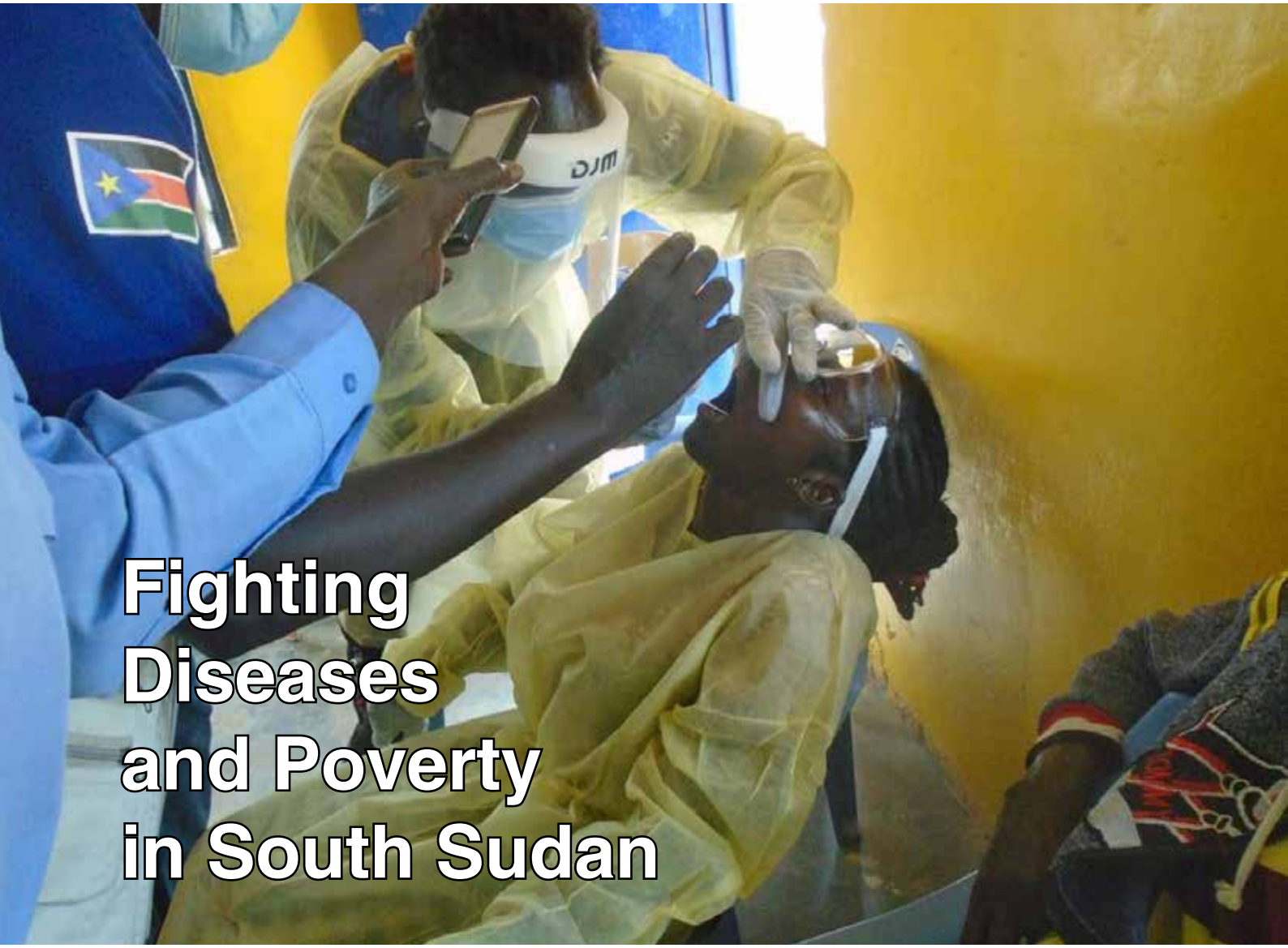
ARKANGELO ALI ASSOCIATION



Fighting Diseases and Poverty in South Sudan

AAA ANNUAL REPORT 2020

GLOBAL TUBERCULOSIS REPORT 2020

World Health Organization

63 million lives saved since 2020

TB deaths fell by 38% in the same period

1.4 MILLION TB DEATHS

INCLUDING 208 000 TB DEATHS AMONG PEOPLE WITH HIV

TB is the top infectious killer worldwide

TB is also the leading cause of deaths among people with HIV and a major cause of antimicrobial resistance related deaths

Drug resistant TB remains a public health crisis with gaps in detection and treatment

Only about 1 in 3 needing treatment were enrolled on it

REQUIRED IN 2020
US$ 13 BILLION
FOR TB DIAGNOSIS AND CARE

US$ 6.5 BILLION AVAILABLE IN 2020

OF WHICH **85%** DOMESTIC FINANCING

AND **US$ 1 BILLION** INTERNATIONAL FINANCING

US$ 2 BILLION
REQUIRED PER YEAR FOR TB RESEARCH

US$ 1.1 BILLION
FUNDING GAP

TB SITUATION AND RESPONSE

- Tuberculosis (TB) is contagious and airborne.
- TB was one of the top 10 causes of death worldwide in 2019. It was also the leading killer of people with HIV and a major cause of deaths related to antimicrobial resistance.

THE BURDEN

- In 2019, an estimated 10.0 million (range, 8.9 –11.0 million) people fell ill with TB worldwide, of which 5.6 million were men, 3.2 million were women and 1.2 million were children. People living with HIV accounted for 8.2% of the total.
- Eight countries accounted for two-thirds of the global total: India, Indonesia, China, the Philippines, Pakistan, Nigeria, Bangladesh and South Africa.
- In 2019, 1.4 million people died from TB, including 208 000 (177 000–242 000) people with HIV. This is a reduction from 2.4 million in 2000.
- Globally, the TB incidence rate fell by 9% between 2015 to 2019 (from 142 to 130 new cases per 100 000 population), including a reduction of 2.3% between 2018 and 2019.

TB CARE AND PREVENTION

- TB treatment saved 63 million lives globally between 2000 and 2019.
- Globally, 7.1 million people with TB were reported to have been newly diagnosed and notified in 2019 – a small increase from 7.0 million in 2018 but a large increase from 6.4 million in 2017 and 5.7–5.8 million annually in the period 2009–2012. The combined total for 2018–2019 (14.1 million) was 35% of the way towards the 5-year target of 40 million 2018-2022.
- There is still a large global gap between the estimated number of people who fell ill with TB in 2019 and the number of people newly diagnosed (7.1 million in 2019), due to underreporting of detected cases and underdiagnosis (if people with TB cannot access health care or are not diagnosed when they do). Five countries accounted for more than half of the global gap: India, Nigeria, Indonesia, Pakistan and the Philippines

DRUG-RESISTANT TB

- Globally, 465 000 people fell ill with multidrug or rifampicin-resistant (MDR/RR-TB) in 2019.
- A global total of 206 030 people with MDR/RR-TB were detected and notified in 2019, a 10% increase from 186 883 in 2018.
- The treatment success rate for MDR/RR-TB, at 57% globally, remains low.

ADDRESSING THE CO-EPIDEMICS OF TB AND HIV

- In 2019, there were 456 426 people with diagnosed with TB who were co-infected with HIV, of whom 88% were on antiretroviral therapy.
- Most of the gaps in detection and treatment were in the WHO African Region, where the burden of HIV-associated TB is highest.

TB PREVENTIVE TREATMENT

- WHO recommends TB preventive treatment for people living with HIV, household contacts of those with bacteriologically confirmed pulmonary TB, and clinical risk groups (e.g. those receiving dialysis). Globally in 2019,TB preventive treatment was provided to 4.1 million people, up from 2.2 million in 2018.
- Most of those provided with TB preventive treatment were people living with HIV: 1.8 million in 2018 and 3.5 million in 2019. India and South Africa accounted for 25% and 18% of the combined total for 2018–2019, respectively.
- Numbers for household contacts have been much smaller: 423 607 in 2018 and 538 396 in 2019, including 349 796 in 2018 and 433 156 in 2019 for children under five; and 73 811 in 2018 and 105 240 in 2019 for people in older age groups.
- The 6.3 million people started on TB preventive treatment in 2018 and 2019 was 21% of the way towards the five-year target for 2018-2022 of 30 million.

Continue to page 11

Dear Friends of AAA,

The humanitarian situation in South Sudan remains fragile due to a multiplicity of vulnerability drivers including inter-communal violence, climatic shocks, population displacement, commodity price fluctuations, and pre-existing vulnerabilities such as malnutrition, limited access to basic services and high protection risks.

The situation became more serious due to worldwide pandemic of COVID-19 which affected all sectors of the development of countries. Lockdown of countries was imposed to limit the movement of people to contain the spread of corona-virus to the up countries communities.

With such extend of emergency; all staffs were mobilized to tackle the spread of the disease by introducing radical measures to all people such as wearing face masks all the time.

It is and still very difficult to work in such conditions but due to highly motivated staffs, AAA continued to offer so needed health/nutrition services to the affected communities.

We do appeal to the donors/benefactors to continue supporting AAA's effort in the year to come in order to tackle health/nutrition issues in South Sudan.

Thanking you all for your generosity

Sincerely,
AAA Management

AAA (Arkangelo Ali Association)
Nairobi, KENYA, c/o Verona Fathers
(Comboni Missionaries Kenya Province)
Shalom House, (Comboni Rd., in
Dagoretti Corner)
P. O. Box 21102 – 00505, Nairobi
JUBA OFFICE
Jebelkujur, Behind Imatongaz,
Petrol Station, Yei Road

Phone: +254 (0)20 2025 299
Mobile: +254 (0)722 708 935
+211 (0) 955 264906

Mrs. Natalina Sala
+254(0)722 672932 Dr. Callixte Minani
Email: director@arkangeloaliassociation.org
SOUTH SUDAN
www.arkangelo.org

Contents

PROGRAMS 4
TUBERCULOSIS 4
LEPROSY 5

NUTRITION 5
PRIMARY HEALTH CARE 6
AID and RELIEF 6

CHALLENGES 6
FINANCIAL REPORT 2020 7
INCOME RECEIVED FROM DONORS 2020 8
OUR FRIENDS, PARTNERS AND SUPPORTERS 9
AAA EPIDEMIOLOGICAL REPORT 2020 10

PROGRAMS

TUBERCULOSIS

About 14 million people were treated for TB in the period 2018-2019, just over one-third of the way towards the 5-year target (2018-2022) of 40 million, according to the report. Some 6.3 million people started TB preventive treatment in 2018-2019, about one-fifth of the way towards the 5-year target of 30 million.

Funding is a major issue. In 2020, funding for TB prevention, diagnosis, treatment and care reached US$ 6.5 billion, representing only half of the US$ 13 billion target agreed by world leaders in the UN Political Declaration on TB.

Approximately 1.4 million people died from TB-related illnesses in 2019. Of the estimated 10 million people who developed TB that year, some 3 million were not diagnosed with the disease, or were not officially reported to national authorities.

The situation is even more acute for people with drug-resistant TB. About 465 000 people were newly diagnosed with drug-resistant TB in 2019 and, of these, less than 40% were able to access treatment. There has also been limited progress in scaling up access to treatment to prevent TB.

"Equitable access to quality and timely diagnosis, prevention, treatment and care remains a challenge,"

"Accelerated action is urgently needed worldwide if we are to meet our targets by 2022."

The COVID-19 pandemic and TB

Disruptions in services caused by the COVID-19 pandemic have led to further setbacks. In many countries, human, financial and other resources have been reallocated from TB to the COVID-19 response. Data collection and reporting systems have also been negatively impacted.

ACHIEVEMENT 2020

- 4850 all TB cases detected
- 4772TB bacteriological confirmed plus clinical diagnosed, new and relapse
- 123,110 people benefitted from health education
- 4,646 TB patients tested for HIV

LEPROSY

Over the years, groups of persons affected by leprosy disease have formed that are actively engaged in the struggle for an inclusive society, free from discrimination and prejudice. AAA has been supporting a number of these groups for more than 10 years in some cases.

But while the active participation and wider involvement of people's groups in policy making and in medical and social programs is seen as crucial to making further progress against Leprosy disease, people's groups face a number of challenges in common, including a lack of organizational sustainability and capacity to enable them achieve their long-term goals.

ACHIEVEMENT 2020

- 117 new leprosy patients put on treatment
- 108 families benefitted from seeds and agriculture tools
- 30 MCR shoes distributed
- Dressing materials for People affected by Leprosy

NUTRITION

Cumulative effects of years of conflict, flooding, and a poor economy has destroyed livelihoods, disrupted food production, markets and forced four million people out of homes.

Children in South Sudan face serious threat of hunger as nearly one million of them under five years face severe food shortages.

According to the international non-governmental charity organizations, at least 300,000 children in South Sudan are suffering from severe acute malnutrition, the most dangerous and deadly form of hunger.

About 6.5 million people or over half of South Sudan's population have faced food insecurity this year alone, recent statistics from the UN Office for the Coordination of Humanitarian Affairs (OCHA) indicate.

ACHIEVEMENT 2020

- 6434 children under 5 were screened
- 1322 children under 5 were malnourished
- 7960 mothers benefitted from nutrition education

PRIMARY HEALTH CARE

The COVID-19 pandemic has brought enormous challenges, and its repercussions have been felt around the globe.
Millions of people have been infected with the Covid-19 and many have become seriously ill, threatening to overwhelm the ability of health systems to cope. Many lives have been lost – including those of health care workers.

Countries have adopted different strategies to reduce transmission, including:

- Encouraging hand washing, the wearing of masks in public places, and social distancing, such as staying 1-2 meters away from others in public
- Containment of areas where there are outbreaks by restricting travel into and out of affected countries, for example
- Enforcing quarantine or lock-down measures.

ACHIEVEMENT 2020

- 35814 patients treated at OPD
- 3134 mothers attended ANC
- 158 mothers delivered at health facility
- 3240 children vaccinated
- 3425 children de-wormed
- 7532 children received Vitamin A

AID and RELIEF

It has been a big challenge to provide humanitarian in South Sudan due to corona-virus pandemic. However, AAA managed to send to the field whatever needed in February 2020 before the lockdown was imposed.

ACHIEVEMENT 2020

- 1443.736 metric tons of food received from WFP
- 230 cartons of Plumply nuts received from PCPM
- 90 cartons of Plumply nuts received from Cesar
- Marial Lou Hospital received a donation from MIVA/DKA of 1 Tractor and 1 Slurry Spreader

CHALLENGES

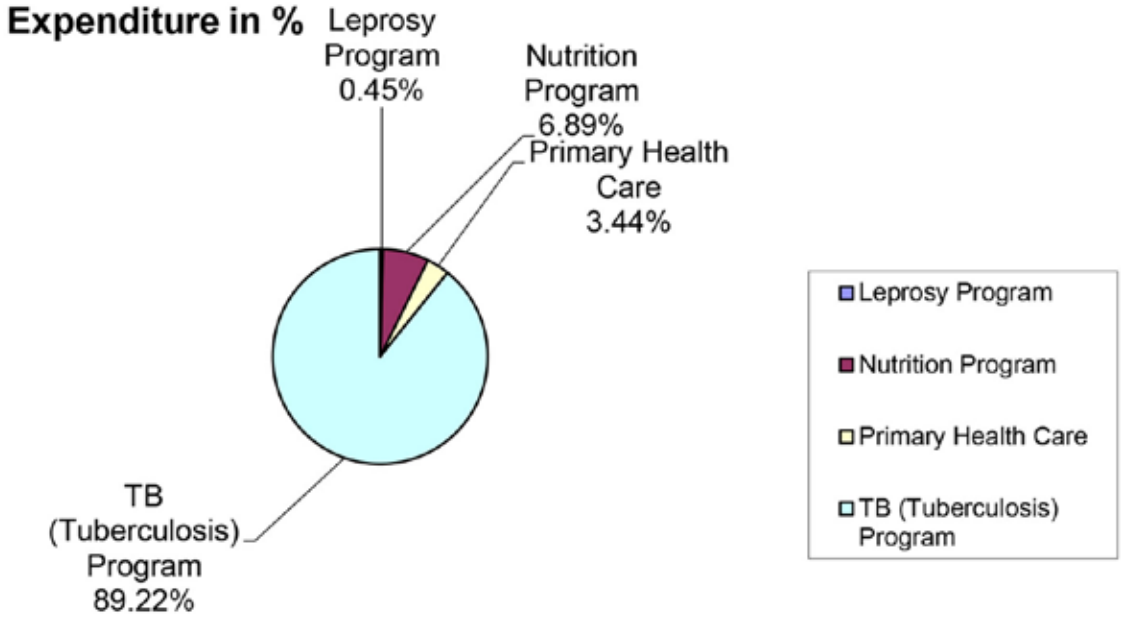
While South Sudan is still in the process of reconciliation, there are multiple challenges which hinder the service delivery in the country such as:

- Insecurity in most part of the country.
- Corona virus pandemic
- Budget constraints.
- Natural catastrophes – Floods

FINANCIAL REPORT (PROGRAMMES) 2020

AAA Income according to Programmes			
INCOME	Description	Total USD	% of all programmes
	Excess income over expenditure 2019 b/f	62,948.87	8.79
	Leprosy Program	2,214.84	0.31
	Nutrition Program	47,882.50	6.69
	Primary Healthcare	24,180.71	3.38
	TB (Tuberculosis) Program	578,972.00	80.84
Total Income		**716,198.92**	**100.00**

AAA Expenditure according to Programmes			
EXPENDITURE	Description	Total USD	% of all programmes
	Leprosy Program	2,975.00	0.45
	Nutrition Program	46,013.00	6.89
	Primary Healthcare	22,950.96	3.44
	TB (Tuberculosis) Program	595,945.64	89.22
Total Expenditure		**667,884.60**	**100.00**



INCOME RECEIVED FROM DONORS 2020

	INCOME FROM DONORS AS AT 31/12/2020	TOTAL USD	%
1	Excess income over expenditure 2019 b/f	62,948.87	8.79
2	Bondeko Onlus (Italy)	2,000.00	0.28
3	CESAR Onlus (Italy)	4,147.50	0.58
4	ASSOCIAZIONE ARCALI AFRICA (Italy)	40,100.00	5.60
5	PCPM Poland	43,735.00	6.11
6	eRko-Slovakia	10,000.00	1.40
7	DKA-Austria	14,180.71	1.98
8	Global Fund/UNDP TB programs	538,872.00	75.24
9	Leonore Kuester (Germany)	214.84	0.03
	TOTAL	**716,198.92**	**100.00**

In kind support

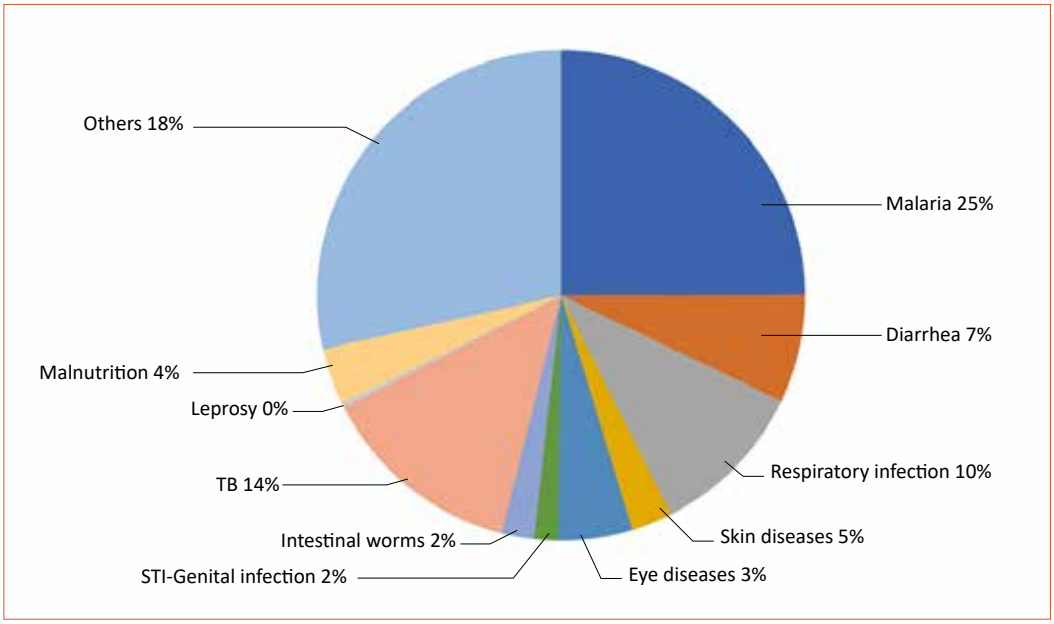
1. RoSS NTLP for donation of TB/LEPROSY drugs and HIV testing kits
2. RoSS MOH for donation of medicines
3. World Food Programme for the donation of food for patients
4. DKA/eRko donation of Generator, Air Conditioning Improvement and Batteries to St Francis D'Assisi Marial Lou Hospital
5. MIVA donation of Tractor and Slurry spreader for St Francis D'Assisi Marial Lou Hospital
6. eRko/EKW Zell in kind support for PV System for Comboni Hospital Marial Lou

Average Exchange rate used for Euro to US$ =1.0742 (for Funds Utilized directly in the Currency received-EURO)

OUR FRIENDS, PARTNERS AND SUPPORTERS

Verona Fathers
CESAR Onlus (Coordinamento Enti Solidali a Rumbek)
eRko
DKA
Diocese of Rumbek (DoR)
Bondeko Onlus
Global Fund/UNDP (TB Programs)
RoSS Ministry of Health
World Food Programme
Genova Con Africa
Amici Di Antonio
Associazone Arcali Africa Onlus
Hope for the sick and poor
Polish Centre for International Aid (PCPM)
Amici Di Padre Mattia
BBM-Beschaffungsbetrieb der MIVA
Leonore Kuester
E. Capobianco
Brunelli Miriam
Fr Oliva Paolo (Fr Michelle)
Canadian Aid for South Sudan (CASS)

AAA EPIDEMIOLOGICAL REPORT 2020



Malaria	Diarrhea	Respiratory infection	Eye diseases	Skin diseases	Intestinal worms	STI-Genital infection	TB	Leprosy	Malnutrition	Others
8940	2549	3752	972	1765	567	768	4850	117	1322	10212

ACRONYMS	
AAA - Arkangelo Ali Association	OPD -Out-Patient Department
ANC - Ante-Natal Clinic	TB - Tuberculosis
MCR - Micro Cellar Rubber	GF- The Global Fund
MOH - Ministry Of Health	UNDP- United Nations Development Programme
RoSS- Republic of South Sudan	UN-WFP - United Nations- World Food Programme
NGO- Non-Governamental Organization	WHO - World Health Organization
NTLP - National Tuberculosis and Leprosy Program	

UPTAKE OF DIAGNOSTICS, NEW DRUGS AND REGIMENS

- Increasing access to early and accurate diagnosis using a molecular WHO-recommended rapid diagnostic test is one of the main components of TB laboratory-strengthening efforts under the End TB Strategy.
- Globally, 2 million people with TB (new and relapse) were identified by a WHO-recommended rapid diagnostic test in 2019, equivalent to 58% of all bacteriologically confirmed pulmonary cases.
- By the end of 2019, 89 countries, mostly in Africa and Asia, reported having used shorter MDR-TB regimens, and 86 countries had used all-oral longer MDR-TB regimens. By the end of 2019, 109 countries reported having imported or started using bedaquiline.

RESEARCH AND INNOVATION

- A small number of technologies emerged in 2018–2019 but several have not demonstrated adequate performance in field evaluation studies. There is still no single rapid, accurate and robust TB diagnostic test suitable for use at the point of care.
- Fourteen vaccine candidates are in clinical trials: three in Phase I, eight in Phase II and three in Phase III. They include candidates to prevent the development of latent TB infection and TB disease, and candidates to help improve the outcomes of treatment for TB disease.
- There are 22 drugs and several combination treatment regimens in clinical trials.
- Funding for TB research and development has increased and reached a peak of US$ 906 million in 2018. However, this falls short of the estimated requirement of US$ 2 billion per year.

UNIVERSAL HEALTH COVERAGE, SOCIAL DETERMINANTS AND MULTISECTORAL ACTION

- Following the request to the WHO Director-General at the UN high-level meeting, a multisectoral accountability framework for TB (MAF-TB) was released by WHO in May 2019.
- In 2019 and 2020, WHO worked with high TB burden countries to ensure the inclusion of accountability mechanisms in national budget planning and pursuing assessment during high-level missions and joint TB programme reviews with engagement of civil society representatives.
- All of the 30 high TB burden countries need to increase service coverage and reduce levels of catastrophic expenditures to reach Universal Health Coverage, consistent with findings from surveys of costs faced by TB patients and their households.
- The Global TB Report features a TB-SDG monitoring framework that focuses attention on 14 indicators that are associated with TB incidence. Monitoring of these indicators can be used to identify key influences on the TB epidemic at national level and inform the multisectoral actions required to end it.
- Many new cases of TB are attributable to undernourishment, HIV infection, smoking, diabetes and alcohol use disorders.

TB FINANCING

- In 2020, funding for TB prevention, diagnosis, treatment and care reached US$ 6.5 billion, representing only half of the US$ 13 billion target agreed by world leaders in the UN Political Declaration on TB.
- 85% of the funding available in 2020 is from domestic sources. However, this global aggregate figure is strongly influenced by BRICS countries.
- International donor funding accounts for 44% of the funding available in the 25 high TB burden countries outside BRICS and 57% of funding available in low-income countries.
- International donor funding led by the Global Fund and US Government remains critical, especially in these countries.
- For research and development, at least an extra US$ 1.1 billion per year is needed to accelerate the development of new tools.

In 2020, a progress report of the UN Secretary-General to the General Assembly was developed and released with the support of WHO.

THE COVID-19 PANDEMIC AND TB – IMPACT AND IMPLICATIONS

The COVID-19 pandemic threatens to reverse recent progress in reducing the burden of TB disease and improving access to care.

The impact of the pandemic on TB services has been severe. Data from several high TB burden countries for the period January-June 2020 show sharp drops in TB notifications.

WHO modelling suggests that a 50% drop in TB case detection over 3 months could result in nearly 400,000 additional TB deaths in 2020 alone.

In response, WHO is working in close coordination with partners and civil society to support countries to maintain the continuity of essential health services, including those for TB.

The **WHO GLOBAL TB PROGRAMME** together with WHO regional and country offices: develops policies, strategies and standards; supports the efforts of WHO Member States; measures progress towards TB targets and assesses national programme performance, financing and impact; promotes research; and facilitates partnerships, advocacy and communication. More information: www.who.int/tb


Northern
Bahr
el Ghazal
Warrap
Unity
Upper Nile
Western Bahr
el Ghazal
Jonglei
Lakes
Western Equatoria
Central
Equatoria
Eastern Equatoria
ARKANGELO ALI
ASSOCIATION