


CDC *in* SOUTH SUDAN




Accessible version: www.cdc.gov/globalhivtb/where-we-work/southsudan/southsudan.html


The Centers for Disease Control and Prevention (CDC) established an office in South Sudan in 2006 to work on HIV prevention through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). CDC partners with the Ministry of Health (MOH) to focus on national responses to HIV, tuberculosis, diarrheal diseases and cholera, Ebola preparedness, measles, polio, and COVID-19. CDC's partnership and investments help strengthen disease surveillance capabilities, laboratory systems, data and health information management systems, and the public health workforce.




CDC's 15-year partnership with the MOH provided a strong foundation for Ebola preparedness efforts from 2018 to 2020 and during the ongoing COVID-19 response




In 2018, CDC supported the establishment of South Sudan's National Public Health Emergency Operations Center (PHEOC)




CDC expanded the Extension for Community Healthcare Outcomes (ECHO) Project to 54 healthcare facilities since 2018




Since March 2021, 48 residents, representing all 10 states, graduated from South Sudan's Field Epidemiology Training Program (FETP)




With CDC support, South Sudan delivered nearly 1.3 million COVID-19 vaccine doses since April 2021




In response to COVID-19, CDC supported the PHEOC to establish the Data Management Unit (DMU). DMU is a first-of-its-kind data hub that generates quality outbreak data and informs decision-making, preparedness, and response




In 2021, CDC adapted HIV strategies to minimize treatment interruptions for people living with HIV during the COVID-19 pandemic. CDC transitioned to a new treatment regimen (TLD) and started 6-month antiretroviral treatment (ART) and community refills




In April 2022, the MOH launched the Incident Management System (IMS) for HIV/AIDS to accelerate progress toward HIV control




CDC helped deliver ART to more than 31,000 people living with HIV in 2021



CDC supports HIV service delivery in approximately 70 health facilities. Most of these facilities are in the Equatoria region and Lakes and Western Bahr El Ghazal states



In May 2018, CDC supported establishment of the first viral load monitoring facility at South Sudan's National Public Health Laboratory (NPHL)



As part of the Expanded Program on Immunization (EPI), 56 trainees from across South Sudan were trained in vaccine-preventable disease surveillance, cold-chain logistics, data management, and communication

Global Health Security

CDC partners with the MOH to develop sustainable national systems for disease surveillance, emergency preparedness and outbreak response, immunizations, laboratory capacity, strategic information, and workforce development. In response to the 2018 Ebola outbreak in the Democratic Republic of Congo, CDC and the MOH leveraged existing PEPFAR resources to establish the country's first National Public Health Emergency Operations Center (PHEOC). The PHEOC was critical to South Sudan's Ebola preparedness and response activities between 2018 and 2020. CDC uses the Extension for Community Healthcare Outcomes (ECHO) Project, a Zoom-based learning platform, to train healthcare workers in epidemiology, disease surveillance, diagnostics, treatment and case management, and prevention. The ECHO Project initially focused on HIV and TB trainings and later expanded to include Ebola and COVID-19 trainings for healthcare workers. Due to existing partnerships and structural investments, South Sudan was prepared to rapidly activate the PHEOC in response to the COVID-19 pandemic.

COVID-19

CDC's history of PEPFAR partnerships and programs provided the foundation to rapidly mobilize technical support, leadership, and coordination in response to COVID-19. In January 2020, the MOH began preparing for national pandemic response and later activated the PHEOC in March 2020. The first case of COVID-19 in South Sudan was confirmed on April 5, 2020. In the early stages of the pandemic, CDC supported data management and developed surveillance and vaccination reporting modules within the District Health Information Software 2 (DHIS2) platform. CDC also helped leverage existing resources, such as the PHEOC, ECHO platform, and laboratory infrastructure for COVID-19 response. CDC continues to focus support on strengthening disease surveillance, health promotion, laboratory diagnostics and systems, emergency management, communications, and border health. CDC and partners support the MOH's COVID-19 vaccine rollout through technical planning, coordination of vaccine donations, establishment of a vaccine reporting system, and vaccine delivery.

Field Epidemiology Training Program (FETP)

FETP strengthens the capacity of the public health workforce to detect, respond, and control disease outbreaks at the source. Participants at the county, state, and national levels develop critical skills in data collection, analysis, and translation of data into evidence-based recommendations. In November 2021, CDC partnered with the MOH, WHO, and African Field Epidemiology Network (AFENET) to establish FETP-Frontline. CDC plans to expand FETP to include FETP-Intermediate and FETP-Advanced cohorts. FETP graduates are involved in real-time disease surveillance, outbreak investigation, rapid response, and partner coordination.

HIV/AIDS

As of 2021, nearly 170,000 people live with HIV in South Sudan. More than 9,300 new cases were diagnosed and 8,900 deaths occurred in 2021. As a key implementer of PEPFAR, CDC works with the MOH, WHO, UN, the Global Fund, and other partners to build a sustainable national HIV response program and achieve the UNAIDS 95-95-95 goals for epidemic control. CDC supports comprehensive HIV programs including HIV testing services, prevention of mother-to-child transmission, and anti-retroviral treatment (ART). CDC's primary goals in South Sudan include:

- Increasing access to quality services for people living with HIV
- Reaching high viral load suppression (a low amount of HIV virus in the body) among people living with HIV by minimizing treatment interruptions and re-engaging people whose treatment was interrupted
- Enhancing laboratory capacity and coverage of viral load and early infant diagnosis testing
- Enhancing the quality and availability of HIV program data and use of data to inform program decisions

TB is one of the leading causes of death for people living with HIV. CDC works with the MOH and other partners to screen for TB among people receiving treatment for HIV and ensure that people living with co-infections are treated for both diseases.

Laboratory Systems Strengthening

Since 2006, CDC has partnered with the Global Fund to support South Sudan's National Public Health Laboratory by strengthening laboratory infrastructure, staffing, and technical capacity. CDC and Kenya's National HIV Reference Laboratory also support the South Sudan MOH to monitor viral load among people receiving treatment for HIV. In partnership with CDC's country office in Kenya, CDC South Sudan started a quality assurance program for HIV rapid testing. Other CDC-supported activities include: implementation of laboratory quality management systems, biosafety, blood safety, staff trainings, and guideline development.

Vaccine-Preventable Diseases

Every year, vaccines prevent more than 2-3 million deaths among children younger than age 5. In South Sudan, CDC works with the MOH, WHO, AFENET, and UNICEF to strengthen immunization systems and provide technical support. CDC supports workforce capacity-strengthening for national and state immunization programs as part of the Expanded Program on Immunization. To strengthen workforce capacity and immunization systems, health professionals from across the country participate in trainings on routine immunization, disease surveillance, cold-chain logistics, data management, communication, and other supplemental activities.



CDC STAFF

2 U.S. Assignees
8 Locally Employed



AT A GLANCE

Population: > 11.3 million
Per capita income: \$1,090
Life expectancy: F 60 / M 57 years
Infant mortality rate: 61/1,000 live births

Sources:

World Bank 2021, South Sudan; World Bank 2015, South Sudan; Population Reference Bureau 2021, South Sudan



TOP 10 CAUSES OF DEATH

1. Neonatal disorders
2. Lower respiratory infections
3. Diarrheal diseases
4. Malaria
5. HIV/AIDS
6. Tuberculosis
7. Stroke
8. Ischemic heart disease
9. Congenital birth defects
10. Protein-energy malnutrition

Source:

GBD Compare 2019, South Sudan

For more country information
www.cdc.gov/globalhivtb/where-we-work/southsudan/southsudan.html

