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# SOUTH SUDAN

## HEALTH

### OVERVIEW

As the new nation recovers from decades of civil war, the vast majority of the population of South Sudan lacks access to essential health services and to safe water and sanitation. These conditions contribute to compromised health status for people of South Sudan, including exceptionally high mortality rates, particularly of mothers, infants, and children. The maternal mortality ratio is among the highest in the world, and one in every 10 infants will die before his or her fifth birthday. Malaria is a major cause of death among the general population, particularly for children under age five and pregnant women. HIV/AIDS, already prevalent in East Africa, has potential to become a serious threat in South Sudan.

Recognizing that many South Sudanese were falling ill or dying from preventable or treatable causes, the Government of the Republic of South Sudan (RoSS) Ministry of Health (MoH) identified a set of priority health care actions and interventions proven to most efficiently and effectively reduce mortality, disability, and morbidity due to the most common health problems. This “Basic Package of Health and Nutrition Services” is comprised of interventions for disease prevention, health promotion, and selected curative care that can be delivered cost-effectively with humble technology.

The Basic Package includes a set of high-impact health and nutrition services, which are proven in resource-poor settings such as South Sudan to swiftly reduce death and illness rates using simple disease prevention and treatment measures. For example, although one-third of children in South Sudan suffer from bouts of malaria, pneumonia, and diarrheal illnesses, children’s lives can be saved when the skills of health workers are improved to accurately detect these common illnesses, and to treat and manage the child’s various illnesses in an integrated manner. Similarly, the health of pregnant women and the outcomes of their pregnancies are improved when antenatal care services, such as birth spacing counseling and screening for HIV, are provided. USAID is fully committed to integrating its strategies and health programs with host government priorities and partners close with the MoH to contribute to the delivery of the high-impact services. USAID not only saves lives through this focused approach to address South Sudan’s major health threats, it also bolsters public confidence in the ability of RoSS to deliver quality health services.

### STRATEGY

USAID’s two-year Transition Strategy for the immediate post-independence period aims to deliver essential health services and strengthen RoSS systems for health service delivery. To bolster the quality and extent of health service delivery, USAID has provided and will continue to provide key interventions to enhance the professional capacity of health service providers. It will also improve critical health facility and water and sanitation infrastructure. To strengthen effectiveness of RoSS health systems in delivering essential health services, USAID investments will include intensive building of human and public sector institutional capacity. This strategy mirrors the host government’s development plans for the health sector and is closely coordinated with other health development partners and donors.



USAID support enabled the World Health Organization and the Ministry of Health to significantly improve polio surveillance and halt outbreaks of the wild polio virus. Due to this assistance, the last case of wild polio virus was reported in South Sudan in June 2009.

## INVESTMENTS

### IMPROVING MATERNAL AND CHILD HEALTH

Causes of high mortality in South Sudan – particularly affecting women and children – include vaccine-preventable diseases, malaria, pneumonia, and diarrhea. USAID has expanded urgently needed health services to 14 counties in South Sudan's 10 states, improving access by more than 1.3 million people to high-impact primary health services. USAID improves the human resource and institutional capacity of the MoH by supporting the development of national health policies and protocols and guidelines for quality health service provision. Embedding technical advisors within the MoH has proven to be a successful model for transferring management skills to MoH counterparts, while building their capacity to lead national programs in such health areas as malaria, pharmaceutical management, birth spacing/reproductive health, and immunization. In 2012, USAID plans to introduce a comprehensive strategy to rapidly reduce maternal mortality by reducing post-partum hemorrhage, which is one of the three top killers of pregnant women in the country.

### PREVENTING AND CONTROLLING INFECTIOUS DISEASE

- **HIV/AIDS:** Approximately 3 percent of South Sudan's population is estimated to be HIV-positive, although more data are needed to verify this. With post-war opportunities for internal commerce and cross-border trade, all the risk factors for an increase in HIV infections are present, with sex workers, truck drivers, motorcycle riders, and soldiers among the groups considered to be most at-risk of HIV infection. These populations and their risk behaviors are the focus of efforts by USAID, the Centers for Disease Control and Prevention, and the U.S. Department of Defense under the President's Emergency Plan for AIDS Relief (PEPFAR). Key activities include behavior change interventions, HIV counseling and testing, as well as care and support to HIV-positive individuals and their families.
- **Tuberculosis:** Tuberculosis (TB) is a major cause of morbidity and mortality in South Sudan, with the total number of TB patients estimated at 5,688 per 100,000 and mortality reported to be 1,652 per 100,000. USAID supports TB treatment in more than 40 health facilities, with at least one facility in each of the 10 states. Treatment success rates now exceed 80 percent. USAID assists the National TB Control Program (NTCP) to provide the most effective treatment—Directly Observed Treatment, Short-course (DOTS)—as well as technical assistance for coordination, policy development, and lab renovation. Other achievements include support for policies that build NTCP capacity and establish systems and procedures to prevent, diagnose, treat, and monitor TB.
- **Malaria:** USAID supports the goals of the South Sudan National Malaria Control Program's "National Roll Back Malaria" Strategic Plan, which seeks to cut deaths from the disease by half within five years. USAID-supported health care facilities offer malaria patients proper diagnosis by trained health workers and treatment with recommended antimalarial drugs. In 2010, USAID supported the distribution of more than 100,000 bed nets through primary health care facilities to pregnant women and children under age 5, as well as an additional 3 million bed nets funded by the Global Fund to Fight AIDS, Tuberculosis, and Malaria. This provides coverage to more than half of South Sudan's population.
- **Polio:** In 2010, USAID supported the MoH to successfully conduct a polio immunization campaign that reached more than 3 million children under age 5 in South Sudan with the vaccine, achieving polio immunization coverage of 99 percent. Current investments by USAID to further South Sudan's goals of eradicating polio and improve disease surveillance include strengthening the vaccine cold chain and training health officials and health workers in polio surveillance and community mobilization. To improve immunization services, USAID will work at state and county levels to disseminate immunization policy and technical guidance.

### INCREASING ACCESS TO CLEAN DRINKING WATER AND SANITATION

Only 48 percent of South Sudanese have access to potable water and only 14.6 percent of the population benefits from proper sanitation. Lack of clean water and sanitation, as well as poor hygiene practices, increase the risk of diarrheal diseases that lead to illness and death, particularly among young children. In response, USAID launched the marketing of water purification tablets in 16 urban and semi-urban towns and is working through partners to improve water supply and sanitation facilities through water-well drilling, hand pump repair, latrine construction, and hygiene promotion. USAID works with the host government to construct urban water and sanitation infrastructure and to provide clean piped water to urban populations. USAID resources also build the capacity of public utility staff and local government authorities by developing governance structures, community management, and promoting good hygiene practices.

On behalf of the American people, the U.S. Government has provided humanitarian assistance and economic development to those in need since the Marshall Plan following World War II.