



World Health
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One Campaign, Two Wins: Protecting children from Polio and Schistosomiasis in South Sudan

Context

Schistosomiasis (SCH) is endemic in South Sudan, yet mass drug administration (MDA) for this disease was suspended in 2021 following mild adverse events and subsequent donor withdrawal. This created a three year gap in preventive chemotherapy coverage. By early 2025, over 1.3 million praziquantel tablets were at risk of expiry, threatening both wastage of life-saving medicines and exposing children to long-term morbidity.



To address this challenge, the Ministry of Health and county health authorities, with technical support from WHO, piloted an innovative model integrating SCH treatment into ongoing polio campaigns in Aweril, Bor South, and Renk counties. A total of 129,205 of the 403,694 targeted individuals (170,758 school-aged children and 232,936 adults at risk) received Praziquantel in these high-burden areas.

The four pillars of integration

WHO South Sudan frames service integration around four operational pillars: planning, funding, provision, and monitoring to transition from vertical, programme-centred approaches to person-centred service delivery. The SCH-polio initiative demonstrated the operationalization of these pillars in practice.

PILLARS

Planning:

Joint micro-planning united immunization and NTD teams for the first time. The harmonized data collection tools, shared IEC materials and county-led coordination ensured clarity of roles and efficient execution. Local authorities played an active role in tailoring strategies to community realities.

Funding:

The integration leveraged the well-established stronger financial and logistical systems of the polio programme. Using existing transport, supply chain, and supervision mechanisms minimized incremental costs and ensured the safe distribution of praziquantel alongside vaccines.

Provision:

At the frontlines, vaccinators and community drug distributors worked side by side. Integrating training sessions prepared them for dual delivery, while social mobilization and community engagement through schools, radio, and local leaders dispelled concerns and improved campaign acceptance.

Monitoring:

Joint monitoring tools captured both immunization and SCH indicators. Supervisors followed up on adverse events ensuring safety and accountability none of which compromised the campaign. The harmonized reporting created a consolidated view of outcomes and built confidence for future joint campaign.

Results and significance

The integrated approach safeguarded more than one million praziquantel tablets from expiry and delivered treatment to vulnerable populations that had gone untreated for several years. It showed that entrenched silos between immunization and neglected tropical diseases can be overcome through structured cross-programme coordination even in fragile health systems. Communities responded positively, reporting improved trust in government health initiatives. Donors and partners observed efficient resource use, strong inter-programme coordination and strengthened accountability, further reinforcing confidence in the country's public health delivery mechanisms.



Lessons learnt

The South Sudan experience showed that service integration is feasible and beneficial in fragile, resource-limited settings with strong coordination and community engagement. Early involvement of local authorities helped address concerns about safety and overlapping campaigns, while harmonized planning and monitoring improved efficiency. The trusted polio platform provided an effective entry point for delivering neglected interventions, demonstrating the potential of leveraging established systems to accelerate progress towards UHC. Effective coordination through the SIA Core TWG with MoH EPI and NTD teams, WHO, UNICEF, and Core Group enabled smooth planning, data tool printing, supply distribution, and supervision. No serious/life threatening adverse effects from Praziquantel were reported, only mild ones that were well managed. Challenges included limited community engagement, weak social mobilization, misinformation that people with malaria were ineligible, poor training at lower levels, and weak data reporting. These were reviewed during the national post-campaign meeting on 17 October 2025..



Conclusion

The integration of SCH treatment into polio campaigns in South Sudan showcases how the strategic alignment of the four pillars of integration can yield dual health gains with minimal additional resources. By aligning planning, pooling resources, coordinating provision, and harmonizing monitoring, the initiative not only prevented the loss of life saving medicines but also strengthened health systems efficiency, equity and trust in public health campaigns.

This innovation demonstrates a scalable and replicable model for embedding underfunded health interventions within stronger delivery platforms, contributing to progress towards universal health coverage in South Sudan and offering valuable lessons for similar contexts across the region.



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