Policy Brief

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The COVID-19 Pandemic Vulnerability Factors in South Sudan

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Summary
This analysis identifies and discusses the COVID-19 vulnerability factors in South Sudan, which we summarize as follows:

- South Sudan is overly reliant on humanitarian assistance and imports of basic commodities, both of which are considered high-risk channels for COVID-19 transmission.

- The healthcare system in South Sudan is underdeveloped and one of the weakest in the world. Although South Sudan has been able to detect, isolate and provide some care for the COVID-19 patients, its health system could be overwhelmed if the number of cases continues to rise, as it has recently been observed.

- State fragility weakens law enforcement institutions to penetrate the depth and breadth of the country to enforce travel bans, social distancing protocols, and hygienic practices.

- Population density poses a great risk in South Sudan because of the nature of settlements and household sizes. Many people live in informal, clustered settlements and in big households, with some homes housing about 30 people or more at a time, an environment favorable for the transmission and spread of COVID-19.

- Natural disasters such as floods and droughts not only overstretch state capacity, they also make the population more susceptible and vulnerable as a result of displacement and loss of livelihoods, exacerbating their vulnerability to COVID-19.
South Sudan depends on a single source of income—oil, which is not doing so well now in the global market. This has huge implications for both the economy and the health system in general, as the country is not able to generate sufficient resources to fight the pandemic and cushion people and businesses against economic shocks.

Poverty and illiteracy are very high in South Sudan making majority of people vulnerable to COVID-19 as their access to economic resources and information is essentially impaired.

Last but not least, lack of government transparency and restrictions on press freedom threaten the citizens’ ability to freely voice their concerns and hold the government accountable in the fight against the pandemic. With inadequate transparency, resources for combating COVID 19 pandemic could basically be embezzled in darkness, subjecting the population to the scourge.

To overcome these vulnerability factors, we recommend the following:

- The government should leverage bilateral and multilateral support for humanitarian, medical assistance in form of testing equipment and healthcare facilities, among others.
- Carry out mass testing to identify and contain infections.
- Monitor the border, track cases, and produce and distribute facemasks.
- Create a joint force to impose social distancing measures, travel ban and lockdown.
- Reach out to benevolent individuals and countries with the support of UN agencies to mobilize resources to provide relief food to cushion the vulnerable households.
- Consider renting more facilities such as hotels and apartments as temporary COVID-19 care centers and increase the capacity of health and medical professionals to provide care to the patients.
- Provide security and put an end to communal fights in the countryside to create a conducive environment for farming.
- Immediately form the state and local governments to help with the fight against COVID-19 and to ensure law and order.
- Meticulously implement the revitalized peace agreement and develop resilience system against COVID 19 and other shocks by restoring stability, building accountable governance system, diversifying the economy and using oil income to provide basic services in form of health, education, security, and infrastructure.
1. Introduction

South Sudan is one of the most vulnerable countries to coronavirus disease (COVID-19).\(^1\) The high level of vulnerability emanates from conflict induced state fragility, weak health system, high level of illiteracy, poverty and weak economic system, oil dependency, and natural disasters. While the COVID-19 infection rates have been low in South Sudan compared to countries in the region, fear has heightened with a recent jump in the number of cases in a country that has little capacity to address such a health emergency.

The disease has devastated the world since it broke out in Wuhan, China, in late December 2019. As of mid-May 2020, nearly 5 million people have been infected and more than 300,000 people have died globally thus far.\(^3\) In addition to a health catastrophe, the disease has driven the world economy down to its knees. Global travel has dramatically reduced since mid-March. Production and consumption have considerably dropped due to lockdown measures. Supply chains have been disrupted and countries that depend on imports such as South Sudan are struggling to make ends meet. Oil prices have crashed, exposing oil reliant nations like South Sudan to unprecedented economic shocks.

The pandemic has also overwhelmed the governance systems, even in developed nations, as current policies and institutions have not been specifically designed and tailored to weather the pandemic of this magnitude. This puts democratic processes in peril with high risks of elections and other democratic processes being skipped due to social distancing measures, posing extraordinary threats of entrenchment of authoritarian practices. Only the development of a vaccine or specific antiviral treatment can reverse this course. Even then, a vaccine coming in the next year or months is unlikely to be available on a mass scale.

While the infection rates and death tolls are in millions and hundreds of thousands, respectively, in the developed world with strong health systems and policy interventions, the situation could be far worst in fragile and conflict afflicted states like South Sudan. This is due to capacity deficits in terms of resources, medical equipment and health personnel, infrastructure, and other essential services. Specifically, South Sudan along with 14 other countries, face a high risk of COVID-19 infections and impacts. These countries are poor,

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1 See [https://reliefweb.int/report/world/vulnerable-countries-face-3-times-risk-covid-19-exposure-yet-have-6-times-lower-access](https://reliefweb.int/report/world/vulnerable-countries-face-3-times-risk-covid-19-exposure-yet-have-6-times-lower-access)

2 While there is a strong correlation between fragility and conflict, some states are fragile but are not afflicted by conflict and sometimes, both fragility and conflicts exist in one country. See, [https://www.crisisgroup.org/global/fragile-states-and-conflict](https://www.crisisgroup.org/global/fragile-states-and-conflict)

3 Johns Hopkins Coronavirus Resource Center. [https://coronavirus.jhu.edu/map.html](https://coronavirus.jhu.edu/map.html)
afflicted by years of protracted conflicts, prone to natural disasters, have high concentration of displaced persons in crowded camps, and have generally weak state capacity.

These risk factors are not fully understood in the context of South Sudan. This review is an attempt to highlight these factors, with the aim of generating policy options to strengthen public and government responses to the pandemic. We start with the vulnerability factors and analyse policy options before offering a menu of relevant policy pointers.

2. Vulnerability factors

Globally, the following are considered common COVID-19 vulnerability factors: 1) international exposure, 2) weak health system, 3) urban density, 4) urban population, 5) age of the population, 6) government transparency and accountability, 7) press freedom, 8) conflicts, and 9) displacement. While most of these risk factors hold for most countries, there are additional context specific risks to which South Sudan is exposed, including: 1) state fragility, 2) natural disasters, 3) oil dependency, 4) high level of illiteracy, 5) informal economy, and 6) poverty. We further discuss these factors below.

1. International exposure

Globalization eases trade and human interactions around the world. Viruses are transmitted through these global networks, rapidly spreading. The COVID-19 pandemic has traversed the world in just months, infecting millions and killing hundreds of thousands. Hence, international exposure has enabled an easy global transmission of COVID-19. African countries such as Egypt, South Africa, Algeria, and Morocco, which are relatively more exposed to global connectivity have experienced high infection and death rates.

South Sudan has less international exposure compared to countries in the region as it is landlocked, lacks fully developed tourism industry, and has limited number of direct intercontinental flights. While it has a large number of humanitarian workers drawn from around the world, these workers sometimes transit through international airports of regional countries, acting as a cushion for detecting cases before they reach to South Sudan, even though this is not enough as this virus incubates for up to 14 days. Nevertheless, as it has been the case with less internationally exposed countries, South Sudan got its first case in April, much later than other countries and the number of cases has since then increased frighteningly. While international exposure seems to be a weaker

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4 See Mapping the risk factors for the spread of COVID 19 in Africa published on April 3, 2020 by the Africa Center for Strategic Studies, [https://africacenter.org](https://africacenter.org)
vulnerability factor for less internationally exposed nations, it is still a huge vulnerability factor unless countries in this situation act quickly and close their borders and implement stringent social distancing measures early enough. This has not been the case and COVID-19 has reached the less connected countries, including South Sudan through the intracontinental exposure.

II. Weak health system

Most countries, even those with advanced health systems, were less prepared for the COVID-19 pandemic. However, because they have high capacity in terms of infrastructure, financial and human resources, they managed or are managing to contain the virus. For countries with weak health systems, health officials are not able to effectively detect, isolate and provide care for COVID-19 patients and prevent the spread among the population. South Sudan falls within the category of the countries with very weak health systems. Lack of strong healthcare facilities and adequate health personnel impedes the country’s ability to track and detect the infection and care for the patients, posing a great risk to the population. At the start of the crisis, the country had only four 4 ventilators, which supported critically ill patients. Health workers make about $10 per month, which hardly comes on time. Moreover, the underlying lack of personal protective equipment dangerously exposes the medical personnel to the disease. To overcome this risk, South Sudan should seek bilateral and multilateral medical assistance and use resources to build coping and resilience system against this pandemic and similar shocks.

III. State fragility\(^5\) and conflicts

State fragility is a great risk factor for COVID-19. South Sudan is considered a highly fragile state, with a real possibility of the recent peace collapsing. This means its capacity to enforce law and order and dispense justice and provide services is limited. As a state with weak capacity, the law enforcement agencies have inadequate ability to enforce COVID-19 preventive measures. The weakness of the state is manifested in so many ways, including limited state presence in the population, deadly communal disputes, weak human and physical capital, fiscal restraints, and the inability of the public administration system and

\(^5\) State fragility means inadequate capacity to monopolize means of coercion, insufficient legitimacy and inability to provide public services, among others. We use the term here within the context of the later – provision of services, including health services to combat COVID 19 pandemic. For more see, https://fragilestatesindex.org/frequently-asked-questions/what-does-state-fragility-mean/

The World Bank describes state fragility “in two particular respects: State policies and institutions are weak in these countries: making them vulnerable in their capacity to deliver services to their citizens, to control corruption, or to provide for sufficient voice and accountability. They face risks of conflict and political instability.” For more see, http://documents.worldbank.org/curated/en/907971468327613700/Fragile-states-good-practice-in-country-assistance-strategies
structures to respond to the population needs. Due to its weak and fragile capacity, South Sudan stands a high chance of being overwhelmed by COVID-19. To overcome this condition, South Sudanese leaders need to think beyond the zero-sum game and work collectively to mobilize international goodwill to make an effective response to the pandemic.

IV. Population age and density

Age and density of the population are critical risk factors. Countries with a larger proportion of the population above age 60, have higher odds of death. South Sudan has a very young population, which is a boon in combating the COVID 19 pandemic. However, given its other vulnerabilities, the population of older citizens could be wiped out if effective interventions are not immediately instituted.

Coronavirus spreads far more quickly in high density populations. The denser the population, the faster and easier the spread of the virus. While majority of people live in rural areas in South Sudan, cultural factors and underdevelopment have made the population in urban centers denser. Population density in South Sudan increases through informal congested settlements and large household sizes or household overcrowding. Many South Sudanese share living quarters in major cities, which can expose a large number of people to COVID-19 infection. Household crowding is due to a combination of poverty and cultural norms surrounding kinship. Population centers such as the protection of civilians’ sites (PoCs), open air markets, and service centers like public health facilities, face major risks of spreading infection. Decongestion policies would need to be instituted in such places.

V. Displacement

Displacement has greatly exposed a large chunk of South Sudan to COVID 19 shocks. By the end of 2019, about 1.3 million South Sudanese lived in displacement camps. Displacement is a risk factor not only in terms of easing the spread of virus through crowding but also in terms of creating other vulnerabilities such as lack of income and other means of livelihoods. There is already a great fear that if COVID-19 reaches the displacement camps, it will be devastating unless appropriate preventive measures are swiftly taken. Recent reports of infections at the PoC sites in Juba and Bentiu are worrying and require swift measures to protect the vulnerable populations.

VI. Transparency and press freedom

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6 See Internal Displacement Center’s country information, https://www.internal-displacement.org/countries/south-sudan

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Lack of transparency and press freedom are critical risk factors. When a government is transparent about the rate of infection and death related to the disease, the population is likely to respond positively to protect itself. If the media is able to report on the activities of the government in response to the virus, and it is free to feed the population with accurate information, the rate of infection could be controlled. For example, even as the government of South Sudan has responded by establishing a COVID-19 Task Force to coordinate the response, this body is yet to innovate on how best to translate its messages to the public beyond the urban settlements and elite. There are public doubts also about the transparency of the Taskforce with the death reports. Recent spate of death among high-profile individuals created a lot of suspicion within the public, believing that these individuals could have died of coronavirus and the government may be concealing this.

Free media plays a key role in determining a proactive government response and public pressure that can keep the government on its toes. Countries with less access to information are categorized as being more vulnerable because the government cannot be held accountable. While the Government of South Sudan has been able to provide regular media updates about COVID-19 infections, there remains a concern about the level of transparency with regards to the use of resources to fight COVID-19, as well as the accuracy of death reports and testing.

VII. Natural disasters

In addition to conflict and weak state capacity, presence of natural disasters such as floods and droughts compounds the impact of the pandemic. South Sudan is highly susceptible to floods and droughts, which have recently become frequent and aggressive, leading to destruction of lives and livelihoods. About 1.3 million people have been displaced by a combination of conflicts (communal and political) and floods. The 2019 floods alone displaced 294,000 people. About 60% of the people affected by the 2019 floods were “classified as facing extreme levels of acute malnutrition,” according to UNOCHA. Many of these people lost their means of livelihood, which could be exacerbated by the COVID-19 pandemic.

VIII. Oil dependency

The impact of coronavirus could be far worst in South Sudan than other countries in the region because of reliance on a single source of income—oil. Oil prices have crashed partly due to the COVID-19 pandemic’s disruption of trade. As a result, countries that depend on oil, such as South Sudan, are more economically hard hit and are predicted to experience slow recovery due to lack of capacity, as well as the absence of other viable
alternative sources of revenue.\textsuperscript{7} Oil funds 98\% of South Sudan’s budget and represents 60\% of its Growth Domestic Product (GDP).\textsuperscript{8}

The COVID-19 induced crash of the oil market exacerbates the economic shocks in South Sudan as there is a shortage of financial resources to combat the disease, implement the peace agreement and to reinvigorate the economy. South Sudan is struggling to generate enough resources to finance government operations, accumulating massive arrears on wage bill alone. This situation is compounded by the fact that the public financial management system is broken, characterized by rampant corruption.

Unable to produce anything else other than oil, South Sudan is heavily imports dependent, importing all essential commodities from the region. The imports sector has also been hard hit. Supplies from neighboring countries have considerably decreased due to movement and travel restrictions. It takes more travel time to transport commodities to South Sudan now compared to pre-pandemic period. This is because drivers have to be tested and have to travel during the day to abide by the curfew. Prices of food commodities have skyrocketed, affecting an already food insecure population. Imports also expose the country to COVID-19 infections as borders have remained open to import basic commodities, with suppliers becoming some of the transmitters of the virus to the local population. Of the over 200 positive cases the country has recorded so far, workers supplying goods into the country from the region make a significant share.

IX. High level of illiteracy

South Sudan’s literacy rate stands at 27\%, which is the lowest in the world. The ability of South Sudan to effectively fight COVID-19 is likely to be impaired owing to high illiteracy rates in the country. Research shows that not being able to read and write is a great risk factor because one is not able to understand prevention measures as well as access gainful source of income resilient. In South Sudan, great majority is susceptible to misleading information that exposes them to the risk of infections and other harmful practices. Many people in South Sudan remain superstitious and gullible, so they are more likely to trust information coming from traditional healers, religious leaders, and conspiracy theorists than from the Ministry of Health and medical professionals.

X. Informal economy

South Sudan’s economy is largely informal and subsistence – making it hard to enforce lockdown and prevent the spread of the virus. People are highly likely to die of hunger than of the disease if a lockdown is enforced. Being an informal economy means that majority of the people need to access the market daily as casual laborers or as petty business owners to put food on the table. The country is now facing a conundrum; if it imposes a lockdown, thousands of people would be out of work and out of food. If a lockdown is not imposed, the virus would spread wildly, and many people would be at risk of dying. It’s a tough choice, but one that must be made calculatedly. But one thing is clear, a total lockdown without an economic cushion is not sustainable.

XI. Poverty

Poverty negates the population’s ability to cope with COVID-19. Studies suggest that poverty increases infections and impacts of COVID 19.9 Those who have lower income and low skills work in service industries and engage in livelihoods that expose them to other people and to the virus. Poverty level in South Sudan, which has already been exacerbated by conflict and climatic shocks, is one of the highest in the world. Due to myriad of factors, poverty rate leaped from 51% in 2009 to 82% 2016.10 This makes resilience to COVID-19 difficult for a vast majority of the people. While the whole country is generally poor, women account for a vast majority. South Sudan has a high level of gender disparity11, with women occupying the lowest ranks of social and political hierarchy. This is being exacerbated by illiteracy, limited participation in politics and political processes12, low access to gainful employment, and heavy reliance on informal13 economic sectors that are susceptible to disasters such as COVID-19.

3. Policy considerations

In light of the vulnerability factors discussed above, South Sudan’s High-Level Taskforce on COVID-19 should do the needful to stop the spread of the virus and to protect the vulnerable people. The following sections highlight relevant policy options.

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11 https://www.suddinstitute.org/assets/Publications/58b66aeb8b3b_LandTenureInSouthSudanDoesItPromote_Full.pdf
I. **Increase testing and care capacity**

Since South Sudan has decided to lift the partial lockdown at a time when the rates of infections are rising, it should institute expanded testing efforts and patients’ care capacity. While the lifting of the partial lockdown is likely to mitigate the impending economic shocks, it is likely to astronomically increase the risk of infections. This decision must be followed by more testing, isolation, quarantine, and care for the patients. Recently, H. E. Rebecca Nyandeng de Mabior, the Vice President responsible for humanitarian cluster, launched the production of facemasks targeting up to 7 million people. This is encouraging and should be applauded. As facemasks are being distributed, it should be borne in mind that wearing facemasks cannot alone guarantee prevention as these need proper knowledge of use. Medical and safety professionals should be enlisted to provide awareness on proper wearing. Improper use of facemasks leads to infection. The police and other organized forces, such as the national army, should be oriented to enforce the wearing of facemasks and adherence to hygienic practices in public places. This option is suitable for a country where most people rely on an informal economy.

II. **Partial lockdown**

Since late March 2020, South Sudan has enforced a partial lockdown. However, this appears to have been ineffective. For this policy tool to be effective, it should be enforced using the police to ensure strict social distancing measures and hygienic practices. People still move around partly because they rely on informal sources of income. Therefore, a partial lockdown such as previously instituted needs not only strict social distancing measures and hygienic practices enforced by the organized forces, it also calls for the provision of basic needs to the vulnerable populations.

III. **Complete lockdown**

If it can be effectively implemented, a complete lockdown slows the spread of the COVID-19. Countries that have been able to contain the spread are the ones that have acted quickly by closing borders and enforcing lockdowns. In a worst-case scenario, a complete lockdown may be the last resort and if no proper analysis is done, it may not be effective due to a number of reasons explored earlier. If South Sudan continues to do business as usual, more people will be affected, and the situation will go out of control given the recent surge in the number of cases. A complete lockdown is very unlikely to succeed unless the vulnerable people are economically cushioned.

4. **Conclusion and recommendations**

We have reviewed the COVID-19 vulnerability factors globally and within the context of South Sudan. South Sudan is vulnerable to COVID-19 as a function of state fragility,
susceptibility to natural disasters, weak health system, population density, informal economy, reliance on a single source of income, and reliance on imports for many basic necessities and commodities. To contain the virus while protecting the vulnerable people from economic hardships, we present the following recommendations:

1. The government should increase its testing capacity to identify and contain infections.
2. Continue with partial lockdown and provide relief food to the most vulnerable populations. Under the partial lockdown, airport should remain closed. Travels between states, cities, towns and villages should be banned, except internal movements which should be allowed with strict enforcement of social distancing and hygienic practices.
3. The Government, UN agencies, private sector, and well to do citizens should contribute to the purchase of relief food. Contributions can be pooled and handed to a capable UN agency such as WFP to buy and distribute food to all households in Juba and other major population centers.
4. Deploy organized forces to neighborhoods, markets, churches, mosques, public places, and streets to enforce the partial lockdown, social distancing measures and personal hygiene. Train or orient the organized forces on how to handle the public. Provide organized forces on duty with facemasks and gloves and ensure they are doing social distancing while on duty. UNMISS should also help the government enforce social distancing measures, being a humanitarian endeavor to save lives.
5. Mobilize resources and carry out mass production of facemasks. Facemasks should be highly subsidized for everyone to access.
6. Set up care facilities to effectively isolate and take care of COVID-19 patients. The government and partners should consider renting more facilities such as hotels and apartments as temporary COVID-19 care centers and increase the capacity of health and medical professionals to provide care to the patients.
7. Increase public awareness on prevention. The government should launch massive campaign with the support of the churches and NGOs to inform the people of South Sudan about COVID-19.
8. Enforce social distancing measures and hygienic practices. It should be mandatory for shops and other public places dealing with basic necessities to have water, facemasks, soap and hand sanitizers for customers. Deploy police in marketplaces to ensure compliance. Work with community leaders to clamp down on large gatherings.
9. Diligently implement the revitalized peace agreement and integrate COVID 19 coping, recovery and resilience measures into policies and institutions, including diversification of the economy, use of oil proceeds to provide basic services such as health, education, security and infrastructure with the view to building an economic capacity that is resilient to similar future shocks.
10. Lastly, UNMISS in collaboration with the government, should initiate
deconcentrating measures at the protection of civilian sites (PoCs) to reduce overcrowding to prevent the virus spread.

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