

## South Sudanese Position on World Health Issues

South Sudan is a nation born of conflict and ravaged by war. Having seceded from Sudan only five years ago, and given that Sudan itself only gained its independence from Anglo-Egyptian occupation fifty years prior to that, South Sudan has never known peace or had a chance to achieve economic prosperity. Life expectancy at birth is far below the global average, and infant mortality is high. Rates of both infectious disease and non-communicable disease paint a dismal picture of public health, which is not improved by the poor accessibility of primary care, specialized care, and pharmaceutical drugs. Reproductive health as well as prenatal and neonatal care are especial areas of concern for the South Sudanese delegation to the World Health Organization. Despite the many challenges, though, the delegation firmly believes that solutions exist for South Sudan. The constitution of this noble, perseverant country guarantees its people the right to free and reliable health care, and it is with that in mind that the delegation proceeds to this committee.

The leading cause of death in South Sudan, by far, is disease that is communicable, perinatal (occurring during pregnancy or directly after birth), maternal, or related to nutritional deficiencies. The latter is, unfortunately, beyond the scope of this committee; the delegation trusts that other South Sudanese agencies are working to alleviate the suffering of those deprived of food usually because of extreme poverty and the constant conflict still plaguing the country. Communicable, maternal, and perinatal disease will be discussed further on in this paper. Directly after these causes of death are non-communicable diseases (NCDs): specifically, diabetes, chronic respiratory illnesses, cardiovascular conditions, and cancers. Cancer rates are rising, but, in fact, the percentage of South Sudanese developing cardiovascular and chronic respiratory illnesses is falling. Diabetes rates remain constant. It is

extremely difficult to establish the reason for these trends, given that absolutely no census data exists for prevalence of risk factors for NCDs in South Sudan. It is unknown how many people use tobacco or have high blood pressure, for example (World Health Organization, 2014). While these deaths are certainly tragic, and the people suffering from NCDs and chronic health conditions in South Sudan are clearly grievously lacking in medical support, it is the delegation's view that NCDs are not the most pressing health concern for South Sudan at this time. The most important thing that can be done for those with these types of chronic health conditions is to improve access to pharmaceutical drugs, and to physicians and hospitals, which is where the delegation from South Sudan believes attention should be focused.

There is no standard manner of keeping records of health in South Sudan, including the prescription and sale of pharmaceutical drugs. They are widely unavailable, and, when available, stored in a wildly unsafe manner. Theft of drugs is common; so is medication being spoiled by improper storage (such as being left in heat when needing to be refrigerated, for example). The general lack of care shown by healthcare practitioners with regards to medication is of serious concern to this delegation - the fact that, in many facilities, medication is not even stored according to a system speaks to a deeper issue in South Sudanese healthcare practitioners (Mochache et al., 2011). Namely, there is a lack of a sense of duty to use available resources as well as possible in order to care for patients as well as possible, even when other factors stand in the way. The problem is exacerbated by a mass exodus of international aid workers due to armed conflict (World Health Organization, 2016). It is, of course, exceedingly difficult to craft a working healthcare system with neither adequate physicians nor medication. Again, without going too far out of the scope of this committee, there are innumerable challenges to gaining significantly more of either. Therefore, existing resources must be used properly, and moreover, they must be kept track of. This delegation hopes to be able to work

with other committee members to create a workable, standardized guide to the storage and record of distribution of medication in all medical facilities in South Sudan and in neighbouring regions.

As mentioned above, infants' and children's health, and health of mothers, are both in extremely poor condition in South Sudan. The infant mortality rate is 6.4%; 9.9% of children born in South Sudan will never see their fifth birthday (World Health Organization, 2014). This statistic is a symptom of several things: malnutrition is, as among the population as a whole, a leading cause of death, as well as tragic loss of young lives in armed conflicts (UNICEF, n.d.). Within the scope of this committee, though, the most that can be done is from an immunization standpoint, especially in areas that are remote and secluded. Encouraging steps have been made in vaccinating children against polio, with relative success, that the delegation hopes to be able to expand upon (Kolok, 2012). Women's health during childbirth, too, is a concern for the delegation from South Sudan. Only 14% of women have medical practitioners present at the births of their children (UNICEF, n.d.). This leaves them without recourse if any complications occur. Low education on reproductive health is another factor of women's health contributing to mortality during childbirth; women lack access both to information on birth control and the birth control itself. Women therefore often give birth even when they are in poor health themselves. This delegation would like to bring up the possibility of birth control awareness campaigns in South Sudan and across sub-Saharan Africa with the committee.

South Sudan faces a myriad of problems, stemming from centuries of subjugation and war, that cannot easily be resolved. It does not, however, intend to renege on its promise to its citizens to keep them healthy and safe, and it is in this capacity that the delegation from South Sudan intends to work in the World Health Organization. It is with optimism and practical plans

of building a South Sudanese healthcare system from the ground up that this delegation intends to proceed.

#### WORKS CITED

Kolok. 2012. Increasing demand for vaccination services in South Sudan.

Mochache, D. et al.. October 2011. Pharmaceutical Logistics Assessment in South Sudan.

UNICEF. (n.d.) Children in South Sudan.

World Health Organization. 2014. Noncommunicable Diseases (NCD) Country Profiles.

World Health Organization. 2014. Neonatal and child health country profile: South Sudan.

World Health Organization. August 2016. South Sudan health crisis worsens as more partners pull out and number of displaced rises.