

Action on Cancer: A Health Priority for South Sudan



Cancer is an emerging but neglected public health concern in South Sudan, exacerbated by limited data, weak health infrastructure and very low awareness. The services remain primarily focused on communicable diseases, maternal and child health, and outbreak response. As the country undergoes an epidemiological transition, the burden of non-communicable diseases, including cancer, is increasing. Cancer accounts for an estimated 7% of all deaths in South Sudan (GLOBOCAN 2022), but the true burden remains uncertain in the absence of a cancer registry. Most cases are diagnosed at advanced stages, and access to care is limited.

This factsheet provides an overview of the current cancer landscape in South Sudan, drawing on available data to inform policy makers, health leaders, and partners to address the crisis through national planning for strengthened cancer prevention, early detection, diagnosis, treatment.

Key statistics

According to GLOBOCAN 2022 (IARC, 2022), South Sudan recorded an estimated 6,874 new cancer cases and 5,081 cancer-related deaths in 2022. The age-standardized incidence rate is 99.4 per 100,000 people, while the mortality rate stands at 76.3 per 100,000. The five-year prevalence is estimated at 11,547 individuals living with cancer diagnosis. The lifetime risk of developing cancer before the age of 75 is approximately 10.7%, with an 8.1% risk of dying from the disease.

GLOBOCAN 2022 – Top Five Causes of Cancer Mortality

- Breast cancer: 657 deaths (12.9%)
- Cervical cancer: 593 deaths (11.7%)
- Prostate cancer: 367 deaths (7.2%)
- Liver cancer: 344 deaths (6.8%)
- Colorectal cancer: 291 deaths (5.7%)

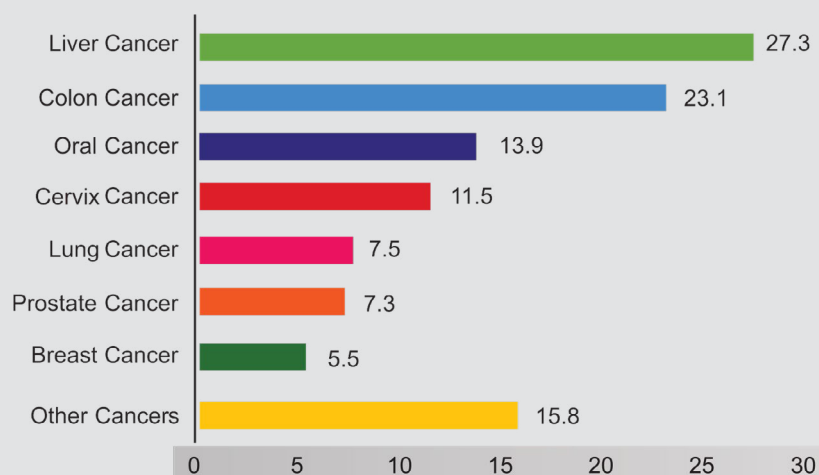


Figure 1: The number of deaths per 100 discharges (source DHIS2)

Incidence, Mortality and Prevalence by cancer site

Cancer	New cases				Deaths				5-year prevalence	
	Number	Rank	(%)	Cum.risk	Number	Rank	(%)	Cum.risk	Number	Prop. (per 100 000)
Breast	1 073	1	15.6	3.0	657	1	12.9	1.9	2 006	34.6
Cervix uteri	749	2	10.9	2.4	593	2	11.7	2.1	1 338	23.1
Prostate	591	3	8.6	2.4	367	3	7.2	1.3	807	13.9
Colorectum	388	4	5.6	0.65	291	6	5.7	0.51	665	5.7
Liver	354	5	5.2	0.58	344	4	6.8	0.57	540	4.7
Oesophagus	350	6	5.1	0.65	336	5	6.6	0.63	530	4.6
NHL	278	7	4.0	0.36	197	8	3.9	0.29	538	4.6
Stomach	255	8	3.7	0.44	233	7	4.6	0.40	400	3.4
Kaposi sarcoma	167	9	2.4	0.20	101	13	2.0	0.12	264	2.3
Ovary	163	10	2.4	0.50	125	9	2.5	0.43	282	4.9
Leukaemia	132	11	1.9	0.16	107	11	2.1	0.15	243	2.1
Lung	131	12	1.9	0.26	120	10	2.4	0.24	197	1.7
Kidney	123	13	1.8	0.15	86	16	1.7	0.11	233	2.0
Lip, oral cavity	119	14	1.7	0.20	88	15	1.7	0.15	216	1.9
Thyroid	116	15	1.7	0.18	48	20	0.95	0.09	214	1.8
Nasopharynx	113	16	1.6	0.16	83	17	1.6	0.13	213	1.8
Pancreas	113	16	1.6	0.21	103	12	2.0	0.19	134	1.2
Bladder	109	18	1.6	0.20	64	18	1.3	0.12	198	1.7
Brain CNS	104	19	1.5	0.13	92	14	1.8	0.13	223	1.9
Corpus uteri	83	20	1.2	0.32	30	23	0.59	0.11	169	2.9
Multiple myeloma	70	21	1.0	0.13	59	19	1.2	0.12	119	1.0
Larynx	61	22	0.89	0.12	47	21	0.93	0.10	109	0.94
Melanoma	57	23	0.83	0.11	25	24	0.49	0.05	104	0.90
Hodgkin lymphoma	55	24	0.80	0.05	25	24	0.49	0.01	113	0.97
Gallbladder	42	25	0.61	0.09	39	22	0.77	0.08	60	0.52
Salivary glands	34	26	0.50	0.05	22	26	0.43	0.04	61	0.53
Vulva	30	27	0.44	0.10	18	27	0.35	0.07	53	0.91
Penis	25	28	0.36	0.09	13	28	0.26	0.03	45	0.77
Oropharynx	17	29	0.25	0.03	11	29	0.22	0.03	29	0.25
Testis	16	30	0.23	0.04	8	31	0.16	0.03	32	0.55
Hypopharynx	14	31	0.20	0.03	10	30	0.20	0.03	18	0.15
Vagina	9	32	0.13	0.04	7	32	0.14	0.03	15	0.26
All cancers	6 874	-	-	10.4	5 081	-	-	8.1	11 547	-
All cancers excl. NMSC	6 737	-	-	10.2	5 010	-	-	8.0	11 271	-

Source: GLOBOCAN, 2022

Gaps in national cancer guidelines, planning and surveillance

In May 2025, the Ministry of Health approved the establishment of the country's first Cancer Department to support coordination of planning, service delivery, and oversight. The plan is to introduce diagnostics, treatment and health education programs through a center for Cancer Management at the tertiary level Juba Teaching and Referral Hospital. National guidelines for cervical cancer management have also been developed, including provisions for prevention, screening using visual inspection with acetic acid (VIA), treatment for precancerous lesions and clinical management protocols. The following gaps remain:

Remaining gaps:

A National Cancer Control Plan has not yet been developed

National screening guidelines and standardized clinical protocols are not yet in place for four of the five most common cancer types leading to late-stage diagnosis

HPV vaccination is not included in the national immunization schedule

There is no population-based or hospital-based cancer registry, limiting surveillance, strategic planning, and monitoring of cancer-related interventions

Limited number of trained oncologists

Analysis

Access

- ⑧ Access to cancer services in South Sudan is generally limited and centralized, with most diagnostic and treatment capacity located in Juba's teaching and state hospitals and private sector. At lower levels, particularly PHCUs and PHCCs, services such as imaging, histopathology, and surgical oncology remain largely absent.
- ⑧ Cervical cancer screening using VIA has been introduced in 5 select sites (4 in Juba and 1 in Wau), where it demonstrates feasibility, though overall utilization remains low.
- ⑧ As of Q3 2024, diagnostic services are available in only 16% of facilities expected to provide them, with higher availability in Central Equatoria, Western Bahr el Ghazal, and Upper Nile. Jonglei, Northern Bahr el Ghazal, and Unity report the lowest availability. Rehabilitation services are available in just 5% of facilities expected to offer them (MOH, 2025).
- ⑧ Cancer services are not publicly financed, and most patients rely on out-of-pocket payments. Despite high inpatient mortality reported in DHIS2, cancers do not rank among the top 70 diagnoses, suggesting widespread underdiagnosis and weak case detection.

Quality of Care

- ⑧ Cancer care in South Sudan remains limited across the continuum—from promotion, prevention and diagnosis to treatment, rehabilitation, and palliation.
- ⑧ **Promotion:** Activities are mostly limited to public awareness during commemorative health days. Promotion of cancer risk reduction is not yet standardized.
- ⑧ **Prevention:** Cancer prevention services remain underdeveloped. Although hepatitis B vaccination is included in the routine infant immunization schedule through Pentavalent vaccine, targeted cancer preventive vaccine efforts remain limited. HPV vaccination has been introduced, but coverage remains low and implementation is not yet integrated into routine adolescent health services. A 2023 study found only 11.5% of women aged 26–65 had ever been screened for cervical cancer (Mwanje, 2023). Barriers include low awareness, stigma, myths, and limited confidence in service availability.
- ⑧ **Diagnostics:** Most cancers are diagnosed based on clinical presentation. Laboratory testing for cancer markers is minimal and largely confined to private facilities. Low-cost diagnostic tools, such as gentian violet for cervical screening, are not routinely used. Diagnostic services are available in only 16% of health facilities (MOH, 2025), pointing to delays in early detection and limiting staging accuracy.
- ⑧ **Treatment:** Specialized cancer treatment such as immunotherapy and radiotherapy is largely unavailable. A few private hospitals provide limited chemotherapy, but most patients requiring definitive treatment seek care outside the country. Facility-based mortality data indicate high case fatality for liver (27.3), colon (23.1), breast (12.5), cervical (11.5), and Kaposi sarcoma (16.2) cancers, reflecting late presentation and diagnosis.
- ⑧ **Rehabilitation:** Support for rehabilitation is limited to a small number of privately run cancer associations. These services are not institutionalized within the public health system. However, the South Sudan Cancer Network, comprising oncologists and other stakeholders, is in the process of formal registration as a charitable organization. The network has a draft constitution under legal review and aims to include associate members from various professional backgrounds to support cancer rehabilitation and survivorship services.
- ⑧ **Palliative care** services are available in 13% of health facilities (MOH, 2025), offering basic pain management and spiritual support. However, no standardized palliative care packages are provided.
- ⑧ Multidisciplinary care is not established, and standardized protocols exist only for cervical cancer. Additionally, there is no system for capturing patient experience due to the absence of comprehensive cancer services and the predominance of symptom-focused care.

Demand Creation

- ⑧ **Healthy Behaviors:** Modifiable risk factors such as alcohol use, tobacco and drug use, physical inactivity, and unhealthy diets play a role in the rising burden of cancer. Interventions to reduce these behaviors remain limited and poorly integrated into health promotion programs.
 - o **Alcohol use:** Consumption of alcohol contributes to increased cancer risk, particularly for liver and digestive system cancers. According to the World Health Organization, per capita alcohol consumption in South Sudan among individuals aged 15 years and older is estimated at 0.8 liters of pure alcohol per year, which is significantly lower than the global average of 5.5 liters (WHO, 2022). However, much of the alcohol consumed is unrefined or locally brewed, which carries a higher carcinogenic risk.
 - o **Unsafe sexual practices:** Sexual behavior contributes to cervical cancer risk through transmission of high-risk human papillomavirus (HPV). According to the 2010 South Sudan Household Survey, 13.4% of women aged 15–49 reported having two sexual partners, and 2.5% reported having three partners in the previous 12 months. These patterns increase the likelihood of HPV exposure, particularly in the absence of routine screening and vaccination (Ministry of Health and NBS, 2010).

- ⑧ **Health Seeking Behavior:** Even when individuals are willing to seek care, the benefits are undermined by the absence of early detection and diagnostic services. Awareness of early cancer symptoms is low, leading to delayed diagnosis and treatment. Common early symptoms, such as persistent breast lumps, abnormal vaginal bleeding, unexplained weight loss, or chronic sores, are often unrecognized. Strengthening community-level education and linking it with improved service availability remains a critical unmet need.
- ⑧ **Community Engagement:** According to the 2025 Service Availability Assessment, only 28% of health facilities have mechanisms in place to generate service demand, with state variation ranging from 23% in Lakes to 33% in Ruweng Administrative Area (MOH, 2025). There is no national communication strategy for cancer; however, awareness campaigns have been implemented in selected areas, offering an initial platform for broader public engagement in cancer prevention and early detection. Community health workers are not routinely involved in cancer education or referral, limiting their potential role in linking communities to services.

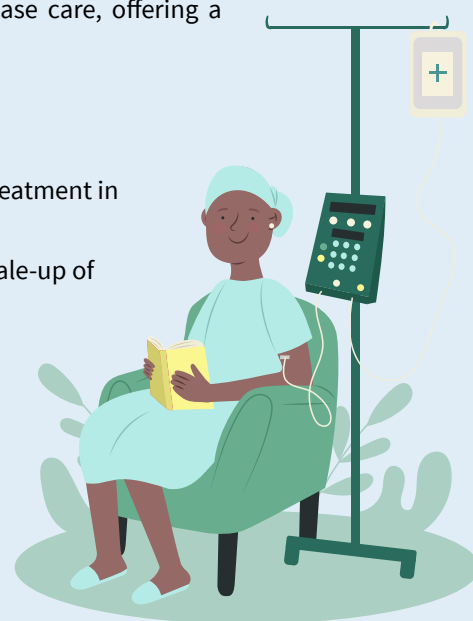
Resilience

- ⑧ Cancer services are highly vulnerable to disruption during conflict, flooding, and public health emergencies. Cancer is not included in national contingency plans, and during crises, routine care is deprioritized and referral systems disrupted. Oncology staff are often reassigned to emergency roles.
- ⑧ Only 9% of facilities had a documented continuity plan, and infrastructure limitations, such as cold chain, transport, and power, further compromising service delivery. Nonetheless, the WHO NCD Kit has been deployed in some humanitarian settings to support symptom relief and basic chronic disease care, offering a partial entry point for future oncology integration in emergencies.

Call to action

The following actions are required to strengthen cancer prevention, detection, and treatment in South Sudan:

- ⑧ **Implement targeted prevention strategies** for high-burden cancers, including scale-up of HPV and HBV vaccination, risk factor reduction, and early detection awareness.
- ⑧ **Establish a national cancer registry** to generate reliable data on cancer incidence, mortality, and outcomes to support planning, monitoring, and policy formulation.
- ⑧ **Integrate cancer services into national health financing schemes and emergency preparedness plans** to improve coverage and protect continuity during crises.
- ⑧ **Expand basic cancer management capacity** at the state level, prioritizing surgical care for stage I and II cancers, and incorporating locally adaptable, cost-effective delivery models.
- ⑧ **Ensure delivery of essential cancer services across the care continuum**—from health promotion to palliation—at minimum through state-level platforms, using available funding and scalable interventions.
- ⑧ **Introduce and decentralize chemotherapy services** for cancers with high treatment response potential by:
 - o Rolling out chemotherapy at national and state-level referral facilities
 - o Ensuring consistent availability of essential oncology medicines
- ⑧ **Strengthen national advocacy and coordination mechanisms** to mobilize resources, improve public awareness, and elevate cancer control within national and humanitarian health priorities.



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