

WHO SOUTHERN SUDAN HEALTH UPDATE

April 2001



HIGHLIGHTS

- ❑ *Community and NGOs sensitization on and networking continues in Upper Nile*
- ❑ *Integrated Training on surveillance, outbreaks verification and response conducted.*
- ❑ *WHO participates at HIV/AIDS conference and promotes HIV/AIDS prevention.*
- ❑ *Third-round NID's for 2001 is completed.*

1.0 DISEASE SURVEILLANCE – AND EWARN

1.1. Advocacy, sensitization and network

1.1.1. Building partnership and networking: A one-day consultative workshop on building partnership and networking for enhancing EWARN among community-based NGOs was conducted in Akobo, Latjor State, Upper Nile. A total of 13 participants, from MSF-B, PRDA, VSF, RDC and WHO, attended. The workshop focused on the role of NGOs and partnership in outbreak rumors reporting, verification and response. The participants pledged to expand and improve community awareness using the already on-going weekly hygiene and sanitation sensitization programs surveillance. The effort is expected to further improve timely reporting of outbreak rumors using local networks both through NGOs (health and non-health) and communities.

1.1.2. Communities to Strengthen EWARN: WHO, in collaboration with MSF-B, CARE-International, SRRA and RDC conducted a two-days community leaders and partners orientation and sensitization workshops at Akobo (Upper Nile) and Ezo (Equatoria). The main objective of the workshops is to strengthen the role of communities in prompt detection, timely reporting, verification and response to rumors of disease outbreaks.

Participants were selected from community opinion/religious leaders, teachers, women, and youth. A total of 35 participants from various villages of Akobo, and another 15 participants from Ezo payam participated. Topics on detection/suspecting of common rumors of outbreaks, reporting, and ways of enhancing community-level awareness, and community mobilization were discussed. All the participants pledged to enhance EWARN.

1.2. Integrated Training in surveillance and response:

1.2.1. Clinical and Lab Training: WHO in collaboration with MSF-B, CARE, SRRA and RDC conducted an 8-days integrated clinical and lab training for 20 health workers two locations: 10 at Akobo, Upper Nile, and 10 at Tambura, Equatoria. These trainees were selected from hospitals, PHCCs and PHCUs. The main objective of the training is to build local capacity to enhance epidemic surveillance, investigation and response. Specific topics on clinical and laboratory diagnosis, disease outbreak surveillance, standard case definitions, data management, outbreak rumors verification and response, focusing on selected epidemic and epidemic-prone diseases were discussed. Participants

highly valued the training for responding to disease outbreaks.

1.2.2. Promoting partnership in outbreak investigation:

OXFAM and WHO jointly conducted a two-days workshop focused on “disease/outbreak surveillance and investigation” at Maridi in Equatoria. A total of 39 health workers from OXFAM, MRDA, AHA, Samaritan Purse, SRRA, and WHO participated. Specific topics discussed included reporting of rumors/disease outbreaks, steps in preliminary investigation, organizing response, clinical case definitions and surveillance partnership. This is the 2nd such joint effort conducted by OXFAM and WHO. A similar workshop was conducted at Agangrial, Bahar Gazal. WHO appreciates such joint capacity building efforts.

1.3. Outbreaks verification and response

The Meningitis Task Force continued its concerted effort to support timely verification and response of reported outbreaks. The Task Force was effective in coordinating response efforts through sharing information, technical expertise and availing drugs and supplies. Most of the outbreaks reported earlier in March have been contained.

In April, three reported outbreaks of suspected Measles and Acute Watery Diarrhea were/are investigated and responded (Table 1).

Table 1. Outbreak/rumors verification summary

Disease/Syndrome	Location and Date of onset	Report source and Date of update	Reported cases, deaths, and actions taken
Measles	Buoth, Mayoum, UNL 4 th week of March	SRRA 05/05/01	158 cases reported Case management
Acute Watery Diarrhea	Bow County, UNL 4 th week of April	SRRA 06/05/01	58 cases reported Under investigation and response, with MSF-H
Measles	Niemni, Upper Nile 4 th week of April	MEDAIR 08/05/01	14 cases reported Case management on-going

1.4. SRRA develops HIV/AIDS policy

W.H.O participated in a two-day HIV/AIDS conference that was attended by more than 100 participants from all over Sudan. Participants pledged to collaborate and contribute their share in the effort to improve HIV/AIDS awareness among the public. Concerted advocacy and awareness efforts of partners were agreed upon.

1.5. Measles / TT strategy developed for Sudan

2.0 POLIO ERADICATION

The Polio program of south Sudan has completed its third round of NID's for 2001. Data on the number of children immunized is being compiled. Results will be distributed upon completion of compilation. This is the fourth year that we have been able to carry out immunization campaigns in southern Sudan. Planning is already beginning for a more targeted immunization campaign in October and November to emphasize improving coverage in hard to reach areas and high-risk border areas where poliovirus might enter south Sudan from neighboring countries. We would again like to thank all those you have contributed to the success of this endeavor, whether assisting with immunization or transport and logistics.

AFP surveillance activities continued in April. So far in 2001, 8 cases of Acute Flaccid Paralysis (AFP) have been identified and investigated. While AFP surveillance

A one-day consultative meeting to discuss on the initiative on selective antigen strategy for Measles/TT was convened by UNICEF and WHO in Lokichoggio. A total of 25 participants from 14 organizations attended the workshop. Participants discussed on the strategy document drafted jointly by WHO and UNICEF-OLS. Issues related to micro-planning, supply and quality, logistics, service delivery, and social mobilisation, surveillance and reporting, and funding were discussed. Participants pledged to support the implementation of the strategy.

improved significantly last year, we will be redoubling our efforts in 2001 to identify and investigate more cases of AFP. In addition, there will be a major emphasis on trying to identify cases of AFP earlier, within 14 days after the onset of paralysis.

One of the major performance criteria for certification is attaining a target of 80% of cases investigated within 14 days of onset of paralysis.

As part of the effort to make further improvements in AFP surveillance all polio field staff will be going through refresher training in their localities over the next several months. Local health department staff and NGO staff will also be invited to attend these training sessions.

Additional two experts from CDC will also strengthen the surveillance team.