Transition amid outbreak control: South Sudan experience

World Health Organization

REGIONAL OFFICE FOR Africa

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

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

- *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

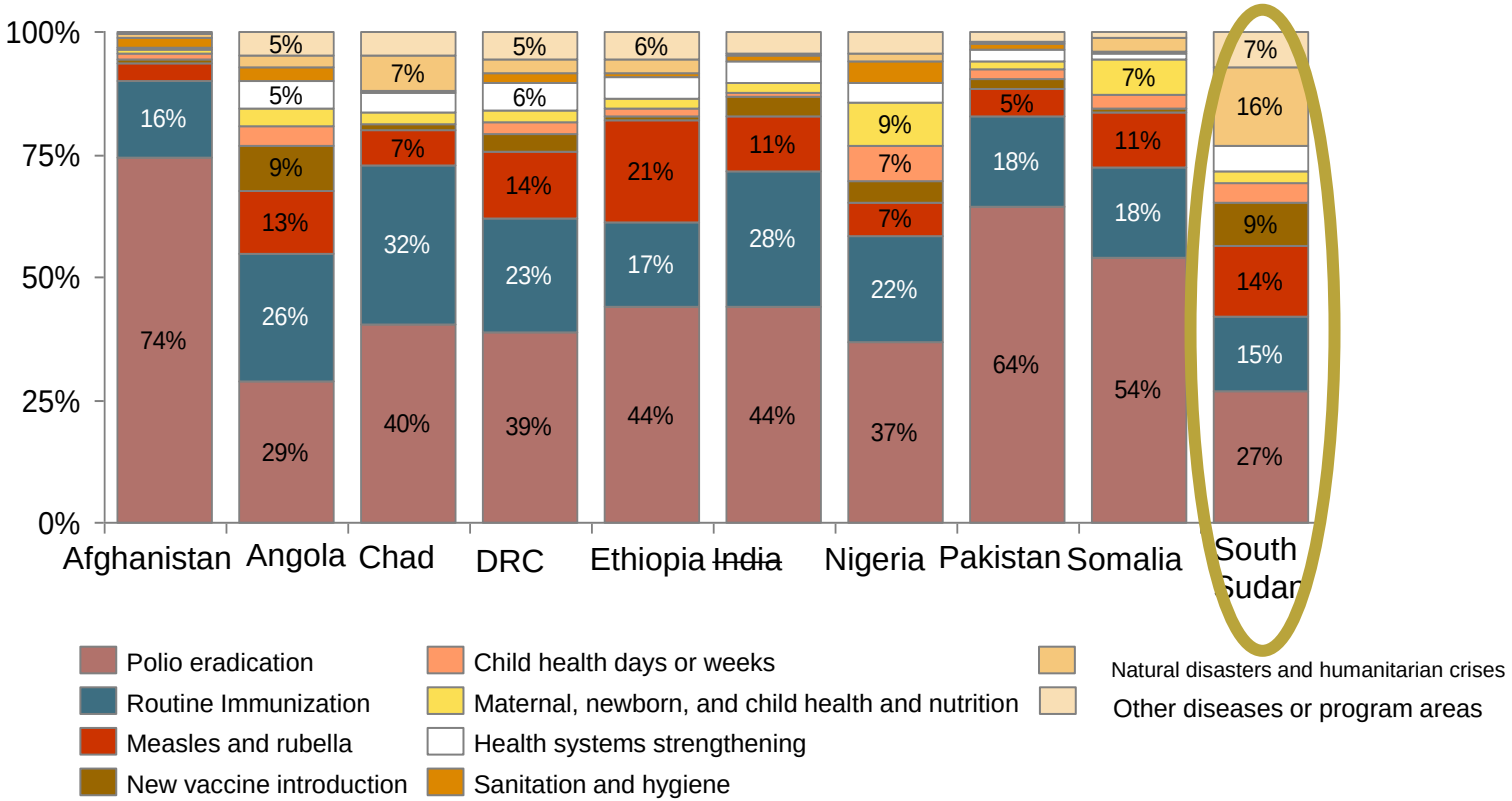
- Financial assets –
  - Expected polio income estimated around >20 Million USD/ Year for the coming three years including financial support for communication
  - The HSS2 grant from Gavi should be channeled to meet some or all of the future needs.

Picture showing some of the installed solar refrigerators.

Wedweil PHCU

Gokmachar Aweil North county vaccine store

2-Enlisting activities supported by polio infrastructure



Around 70% of the time of the polio funded staff is allocated to programs other than polio

: RI-related activities are: RI, M&R, NVI, CHD, MNCH+N, HSS
Source: BCG RI IMG Polio Survey; Polio Legacy Survey

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

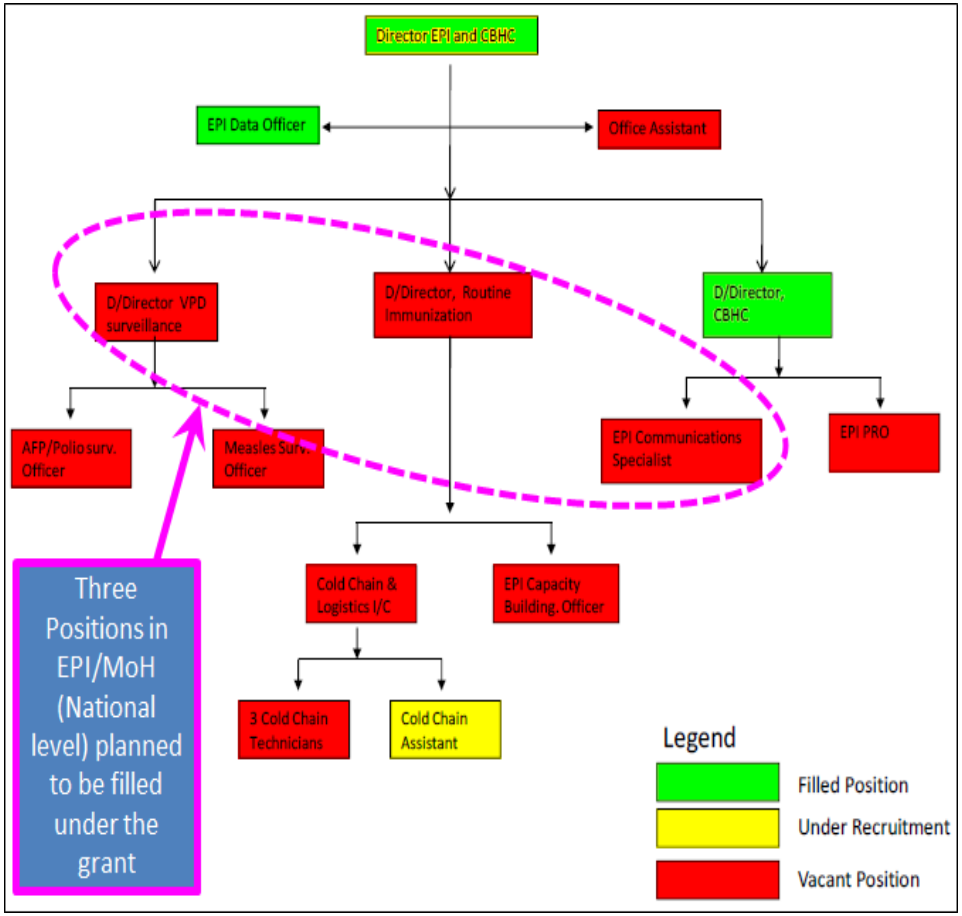
- National level, 84% of EPI posts are vacant
- State/county level about: 52% of EPI posts are vacant
- Payam level represented only by HUs which >50% are not functional. 80% of the Units are operated by NGOS

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 iSTOPers 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