

# malaria consortium

disease control, better health

## South Sudan Country strategy

2021–2025

South Sudan has a population of 11.5 million. The disease burden across the country is complex. South Sudan experiences high levels of neonatal morbidity. Preventable illnesses — including malaria, measles, pneumonia, diarrhoea and malnutrition — account for 75 percent of child mortality. The country also has one of the highest maternal mortality ratios in the world.

South Sudan faces several challenges in delivering health services to its communities. Inadequate infrastructure, large distances between communities and health facilities, and regular flooding in the northeast all hinder access to health services. Out-of-pocket expenditure on healthcare is high at more than 50 percent of the current health expenditure. The country has also experienced political and economic instability, as well as ongoing hostilities and conflicts.

Within this context, the Ministry of Health established the *Boma* Health Initiative — the government's community-based primary healthcare strategy to expand the prevention and treatment of common illnesses at the community level. While government spending on health makes up 2–3 percent of national income (much of it focused on urban settings), most primary facilities are supported under the Health Pooled Fund (HPF) in 19 Lots. Emergency funding is largely directed to active conflicts and areas experiencing insecurity, rather than allocated according to disease burden.

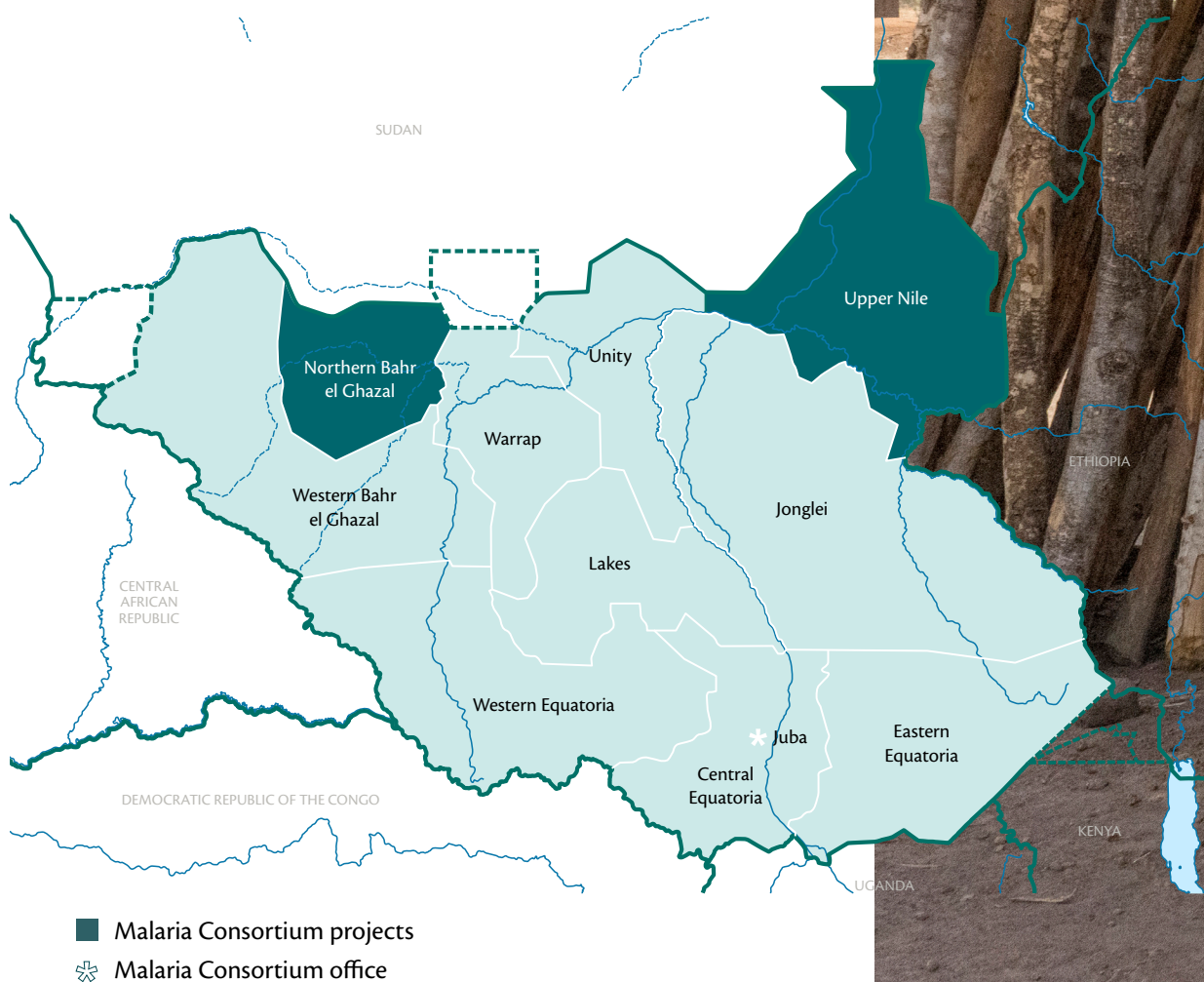
With the new Health Sector Strategic Plan 2023–2027 under development, the government is looking to transition from humanitarian funding to more sustainable funding. In addition, its activities will prioritise digitisation and achieving universal health coverage (UHC) by 2030.



## Malaria Consortium in South Sudan

Malaria Consortium has been operating in South Sudan since 2005 from our office in Juba. Our work initially focused on long-lasting insecticidal net (LLIN) distributions and healthcare worker training for malaria prevention, treatment and control. Our portfolio has since expanded to include primary healthcare, nutrition, neglected tropical diseases and community health — with a focus on integrated community case management for malaria, pneumonia and diarrhoea.

We play an integral role in conducting operational research and facilitating the generation of quality-assured data to improve decision-making and planning. We work closely with a range of partners, including the government, communities, and the international and private sector across several states, to ensure interventions are as effective and sustainable as possible.









## Our strategic approach

- Explore the feasibility of seasonal malaria chemoprevention and lead on its delivery for all eligible children in eligible districts, working with government to interpret/implement other chemoprevention options (e.g. delivery to new geographies, wider age-groups, alternative regimens, mass screenings etc.)
- Actively guide vector control strategies and lead on the distribution of LLINs
- Develop evidence to support effective stratification and the implementation of services throughout the strategy period
- Support further implementation of improved diagnostic tools and treatments for severe disease
- Expand into the nutrition sector and strengthen integrated intersectoral programming
- Actively participate, in take on leadership roles in, and advocate within technical working groups and coordination mechanisms to improve effectiveness, reduce duplication and parallel systems, and develop the roadmap to UHC
- Strengthen the capacity of 1,500 Boma health workers (BHWs) and shape future BHW development initiatives
- Actively support the government on the approach and delivery of a malaria vaccine campaign as/if this becomes possible
- Trial and scale up the use of digital platforms in research, LLIN distribution and community delivery, exploring the possibility of using existing tools from Malaria Consortium's digitally focused projects
- Play a lead role in the deployment of data systems to the lowest level of the health system, supported by clear data visualisations
- Explore the implementation of emergency health services in areas with populations living in vulnerable circumstances, including Upper Nile and Jonglei
- Maintain a leading role in the delivery of services in chosen states during HPF3 and seek to expand delivery for the next project phase, funding permitting
- Provide evidence of impact and value-for-money for prioritisation of domestic funding
- Influence the priorities of the national research agenda and develop/maintain an aligned programme of research linked to:
  - chemoprevention and its adjuvants/approach combinations
  - malaria indicator surveys (not conducted for the last five years)
  - mapping of malaria mortality in country as mortality data are not being captured adequately
  - malaria-related resistance to available treatment in country
  - feasibility and impact generation on digitalisation of BHWs' work.