

Creating the environment for a healthy South Sudan

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South Sudan's health statistics stand out for all the wrong reasons. A woman is more likely to die in childbirth¹ than to complete primary education²; only 44% of the population lives within walking distance of a functional clinic³ and there are serious shortages of health workers.

Positive change requires political will, sustainable financing and strong policies and partnerships - experience from other post-conflict countries shows us that change is possible.

Political will and leadership at all levels of government is critical to improving public health. Both Sierra Leone and Liberia are good examples of high-level political leadership driving improvements in health care. In Sierra Leone, President Koroma identified maternal mortality as a key priority in 2009 and introduced free health care for pregnant and breastfeeding women, and for children under five years of age^{4,5}.

Sustainable financing is essential for transitioning a health system from humanitarian support to development. Government funding and long-term development assistance needs to rise appropriately to avoid a gap as humanitarian funding falls⁶.

Funding is only effective when under the guidance of strong policies and plans. All six of the World Health Organisation's building blocks must be addressed as they provide the foundation for delivering health services⁷. For example, the Liberian government developed its interim National Health Plan by working with donors to shape the transition from humanitarian response to one of sustainable development under their leadership⁸.

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Success in Sierra Leone and Liberia was underpinned by strong partnerships between the Government, donors, UN agencies and NGOs. In both cases, the Government increased its own financial commitments, while also presenting compelling reasons for donors to increase their funding.

UK aid and other development partners are working to help support South Sudan's government in delivering its Health Sector Development Plan. We are learning from experiences in other post-conflict countries, in particular that of the pooled fund in Liberia, in order to help the Government of South Sudan build its health system.

1. 2,054 women dying for every 100,000 live births, Southern Sudan Household Health Survey 2006
2. Primary school completion rate 1.9%, Gender Parity Index 0.85, Southern Sudan Household Health Survey 2006
3. Health Sector Development Plan 2012-16, Ministry of Health, Republic of South Sudan
4. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)60559-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60559-X/fulltext)
5. <http://www.who.int/bulletin/volumes/88/7/09-071068/en/index.html>
6. Canavan A, Vergeer P, Bornemisza O, 2008 Post-conflict health sectors: the myth and reality of transitional funding gaps.
7. WHO Health Systems Building Blocks <http://www.who.int/healthsystems/topics/en/>
8. Hughes J, Glassman A, Gwenigale W. 2012 Innovative Financing in Early Recovery: The Liberia Health Sector Pool Fund

**The Editorial Board is pleased to welcome a new member - Prof John Adwok,
Consultant Surgeon.**