

# SOUTH SUDAN

People in need<sup>1</sup>

**9 MILLION**

People targeted<sup>1</sup>

**6 MILLION**

Total funding requirement for WHO's Emergency Operations in South Sudan

**US\$24 253 000**

Funding requirement for specifically for Grade-3 South Sudan Humanitarian Crisis

**US\$22 432 000**

*1 Data provided for People in need and People targeted is taken from the [Global humanitarian Overview 2024](#), these figures may be subject to change as part of the HRP process throughout the year.*

## CONTEXT

South Sudan faces a severe humanitarian situation driven by negative climatic conditions including floods and drought, as well as conflict, displacement, economic downturn, acute food insecurity and the resultant risk of disease outbreaks. An estimated 8.5 million people will require humanitarian assistance in 2024, including 2 million internally displaced persons (IDPs). In addition, six months of violence in Sudan that started in April 2024 between the Sudanese Armed Forces (SAF) and the paramilitary Rapid Support Forces (RSF) has further exacerbated the humanitarian situation in South Sudan. As of 10 December, South Sudan had received 428 324 refugees including more than 360 000 returning refugees and new refugee arrivals.

In 2023, severe acute food insecurity impacted an estimated 7.7 million people across 78 counties in South Sudan. This includes 43 000 people facing catastrophe-level food insecurity at Integrated Food Security Phase Classification (IPC) Phase 5, 2.9 million at IPC Phase 4 (emergency-level), and 4.8 million at IPC Phase 3 (crisis-level). Among those affected are 1.4 million malnourished children.

For 2024, it is estimated that millions of people will still be unable to meet minimum food needs as food stocks could be depleted by April 2024. Additionally, ongoing sporadic conflicts and the influx of returnees and refugees from Sudan is likely to strain food supplies and incomes further, driving severe malnutrition. Flooding also remains a concern, in 2023, areas of Upper Nile and Unity states remained under floodwaters, with an estimated 7021 people still displaced in Rubkona (IRNA, 24 Feb 2023).

South Sudan has a health system stretched beyond capacity, with low health workforce availability, weak disease surveillance, and low vaccine coverage for most preventable diseases. In 2024, pressures from climatic shocks, insecurity, and displacement will compound these constraints to further exacerbate South Sudan's public health crisis. The country is currently facing a recurrent measles outbreak that started in 2023 and has so far been reported in 68 counties. In 2023, there were 6389 suspected cases, 524 laboratory confirmed cases and 149 deaths, giving a case fatality ratio of 2.21%, as of 31 December 2023. Outbreaks of other diseases have included hepatitis E, reported in Bentiu IDP Camp since 2018 and in Fangak in 2023, and an outbreak of cholera in Malakal County during which 1471 cases and 2 deaths were reported.



*A health worker treats an infant for acute malnutrition.*

*Photo: WHO / Peter Louis Gume*

## WHO'S STRATEGIC OBJECTIVES

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- Reduce excess morbidity and mortality by strengthening surveillance systems for the timely detection, prevention, and response to disease outbreaks.
- Strengthen coordination for effective humanitarian responses and improve access to essential health services for the most vulnerable populations.
- Increase resilience of health systems and promote humanitarian-development linkages for health systems recovery.

## WHO 2024 RESPONSE STRATEGY

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In 2024, humanitarian needs in South Sudan will be driven by the ongoing influx of returnees/refugees due to the crisis in Sudan, as well as acute food insecurity, pockets of conflict, and the effects of floods, which will continue to trigger epidemics. The response will prioritize appropriate public health response measures that leverage the existing capacities of the national and state ministries of Health, the Health Cluster, its partners and the three levels (Country Office, Regional Office, and Headquarters) of WHO in line with its Emergency Response Framework.

The response will maintain capacities for the country's surveillance systems for the timely detection, prevention, and response to disease outbreaks through providing support to the health cluster partners and Ministry of Health structures on integrated surveillance. WHO will support integrating surveillance across routine sources of outbreaks, including nutrition and water quality surveillance for early detection of malnutrition and waterborne diseases. In addition, WHO will support capacity-building on data and information management, investigation, and rapid response to disease outbreaks. WHO will invest in health worker capacities to address turnover and attrition among health workers as well as provide technical guidance, reporting tools, guidelines, and standard operating procedures to guide the response. Surveillance and response actions will leverage existing resources in the 10 field offices and among the network of technical experts at the Country, Regional and Headquarters levels. At the state and county level, the response will tap into the work of the health cluster partners, the state and county surveillance officers and the community health workers to ensure outbreak detection and response is effective at the community, health facility and national level.

Further, the WHO Country Office through the Health Cluster will strengthen inter-cluster coordination and cluster integration among Health, Water, Sanitation and Hygiene (WASH), Food Security and Livelihoods clusters. WHO will leverage available resources while ensuring the sustained availability of Inter-agency Emergency Health Kits (IEHK) and Severe Acute Malnutrition kits to responding health partners. This will increase access to essential health and nutrition services for the most vulnerable populations during acute emergencies.

WHO's response plan will focus on the urgent emergency response needs while also ensuring that the health assistance provided will contribute towards building a resilient health system. This will involve proper linkages between humanitarian and development actions, conflict sensitive programming, and, when possible, providing building blocks for early recovery and the development of a resilient health system.



*A pharmacist in Renk gives medicine to a patient.*

*Photo: WHO / Peter Louis Gume*



*Health workers measure a refugee child.*

*Photo: WHO / Peter Louis Gume*

## KEY ACTIVITIES FOR 2024

- Strengthen disease surveillance systems for timely detection, prevention, and response to outbreaks, including through sentinel, nutrition, water quality, points of entry, and health screening.
- Establish and support rapid response teams (RRTs) for outbreak alerts and investigation at national and sub-national levels, including a multisectoral approach. Deploy RRTs and emergency mobile teams for assessments, active case search and initial response.
- Implement preventive campaigns against cholera, measles and polio for vulnerable groups.
- Conduct risk communication and community engagement to improve health behaviors and uptake of immunization, hygiene, and sanitation.
- Build capacity of community health workers to boost disease surveillance at community level.
- Strengthen lab systems and capacities for quality assurance, sample analysis and shipment, and proper waste management.
- Distribute updated guidelines and protocols for case management and inpatient treatment care for severe acute malnutrition (SAM).
- Augment capacity via surge teams for outbreak response and acute malnutrition treatment, including through simulation exercises.
- Coordinate the health, WASH, and nutrition response across clusters and partners.
- Procure and distribute emergency health kits and pediatric SAM kits to boost access to life-saving care.
- Invest in infection prevention and control capacities, including distribution of supplies and incinerators.
- Optimize basic healthcare delivery to vulnerable populations.
- Foster research partnerships focused on conflict and fragility dynamics.
- Strengthen nexus approach linking humanitarian, development, and peacebuilding efforts.

# ACHIEVEMENTS IN 2023

## DELIVERING INTEGRATED HEALTH RESPONSES TO SAVE LIVES IN FOOD INSECURE STATES OF SOUTH SUDAN



*A WHO Nutrition Officer on a supervision mission to a nutrition stabilisation centre in South Sudan.  
Photo: WHO*

Mrs Nyanaath Gatleel Luoy, a 29-year-old mother of three, and her fellow villagers have been struggling to access healthcare services due to the long distance they need to walk to reach the medical centre in Leer, which is several kilometres away.

"I had to walk 10 kilometres from our village in Kai Gai to seek treatment for my children in Leer hospital when they are sick, because roads are sometimes impassable," said Mrs Luoy. "Walking this distance proved to be more challenging, especially during the rainy season when roads are cut off by floodwater, compelling us to walk with children to Leer Hospital to access health care, exposing us to risk of another disease."

But with the recent improvement in the provision of health services at the nearby Kai Gai healthcare clinic, Mrs Luoy now experiences a sense of relief.

"It has come as a huge excitement to us. Now, you just walk into Kai Gai facility, which is a few minutes away, and we receive the treatment we need," said Mrs Luoy.

### FOR MORE INFORMATION

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*WHO staff speak to refugees awaiting treatment.*

*Photo: WHO / Peter Louis Gume*

## 2024 FUNDING REQUIREMENTS

### Emergency Appeal Requirement

South Sudan Humanitarian Crisis - Funding requirement by response pillar		US\$ '000
P1. Leadership, coordination, planning, and monitoring		1 964
P2. Risk communication and community engagement		658
P3. Surveillance, case investigation and contact tracing		4 129
P4. Travel, trade and points of entry		349
P5. Diagnostics and testing		1 470
P6. Infection prevention and control		734
P7. Case management and therapeutics		752
P8. Operational support and logistics		5 746
P9. Essential health systems and services		5 286
P10. Vaccination		-
P11. Research, innovation and evidence		1 344
<b>Total</b>		<b>22 432</b>

The table above presents WHO's funding requirements to respond to the ongoing emergency event in 2024. In addition to this, WHO also requires funding for its core work to support countries to prevent, prepare, detect and respond to emergencies. The table below presents the overall needs for both the ongoing emergency response (included in WHO's 2024 Health Emergency Appeal) and the core budget for WHE in the country, (included in WHO's Programme Budget 2024-2025).

South Sudan - Country office requirement		US\$ '000
South Sudan Humanitarian Crisis		22 432
COVID-19		979
Other graded emergencies and ongoing operations		842
<b>Emergency appeal requirement</b>		<b>24 253</b>
2.1 Countries prepared for health emergencies		1 561
2.2 Epidemics and pandemics prevented		2 318
2.3 Health emergencies rapidly detected and responded to		4 581
<b>Billion 2 - Base programme requirement</b>		<b>8 461</b>
<b>Total</b>		<b>32 714</b>



WHO National Health Coordinator, Salim Mohamedhour.  
Photo: Lindsay Mackenzie