Beyond the Outbreak

Practical Lessons and Multisectoral Synergy in Cholera Response

South Sudan: the biggest cholera outbreak in the country's recorded history

Story about trust, speed, coordination, and the Health-WaSH link in humanitarian settings

Urgent, hopeful, and grounded in frontline effort

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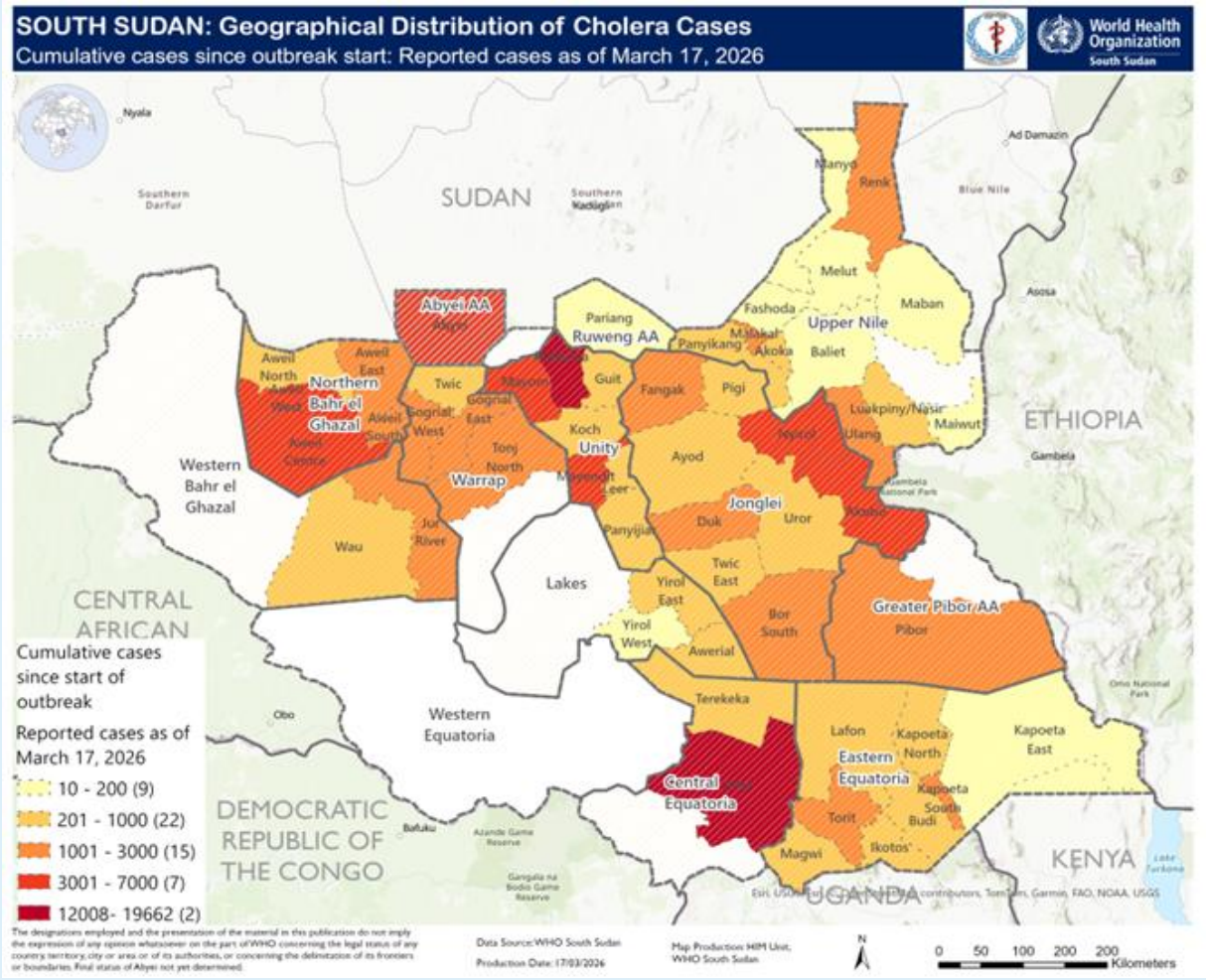
South Sudan Outbreak Context

- South Sudan's largest recorded cholera outbreak was driven by multiple importations, conflict, displacement, and crowded returnee and refugee settings
- The outbreak totals **102,105** cases and **1,662** deaths (**CFR 1.6%**; target **<1%**); health-facility **CFR** is **0.8%**
- Reported in 55 counties across 9 states and all 3 administrative areas
- In 2026 alone, **4,717** cases and 60 deaths (**CFR 1.3%**) were reported in 13 counties across 5 states
- **19 ICG** applications were submitted, including the latest mop-up request
- **10.18** million **OCV** doses were received and about **9.1** million people were vaccinated



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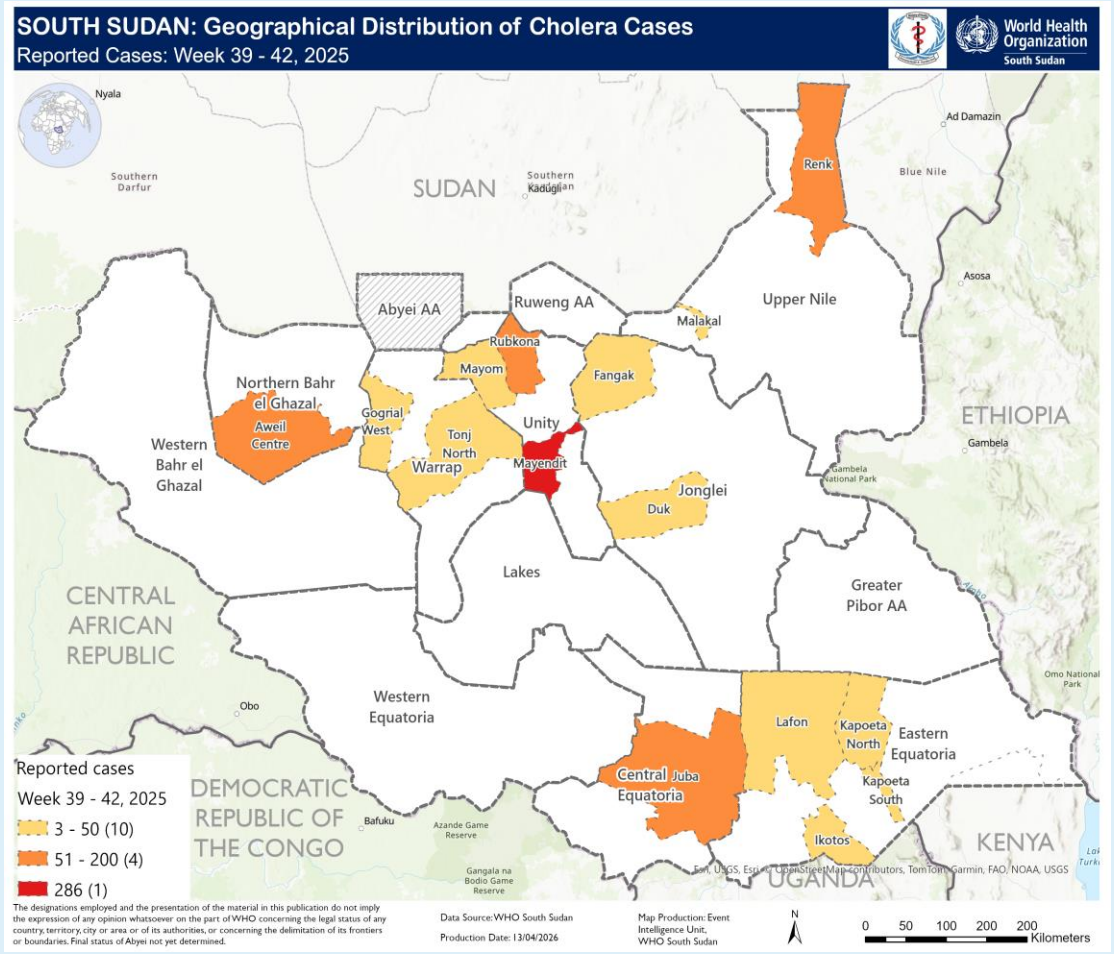
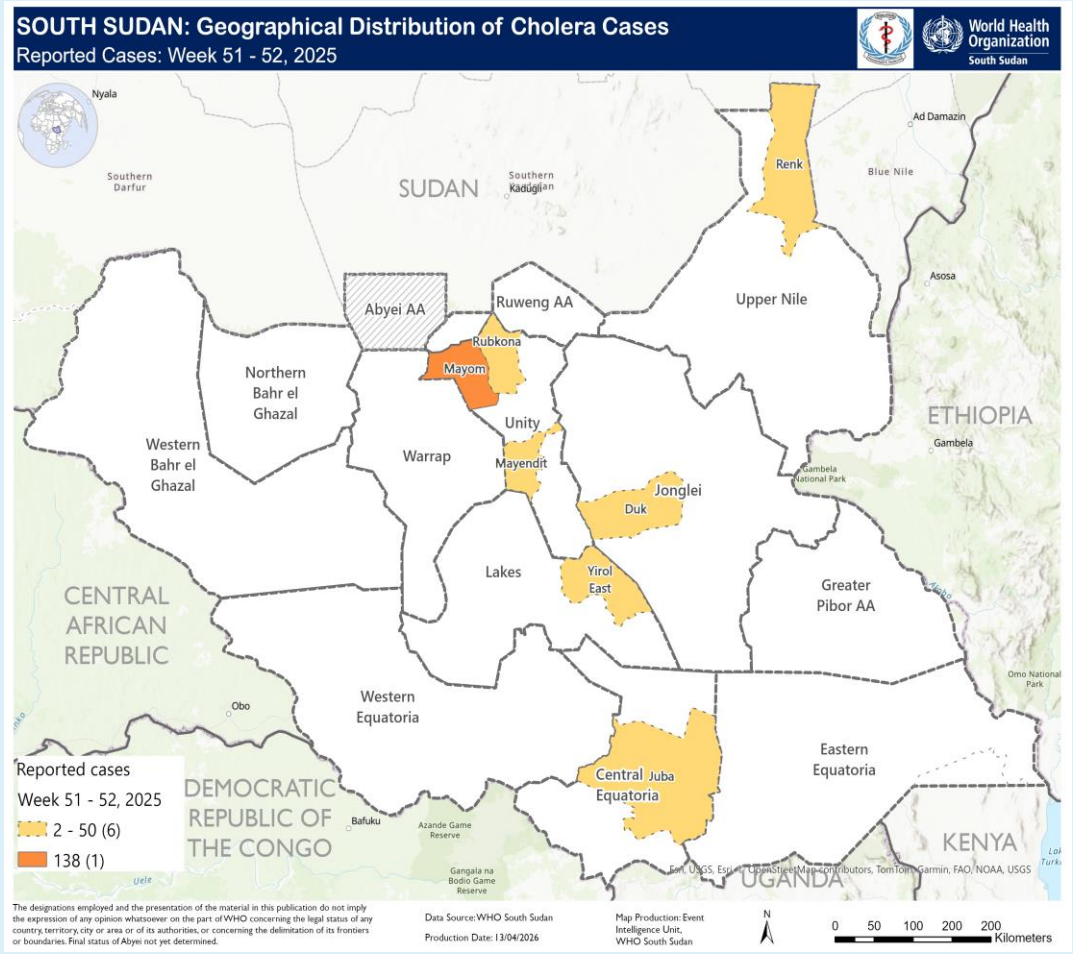
Cholera: Loss of Gains





Temporary control success

Sept–Oct 2025: early action reduced deaths and slowed transmission.

30 Day Knockout Plan

Dec 2025: Transmission interrupted in 48 of 55 counties reflecting a period of decline in cases. More than 90,000 patients were treated and discharged.

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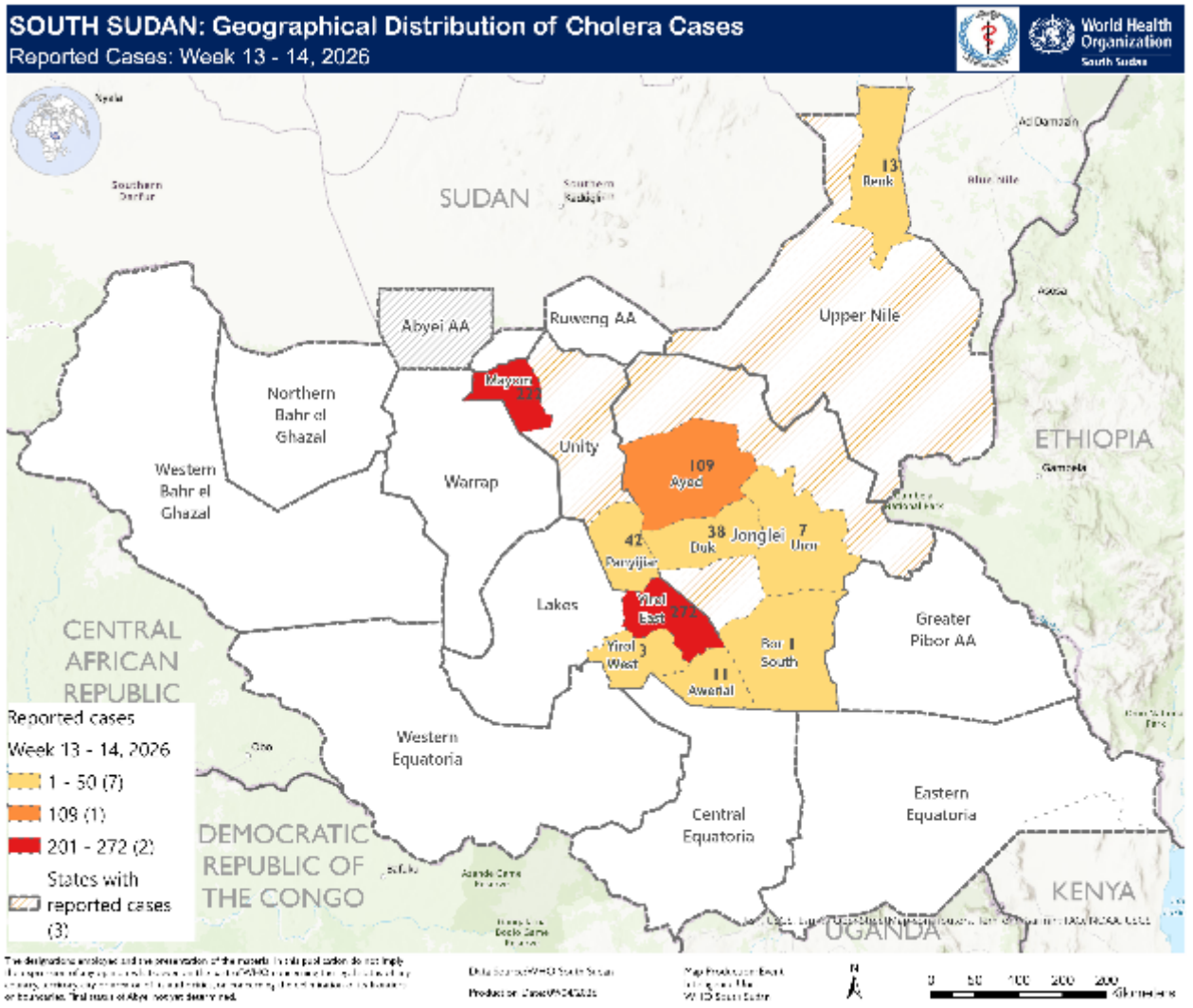

Persistence and resurgence of cases in the last 14 days

Reversal of the decline of cases Jan–Apr 26

Cases rose again, especially in Jonglei, after insecurity worsened at the end of 2025

Factors causing resurgence

Conflict, displacement, WASH breakdowns, and vaccination interruptions drove renewed transmission and deaths

Current challenges

Fragile gains were reversed, with higher mortality risk in insecure and hard-to-reach areas

Integrated response needed

Health, WASH, RCCE, logistics, and vaccination must move together to regain control

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FIRST MILE OF DETECTION: LAST MILE OF PREVENTION

1. The Frontline Heartbeat

- Frontline workers, communities, CSOs, and trusted local leaders often see the signal before the formal system does
- In SS Boma Health Workers, CBS officers, and County RRTeams helped turn rumours into alerts, referrals, and early action
- CSOs supported RCCE, household hygiene promotion, case-area targeted interventions, ORP operations, referral, and stronger OCV uptake
- In Renk County, local RR teams and volunteers used returnee transit sites for point-of-entry vaccination, hygiene screening, and mobilization to reduce spread despite continuous population movement
- Community action closes the loop: handwashing, chlorination, ORS, safe referral, and safer household water practices.

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HOW WHO SOUTH SUDAN ORGANIZES EMERGENCY ACTION

2. From Preparedness to Response, Coordination, and Resilience

Preparedness and IHR	Readiness planning, pre-positioning of supplies, and support to partner, and county preparedness
Event Intelligence and HIM	Alerts, EWARS, line lists, hotspot analysis, and dashboards for early detection and action
Response	RRT deployment, laboratory support, case management, IPC, RCCE, and treatment site support to save lives and contain spread
Health Partner Coordination	Align Ministry leadership, Health Cluster partners, priorities, and field action into one response picture
Recovery and Resilience	Restore functions, strengthen counties, and reduce future cholera risk through lessons learnt and PAMIs

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WHO's value is not one activity alone.

It is connecting preparedness, intelligence, response, coordination, and recovery into one emergency operating system.

RESPONSE SPEED DEPENDS ON THE MOST REMOTE REPORT

3. The Governance Map

National	State	County	Payam/Boma	Community
Policy, incident command, stock release, partner alignment	Verification, supervision, resource routing	Alert capture, case finding, facility readiness	Rumours, referrals, local WaSH action	Trust, reporting, early care seeking

Key message: A national plan only moves as fast as the county that can transmit, verify, and act.

- In SSudan, PHEOC activation and a disciplined IMST rhythm helped turn national decisions into field action.
- Early and consistent communication with stakeholders before the outbreak and during the response was paramount to building collective responsibility across government, partners, communities, and donors.

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COUNTRY FINANCING THAT ENABLES EMERGENCY ACTION

4. The Investment Coalition

Illustrative mechanisms and partners — not an exhaustive list

HUMANITARIAN

ECHO, CERF, and SSHF help unlock rapid and flexible support for lifesaving operations

BRIDGING

FCDO and other bilateral and multilateral partners help connect emergency response to stronger systems and sustained readiness

GLOBAL ENABLERS

ICG enables OCV allocation and deployment, while WHO HQ and AFRO support critical technical, operational, surge, and coordination functions

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Key message: In cholera response, what matters is not only who funds, but how quickly and flexibly financing and technical support reach the field

ON OUTBREAKS, TWO LOGICS MUST RUN TOGETHER

5. The Dual-Track Strategy

Track A
WaSH / Development
Addresses the WHY

- Unsafe water and weak sanitation keep creating risk.
- Use water-quality surveillance to target messaging, chlorination, and safer household water use.
- Hotspots need sustained investment in water, waste management, and hygiene services, not repeated emergency trucking alone.

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Track B
Health / Epidemiology
Addresses the HOW

Find cases fast, treat early, and drive CFR below 1%.

Use rapid line lists, alert verification, referral, and strong case management to shorten time to care.

Deploy reactive OCV as a firewall and use sub-county targeting where it speeds response.

Bridge principle: outbreak control fails when one track moves without the other.

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SAVE LIVES NOW, WHILE BUILDING RESILIENCE THAT LASTS

6. The Bottom Line - Right Priorities

First 72 hours

- Verify alerts
- Open treatment capacity
- Protect water points
- Launch RCCE
- Prepare OCV request

First weeks

- Target hotspots
- Tighten line listing
- Scale chlorination and IPC
- Align donors and supplies
- Push county supervision

Beyond the curve

- Repair chronic WASH gaps
- Institutionalize surveillance
- Invest in counties and frontline teams
- Use PAMIs to guide multisectoral action
- Keep communities at the centre

South Sudan's key lessons

- Trust is the first surveillance system
- Early communication builds collective responsibility
- Verifying alerts early costs less than responding late
- Health and WASH must act from the same hotspot map

Final message: The best cholera response protects people today and leaves behind stronger surveillance, stronger counties, and a clearer path to sustainable cholera control

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Thank you

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