ICRC

South Sudan Red Cross

IFRC

JOINT STATEMENT
by

The *South Sudan Red Cross* (*SSRC*),

The International Committee of the Red Cross (the ICRC)

and

The International Federation of Red Cross and Red Crescent Societies (the IFRC)

on

The International Red Cross and Red Crescent Movement Response to the outbreak of cholera in South Sudan

Date 6 December 2024

BACKGROUND & NEEDS

On 28 October 2024, the Government of South Sudan declared a cholera outbreak in Renk, marking the start of a growing health crisis. By 17 November, the outbreak had escalated to "nationwide" status, with a case fatality rate of approximately 1.0%. Cholera cases have since been reported across the northern regions of the country and in the capital, Juba. As of 6 December, the number of suspected cases has climbed to 1745, underscoring the urgent need for action.

In response, the Ministry of Health (MoH) has issued a draft Multi-Sectoral Cholera Response Plan, calling on partners, including the Red Cross and Red Crescent Movement, to provide critical support. This includes immediate scaling up of Risk Communication and Community Engagement (RCCE) efforts to halt transmission and bolster treatment capacity. To ensure a more effective response, the MoH is emphasizing the need for stronger coordination across all administrative levels. The collective urgency of this effort highlights the importance of unified action to protect lives and curb the outbreak.

Since conflict erupted in Sudan on 15 April 2023, South Sudan has faced an unprecedented influx of over 880,000 people, including South Sudanese returnees, Sudanese refugees, and other nationals crossing the border in search of safety. This humanitarian crisis is now compounded by a cholera outbreak originating in Sudan's border areas, which has steadily spread across South Sudan. The epidemic has taken hold in key hotspots, including Upper Nile, Northern Bahr el Ghazal, and Unity States, with cases reported in Jonglei and Central Equatoria. Among the returnees, refugees, and host communities, aggravated malnutrition has further heightened vulnerability, creating the perfect storm for rapid disease transmission.

South Sudan faces a complex and worsening humanitarian crisis. The humanitarian consequences of the armed conflict and other situations of violence remain dire. Economic decline, disease, and climate shocks—such as the ongoing floods—are devastating communities across the country. Poor infrastructure and limited access to services mean many cases of illness and disease go unreported, particularly in rural areas.

The situation is further exacerbated by the high concentration of people in transit centers and the continuous movement of returnees and refugees to various locations, significantly increasing the risk of disease spread. Overcrowded conditions in camps for internally displaced persons (IDPs), refugee settlements, and places of detention compound these challenges, placing already vulnerable populations at greater risk. This convergence of crises underscores the urgent need for coordinated and comprehensive interventions to save lives and curb the outbreak.

THE MOVEMENT'S COLLECTIVE AMBITION AND INTENDED RESPONSE

In the face of a rapidly emerging cholera outbreak in South Sudan, all Red Cross Red Crescent Movement Partners are leveraging their unparalleled reach, resources, and community trust to mount a unified and impactful response. The RCRC Movement is uniquely positioned to confront the outbreak at every level—preventing the spread of disease, ensuring lifesaving treatment, and building lasting community resilience through a coordinated public health intervention.

Guided by a commitment to end the epidemic, the Movement's response is centered on four key pillars:

1. Risk Communication and Community Engagement initiatives, including basic hygiene promotion, will equip communities with life-saving knowledge and practices to interrupt the chain of transmission.
2. Improved community surveillance, coupled with the establishment of Oral Rehydration Points (ORPs) and the distribution of Oral Rehydration Salts (ORS) will ensure timely interventions to reduce both morbidity and mortality.
3. By enhancing access to safe water, improving sanitation facilities, and reinforcing good hygiene practices in cholera hotspots, the response will address the environmental drivers of the epidemic.
4. Reinforcing infection prevention and control measures within Red Cross Red Crescent Movement structures, especially at branch-level, will safeguard the safety of staff and volunteers to ensure the continued delivery of services.

This coordinated effort is closely aligned with assessments and strategic collaboration with the Ministry of Health, ensuring that resources and interventions are directed where they are most needed. Together, the RCRC Movement is demonstrating its unparalleled ability to serve vulnerable communities, combat cholera, and create pathways to healthier, more resilient futures.
The **SSRC** will capitalize on and reinforce its extensive network of volunteers and branch structure, ensuring proximity to communities for impactful response activities. This capacity will be expanded as required. In their auxiliary role to the Government, SSRC will collaborate with line ministries and other actors to ensure well-coordinated response activities while protecting information. They will use their local presence and knowledge to access and prioritize vulnerable populations, supporting local authorities in setting up proper procedures for Dead Body Management while respecting cultural practices. Additionally, SSRC will leverage previous experience in infectious disease responses to implement community programs and ensure the safety and protection of staff and volunteers.

The **ICRC** will concentrate on responding in detention facilities and on access and response in conflict-sensitive locations. They will provide resources related to the SSRC cholera response plan and use their context expertise to offer technical and in-kind support in communication, logistics, information management, and security.

In alignment with the decisions of the Mini-Summit and further strategic level meetings, The **IFRC** will encourage the support of its membership to the Movement Response Plan. It will support SSRC in the development, implementation, and coordination of National Society Development (NSD), ensuring it is included in the Movement Response Plan and coordinating support from partners as needed. Operationally, IFRC will leverage regional and global emergency response tools, such as surge and Emergency Response Units (ERU), to support the response as the crisis evolves, in coordination with the SSRC and ICRC. IFRC will also leverage its position on the Steering Committee of the Global Task Force on Cholera Control (GTFCC), ensuring that the SSRC Cholera Response Plan is included and reported in the GTFCC Platform. By extension, the IFRC will support SSRC in coordination with the Ministry of Health to advocate for the allocation of funds from this global platform.

MOVEMENT COORDINATION

The roles of the three Movement components in responding to this epidemic have been attributed in alignment with the Seville Agreement 2.0, with functions allocated based on the mandate, expertise and capacity of each component, adopting a pragmatic approach. The SSRC is the convener, taking a central and pivotal role in coordinating the Movement response. Given the ongoing situation of armed conflict, the ICRC is the co-convener of the Movement response in South Sudan, while the IFRC assumes specific functions and activities to support and complement the operational efforts to address the humanitarian needs associated with the cholera outbreak. We emphasize predictable, frequent, and cyclical coordination structures that are tripartite in leadership and inclusive of the Movement.

The Movement partners are maintaining the well-established Movement coordination mechanisms on security and ICRC will continue to provide security management support to the Movement partners, based on Security Framework Agreements and bilateral security agreements. SSRC security capacity, based on the Safer Access Framework continues to be reinforced by ICRC, IFRC and its membership as per existing and planned set up. The ICRC will, as much as possible, facilitate access to sensitive and conflict-affected areas to Movement Partners, helping in contacts with stakeholders. To optimize the Movement response, ICRC will continue to support the SSRC in locations with limited SSRC presence due to conflict sensitivity. The ICRC will coordinate response in detentions exclusively based on mandate and if need be, request support of SSRC in less sensitive contexts.

The existing Movement Communication working group will manage jointly internal and external communication to the Movement, government, humanitarian community in South Sudan as well donor community on the Movement communication strategies concerning the outbreak with closer coordination with the top leadership. The working group will draft internal and external messages to enhance Movement positioning and visibility in accordance with the Movement Communications Agreement signed in 2021.

Movement partners, including the ICRC, will provide financial support for the Movement Cholera response. The IFRC will adapt and (if need be) expand, in coordination with the SSRC and ICRC, its current Floods Emergency Appeal to incorporate the SSRC Cholera response activities. Additionally, the IFRC will coordinate with its Membership including bilateral PNS supporting in-country projects and those based abroad. As the crisis evolves, IFRC is prepared to coordinate the deployment of Federation wide response tools (DREF, Emergency Appeal (EA), Surge (Rapid Response Personnel/ERUs) to harness the IFRC membership's support in close coordination with SSRC and ICRC.

To ensure a consistent supply chain that is not disrupted, the support of ICRC and IFRC and membership will be required. SSRC supply chain procedures will be reviewed and adapted to meet operational needs, and storage capacities of warehouses in key locations along with transport of goods and persons will be considered.

In close coordination with ICRC and IFRC, the SSRC will assert and position the Movement role within the Ministry of Health-led coordination architecture, ensuring the actions of the Movement are adequately represented. Considering perception issues in this volatile context, SSRC will not co-lead in Government-led response pillars but rather continue their existing role as observers ensuring the Movement activities are aligned to the national response plan. An assigned SSRC representative will attend the National Level Public Heath in Emergencies Operation Center (PHEOC) and report back to the Movement on the situation and developments in coordination. All parties agree that reporting on cases and activities, location and the number assisted is accepted but no personal data will be shared. The ICRC and /or IFRC as permanent observers to the UN led coordination mechanisms (HCT, ICCG at National and state level clusters) will share information on behalf of the movement to avoid duplication.

WAY FORWARD

- Development of the Movement Response Plan.
- Mapping of Movement Partners' contribution in kind or funding to the Cholera response plan.
- Technical support through human resources experienced in cholera response operations.
- Assess transport and warehousing needs as required by the Movement response to support operations.
- Scale up the Movement Coordination structure at all levels- assign clear roles and responsibilities while avoiding duplication of existing Emergency response structures and coordination processes and mechanism (reporting system).

The partners are committed to integrating the development of the SSRC throughout the execution of the response to ensure the NS emerges stronger and more resilient. All Movement Partners are considerate of the capacity in the country and will ensure it is not exceeded.

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Secretary General,
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Date and place: 11·12·24, Juba

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Date and place: 11.12.2024, Juba