10 health centres planned for January 2008. WHO in collaboration with MOH – GoSS conducted a 2-day consultative meeting on draft blood strategy for Southern Sudan. A total of 20 participants from relevant Federal and State MOH, relevant UN agencies and NGOs attended the meeting held from 12 – 14 December 2007 in Juba. The forum revised the draft strategy and forwarded recommendations regarding establishment of national blood program in Southern Sudan.

Strengthening of VCT Services and Introduction of Provider Initiated Testing & Counselling

Fourteen senior counsellors from five major hospitals in Southern Sudan— Wau (Western Baher-El GHaazal), Malakal (Upper Nile), Yei (Central Equatoria), Juba teaching hospital (Central Equatoria) and Bentiu (Unity) States participated in a workshop organized by MOH – GoSS and WHO from 17 - 21 December 2007 in Juba town. Participants are expected to cascade the introduction of PITC in Malakal, Wau, Yei, Bentiu, Yambio, Torit and Juba hospitals and VCT centres in their surroundings.

Finalization of VCT Guidelines

On 15 December 2007 WHO in close collaboration with MOH – GoSS facilitated a half day meeting to cross check the incorporation of the comments of the October consultative meeting. The guidelines have been forwarded to MOH – GoSS and SSAC for endorsement.

Gender Integration into VCT Guidelines

From 19 – 20 December 2007 WHO in close collaboration with MOH – GoSS and SSAC convened a meeting to validate the assessment conducted by national consultants on gender integration into VCT. Twenty representatives from State MoH, NGOs and UN Agencies participated in the workshop.

The assessment result showed that gender sensitivity of the assessed nine VCT sites in Southern Sudan stand at 62% in performance and 49% in services. Use of observation, client exit interviews and desk review of the performance and sensitivity of the sites is recommended to validate the information generated using the WHO tool for assessment of the gender sensitivity of VCT services. Consensus was reached to use the multiple methods, incorporate the tool as quality assurance tool for the VCT service in Southern Sudan and present the findings to MOH – GoSS and SSAC for endorsement.
Dr. Arata Kochi, the Director of Global Malaria Programme (GMP) called for a Roll Back Malaria Harmonization Working Group and Third Global Malaria Staff Meeting from 22—26 October 2007 at Country Club, Nairobi, Kenya. WHO regional advisors, country staff for malaria programme and NMCP managers for the countries in the AFRO region were invited along with the chairs and key members of the Roll Back Harmonization Working Group to join WHO staff at this meeting.

From Southern Sudan, Dr. Jeylani Mohamoud attended this meeting as a representative of RBM/WHO and the NMCP coordinator. The purpose of this meeting was a comprehensive business plan to assist countries, in absorbing the expected increased fund, improving effective programme implementation, and leading to clear impact within the next 3 years.

Objectives of the meeting:

- Agree on the processes by which the business plan for malaria control and elimination is to be developed.
- Agree on target Countries
- Agree upon other WHO/MAL products for the 2008-2009 biennium to be produced jointly between Headquarters, Regional and Country Offices.

After the introduction and opening remarks, RBM Regional Strategic Directions, Budget and Products 2008-2009 were presented by AMRO, EMRO, EURO, SEARO, WPRO and AFRO respectively. Additionally, technical updates on Country Data base, Case management, Sentinel Surveillance, Monitoring and Evaluation Strategies, Malaria Prevention and Malaria Elimination were also presented by WHO technical staff at Headquarters and EMRO region. Suggested process to develop a “Business Plan” for malaria/control and elimination in target countries was presented to the country participants as an exercise to develop their respective country’s Business Plan. Update from RBM/HWG on Need Assessment Process was also presented. The outcomes of the meeting were country plan to develop Business plan and technical support needed during the process of this exercise.

The training of ToTs was conducted from 4 to 11 October 2007 at the Bentiu Civil Hospital. A total of 32 participants from the hospital and health workers from various agencies and Ministry attended. These participants were drawn from various counties in Unity State which include Rubkona, Abiemnohm, Panyijar, Koch and Leer, however, the majority of participants were from Bentiu hospital which is in Rubkona County.

Aims and Objectives

- To understand the protocol of the new first-line and second-line treatment of Uncomplicated Malaria
- To gain knowledge and skills in performing Rapid Diagnostic Tests

WARN is a regular annual meeting organized by RBM partnership Secretarial at WHO Headquarters. This year it was held from 20—22 November 2007 in Arusha, Tanzania. Twelve countries are member of this network which are: Eritrea, Ethiopia, Djibouti, Somalia, Kenya, Sudan (North & South), Uganda, Tanzania, Zanzibar, Burundi, Rwanda and Djibouti along with RBM partners in these countries. From side of Southern Sudan, RBM/WHO, two national staff from malaria department in MOH/GOSS, PSI and Malaria Consortium attended the meeting. The general objective of the meeting was to provide a forum for programme review, that is experience sharing and implementation for accelerating access to proven malaria control interventions towards universal access and achievement of Abuja 2010 targets.
Integrated Management of Childhood Illness
Neglected Tropical Diseases

Activities of IMCI and IECHC

In order to expand and consolidate IECHC services in PHCUs, being run by NGOs, WHO conducted a 5-day training from 19–23 Nov 2007 for 25 health workers in Lokichogio.

The general objective of this course is to train guinea worm community health workers and other village-based workers living in remote areas to assess, classify and treat child aged between 2 months and 5 years in order to prevent and/or reduce mortality rate in this particular age group.

Schistosomiasis and Soil Transmitted Helminths (STH)

The prevalence survey on S. mansoni and STH was conducted among school children in Lui from 18–23 October 2007. A total of 200 stool samples collected from primary school children were examined using the Kato – Katz technique. The prevalence of Schistosomiasis was found to be 50.5% (101 cases), hookworm 5% (10 cases), Trichuris trichiura 2% (4 cases) and Ascariasis 0.5% (1 case).

Based on statistics, children (7-15 years) were significantly affected than adults for Schistosomiasis (p<0.05). There was no difference in the distribution of disease between the genders (p=0.55). The findings indicate that Schistosomiasis prevalence is still very high in Lui therefore mass treatment is recommended.

Human African Trypanosomiasis (Sleeping Sickness)

Three representatives from MOH – GeSS and WHO attended the HAT platform annual review meeting held in Khartoum from 27-29 November 2007. Southern Sudan has reported 42 stage I and 166 stage II sleeping sickness new cases and 9,632 people screened from January to October 2007. The reporting rate for the same period has been 37%.

Research capacity in Southern Sudan is very weak and only one research project is being conducted in Yei (DB 289 by Malteser/STI). The meeting was attended by a total of 28 participants from 6 African sleeping sickness endemic countries, research institutions and pharmaceutical companies.

Guinea Worm Eradication Program

The Southern Sudan Guinea Worm Eradication Program Task Force (SSGWEP/TF) meeting held on 8 November 2007 in Juba. The provisional data depict that cases in 2007 have reduced by 67% compared to the same period in last year. Cases are mainly distributed in the States of Eastern Equatoria (58%), Warrab (19%) and Jonglei (14%). Case containment was 46% compare to 41% containment rate in 2006.