



HEALTH CLUSTER BULLETIN # 07

1- 31 JULY 2020



HFO Health staff heading for EPI in Fangak

South Sudan Emergency type: Complex Emergency

 **3.3**
MILLION
PEOPLE IN NEED
OF HEALTH

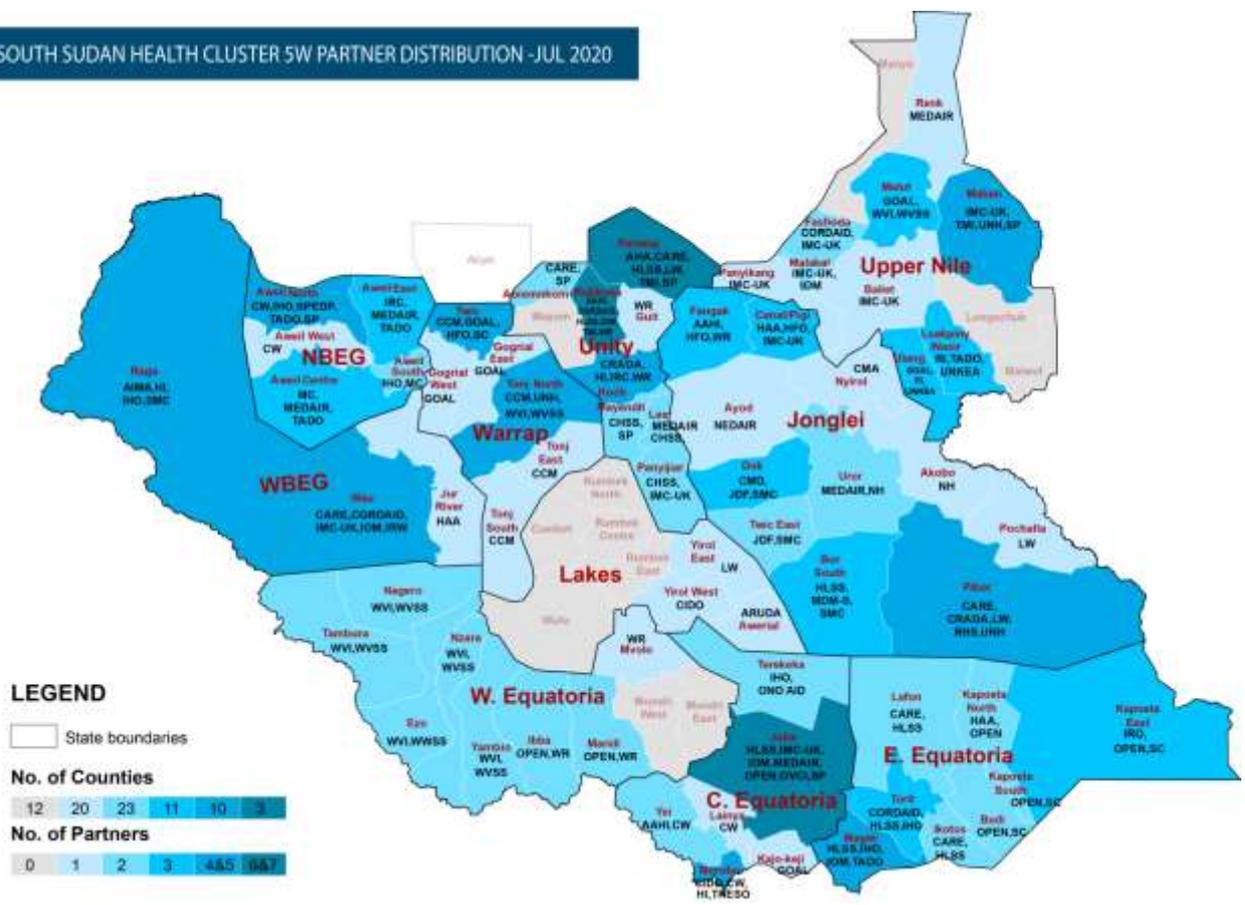
 **2.1**
MILLION
TARGETED

 **1.82**
MILLION
DISPLACED

 **0.3**
MILLION
REFUGEES

HIGHLIGHTS	HEALTH SECTOR
<ul style="list-style-type: none"> Improving Health Access and Scaling up Responsiveness: In July 2020, 3,519 normal deliveries were attended by skilled birth attendants. As reported there were 329,610 outpatient consultations were conducted to treat different illness. 	<p> 60 HEALTH CLUSTER PARTNERS EARMARKED IN HRP TO IMPLEMENT HEALTH RESPONSE</p>
	<p>MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS</p>
<ul style="list-style-type: none"> Prevent, detect and respond to epidemic prone disease outbreaks: In June 2020 around 70% epidemic prone disease alerts were verified and responded to within 48 hours. A total of 2,443 children (6 months to 15 years) were vaccinated against measles. 	<p> ASSORTED EMERGENCY MEDICAL KITS (CORE PIPELINE)</p>
	<p>HEALTH CLUSTER ACTIVITIES</p>
	<p> 329,610 OPD CONSULTATIONS</p>
	<p>ROUTINE VACCINATION</p>
<ul style="list-style-type: none"> Quality Essential Clinical Health Services In June 61 new Severe Acute Malnutrition (SAM) children with complications were treated in stabilization centres. In year 2020, averagely 22 health facilities are reported providing sexual and gender based violence (SGBV) services and around 271 SGBV survivors received clinical management of rape (CMR) services until July 2020. 	<p> 2,443 CHILDREN (6-59 MONTHS) VACCINATED AGAINST MEASLES</p>
	<p>EARLY WARNING ALERT AND RESPONSE NETWORK</p>
	<p> EWARN SENTINEL SITES</p>
	<p>FUNDING \$US</p>
	<p> 120 M REQUESTED</p>
	<p> 9.3 M FUNDED</p>
	<p> 11.7 M GAP</p>
<ul style="list-style-type: none"> Improving Resilience- Mental Health Response: 4,741 beneficiaries received Mental Health and Psychosocial Support (MPHSS) in conflict affected areas. There were 45 health facilities reported providing MPHSS services in vulnerability settings. 	

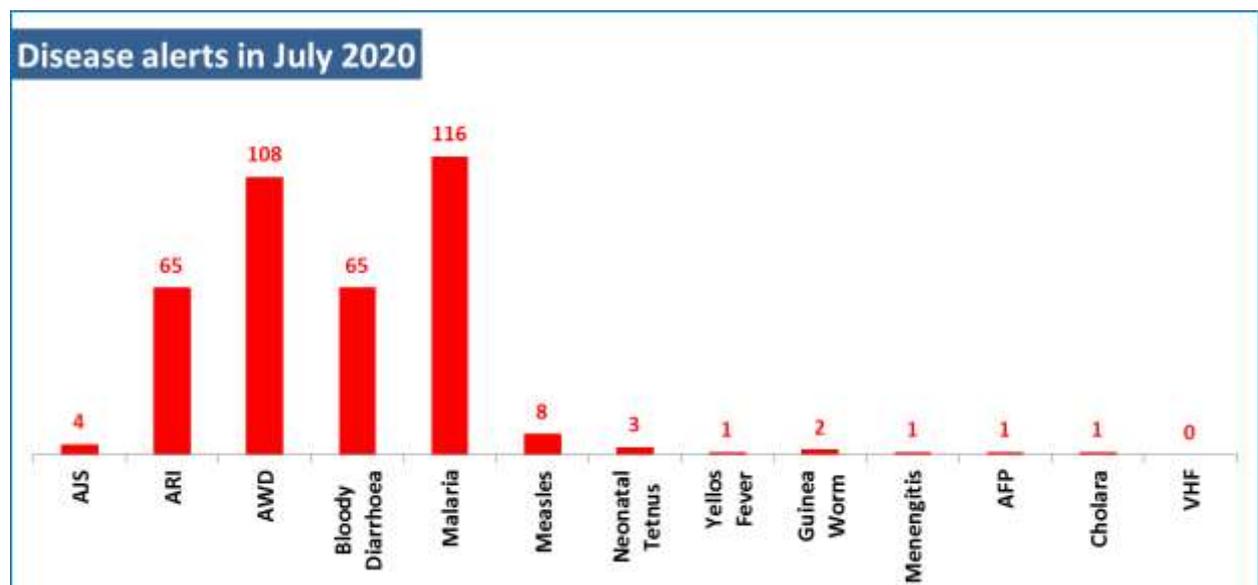
SOUTH SUDAN HEALTH CLUSTER 5W PARTNER DISTRIBUTION - JUL 2020



Operational Presence of Partners

- According to 5W data submitted during January till July 2020, 47 HRP partners reported data at least once.
- During the year 2020 health cluster HRP partners covered 67 counties out of 79. There were 20 counties with single partner, 23 counties with 2 partners, 11 counties with 3 partners, 10 counties with 4 or 5 partners and 3 counties with 6 or 7 partners present.

KEY CONTEXT UPDATE



Public Health Risks and Key Gaps

- In July 200 average weekly IDSR reporting completeness was 87.3% and timeliness was 72% at health facility level. EWARN average weekly reporting completeness was 82% and timeliness was 68%.
- Around 63% alerts were verified and responded back within 48 hours. 0% was risk assessed and 0% required a response.
- Malaria (116), AWD (108), ARI (65), Bloody diarrhoea (65), Measles (8) and COVID-19 remain the top disease for alerts in July 2020.
- There were 7 AJS alerts received in June as well.
- New measles cases confirmed in Wau and Bentiu PoC are being responded to through enhanced surveillance and routine immunization.
- Until week-29 a total of 789 COVID 19 alerts have been investigated with 645 (81.7%) being verified. In total of 2,286 COVID 19 confirmed cases and 45 deaths, CFR of 2%
- Two suspected Cholera deaths were reported in Pochalla County of the Greater Pibor Administrative Area.
- Malaria on the rise in all the PoC sites and is the top cause of morbidity in Bentiu PoC, Bor, & Juba PoC.
- Declining ARI cases in all PoC but vigilance and investigation of suspect COVID 19 cases remains paramount.
- Mortality (CMR & U 5 MR) in Bentiu PoC & Bor PoC remains below the emergency thresholds.
- ARI deaths in Bentiu PoC in persons ≥ 5 years higher in 2020 when compared to 2019 (Two ARI deaths in Bentiu PoC are attributed to COVID 19).
- One ARI death in a TB patient reported in Bor PoC in week-30 , 2002

MEASLES OUTBREAK *(Updated from Week 30)*

- With six outbreaks confirmed in 2020; measles remains the most frequent vaccine preventable disease.
- In 2020 Measles cases were confirmed in six counties which are Tonj East, Magwi, Bor, Kapoeta East, Tonj South and Wau.
- Locations with on-going measles transmission are Bentiu PoC, Aweil East and Wau County.
- No new confirmed measles cases reported.

EBOLA UPDATE DRC *(as of 14th July 2020)*

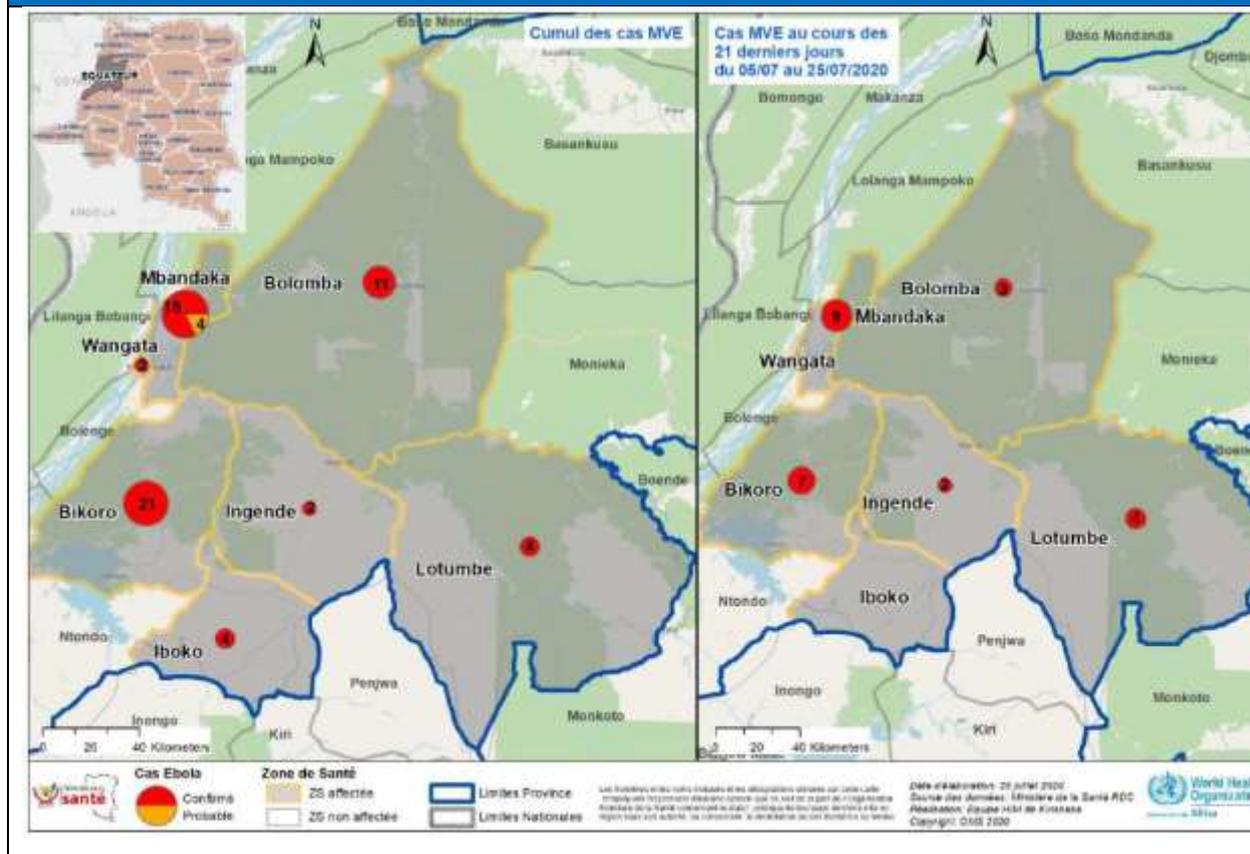
Current Situation:

- 63 Cases (63 confirmed and 4 probable)
- 31 Deaths (CFR: 46.3)

Response update

- A new confirmed case of Ebola virus disease (EVD) was detected for the day of 07 25 2020 in the health zone (ZS) of Mbandaka.
- The patient was listed as a contact of her husband who died of EVD on 07 13 2020 and then of her confirmed child of EVD on 07 22 2020.
- The cumulative amounts remain at 7 18 38.9 %) ZS and 23 281 8.2 %) health areas having notified at least one confirmed or probable case of EVD since the start of the epidemic in the province of L'Ecuador.

Map showing distribution of EVD confirmed and probable cases in Equateur Province



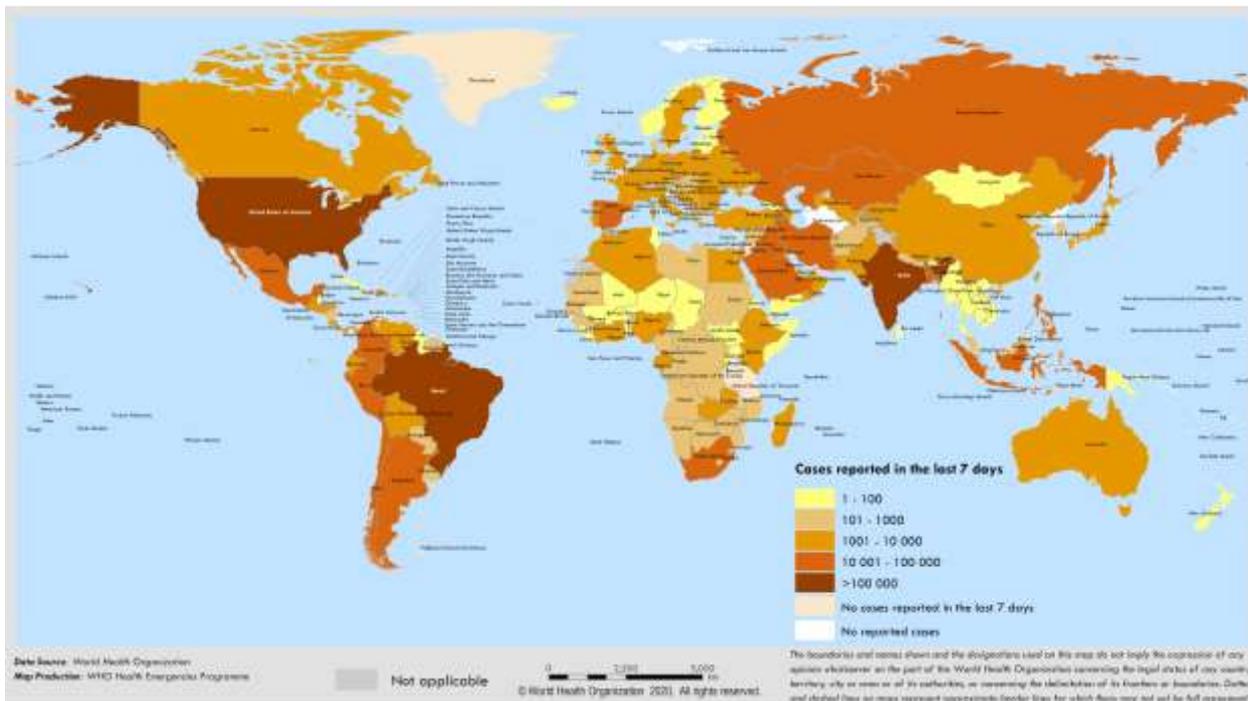
COVID-19 PANDAMIC

Global Situation updates *Total (new cases in last 24 hours)*

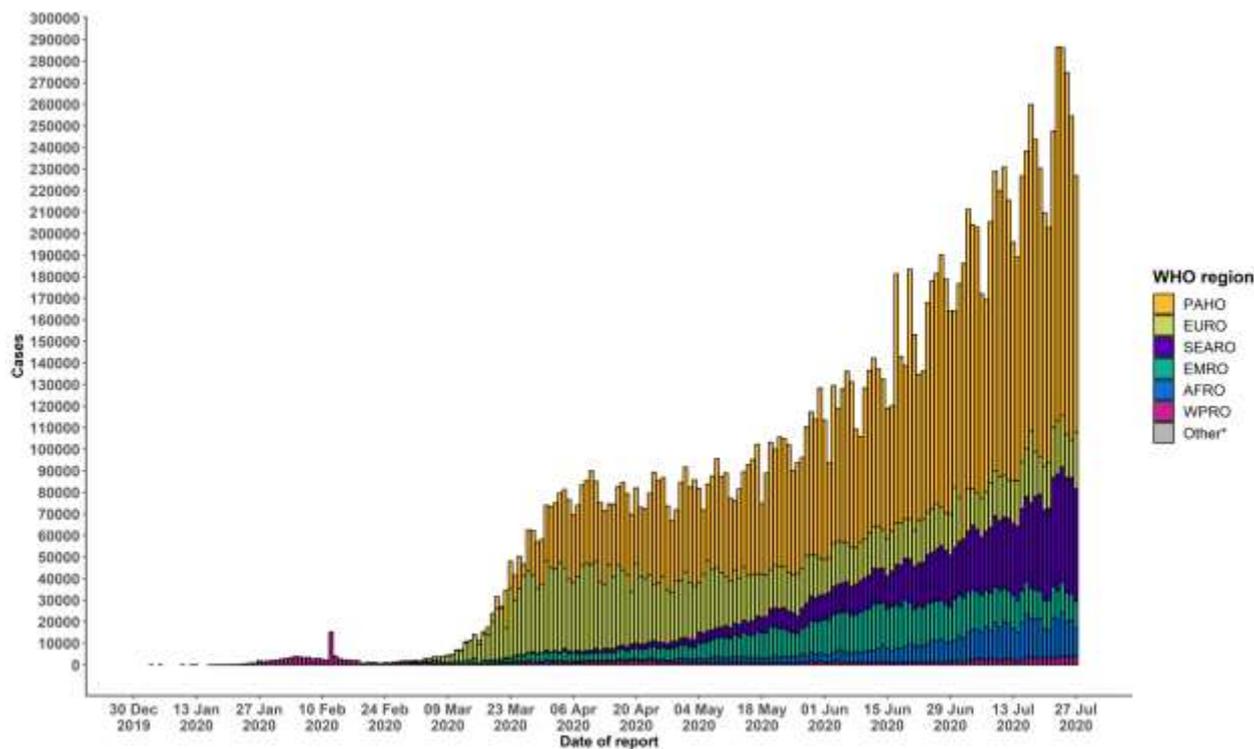
Globally	16,341,920 cases (226,783)	650,805 deaths (4,153)
Africa	726,105 cases (13,185)	12,257 deaths (357)
Americas	8,728,962 cases (118,828)	339,651 deaths (2,212)
Eastern Mediterranean	1,494,697 cases (12,382)	38,371 deaths (439)
Europe	3,261,042 cases (26,311)	210,897 deaths (368)
South-East Asia	1,838,380 cases (52,235)	41,366 deaths (751)
Western pacific	291,993 cases (1,258)	8,250 deaths (26)

As of 28 July 2020

Number of confirmed* COVID-19 cases reported in the last seven days by country, territory or area, 22 July to 28 July

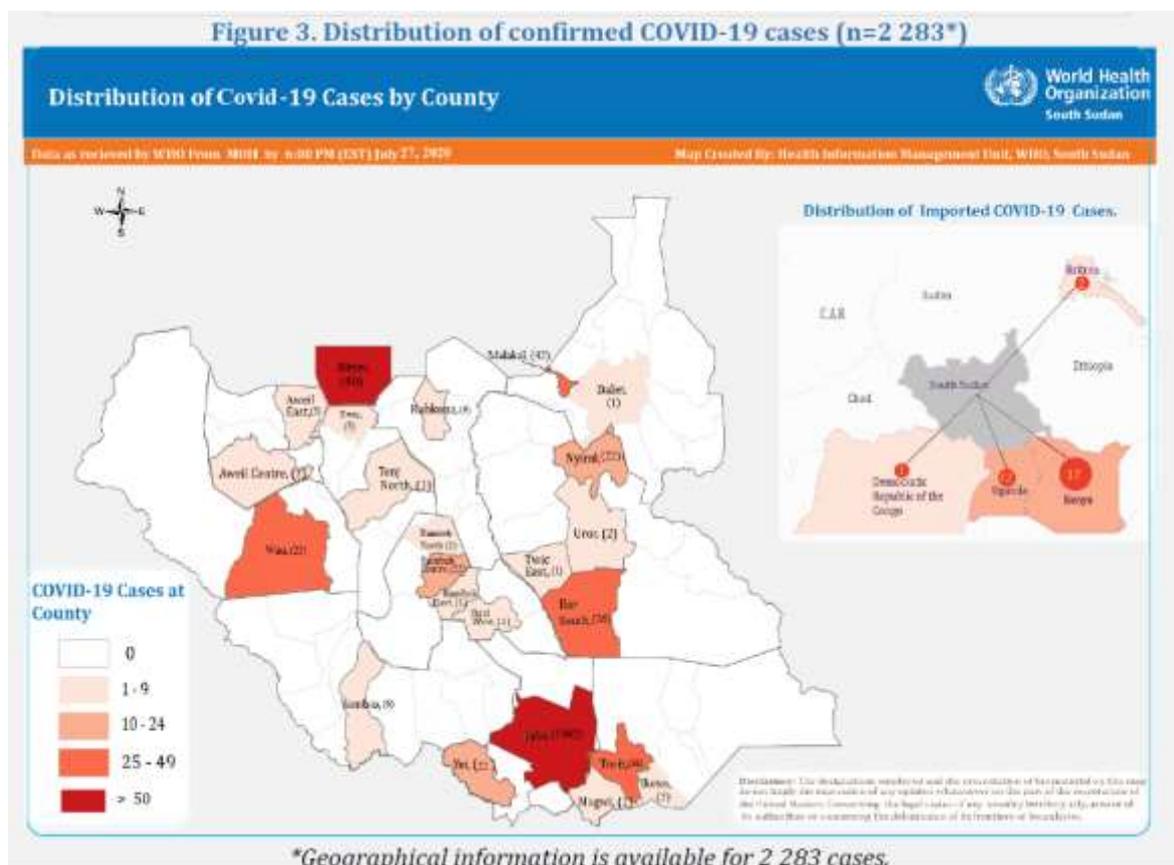


Number of confirmed* COVID-19 cases, by date of report and WHO region, 30 December through 28 July



South Sudan Situation update (as of 26 July, 2020)

- Until week-30, 2,305 COVID-19 cases were confirmed and isolated throughout the country. A total of 5,198 contacts were also identified, quarantined and were under follow up.
- The ILI/SARI sentinel sites have been expanded to 45 in Juba, total of 2,600 samples were collected to date.
- Given the COVID-19 pandemic, it is critical that measures are stepped up to contain its spread.



PARTNERS UPDATE (July 2020)

The Health Cluster Emergency Responders Group meet weekly to discuss emerging challenges and gaps. The aim is to provide operational guidance and advise the partners on preparedness and response planning for the epidemic-prone diseases and other public health events. This Group is Co-Chaired by IOM and the national NGO CRADA with support from the Health Cluster Team. The Health Cluster has engaged directly with the Ministry of Health, Director of Malaria Control to help streamline the response and identified critical needs.

The Health Cluster COVID-19 Task Team meets weekly to discuss the specific needs, challenges and gaps in relations to the added burden of COVID-19 on the health sector response.

Based on weekly reports received from Health Cluster implementing partners up to August 3 2020 there are identified challenges, gaps and needs for the South Sudan Cluster. Some of these are specific to the COVID-19 outbreak and some are more general. There is inevitably some overlap.

Challenges and gaps faced by partners for Non COVID-19 -specific situations.

The looming flooding and lack of flood preparedness in affected areas incurs interrupted supply of related health education for IPC and increases the cost of transportation. This is adding to the impact of insecurity and insufficient funding and inability to support outreach services and mobile response to hard to reach populations with critical lifesaving health care services. All of which is further exacerbated by ongoing looting of medicines and medical supplies and the increasing numbers of returnee populations.

There is evidence of poor health seeking behavior change partially explained by hand washing stations not being available in camps and poor availability of latrines and general waste management. WASH & Health Intervention is urgently needed especially in IDP camps.

There is a reported surge in malaria cases in Non POC areas with no information on national bed net distribution planned for rainy seasons. There is also reported difficulty in requesting tests and further need for training in the use of malaria diagnostic tools.

Challenges and gaps faced by partners for COVID-19 -specific situation.

A key issue remains the low to non-existent perception of the severity of the disease by the population - complicated by accompanying fear of stigma associated with the disease, delay in getting the confirmation of results and social cost of being isolated. There is an accompanying low level of compliance with prevention and control measures: social distancing, masks, hand washing etc. This is not helped by a lack of water sources and congestion at water points hindering adherence to social distancing.

An additional factor is that many health workers seem unaware of the reality of the threat. Much more focussed training is needed for professionals as well as for the general population. This training needs to extend to policy makers as it is closely related to the lack of awareness of the need to strengthen what is at present a weak county level coordination mechanism.

There is an urgent need for National guidelines to be officially shared with the states including national bans on social gathering in marriages, courts and churches to counter many religious leaders who are not recognising severity of COVID-19. This needs to focus on community plans, key messages to address funerals and celebratory gatherings. It needs to be linked to other more prevalent communicable disease information and to be linked to testing. There should be national communication to counter fear of providing contact information and to urge compliance with social distancing, masks, hand washing etc.

Other key practicalities include the serious delay in clearance and distribution of COVID-19 supplies to response sites with no clear source to mobilise COVID-19 NFIs and related supplies such as PPE to health facilities. The unavailability of infrared thermometers at the health facilities for screening and triaging of patients creates difficulties for response and treatment.

Movement of humanitarian workers is difficult in some areas and there is an overall scarcity of human resources for COVID-19 response, exacerbated by the fact that many health care workers are being confirmed positive for Covid-19 with consequent need for isolation. This indicates an urgent need to establish isolation and treatment centres.

Closely linked is a need to respond to the lack of testing sites and kits which probably links with a reduction in reports of new COVID-19 cases. There is also a need to confront the current delay in getting results of samples submitted to national EOC Lab

There remain the general issues of no sustainable power supply in some areas and a lack of food for the admitted patients

Health Cluster Coordination response

Health Cluster partners recognise that the importance of strengthening sub-national multi/sector coordination is key to strengthening the health outcomes for both COVID-19 specific and non-specific response needs. Other clusters and sectors such as WASH, Nutrition and Logistic have been working with the Health Cluster partners to find solutions to multi-sector responses. Partners are strongly encouraged to ensure that they are part of the State Level Coordination and share with the Health Cluster all assessments and reports to be able to work together, to discuss and to find solutions to emerging needs before they become emergencies. Rapid Response Fund Projects need to be multi-sector in order to maximize resources.

At the National level, it is imperative that health cluster partners fully engage within the government and UN run COVID-19 Pillars and related task teams.

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