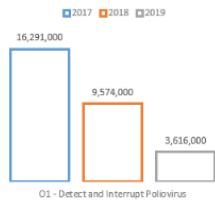


South Sudan Summary Sheet

As the world comes closer to achieving eradication, GPEI will wind down its operations, requiring GPEI-funded countries to proactively plan for a transition away from GPEI resources. This document on South Sudan intends to provide an overview of the status of planning for this transition of assets and infrastructure by the country. More information about polio transition planning is available on the [GPEI web site](#).



GPEI Funding Ramp Down 2017-2016 (USD)



Background:

South Sudan has a National Health Strategy in place for 2015-2024 which lists the current health priorities, please click here. The government is currently working to mobilize resources to support the implementation of a community health program, the 'Boma Health Initiative' (BHI) as one of the leading priorities in the country.

GPEI's funding to South Sudan's Polio Eradication Initiative is going away.

The projected budget for 2019 communicated to South Sudan by GPEI is \$US 3,616,000. Though this figure is subject to change, it is 77.8% less funding than the 2017 GPEI funding of US \$16,291,000. Polio funded staff in South Sudan have been working to benefit broader immunization and health and development contributing up to 73.2% of their time on activities such as routine immunization, new vaccine introductions, sanitation and hygiene, maternal and child health and nutrition. South Sudan which is a fragile country is also facing a protracted humanitarian crisis since 2013. 80% of primary healthcare delivery in South Sudan is solely dependent on NGO's. Government health financing has also dwindled from 4% in 2012 to <1% in 2015.

General Information

Demographics

Total Population: **13,096,163**
 Birth Cohort: **465,352**
 Surviving Infant: **433,361**
 Infant Mortality Rate (per 1000 live births): **60**
 Child Mortality Rate (per 1000 live births): **93**

Financials

GDP, 2017 (USD): **\$9,015,000**
 GDP per capita, 2015: **\$730.6**
 Total Health Expenditures (THE) as % of GDP, 2014: **2.7**
 External Resources on Health as % of THE, 2014: **42.4**
 Government Expenditure on Health per capita, 2012: **10.6**

Human Resources

MOH:
 WHO: **335**
 UNICEF: **15**
 Core Group:
 Rotary:

National Priorities

South Sudan has a National Health Strategy in place for 2015-2024 which lists the current health priorities, please click here. The government is currently working to mobilize resources to support the implementation of a community health program, the 'Boma Health Initiative' (BHI) as one of the leading priorities in the country.

	2017	2018	2019
GPEI Funding: Detect and Interrupt Poliovirus			
Campaigns- SIAs	12,242,000	\$0	\$0
Core functions & infrastructure (mainly Technical Assistance)	\$3,019,000	\$4,671,000	\$3,503,000
Surveillance & running costs (excluding Lab)	\$1,030,000	\$955,000	\$983,000
Grand Total	\$16,291,000	\$5,626,000	\$4,486,000

Polio Funders to-date

GPEI Donor

Donors (not be specific to polio transition)

AUSAID, CDC, NPT, UNDP, Canada, Italy, Japan, ECHO, UNFIP, Mixed Donors

Transition Planning

Country Planning Dashboard: South Sudan

Communication initiated	Coordination body established	Mapping of assets	Mapping of priorities	Transition plan drafted and costed	Transition plan finalized and funding agreed	Transition strategy agreed
Complete	Complete	Complete	Complete	In process	In process	Complete

Milestones_SSD

Milestone	Update
Awareness raising	The WHO Representative, on behalf of the key PEI partners officially communicated to the Minister of Health on process for embarking on the transition process in December 2016.
Coordination	EPI-Technical working group, which is chaired by the Ministry of Health, South Sudan was established to serve as the effective formal governing group to oversee the transition process.
Evidence	An asset mapping of both human resources and physical assets of the polio programme was completed in July 2016. Click here to view the South Sudan asset map summary.
Strategic Options	Polio simulation exercises convened by the Ministry of Health on 29 and 30 June 2017 in Juba, South Sudan. Click here to access the workshop report.
Vision for the future	The transition strategies agreed upon during the simulation exercise are still under discussion as the country team continues to develop the transition plan. A costed draft is under review by the country team.
Transition Plan	The country anticipates the polio transition plan will be completed by December 2017 in order to take in to consideration inputs from Gavi JA 2017 and also obtain ICC endorsement

Transition Strategies

Most of the essential polio function will be transferred to Routine Immunisation, IDSR and the Boma Health Initiative. The human resources which is one of the most valuable assets of the programme will be transferred and repurposed for broader tasks execution into the Boma Health Initiative for the staff at the lower level of Payams and Counties while those at the central and state level will be kept by most of the structures for coordination, supervisory, and technical support. The polio personnel to be transitioned are estimated at a value of the annual income they receive (opportunity cost (US\$ 5,556,000 annually)) and the cost of training (US\$ 1,586,535) needed to reformat their functions to be compatible with the new functions that would be performed in the strategic options of choice. Given the GPEI pledges to 2019 with the expected outflows (expenditure) due to SIA costs, personnel salaries, training costs, and overhead and running costs, a funding gap of more than two million dollars is expected for 2019 rising to more than five million dollars in 2020 and 2021 (click here for more details on the budget). The transition plan recommends that the South Sudan government begin to manage their resource mobilization processes early to cover these potential deficits.

Risks

- With the eventual closure of GPEI, the possibility of collapse of the EPI system is imminent
- Vaccines security is 100% dependent on GPEI funds (Cold chain storage).
- Local Technical Capacity is sub optimal
- DPT3 coverage (admin) at 44% in 2016 and ongoing Measles/Rubella outbreak in most of states

Challenges

- Political instability and insecurity in the country has been a significant challenge in planning
- The protracted conflict in the country and financial situation makes it difficult for the country to immediately take over the polio functions and structure in the short term but the plan is the structure will eventually be owned by the government, as South Sudan is a signatory to the Addis Declaration on Immunization to increase finances.
- Shortage of qualified human resource at all level of the Ministry of health with difficulties to maintain the few who are available.
- High Inflation within the country leading to poor staff moral
- Inability of Government to properly finance health sector

Next steps

- Finalizing the costed draft transition plan with support from partners
- Development of a resource mobilization strategy
- Finalize the best practice documentation and lessons learnt
- Conduct a stakeholders meeting where the transition plan is presented and endorsed by the MOH South Sudan by the end on March 2018

References

[For references, please click here](#)