The High-Level Taskforce (HLTF) on Coronavirus (COVID-19) Pandemic

Final Communication from The Presidency No. 59

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Introduction

On 30th December 2019, a new Coronavirus Outbreak was declared in the Wuhan Province in the People’s Republic of China; later on, named “Coronavirus Disease 2019 (COVID-19); and on 30th January 2020, the World Health Organisation declared the outbreak as a Public Health Emergency of International Concern. On 11th March, the Director-General of the World Health Organisation, in his regular media briefing, described the COVID-19 as a Pandemic. This was an indication that the disease was spreading around the globe with unprecedented speed and virulence.

On 20th March 2020, H. E. President Salva Kiir Mayardit issued a Presidential Order for the formation of the High-Level Taskforce on Coronavirus (COVID-19) chaired by himself and deputised by the First Vice President responsible for operations and day-to-day
activities. The Taskforce provides leadership and guidance on the policy direction, advocacy and mobilisation of resources. Since its inception, the High-Level Taskforce delivered on number of tasks and undertakings.

**Situation Analysis**

South Sudan confirmed her first case on 5th April 2020. The first three (3) cases confirmed in early April 2020 were among foreign nationals working in South Sudan, with history of recent travel to their home countries. This was a clear manifestation of importation of cases. However, the infection rapidly spread among local people who were not known to have travelled to any of the foreign countries. In just over five weeks, South Sudan now has a cumulative total of three hundred and forty-seven (347) confirmed cases including 19 inpatients at the Dr John Garang Infectious Disease Centre, four (4) recoveries and five (5) deaths. All four deaths presented or referred to facility were at late stages. However, 94.5% of cases are managed at their residential homes or hotel rooms.

With the exception of two (2) local infections, each reported in Rubkona and Leer in Unity State, all other cases where contracted in Juba and exported to Abeyi, Kuajok, Rumbek and Yei by travellers who chose to defy advice of the relevant authorities. For more than three (3) weeks since the last contacts were discharged, Torit has remained COVID-19 free.
Functions and Activities:

The Taskforce's strategic policy direction in combating COVID-19 is anchored on ten (10) main thematic areas:

1- Leadership and Coordination.
2- Border Health and Points of Entry (Porthealth).
3- Case Management.
4- Infection Prevention and Control (IPC).
5- Risk Communication and Social Mobilisation.
6- Rapid Response and Contact Tracing.
7- Surveillance and Risk Assessment.
8- Enhancing Laboratory and Testing Capacity.
9- Expansion of Quarantine Centres.
10- Logistics and Supplies Management

Strategic Undertakings:

1- The Taskforce held its meetings daily from Sunday, 21st March to Friday 15th May 2020 and issued a total of 58 communications from the Presidency.

[Signature]

Republic of South Sudan
The First Vice President
2- The Taskforce formed a Technical Secretariat drawing its membership from medical experts and other government officials of relevance such as environmentalists and researchers.

3- The Taskforce reviewed and adopted the South Sudan Preparedness and Response Plan for COVID-19 Pandemic, 1\textsuperscript{st} April – 30 September 2020 (Annex I).

4- The Taskforce reviewed and adopted The South Sudan Preparedness and Response COVID-19 Pandemic Operational Budget 2020 (Annex 2).

5- Reviewed and Adopted the budget for the operations of the Taskforce (Annex 3).

6- Established an Emergency Call Centre with Tollfree Hotline 6666.

7- The Ministry of Health as well serves in the High-Level Taskforce as the secretariat and administrative organ of the Taskforce. The Ministry received donations on behalf of the Taskforce.

8- The High-Level Taskforce opened two Bank Accounts in both Dollar and Local Currency number \textbf{00269131393254}, with four signatories from the Ministries of Health and Ministries of Finance and Planning Primary and secondary signatories.
9- Established Port healths at the Juba International Airport and UNMISS Terminals and Nimule for the screening of passengers.

10- The High-Level Taskforce purchased five (5) Karotizer machines also known as Sanitising Tunnel which acts as an automatic disinfection tunnel. These will be deployed at Arrivals and Departure Terminals at Juba International Airport, Office of the President, Office of the First Vice President and the Cabinet Affairs.

11- The High-Level Taskforce established the Joint Operation Room (JOR) between the South Sudan Security Organs, The United Nations Mission in South Sudan, the UNMISS, and the Non-Governmental Organisations (NGOs) at the Juba International Airport.

12- The High-Level Taskforce has instructed the Ministry of Information, Telecommunications Technology and Postal Services to establish a Website and WhatsApp Group for the taskforce work.

13- The High-Level Taskforce has instructed the Ministry of Information, Telecommunications Technology and Postal Services to expedite operationalization of the South Sudan domain (.ss) as the fibre optics cable is now in South Sudan.

14- The High-Level Taskforce constituted a five-person committee under the Minister of Justice and
Constitutional Development and drafted Public Health, and Quarantine Provisional Orders.

15- The High-Level Taskforce constituted a committee under the Deputy Chief Justice to work on decongestion of prisons and detention centres.

16- The High-Level Taskforce encouraged the M-Gurush to develop and launch money transfer system and electronic payment system.

17- The University of Juba volunteered health workers in the campaign against COVID-19 pandemic.

18- The High-Level Taskforce has contracted an environmental company to spray planes, airports and public places to mitigate the risk of infection.

19- The Ministry of health with guidance from the HLTF procured reagents and products for Al Cardinal Kidney Hospital in Juba.


21- The Ministry of Health with support of High-Level Taskforce and the ICRC renovated and commissioned the Mortuary at Juba Teaching Hospital.
22- The High-Level Taskforce in collaboration with the UN System, NGOs, Civil Society Organisations and the Media Houses to strengthen risk communication, sensitisation and enhancing public awareness.

**Budget and Spending:**

The approved South Sudan Preparedness and Response COVID-19 Pandemic Operational Budget 2020 covering six-months period extending from 1\(^{st}\) April to 30\(^{th}\) September 2020 is estimated at USD 5,480,404 (Five Million, Four Hundred Eighty Thousand, Four Hundred and Four United States Dollars).

Furthermore, USD 3 Million (Three Million United States Dollars) was approved by the HLTF to cater for the needs of South Sudan students studying on government scholarships in countries affected by Coronavirus pandemic, making a total amount of USD 8,480,404 (Eight Million, Four Hundred Eighty Thousand, Four Hundred and Four United States Dollars).

Of the USD 5,480,404, Initially USD 3 Million (only three million dollar) has been released and paid to the Taskforce and was disbursed as follows:

1-USD 2.4 Million first instalment (36\%) to AFK Concept Ltd, the company contracted to procure equipment and supplies worth little over USD 3.8 million.
2-USD 200,000 (two hundred thousand) down payment to the environmental company contracted to disinfect airports and public places.

3-USD 390,000 as part payment for procurement and transportation of three (3) PCR machines from Sudan in addition to installation and training. A detailed financial report will be provided.

Of the USD 3 Million for students studying abroad, only one million United States Dollars was released and has been disbursed through respective South Sudan Embassies in countries where the beneficiaries are studying.

**Donations:**

1-The First Lady, H. E. Mary Ayen Mayardit donated 2000 manual hand-held thermos-scanners to enhance the capacity of Portsheathls.

2-Bank of South Sudan donated SSP 20,000,000 (only Twenty Million South Sudanese Pounds).

3-Government of the Peoples’ Republic of China donated testing kits, protective gears and infection prevention materials.

4-Government of the Peoples’ Republic of China donated again COVID-19 materials which has been handed over to the Embassy of the Republic of South Sudan in Beijing.
5- The Government of the United Arab Emirates has donated one PCR Machine and is expected in the country soon.

6- The Government of the Arab Republic of Egypt, donated 15,000 military uniforms for the Unified Forces, 15,000 coveralls and 11 tons of COVID-19 materials.

7- East African Community (EAC) donated Mobile Laboratory with two (2) PCR machines and ELIZA machine. This will arrive in the country today Monday 18th May 2020.

8- Africa Development Bank Pledged USD 4 million through the World Health Organisation to establish isolation and intensive care facilities at the Dr John Garang Infectious Disease Centre and 17 state and county hospitals across the country.

9- The World Health Organisation (WHO) expanded admission capacity at the Dr John Garang Infectious Disease Centre by adding 48 more beds.

10- UNDP donated 17 ventilators and additional office space for Call Centre.

11- UNDP donated five (5) spray machines to support in the fight against COVID-19 pandemic.
12- UNHCR donated two (2) ambulances and pick up vehicle for Yambio, Kajojeji and Yei Hospitals; and infection prevention materials for Juba and Al Sabah Children’s Hospital.

13- Oil Companies pledged up to 1.4 Million United States Dollars for Renovation of the Dr John Garang Infectious Disease Centre.

14- IGAD Employees (South Sudan Office) donated USD100,000 (only hundred thousand United States Dollars).

15- IGAD South Sudan Office donated Personal Protective Equipment (PPE) and infection prevention materials.

16- Carnak Company donated SSP 10,000,000 (Ten Million South Sudan Pounds).

17- Tristar Oil and Gas Company pays incentives, USD 100 each for 60 workers and fuel for 10 vehicles at the Public Health Emergency Operations centre, in addition, Tristar denoted three (3) ventilators and infection prevention Materials.

18- CITICO Aviation Company pledged to offer their service to transport up 6 tons of COVID-19 materials on their planes to any state and 5000 litres of fuel diesel to support the generators at Dr John Garang Infectious Disease Centre.
19- Moonlight donated 15 mobile ventilators, 80 hospital beds, 80 mattresses, an oxygen concentrator and bed sheets.

20- Lebanese Community renovated and equipped one wing at the Dr John Garang Infectious Disease Centre.

21- Petronas supported the implementation of South Sudan COVID-19 Preparedness and Response Plan.

22- Atlantic Energy Company, donated infection prevention materials.

23- Intrahealth (INGO) donated infection prevention materials.

24- MTN Telecommunication Company, donated telephones, airtime and infection prevention materials.

25- Zain Telecommunication Company, donated infection prevention materials.

26- Federation of Business and Professional Women of South Sudan donated COVID-19 infection prevention materials to the Public Health Laboratory.

27- Centres for Disease Control and Prevention (CDC) of the United States donated video conference equipment which enabled the
government to connect with the IGAD and East African Community.

28- The Juba Electricity Distribution Company (JEDCO) connected to the hotline the following facilities and institutions:

a. Juba Teaching Hospital.
b. The Public Health Laboratory.
c. The Dr John Garang Infectious Disease Centre
d. The Al Cardinal Kidney Hospital
e. Juba Military Hospital
f. Juba Police Hospital
g. The South Sudan Broadcasting Corporation.
h. Juba International Airport.

29- JEDCO reduced the tariff cost of electricity by 20%.

30- In light of ensuring uninterrupted electricity supply, the government entered into partnership with Ezra. The government will provide crude oil for Ezra’s refinery in Juba for refining crude oil and generation of electricity for the city and the surroundings.

31- Opportunity Bank donated sanitary materials to assist the government on its fight against COVID-19 infection.

32- Tristar Transport Ltd. donated assorted food items to support the efforts of the government in combating COVID-19.
33- Trinity Energy Ltd. donated 3 Ventilators, testing kits, incentives for sixty-five (65) health workers at the Emergency Operation Centre, procured basic supplies to the centre, supplying fuel to the generators at the centre, reduced fuel prices at all Trinity Service Stations, and running awareness campaign through three (3) major newspapers, and one radio station for a period of three (3) weeks.

**Response Activities**

The Preparedness and Response Plan Structure is stratified into four tiers.

1- **The High-Level Taskforce Force** (HLTF) chaired by the President and deputised by the First Vice President has a Technical Secretariat and reports to the Presidency.

2- **The Steering Committee** is chaired by the Undersecretary deputised by Incident Manager responsible for day-to-day activities. This technical body meets weekly. Its Mandate includes developing and monitoring implementation of Preparedness and Response undertakings, coordinating risk communication and health education, case management, identification, testing and diagnosis. The Steering Committee reports to the HLTF through the Technical Secretariat.
3-Technical Working Groups (TWGs). There are eight (8) TWGs, each responsible for one of the eight pillars of the Response Plan, notably; Leadership and Governance, Case Management, Infection Prevention and Control, Portshealth, Surveillance, Risk Communication, Rapid Response Teams, Laboratory; and Logistics' and supply management. TWGs work around the clock to assess the progress, define and address challenges, and make recommendations for action. These TWGs report to the Steering Committee through the Incident Manager on daily basis.

4-Rapid Response Teams (RRTs): There are fourteen teams nationwide; four (4) national RRTs in Juba and one in each state. They are composed of a mix of healthcare professionals with array of expertise and experience in different areas of heath profession and social sciences. They respond to alerts, collect samples and refer suspects to the isolation centres.

5-Contact Tracing Teams (CTTs); They trace contacts, maintain their registers and follow up regularly over fourteen (14) days and refer those developing symptoms to health facilities for further evaluation.

Infection Containment and Control

The High-Level Taskforce with support of other government institutions imposed a series of measures
to contain and prevent importation of new cases and to control spread of the disease among individuals and to parts of the country.

1- Imposing social distancing at work places, both private and public sectors by reducing the workforce to 50% working on two-weekly shifts on the basis of “two weeks in and two weeks out”.

2- Restriction of movement of the people into and out of the country.

3- Restriction of movement of people within the Country.

4- Closure of pre-schools, schools, colleges, Universities and Health Science Institutes.

5- Suspension of international events such as conferences or workshops slated to take place in South Sudan.

6- Cancellation of all Religious and Social events including Sunday Church Prayers, “Salat Al Juma” Mosque Prayers, sporting events, weddings and funerals.

7- Closure of South Sudan Airspace and border posts in the face of international travels except for essential travels such as of goods and humanitarian aid.
8- Re-organisation of market places through imposing social distancing, installation of infection prevention facilities and closure of businesses trading in none food or none essential goods.

9- Closure of businesses which attract crowds such as tea places, shisha stalls, bars and night clubs.

10- Restriction of restaurants’ services to takeaway only.

11- Limiting bus and taxi passenger load to half capacity, restricting Raksha to two (2) passengers and Bodaboda to cargo transport only.

**Identification, Testing and Diagnosis.**

The Rapid Response Teams (RRT) have responded and investigated nearly 290 serious alerts since the beginning of the campaign late in January 2020. The HLTF directed to adopt the current five (5) security zones for Juba as a model for sentinel sites to guide sample collections in order to broaden the base and enhance testing and diagnostic capacity. To date 4,287 tests have been performed on alerts, suspects, travellers and random samples for the 44 health facilities and private homes in the five sentinel sites in addition to Nimule Border Crossing. Of these, 347 cases have been confirmed positive constituting 8.1% of all tests performed.
Four (4) fixed PCR machines at the Public Health Laboratory will be commissioned today 18th May 2020, thus boosting the testing capacity to almost a thousand tests per day, clearing the current backlog and testing as many people in Juba as possible.

In addition, five (5) more machines will be deployed in laboratories in Nimule in Eastern Equatoria State, Paloch in Upper Nile State, Tharjiath and Unity station in Unity State, and Wau in Western Bahr el Ghazal State.

Moreover, the laboratories in the Egyptian Clinic in Juba, and of the Ministry of Livestock and Fisheries will be upgraded to provide negative pressure to the PCR machines to be ready for testing for COVID-19.

Furthermore, the Ministry is procuring five (5) more refrigerators to enhance the cold chain capacity in the Public Health Laboratory.

The Ministry of Health with support of the UNDP is procuring 3000 COVID-19 specific cartridges for the 32 gene Xperts machines available in the country to be deployed at the end of May 2020.

**Infrastructure and Equipment:**

Currently, the country has one isolation centre in Juba, The Dr John Garang Infectious Disease Centre, has capacity of two hundred and forty beds (240). Only eighty-nine (89) beds are now available for use. The
remain 151 beds capacity will be realised after completion of renovation works in 8 weeks.

Through the Africa Development Bank grant facility, the Ministry of Health is working on renovating and equipping the Dr John Garang Infectious Disease Centre including installation of an Intensive Care Unit (ICU) in the facility, which is scheduled to be completed in eight (8) weeks. Plans for establishment of isolation centres and ICU facilities in seventeen (17) other priority state and county hospitals through AfDB facility is also part of nationwide plan to enhance capabilities of the healthcare system to adequately respond to the COVID-19 Pandemic.

The Ministry of Health is utilising the opportunity to build and leave a post-COVID-19 legacy in the health system. Oxygen concentrators will also be provided in these centres. The Ministry has procured from the core funds of the HLTF sixty (60) ventilators, ten (10) fixed and fifty (50) mobile ventilators to strengthen the capacity of these health facilities across the country. South Sudan will have about a hundred (100) ventilators during this period, an increase of about 2350%.

**Human Resource and Training:**

Human resource for health (HRH) is key to a vibrant healthcare system which is responsive and resilient. At 6.3 per 10,000 population, South Sudan has one of the lowest health workers: population ratios (recommended 44/10,000). This is reflected across the different
disciplines of heath and medical profession. The country suffers inadequacy in highly skilled clinical practitioners, more so, in the area of infectious disease management and control.

In response to COVID-19 crisis, the Ministry of Health with guidance of the HLTF and in collaboration with the partners launched a two-phased training programme. On one hand, the Ministry with support of the CDC USA and WHO conducted an online training for about 700 healthcare professionals nationwide. Currently, a back-to-back trainer-trainee programme with hands-on training at the Dr John Garang Infectious Disease Centre is ongoing. Almost a hundred (100) health workers have benefited from this programme, which subsequently, will be cascaded to all states of South Sudan. The aim is to train at least 100 trainers, 10 for each state, who will then be training health workers in their respective states.

**Challenges:**

Coronavirus Disease (COVID-19) is a new disease and so little, so far, is known, not only to the lay people, but also to the health professionals. Like many other respiratory viral infections, COVID-19 has no cure, its behaviour is not known and has no vaccine. It is unsurprising to see firms and nations struggling to put in place appropriate and responsive measures for containing and curtailing the pandemic. However, one measure has gained consensus all over the world, as the most effective means of protecting individuals,
communities and nations, that is social distancing. Social or Physical Distancing remains as the single most efficient capital available for halting spread of the virus.

1- The High-level Taskforce enforced social distancing measures, but unfortunately, the public could not cope with them, either due to ignorance or due to absolute choice of living in denial.

2- Refusal or disobedience by the contacts and confirmed cases who do not require admission to the hospital to overserve the rules of quarantine at home.

3- The current economic situation has dictated many people to venture out in search for resources in order to secure a meal for the day. Others prepare to die of anything else other than hunger related death.

4- Lack of health legal framework such as public health or quarantine act.

5- Delayed payment of salaries and incentives for security sector, law enforcement agents and civil servants.

**Recommendations:**

1- Payment of all salary arrears from February to May 2020.
2- Incentivisation of frontline health workers and other relevant workers.

3- Reconsidering reorganisation of the Markets in favour of regulating the crowds.

4- Reconsidering reorganisation of the public transport system in favour of imposing social distancing.

5- Enactment of Public Health and Quarantine Bills through Provisional Orders.

6- Now that restrictions are relaxed, much more efforts need to be done among the population in social distancing, handwashing, mandatory wearing of facemask everywhere, contact tracking and reporting suspects.

7- Asymptomatic COVID-19 patients being treated at home, must strictly observe the rules of quarantine where they stay, at home or hotel rooms.

8- As deaths due to COVID-19 infection are increasing, families of deceased must observe that burial of the remains of COVID-19 victims be conducted according to strict protocols and guidelines by especially trained healthcare workers.

9- It is advisable from now onwards that any sudden death be tested for COVID-19 to protect the rest. COVID-19 is real and is with us in our population.
H. E. Riek Machar Teny-Dhurgon, PhD

First Vice President
Deputy Chairman of the High-Level Taskforce on Coronavirus (COVID 19).

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