At a glance

- A fresh wave of violence erupted in South Sudan on 7 July causing more than 300 casualties and displacing thousands.
- Even before the recent resumption of hostilities, the health system in South Sudan was facing crisis due to near economic collapse.
- The Ministry of Health has recently confirmed 162 cases of cholera in Juba and Duk Counties.
- The country is also facing malnutrition, measles and malaria.
- The World Health Organization and Health Cluster partners are supporting the Ministry of Health to combat the spread of disease and to respond to the health needs of those affected by the conflict.

Current situation

Despite the peace agreement signed in August 2015, violence erupted in South Sudan on 7 July, with over 300 casualties recorded in the capital, Juba. The United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) estimates that more than 35,000 people fled their homes during the recent bloodshed.

This is in a country already facing a long-standing crisis. Some 1.6 million people were already displaced and 4.7 million were in need of health services prior to the recent escalation of the conflict.
Health risks

The escalation of violence has led to a further disruption of health services in a country affected by an ongoing emergency. The health system in South Sudan was already near economic collapse, leading to shortages of medicines and impacting the payment of health worker salaries and operational costs for running hospitals and ambulance services. In the wake of last week’s violence, a number of health facilities in Juba have been damaged, health workers have fled for safety and medical supplies are insufficient for the rising number of casualties. Gender-based violence continues to be a significant public health concern and partners anticipate a continued upsurge in gunshot wounds and mass casualties due to continued fighting in conflict-affected states. This may strain the already fragile health system.

As the humanitarian situation in South Sudan deteriorates and fear among citizens rises, the number of people displaced is likely to increase further, increasing humanitarian needs in the country and potentially leading to overcrowding. Limited access to health services and to safe water and sanitation may facilitate the spread of diseases such as malaria and measles, as well as acute diarrhoeal disease. The Ministry of Health has recently confirmed 162 cases of cholera in Juba and Duk Counties.

Increasing the potential impact of any outbreaks of communicable diseases is the large number of people currently facing food shortages. UNICEF estimates that more than 685 000 children under the age of five are acutely malnourished and more than 230 000 children are expected to face severe malnourishment in 2016. Severely malnourished people, particularly children, are more likely to succumb to disease. Ensuring they can receive appropriate medical care is therefore a top priority.

For more information, please visit www.who.int/emergencies/south-sudan/en/
Action taken by WHO and Health Cluster partners

The World Health Organization (WHO) is working alongside national authorities and 67 Health Cluster partners to supplement and strengthen existing health services to ensure they are available to those who need it most. A combination of fixed and mobile health units have been established in Juba at three church settlements, two schools and a camp for the internally displaced.

WHO has delivered 80 boxes of essential medicines and supplies in the past week, including kits sufficient for 500 surgeries and intravenous infusions to save the lives of injured patients.

On 16 July 2016, WHO provided anti-malarial, cholera and malaria testing kits, surgical kits, tents as well as delivery kits to partners to Wau Teaching Hospital, Level-2 and Daniel Comboni Hospital. In response to the food security crisis, WHO has sent newly designed kits containing supplies for the medical management of severe acute malnutrition in children. Further supplies are on their way.

The Ministry of Health, WHO and Health Cluster partners are also responding to the cholera outbreak, including setting up oral rehydration points and sending supplies for treatment centres. Disease surveillance is being enhanced, including through the scale-up of the “EWARS in a box” initiative (see right), and guidance is being provided for the treatment of patients. The media is currently airing cholera prevention messages and a toll-free phone line to report cholera cases has been activated.

WHO, in collaboration with the Ministry of Health and Health Cluster partners, is revisiting the response strategy with the overall goal of saving lives and preventing excessive illness, injury and disability related to the escalation of the crisis. The specific objectives of this strategy include:

- Ensure access to a timely and equitable package of life-saving health care services as close to the population as possible.
- Strengthen disease detection and response.
- Strengthen the coordination of health service delivery in accordance with evolving needs.

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Funding needs

The Health Cluster has requested US$ 110 million to carry out the South Sudan Humanitarian Response Plan for 2016. Of this, US$ 17.6 million is for WHO. However, these requests were made prior to the recent escalation of the conflict. Unless the situation improves, the Health Cluster, including WHO, may need to request additional funding.

Recent contributors to WHO’s work in South Sudan

WHO would like to acknowledge financial support from CERF, ECHO, Japan and the South Sudan Common Humanitarian Fund for the Organization’s response to the ongoing crisis in South Sudan in 2016.

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