Transition amid outbreak control: South Sudan experience
Background

- PEI is part of EPI program:
  - last WPV case reported in June 2009
  - cVDPV cases reported in 2014/15

- Both PEI and EPI programs are completely donor dependent:
  - Only <1% of GDP is allocated to health and what trickle down is even less

- Austerity measures since July 2012 include freezing recruitment of critical staff to date

- Huge humanitarian crisis stretches the weak health system:
  - Armed conflict started Dec. 2013
  - More than 1.52 Million IDPs and 546,220 refugees to neighbouring countries
  - Complete destruction of infrastructure in three states – Unity, Jonglei and Upper Nile

- Peace agreement held last month on the ground (not complete)
Management of the health system

- 3 Fund Managers – IMA, Pooled Funds and JPHIEGO – manage all external bilateral donor funding

- The fund managers sub-contract with national NGOs to provide basic health services – each NGO has a geographical responsibility and one NGO per county (80 in the 7 non-conflict states, 32 in the 3 conflict states)

- Reporting of performance data is through the NGOs to the fund managers, not the EPI programme

- Challenges in coordination of health service delivery activities and data gathering
Transition planning

- Transition process to start early 2016 amid such turmoil and outbreak situation:
  - Many activities planned in Q1 2016 including the MenA campaign, polio SIAs, tOPV/bOPV switch, etc.

- Communications between the three major partners (MOH, WHO & UNICEF) have nonetheless started:
  - Two focal points were assigned from WHO & UNICEF teams

- Elements of the planning including:
  - Enlisting the polio assets,
  - Enlisting the programs & activities other than polio in which those assets are used,
  - Identifying the gaps in the national health system that polio assets can be used to cover
1. Enlisting the assets – polio funded staff

- Around 90% of staff are national – a major advantage that can be used.
- Number of polio staff in NGOs is not known.
- More than 700 volunteer informants are part of the communication network.
- Mapping of polio-funded staff shows:
  - Widespread coverage of National Field assistants (FA) and Field Supervisors (FS) - >228 staff
  - 10 National focal points (1/state)
  - >30 cold chain, C4D, admin, finance, drivers…..etc

<table>
<thead>
<tr>
<th>Agency</th>
<th>Personnel category</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>WHO</td>
<td>TL, SC, IFPs, NFPs, FS, FA, stoppers and others</td>
<td>339+</td>
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<tr>
<td>UNICEF</td>
<td>Im Sp, He Sp. CCO, IM O, C4D Sp and C4D O</td>
<td>15+</td>
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<tr>
<td>MoH</td>
<td>EPI ms, EPI CO, CCA and vaccinators</td>
<td>233*</td>
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<tr>
<td>NGOs</td>
<td>Vaccinators and supervisors</td>
<td>?**</td>
</tr>
<tr>
<td>BMGF</td>
<td>Polio support officer</td>
<td>2</td>
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</tbody>
</table>

- *Not funded by polio
- **May use polio money indirectly from Fund managers
1-Enlisting the assets (cont…)

- Infrastructure and Equipment:
  - CC infrastructure (cold rooms, vaccine equipment, stores….)
  - Transportation fleet >40 Vehicles
  - Offices furniture, IT equipment..
  - Other logistic materials

- Financial assets –
  - Expected polio income estimated around >20 Million USD/ Year for the coming three years including financial support for communication
  - The HSS2 grant from Gavi should be channeled to meet some or all of the future needs.
Around 70% of the time of the polio funded staff is allocated to programs other than polio
2-Enlisting activities supported by polio infrastructure

1-Programme Planning and Management
   - Development of Strategic and Annual Plans and Budget (HSDP, cMYP, EPI Policy, ……)
   - Coordination with Partners

2-Humanitarian Emergencies
   - Frontline Staff at all times responsible in Upper Nile, Jonglei and Unity tasked for:
     • Health Cluster Coordination
     • Emergency Warning Alert and Response system
     • Inter-agency Assessment missions
     • Capacity building of partners

3-Outbreak Response Coordination
   - Focal points for outbreak investigations and response (Cholera, Measles, Kal Azar, Hep E, Malaria, Meningitis etc)
     • Surveillance
     • Outbreak investigations
     • Microplanning and Response
     • Monitoring, Evaluation and Reporting
Use of Polio Assets in other Programmes

• Routine Immunisation
  • Capacity building of NGO staff
  • Microplanning and budgeting
  • Cold chain monitoring and assessment
  • Introduction of new vaccines (e.g. Penta)
  • Supervision (vehicles, bicycles, motorbikes)
  • Supply Chain management – this is currently weak and needs considerable strengthening.

• Surveillance and IDSR
  • Case-based surveillance system: the only technical presence at the payam level
  • Active case search in communities
  • Transportation of measles, Hep E, Cholera, other samples
3-National Health System gaps could be covered by polio assets

**HR gaps**
- National level, 84% of EPI posts are vacant
- State/county level about: 52% of EPI posts are vacant
- Payam level represented only by HUs which >50% are not functional. 80% of the Units are operated by NGOs

**Financial Gap**
- Health Expenditure <1% GDP
- No Budget line for EPI
- Health Budget to the states does not really trickle down to Health

**Logistics Gap**
- 1-Transportation fleet
- 2-Cold chain equipment
- 3-Others…IT equipment,…office equipment,…training materials,…etc
Risks without Polio Assets

- Low inflow of financial resources
- Weak Routine Immunisation
- Weak Surveillance and Response to Outbreaks
- Weak capacity for knowledge and technical transfers
- Poor Logistics support
- High Cost (Human, impact/death) in case of outbreaks response
- Weakened community linkage and involvement in service delivery
Mechanisms of Transition

Opportunities

- The Boma Health Initiative by the MoH
  - It intends to bring health to people at the Boma (administrative level below sub-district)
  - 5 persons to be recruited in each of the 867 Bomas by the MoH of which one would be from EPI

Threats

- No formal EPI representation at Payam (sub-district) level
- High Staff Turnover by NGOs
  - Difficult in the context and setting of South Sudan with high staff turnover even among national staff
- Need for trained staff to integrate basic health services at the lowest level
Transition of Polio Assets _ II

- Synchronise job descriptions and titles of current WHO staff (SSA and APW staff) with that of MoH effective 2016
  - Change National Focal Points to EPI Focal Points; Field Supervisors to EPI Officer; and Field Assistant to EPI Assistants
  - Initiate discussions with MoH for a phased absorption of Field Supervisors and Field Assistants through financial incentives from 2017 – funding needs to be firmed up

- Phased replacement of International Staff by national staff
  - Transition of International STOPPers (iSTOPpers) to National STOPpers from 2016 – 2018
    - MoU with MoH to use iSTOPpers to mentor n-STOPPers aiming to fill about 65% of vacant positions at the National and State EPI Departments.
    - Transferring of current MoH functions held by WHO and UNICEF to MoH through n-STOP by end of 2017
Transition of Polio Assets _ III

- Initiate exit management
  - conferences/workshops with Polio funded staff to upgrade skills and knowledge
  - Sharing job opportunities (e.g. in NGOs with high turnover)
  - Life after retirement; use of old cadres in the Polio Network to support immunization activities

- Capacity building of lower level EPI Assistants to bridge the current gap of the Boma Health Initiative
  - Funding needs are to be identified
  - GOSS agreement to employ the trained manpower needs to be secured