



## EXPERIENCES FROM THE FIELD

# OBSTACLES TO VACCINATION IN SOUTH SUDAN

South Sudan has chosen to join the global effort to vaccinate its population for Covid-19. But there are many critical issues: it is not enough to just have the doses, they must also be managed logistically and administered correctly to the population. There is a lack of funds for the implementation of a massive campaign, making the role of NGOs such as Cuamm crucial to bridge the existing shortfalls.

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### THE SITUATION IN A FRAGILE COUNTRY

According to the latest epidemiological bulletin of the Ministry of Health<sup>1</sup>, since February 2020 in South Sudan, 10,829 cases of Covid-19 have been identified out of 178,868 tests (6%), with a mortality of 1%. These numbers are likely underestimated, given the difficulty of accessing health facilities for a large part of the population, the poor ability of these facilities to identify and report suspected cases, and the diagnostic system, which is limited in space and inconsistent.

Given the inability of the national health system to adequately cope with the epidemic and the direct and indirect costs that this and the containment measures implemented to this point are causing the community, South Sudan has chosen to join the global effort to vaccinate its population for Covid-19 and to ensure that this becomes an opportunity to strengthen their basic prevention and treatment.

This is written in the national Covid-19 vaccination plan published in February 2021<sup>2</sup>, considered suitable by international agencies to include South Sudan on the list of countries entitled to receive a first supply of vaccine doses through Covax. Of the 864,000 doses initially planned, 732,000 were actually allocated, enough to vaccinate only 3% of the population, 15% of the groups considered at risk (health personnel, teachers, refugees/displaced persons, chronically ill, and people over 40).

But the actual first delivery was only 39,504 doses reserved for the staff of health facilities, community health workers, and people over 65.

### VACCINES ARE NOT VACCINATIONS

The immunization campaign officially began on April 6, 2021, but only at 4 hospitals in the capital city. A month later, just under 5,000 people had received the first dose, of which only 23% were medical staff, and concern began to rise that they would not be able to use all the doses received by the deadline set in mid-July, which would prevent South Sudan from receiving further doses.

South Sudan has received the vaccines but does not have adequate funding to support their nationwide delivery. Lacking funds for the implementation of a massive campaign, the only choice was to integrate the new vaccination into the routine immunization system, but, in the absence of dedicated resources, what could actually be an opportunity to strengthen the system, put both the success of the Covid-19 vaccination at risk as well as the maintenance of an already inherently weak service. Furthermore, not being able to bear the costs of the complex logistical and organizational system necessary to bring the new vaccine to the more peripheral areas, where there is a lack of qualified and trained staff and where there are the greatest obstacles to transport and the cold chain, vaccination sites were limited in terms of number and geographical area.

### THE ROLE OF NGOS ON THE GROUND

In May 2021, the South Sudanese Ministry of Health, racing against time, decided to ask NGOs for help to expand Covid-19 vaccination outside of Juba; the vaccines left the capital in early June and will have to be used within just over a month. To this end, it was also decided to extend the target population to all those over the age of 18.

This openness to the intervention of outside partners without indications regarding the geographical priorities, the implementation methods to be preferred, the standards to be respected, the stakeholders to be involved and related responsibilities has created some confusion. There have been episodes of competition between different organizations working in the same area and tension between local authorities and NGOs due to unmet expectations and unclear roles.

An attempt to coordinate and harmonize was made by involving the main funder of the national health system, the Health Pooled Fund, and its network of implementing partners, already in charge of supporting the regular provision of services, given the mandate to introduce Covid-19 vaccination in the hospitals they support.

Here too, the idea of being able to minimize costs by integrating the new service into the existing system has clashed with the re-

ality of hospitals not being organized and equipped for this purpose, and staff and managers are accustomed to the major resources usually allocated to vaccination campaigns and so reluctant to work without a particular compensation.

## CULTURAL BARRIERS

Problems on the supply side are compounded by those relating to demand, i.e. the vaccination acceptance and access to it. Some studies<sup>3</sup> have been carried out about the knowledge and awareness of Covid-19 in the local population, and it is clear that the disease is perceived as a problem for others, not a real risk for the South Sudanese community.

This means that indifference to the vaccine, if not outright refusal, fueled by the spread of false information, especially through social networks, has generated a climate of suspicion and fear that has led to concern about acts of sabotage against the vaccine storage and delivery sites, requiring the implementation of emergency security measures, such as armed escorts to transport the doses from the cold chain to hospitals. Centralized and standardized communication and education initiatives have proved to be quite ineffective.

Several NGOs have chosen to adopt awareness-raising strategies adapted to the specific context, with the involvement of leading figures in the community as spokespeople.

## CUAMM: GOING THE LAST MILE

Doctors with Africa Cuamm supports five hospitals, all of which have been selected to be vaccine sites. The areas previously set up for the screening of patients and the isolation of suspected cases have been adapted to accommodate the various phases of the vaccination process (registration, injection, observation, and management of any adverse events), in compliance with distancing rules, and the qualified personnel, already involved in the Covid-19 response, have been trained to implement it and adequately equipped with protective material.

Competent staff and an orderly and organized environment (in some cases offering snacks to the patients) are essential to reassure and attract the population. To contribute to this, there is also mobilization in the markets, at the churches, and in all the public gathering points, with the participation of prestigious authorities.

From June 14 to July 4, the three Cuamm-supported hospitals in Lakes State reported 3,940 vaccinations, including 637 health care staff (16%) and 221 (6%) people over 65. There are 75 vials left; to speed up their use, we are considering having hospital vaccination team go to major health centers, reaching part of those who are unable to travel to hospitals or who are intimidated by hospitals; these are likely to include members of the most exposed, vulnerable groups, from peripheral health workers who cannot leave their workplaces unattended, to the chronically ill and elderly, who struggle to make long, inconvenient trips and are more bound to their location.

## NOTES

<sup>1</sup> Press release dated June 27, 2021 from the Ministry of Health; also data updated daily at <https://covid19.who.int/region/afro/country/ss>  
<sup>2</sup> South Sudan COVID-19 National Deployment and Vaccination Plan, Ministry of Health of South Sudan, 9<sup>th</sup> February 2021.

<sup>3</sup> *Public authority in a pandemic: South Sudanese NGO and local government responses to Covid-19*, day of studies can be viewed at: <https://youtu.be/UdAaf9JI3i4>