



Independent observer
of the Global Fund

South Sudan's malaria program sees challenges – and not just due to conflict

The town of Minkammen, on the banks of the White Nile, has been inundated with thousands of South Sudanese fleeing the conflict pitting rebel against government fighters upstream.

Under the cover of darkness, they pack boats and ferries to sail the 26km away from the violence in the Bor region, leaving everything they own behind. But what they do carry into the packed camps of internally displaced people is malaria p. Falciparum, according to the National Malaria Control Program's director, Harriet Akello Pasquale.

An estimated 75,000 people have crowded into makeshift informal settlements in Minkammen since the fighting erupted in late December 2013, many families having to make do with only a thin tree for shade. But even though it is possible to hang a mosquito net from a tree, there simply aren't enough to go around.

The same desperate scenario repeats itself in camps around the capital, Juba, where some 30,000 people are looking to the United Nations peacekeepers to keep them, if not safe, then at least beyond the reach of the fighters and the looters.

There, too, the incidence of malaria is high – abnormally high for the dry season and bringing with it an outsized death toll that worries Akello Pasquale about the imminent rains and the potential calamities they will bring with them.

“We are not at all prepared to confront the emergency”, she told Aidspan during a January visit to Juba. “It is now that we must act but we do not have the funds to carry out evaluations, our international partners [including principal recipient Population Services International] have evacuated the country and all

decision-making has been paralyzed. Communication is also hard at a distance. The system is just not flexible enough.”

But while acknowledging that there are challenges inherent in modifying or adapting existing development programs to a straitened emergency context, PSI took pains to explain to Aidsplan that just because Global Fund-supported programs weren't doing something, it didn't mean those things were not getting done.

“We are not carrying out assessments [of new arrivals in the IDP camps] because it is not part of our remit; it's the responsibility of humanitarian actors and the UN High Commissioner for Refugees,” explained malaria program manager Farhana Zuberi in Nairobi in late January for a strategy meeting that gathered all of the stakeholders in the Global Fund architecture in South Sudan.

“But if there is a need to redirect our available resources, we will look at how we can do so.”

Of the six currently active Global Fund grants in South Sudan, [one](#) is a malaria grant administered by PSI. Since January 2012, under the grant worth a total of some \$38 million, PSI has been consolidating and scaling-up the supply of commodities including long-lasting insecticide-treated nets (LLIN), coordinating stocks of artemisinin combination therapies and providing training and support for health workers in the management and treatment of malaria. The grant was to expire in January 2014 but has been extended until December 2014.

Maintaining the supply chain, both into South Sudan and then to the myriad small dispensaries, clinics and other public facilities around the country, remains a considerable challenge, made worse by the conflict that has completely cut off access to three of the country's 10 states, and restricted access across the rest of the country.

Warehouse stocks are depleted and their resupply is unlikely in the foreseeable future due to the fighting that blocks the roads or provides a tantalizing opportunity for looting or hijacking of trucks. “The requests from health centers don't stop,” said Akello Pasquale. “from Nasir, in Upper Nile, or West or Central Equatorial – they all say that they are completely stocked out.” The effects of stock-outs may be pronounced: in Equator region, the malaria prevalence rate is the highest in the country, at 40%.

The sense of urgency is acutely felt against the backdrop of a massive distribution campaign that overcame its own logistic and security challenges, which was in its final stages before the crisis erupted. Over the course of 2013, some 3.7 million LLINs were distributed in seven states. One notable exception: Jonglei, where regular confrontations between Lou Nuer and Murle militias prevented PSI and its partners from carrying out distributions in counties including Pibor, Pochalla and Akobo.

A final push into Unity State was planned for January but has been indefinitely postponed. “We have 348,000 nets ordered and ready to ship to South Sudan; when the national malaria program and the Ministry of Health say that the security situation has improved, and they have a plan in place, we'll move forward,” said PSI's deputy director for East Africa, Daun Fest.

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