FACT SHEET
Emergency Risk and Crisis Management
March 2014

Highlights
- The recent clashes have led to the displacement of over 908,000 people including 705,800 within South Sudan
- Displaced people are living in crowded camps lacking in sanitation facilities
- South Sudan has some of the worst health indicators in the world and is experiencing a severe shortage of health professionals.

Current situation
The Republic of South Sudan has experienced internal conflict since its independence in 2011 and the situation has deteriorated into a civil war. Heavy fighting broke out in Juba on 15 December, 2013. Thereafter, the violence spread to the neighbouring states of Jonglei, Unity, Upper Nile and Lakes.
There are reports that thousands have been killed in the civil unrest and 705 800 people internally displaced along ethnic lines. More than 202 500 people have fled to neighbouring countries. WHO identified this humanitarian crisis as a Grade 3 on 10 February 2014.

The humanitarian condition of people displaced and affected by violence is quickly deteriorating. More than 85 000 internally displaced people (IDPs) are located in overcrowded camps which lack sufficient water and sanitation facilities. Food insecurity is affecting more than 3.7 million people. Current projections indicate that more than one million people will be internally displaced by June 2014.

The humanitarian community has put together a Strategic Response Plan with activities to cover up to June 2014. WHO, as leader of the Health Cluster, has contributed to this plan.

**Health situation**

The health situation across South Sudan remains fragile and is characterized by some of the worst health indicators in the world and extremely low health care coverage caused by a shortage of functioning health facilities and a lack of skilled health care workers. The life expectancy at birth is 54 years. The under-five infant mortality rate is 106 per 1000, while maternal mortality is the highest in the world at 2054 per 100 000 live births. South Sudan remains one of the poorest and least developed countries in the world where less than 44% of the population have access to basic services (*Health Sector Development Plan 2011-2015*). Out of 4.2 million people needing access to health services, the Health Cluster will target 1.9 million for assistance by June 2014.

South Sudan is experiencing severe shortages in all categories of trained health professionals, including physicians (1 per 65 574 population) and midwives (1 per 39 088 population). As a result, the country relies on inadequately trained or low skilled health workers. There is also an inequitable distribution of health workers both among the states and between urban and rural areas. Over 75% of health facilities in the counties of Jonglei, Unity and Upper Nile remain closed or not accessible. Due to insecurity, Health Cluster partners are unable to access some health facilities in areas affected by the conflict and there are reports of severe shortages of life-saving drugs across the country.

Displaced people living inside and outside the camps are at high risk of contracting communicable diseases due to poor sanitation, shortages of water, crowded living conditions, malnutrition, and poor immunity. Young children and pregnant women are particularly vulnerable. The main causes of morbidity are respiratory tract infection (21%), malaria (16%) and acute watery diarrhoea (12%). Health partners are responding to a measles outbreak with over 650 cases and 80 deaths (CFR 12.3%) reported.

**Health priorities**

Health partners have identified the following priorities:

- Restoration of emergency and essential primary and secondary health services for trauma, infectious diseases, reproductive health (especially safe deliveries/obstetric care and acute newborn care), care for victims of sexual and gender-based violence, and continuity of treatment for chronic conditions.
- Procurement, storage and distribution of life-saving and essential medicines and supplies.
- Provision of safe drinking water, adequate sanitation and hygiene facilities.
- Referral and care of children with medical complications of severe acute malnutrition
- Protection of health care workers and health facilities
- Strengthen the early warning surveillance and response system for outbreak-prone diseases.
- Vaccination against measles (and polio) with vitamin A supplementation.
- Infection control in health care facilities including safe transfusion and medical waste management
- Vector control, especially the provision of Long Lasting Insecticidal nets (LLINs) against malaria
- Emergency mental health and psychosocial care
- Public health risk communication
Further health needs assessments and monitoring visits are envisaged to keep up with rapid developments, e.g. Ministry of Health, World Health Organization and United Nations Population Fund will assess reproductive health services in the largest camp at Mingkaman, Awerial County (over 100,000 IDPs).

**WHO and health partners response**

WHO and health partners continue to support the current health emergency response by:

- Deploying technical experts (18 WHO staff) to the country to provide surge capacity (85% of surge capacity)
- Conducting rapid health assessments (12 initial rapid assessments conducted in conflict affected areas)
- Delivering life-saving emergency health care services to IDPs and providing mobile clinics to deliver life-saving health care services in IDP camps
- Delivering medical and surgical supplies to hospitals, Primary Health Care Units/Centres and mobile clinics
- Providing emergency drugs and other medical supplies to 21 health partners operating in five crisis-affected states
- Emergency medical supplies have been prepositioned in preparation for the upcoming rainy season and supplies for additional response capacity have also been prepositioned in Juba
- Supporting the management and referral of wounded patients (e.g. over 197 patients were transferred to referral facilities with surgical capacity)
- Providing technical support, capacity building and the dissemination of reproductive health messages for reproductive health services in the camps
- Conducting a preventive cholera vaccination campaign targeting more than 120,000 people in Awerial and Juba camps using the Oral Cholera Vaccine
- Establishing systems in the camps for communicable disease surveillance, early warning and rapid response to outbreaks
- Monitoring trends of epidemic prone diseases
- Promoting mental health and psychological support for IDPs living in UN compounds
- Coordinating the Health Cluster response in Juba and in four sub-national hubs
- Supporting health coordination mechanisms at central and state levels including deploying additional staff to enhance the Health Cluster coordination at central and sub-national levels
- Advocating for the involvement of more Health Cluster partners in high risk states
- Promoting key health messages on the importance of hygiene, water and sanitation and environmental health

**Funding requirements**

The Strategic Health Cluster Response Plan (27 January) calls for US$61.3 million to cover the most urgent health needs. WHO requires US$10.95 million to cover its health response activities through July 2014.

In 2012-2013 WHO received financial contributions to support its health humanitarian work in South Sudan from Denmark, the European Commission Humanitarian Aid and Civil Protection, Spain, the United States of America, the Central Emergency Response Fund and the United Nations Development Program Common Humanitarian Fund.

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