

# South Sudan cholera outbreak: A call to improve sanitation

South Sudan has been in a cycle of conflicts since the 1950s with underdeveloped health infrastructures and a critical gap in human resources for health. However, in the past two decades, after the signing of the Comprehensive Peace Agreement (CPA) in 2005 which culminated in independence in 2011, a significant advancement in access and services delivery has been achieved.

Despite the advancements, the health sector continues to face challenges from human resources, drugs availability to multiple outbreaks of infectious diseases.

The Ministry of Health declared a cholera outbreak on the 28th October 2024 from the town of Renk in the northern border with Sudan. The index case was imported from Sudan which has been experiencing cholera outbreaks since 2023. Because of poor sanitation and congestion of refugees and returnees from the Sudan at the reception facilities in the outskirts of Renk, and because they had free movement, the outbreak extended to the whole town and other parts of the Upper Nile state.

Since then, the outbreak has extended to involve almost the whole country with about 13,000 cholera cases reported by the last week of December 2024, of which about 50% are from Rubkona county of Unity State mostly from the UN Protection of Civilians (PoC) sites. The other two most affected towns are Malakal and the capital city, Juba, accounting for 20% and 15% of cases respectively.

With this cycle of outbreaks, which usually occur annually, critical questions need to be asked about the reasons behind them. It is obvious from this outbreak and other outbreaks that the sanitation, especially where Internally Displaced Persons (IDPs) and refugees are hosted, is the main culprit. Also, lack of awareness among communities is a key component; it is only by reporting any suspected cases to the surveillance team that measures can be put in place to contain any suspected outbreak.

From my personal visits to Renk in August 2023, in the early days of conflict in Sudan, I witnessed the situation at the reception site which was designated for the returnees and refugees at the University of Upper Nile premises; the minimal standards of sanitation were lacking, as well as safe and clean water. The same thing is seen in the Malakal, Juba and Bentiu PoCs from where most cases are reported.

The health authorities, together with partners, have taken several measures to curb the spread of cholera outbreaks:

1. Strengthening surveillance and reporting systems.
2. Establishing coordination meetings at different levels to make sure that communication is maintained between different actors.
3. Improving sanitation, provision of clean water and infection control measures to about 730,000 people in the areas of population movement and weak health systems.

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4. Establishing Cholera Treatment Centres (CTCs) across the country to handle severe cases.
5. Introducing the cholera vaccine to the high-risk population on 9th December 2024, when about 300,000 doses were available.

To avoid future outbreaks, especially those related to conflicts, I recommend the following:

1. Robust health promotion on Infection Prevention and Control (IPC) measures to the affected populations.
2. Strict measures on setting up sanitary facilities at the reception sites.
3. Control population movement during the time of outbreak.
4. The government to address the living conditions within the UN Protection of Civilians (PoCs) sites. Also, it takes these necessary actions to ensure that IDPs are transported to their original states or are provided with housing plans within the host communities.

### References

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