

# Investing in health development amid multiple protracted crises

South Sudan annual report, 2024



World Health  
Organization

African Region



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Reference number:

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**Cataloguing-in-Publication (CIP) data.** CIP data are available at <http://apps.who.int/iris>.

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Designed in Juba, South Sudan

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# Foreword



**Dr Humphrey Karamagi**  
WHO Country Representative in South Sudan

As we present the WHO South Sudan Annual Report 2024, I sincerely thank our donors, partners, dedicated staff and resilient citizens. Your unwavering support has been instrumental in our efforts to navigate the complex challenges posed by disease outbreaks, food insecurity and the ongoing crisis in Sudan. Together, we have faced these challenges squarely, demonstrating remarkable resilience and commitment to improving health outcomes in our communities.

In 2024, WHO South Sudan displayed exceptional collaboration, facilitating over 4.8 million consultations, assisting more than 48 000 skilled deliveries, and ensuring vital health care services nationwide. Our recent finalization of the Humanitarian Needs and Response Plan 2025 reflects a collective commitment to reaching 3.1 million people who need health services, ensuring that no one is left behind.

We have prioritized efforts to strengthen health systems by fostering invaluable partnerships and implementing targeted training initiatives. These efforts have empowered local health authorities to respond effectively to public health emergencies, enhancing their capabilities to deliver timely and efficient care. The insights gained from our workshops and assessments will be instrumental in guiding our future strategies, ensuring that we remain responsive to the evolving health landscape.

Moreover, our commitment to mental health and psychosocial support has underscored the importance of holistic care in addressing the needs of our communities. The establishment of dedicated technical working groups (TWGs) and the implementation of training programmes have strengthened our collective capacity to support victims of trauma.

In addition to health care, we have prioritized community-based preparedness programmes which focus on resilience and sustainability. The ongoing flood preparedness initiatives, health system strengthening and mobile medical teams are just a few examples of how we ensure that the health services of South Sudan remain robust and capable of tackling future challenges. By continuing to invest in local capacities, we are building the foundation of a health care system that can withstand the shocks of natural disasters, conflict and pandemics.

Our work is far from over, but with your continued dedication, support and collaboration, we will build on the successes of this year and continue to make a lasting impact on the health and well-being of the people of South Sudan. We have laid a solid foundation for a healthier future for the country. Let us continue to stand united in our mission to uplift our communities, for in our resilience lies the promise of a brighter tomorrow.

Together, we can turn challenges into opportunities for a healthier South Sudan.

Juba, February 2025

# Acknowledgements

The WHO Regional Office for Africa wishes to sincerely thank everyone who has contributed to efforts in South Sudan. We admire the resilience of the people of South Sudan and appreciate the strong leadership of the MoH. We are also grateful for the support from other ministries, departments and agencies.

The ongoing assistance from nongovernmental organizations, civil societies, the United Nations Country Team and the Mission in South Sudan is invaluable. It motivates us to continue working hard and strive to make a difference.

We extend our deepest gratitude to our partners who generously contributed to making our programmes possible, including the following:

- African Development Bank Group
- African Public Health Fund
- Bill & Melinda Gates Foundation
- Bloomberg Family Foundation
- Carter Centre
- Centers for Disease Control and Prevention, United States of America
- Department of International Development, United Kingdom
- Department of Foreign Affairs, Trade and Development, Canada
- Directorate General for International Cooperation and Development, European Commission
- East African Community
- European Civil Protection and Aid Operations
- European Society for Clinical Nutrition and Metabolism
- European Union Humanitarian Aid
- Federal Foreign Office, Germany
- Federal Ministry for Economic Cooperation and Development, Germany
- Fluart Innovative Vaccines
- Foreign, Commonwealth and Development Office, United Kingdom
- Gavi, the Vaccine Alliance
- Gilead Sciences Inc.
- Kuwait Fund for Arab Economic Development
- Ministry of Development Cooperation and Humanitarian Affairs, Luxembourg
- Ministry of Finance, Saudi Arabia
- Ministry of Foreign Affairs, China
- Ministry of Foreign Affairs, Denmark
- Ministry of Foreign Affairs, France
- Ministry of Foreign Affairs, Japan
- Ministry of Foreign Affairs, Netherlands
- Ministry of Foreign Affairs, Norway
- Ministry of Foreign Affairs, Slovenia
- Ministry of Foreign Affairs, Sweden
- Ministry of Foreign Affairs, Ireland
- Ministry of Foreign Affairs, European Union and Cooperation, Spain
- National Philanthropic Trust
- Norwegian Agency for Development Cooperation
- Resolve to Save Lives
- Rotary International
- International Sanofi-Aventis
- Sasakawa Health Foundation
- Swedish International Development Cooperation Agency
- South Sudan Humanitarian Fund
- Susan Thompson Buffett Foundation
- Swiss Development Cooperation Agency
- The Deutsche Gesellschaft Fur Internationale Zusammenarbeit (GIZ)
- United Nations Development Programme Multi-Partner Trust Fund
- United Nations Central Emergency Response Fund
- United Nations Fund for International Partnerships
- United States Agency for International Development
- University of Edinburgh
- Vital Strategies
- World Bank.

# Abbreviations

<b>AEFI</b>	adverse events following immunization
<b>AFP</b>	acute flaccid paralysis
<b>AMR</b>	antimicrobial resistance
<b>ANC</b>	antenatal care
<b>ART</b>	antiretroviral therapy
<b>ASRH</b>	adolescent, sexual and reproductive health
<b>BFHI</b>	Baby-friendly Hospital Initiative
<b>BPHNS</b>	Basic Package for Health and Nutrition Services
<b>CDC</b>	Center for Disease Control and Prevention
<b>CVDPV2</b>	circulating vaccine-derived poliovirus type 2
<b>DHIS2</b>	District Health Information Software version 2
<b>ECHO</b>	European Civil Protection and Humanitarian Aid Operations
<b>EHS</b>	essential health services
<b>EHSP</b>	essential health service package
<b>EML</b>	essential medicines list
<b>EPI</b>	Expanded Programme on Immunization
<b>EPR</b>	emergency preparedness and response
<b>EWARS</b>	Early warning, alert and response system
<b>Gavi</b>	Gavi, the Vaccine Alliance
<b>GBV</b>	gender-based violence
<b>GBViE</b>	gender-based violence in emergencies
<b>GPEI</b>	Global Polio Eradication Initiative
<b>GWD</b>	guinea worm disease
<b>HAT</b>	human African trypanosomiasis
<b>HDPF</b>	Health Development Partners Forum
<b>HDPG</b>	Health Development Partners Group
<b>Hep</b>	hepatitis
<b>HIMS</b>	health information management system
<b>HIS</b>	health information system
<b>HIV</b>	human immunodeficiency virus
<b>HRH</b>	human resources for health
<b>HSSC</b>	Health Sector Steering Committee
<b>HSTP</b>	Health Sector Transformation Plan
<b>HSTP</b>	Health Sector Transformation Project
<b>HTS</b>	HIV testing service
<b>IARHK</b>	Interagency Reproductive Health Kits
<b>ICD-11</b>	International Classification of Diseases 11th Revision
<b>ICG</b>	International Coordinating Group
<b>IDP</b>	internally displaced persons
<b>IDSR</b>	Integrated Disease Surveillance and Response
<b>IEC</b>	information, education and communication
<b>IEHK</b>	Interagency Emergency Health Kits
<b>IHR</b>	International Health Regulations
<b>ILI</b>	influenza-like illnesses
<b>IPC</b>	infection prevention and control
<b>ITN</b>	insecticide-treated mosquito nets
<b>JEE</b>	Joint External Evaluation
<b>JMP</b>	Joint Monitoring Programme

<b>LQA</b>	Lot quality assurance
<b>LTA</b>	Long-term agreements
<b>MCCoD</b>	Medical certification of cause of death
<b>MDA</b>	mass drug administration
<b>MHPSS</b>	mental health and psychosocial support
<b>MoH</b>	Ministry of Health
<b>MPDSR</b>	Maternal and perinatal death surveillance and response
<b>MV</b>	malaria vaccine
<b>MVD</b>	Marburg virus disease
<b>NCD</b>	noncommunicable diseases
<b>NPHL</b>	National Public Health Laboratory
<b>NTD</b>	neglected tropical diseases
<b>OHMCM</b>	One Health multisectoral Coordination Mechanism
<b>OPV</b>	oral polio vaccine
<b>PAC</b>	post-abortion care
<b>PHC</b>	primary health care
<b>PHCC</b>	primary health care centre
<b>PHECP</b>	public health emergency contingency plan
<b>PHEIC</b>	public health emergency of international concern
<b>PHEOC</b>	public health emergency operations centre
<b>PIP</b>	Partnership for Influenza Preparedness
<b>PoE</b>	point of entry
<b>PRSEAH</b>	Preventing and responding to sexual exploitation, abuse and harassment
<b>PSEA</b>	Preventing sexual exploitation and abuse
<b>RCCE</b>	risk communication and community engagement
<b>RDT</b>	rapid diagnostic test
<b>RRT</b>	rapid response teams
<b>SARI</b>	severe acute respiratory infections
<b>STI</b>	sexually transmitted infection
<b>SRH</b>	sexual and reproductive health
<b>SSEML</b>	South Sudan Essential Medicines List
<b>SSPA</b>	South Sudan Paediatric Association
<b>STAR</b>	Strategic tool for assessing risks
<b>STG</b>	Standard treatment guidelines
<b>TB</b>	Tuberculosis
<b>TES</b>	Therapeutic efficacy studies
<b>ToT</b>	Training of trainers
<b>TWG</b>	Technical Working Groups
<b>UAE</b>	United Arab Emirates
<b>UHC</b>	universal health coverage
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNICEF</b>	United Nations Children's Fund
<b>UNV</b>	United Nations Volunteers
<b>VPD</b>	vaccine-preventable diseases
<b>VIA</b>	visual inspection with acetic acid
<b>VMMC</b>	voluntary male medical circumcision
<b>WB</b>	World Bank
<b>WCO</b>	WHO Country Office
<b>WHO FCTC</b>	WHO Framework Convention on Tobacco Control
<b>WHO PEN</b>	WHO Package of Essential Noncommunicable disease interventions
<b>WHO</b>	World Health Organization



# Background

South Sudan became the newest country of the world on 9 July 2011. Despite this achievement, the nation still faces significant challenges. Over 80% of its population resides in rural areas, with limited social and economic opportunities. Weak infrastructure, ongoing interethnic conflicts and economic constraints hinder health sector development.

Key health indicators remain among the worst in the world: maternal mortality is 1223 per 100 000 live births, under-five mortality is 99 per 1000 live births, and infant and neonatal mortality rates are 64 and 40 per 1000 live births respectively. Health services are under severe strain, with only 7.6 health workers and 1.4 health facilities per 10 000 people. Government health funding remains below 2% of the national budget, leaving critical gaps in service delivery.

Despite these challenges, there is evidence of progress. South Sudan has incorporated the malaria vaccine (MV) into its national immunization programme, thereby improving protection for young children. Efforts to strengthen governance, operational support and training for health care workers have enhanced the efficiency of immunization programmes and bolstered polio eradication efforts. Surveillance for acute flaccid paralysis (AFP) has also improved, with the non-polio AFP detection rate exceeding 5 cases per 100,000 children under 15 years old, and stool sample adequacy reaching 95%.

However, ongoing humanitarian crises continue to put strain on the health system. Between April 2023 and December 2024, more than 900 000 refugees and returnees fled to South Sudan, driven there by regional conflicts, particularly in Sudan, with 82 516 crossing into Renk in December 2024 alone. By the end of 2024, South Sudan was host to approximately 2 million internally displaced persons (IDPs), 680 000 refugees and 440 000 returnees. Severe flooding in late 2024 also affected 1.4 million people, displacing 379 000 people and damaging 58 health facilities.

The Government remains committed to improving health and well-being through its strategic vision for universal health coverage (UHC) and health security. The One Health strategic plan has been developed to address health threats at the human-animal-environmental interface. WHO continues to play a vital role in supporting evidence-based interventions to reduce the burden of noncommunicable diseases (NCDs), mental health conditions and substance use disorders.

WHO has also strengthened the health data systems of South Sudan by deploying advanced dashboards to consolidate, analyse and visualize critical health data. These innovations support more effective decision-making, ultimately improving health care delivery and resilience in the face of persistent challenges.

# Progress in 2024

In 2024, South Sudan faced numerous political, economic, environmental and social challenges that hindered the delivery of health services. The term of the Revitalized Transitional Government of National Unity, established in February 2020 under the Revitalized Agreement on the Resolution of Conflict in South Sudan, was extended by two years to December 2026. The Tumaini Initiative, a new peace initiative involving non-signatory groups, was launched in Nairobi in Kenya. These events caused ripple effects across the country, affecting political stability and security in several states. Concurrently, extreme weather events led to widespread flooding and drought. The Government struggled following a 75% reduction in oil production, which severely affected the economy of South Sudan. Collectively, these factors undermined the capacity to provide essential health services (EHS) to the population of South Sudan.

The country faces ongoing crises that have resulted in acute health emergencies. The influx of refugees and returnees from Sudan, combined with the flooding of the Nile River, triggered multiple health emergencies, including annual outbreaks of cholera, measles and other waterborne diseases. Food insecurity and high rates of severe acute malnutrition (SAM) further heightened vulnerability in the population. In collaboration with the South Sudan Government and health partners, WHO deployed efforts to enhance the capacity to anticipate, detect and respond to these health challenges by improving laboratory systems, outbreak response, case management, infection prevention and health delivery systems.

In this context, the country is seeking to secure investments that will have a sustainable impact on the health sector. The support of WHO increasingly focuses on actions and investments that transform the delivery of health services and enhance resilience. Investments in emergency response have been prioritized with a view to improving the capacity to detect and address multiple risks, while fostering coordination among stakeholders through mechanisms such as One Health, health clusters and health development partner forums (HDPF). In addition, there is direct investment in health system development in a bid to achieve UHC. Consequently, the country is effectively addressing multiple crises while gradually strengthening its health system, ensuring better health and well-being for the population.

The remainder of this section will highlight some of the key actions undertaken in 2024 with WHO's support, which is consistent with this strategic focus. These actions are structured around four areas:

- (1) attainment of UHC;
- (2) control of communicable diseases and NCDs;
- (3) sustainable and resilient emergency preparedness and response; and
- (4) improving WHO's efficiency and effectiveness.



## 1. Universal health coverage

## Universal health coverage across the life course

This cluster deals with all areas related to the capacity for routine health service provision to attain UHC and the capacity to provide interventions across the life course.

UHC aims to provide equitable access to quality EHS without financial hardship. It encompasses a continuum of care from health promotion, illness prevention, treatment, rehabilitation to palliative care. The service coverage index in South Sudan is 34%, significantly lower than the average of 46% in the WHO African Region. The target is 80% by 2030.

Key health indicators in South Sudan are among the worst globally: a maternal mortality ratio of 1223 per 100 000 live births, with 8% from complications following abortion; an under-five mortality rate of 99 per 1000 live births; an infant mortality rate of 64 per 1000 live births; and a neonatal mortality rate of 40 per 1000 live births, which is significantly above averages in the WHO African Region. In 2020, the crude incidence of cervical cancer was 12.7 per 100 000 women and up to 790 deaths were reported in 2019. Despite these figures, the cervical cancer control programme remains underdeveloped.

The challenges facing the health sector include fragmentation, workforce shortages (7.6 health workers per 10 000 people) and inadequate infrastructure (1.4 health facilities per 10 000 people). Government health funding is less than 2% of the national budget, underscoring the need for increased investment.

The Health Sector Transformation Project, supported by the World Bank and multiple donors, aims to address these gaps by ensuring the delivery of essential health and nutrition services, particularly in rural and conflict-affected areas, improving health sector governance and strengthening health systems.



### Progress in 2024

✓ **Health Sector Strategic Plan (2023–2027):** It provides the overall strategic direction of the health sector. The second strategic plan for implementing the current health policy 2026–2026 was disseminated in the 10 states and three administrative areas of South Sudan through a comprehensive orientation and dialogue process. This initiative enhanced stakeholder understanding of the strategic plan, its objectives, strategies, key interventions, monitoring and evaluation framework, cost implications and implementation arrangements. Other dissemination efforts at the national and subnational levels motivated health sector stakeholders to support the implementation of the plan and align their investments accordingly.

✓ **Essential health services packages (EHSP):** These are the services necessary for ensuring the health and well-being of the population of South Sudan. They are central to the health sector, serving as the core around which all investments and results coalesce. The sector is expected to be more progressive in planning the availability of services within the package.

WHO supports the Ministry of Health (MoH) in reviewing and updating the current basic package for health and nutrition services to an EHSP. A draft EHSP was developed following an assessment of the implementation status of the basic package of health and nutrition services. This was done through desk reviews and consultations with national stakeholders; the EHSP will continue to be improved through additional consultations with stakeholders, including at the subnational level.

✓ **Standard treatment guidelines (STGs) and essential medicines list (EML):** To improve access to life-saving medicines and enhance the quality of health care, the MoH has received support from WHO to update the STGs for primary care, focusing on primary health care (PHC) units and PHC centres. These guidelines draw on national and global best practices and incorporate feedback from health workers, medical specialists, policy-makers, and partners such as the United Nations Children's Fund (UNICEF), the Global Fund, the International Rescue Team and the United Nations Development Programme. The standardization of disease diagnosis, prevention and treatment reduced harm, minimized variations in care and established benchmarks for quality improvement. Updated clinical guidelines assist health workers in point-of-care decision-making, training, supervision and planning for necessary resources to meet service delivery standards.

WHO has also led efforts to revise the South Sudan EML after seven years. This updated list aims to enhance the selection, procurement, storage and proper use of medicines, serving as a key policy tool for making affordable, quality-assured health supplies accessible to all the people of South Sudan. The implementation of the South Sudan EML is expected to improve the quality of health care, reduce morbidity and mortality and increase patient satisfaction and trust in the health care system. The revised STGs and EML will promote appropriate medicine use, combat antimicrobial resistance (AMR) and optimize the use of resource to increase the coverage of prioritized health interventions.

✓ **National action plan on antimicrobial resistance:** This plan aims to reduce the risk of AMR, ensure the efficacy of antimicrobial treatments and promote sustainable health care for the population. Through a consultative and multi-stakeholder process, the MoH, with support from the WHO country office (WCO) in South Sudan, developed and approved the national action plan on AMR for South Sudan for the next five years. The strategic objectives include raising awareness of AMR, strengthening tracking and research, preventing infections to reduce reliance on antibiotics, ensuring responsible drug use and securing long-term funding to combat AMR. This plan followed the One Health approach, mapping government and non-state stakeholders and defining their roles in prioritized interventions.

WHO supported the MoH in finalizing a health promotion strategy (2024–2028) for dissemination, guiding health sector interventions to enhance the population's control over their health.

In collaboration with the MoH and the South Sudan Dental Association, WHO conducted a three-day oral hygiene campaign entitled "Child oral health is our priority", targeting primary school children in Juba County.

## Reproductive, maternal, newborn, child and adolescent health and nutrition



- Post-abortion care (PAC) guidelines and training packages:** WHO provided technical and financial support to the MoH for developing PAC guidelines and training packages, which have been validated and are pending wider dissemination. The guidelines were used to train 15 health care workers from selected PHC centres in Central Equatoria State, which have been equipped with manual vacuum aspirators, beds, speculums and consumables. Further training and promotion of the guidelines in 2025 will increase access to improved PAC services and help reduce maternal mortality.
- Adolescent sexual and reproductive health (ASRH) strategy 2024–2025:** WHO provided technical support to the MoH to review the ASRH strategy, which is now ready for validation. The document outlines a strategic direction for implementing vital interventions aimed at preventing teenage pregnancies, ending early child marriages and female genital mutilation and eliminating gender-based violence (GBV). The strategy also includes health service reforms to incorporate adolescent-responsive health services at all levels of care, strengthen comprehensive sexuality education and establish programmes for young people who are not attending school.
- Maternal and perinatal death surveillance and response (MPDSR):** WHO provided technical and financial assistance to the MoH to review the MPDSR guidelines, which have been validated and are ready for dissemination. Maternal and perinatal death review committees were established in Warrap and Northern Bahr El Ghazal states. The MPDSR capacity of 50 health care workers from these states was increased, leading to improved reporting and review of maternal and perinatal deaths. Digitizing reporting strengthened the MPDSR system, enhanced coordination platforms across all states and improved response mechanisms. These improvements will enhance the quality of care and accountability mechanisms.
- Cervical cancer control programme:** At the request of the MoH, WHO supported developing and validating guidelines for screening and treating premalignant lesions of cervical cancer. This process involved collaboratively creating training modules and information, education and communication materials. The guidelines will be disseminated more broadly. Capacity-building was provided to 25 health care providers from two states through training in screening and treatment techniques, including visual inspection with acetic acid, thermocoagulation, cryotherapy administration and patient counselling.
 

A cervical cancer screening programme has been established at the Wau Teaching Hospital in Western Bahr El Ghazal State, the Juba Teaching and Referral Hospital, the Kator PHC Centre and the Gurei PHC Centre in Central Equatoria State.

Since screening began on 5 October 2024, 170 women have been screened in the following facilities: 90 in the Juba Teaching and Referral Hospital, 35 in the Wau Teaching Hospital, 25 in the Gurei PHC Centre and 20 in the Kator PHC Centre. Of those screened, seven (4.1%) received treatment for premalignant lesions and 10 (5.9%) were diagnosed with cervical cancer and referred for further treatment in hospitals.
- Promoting universal access to sexual and reproductive health and rights:** WHO trained 50 health care workers in family planning in Torit and Wau to improve access to family planning services. It enhanced the clinical management skills of 94 health care workers in Torit, Malakal, Renk and Wau, improving access for survivors from refugee, returnee and host communities. It also educated 540 community and religious leaders on the concepts underpinning sexual and reproductive health and rights in five states, driving demand for and utilization of reproductive health services.



- Service availability assessment:** WHO supported the MoH in assessing the availability and provision of health services, which are major drivers of the achievement of health goals in the country. The assessment aimed to provide clear information on the availability of services in the entire health sector; the availability and provision of services in facilities supported by the Health Sector Transformation Project (HSTP) that is currently being implemented; and gaps in the availability and provision of services, while highlighting areas for focus and defining the country's priorities for service availability and provision to achieve health results.

From July to September 2024, more than 700 (36%) of the more than 1950 facilities were assessed, including PHC units and centres, county hospitals, state hospitals and national referral hospitals. This assessment utilized a comprehensive service availability evaluation tool developed by the sector and resulted in a detailed report and recommendations on the country's service availability status. The report was submitted to the Health Sector Steering Committee (HSSC) for adoption and implementation.

- Revitalized health sector coordination mechanism:** WHO supported the MoH and its partners to revitalize key health sector coordination mechanisms, including the HSSC and the Health Development Partners Forum. Both bodies meet regularly to discuss key issues affecting sector performance, provide oversight and offer strategic direction and policy guidance. The improved coordination mechanisms enhance the harmonization of interventions by partners and the alignment of these interventions with national health priorities. They also promote mutual accountability, transparency and information-sharing between partners and the MoH.

# UHC: addressing communicable and noncommunicable diseases

This cluster focuses on disease-specific initiatives aimed at combating key drivers of ill health and death, including human immunodeficiency virus (HIV), tuberculosis (TB), viral hepatitis, sexually transmissible infections (STIs), immunization, malaria, neglected tropical diseases and noncommunicable conditions.

## Integrated programme on HIV, tuberculosis, viral hepatitis and sexually transmitted infections



WHO’s 2024 Global tuberculosis report estimates the incidence of all forms of TB in South Sudan at 227 per 100 000 people, with approximately 26 000 new cases recorded in 2024. Mortality rates stand at 13 per 100 000 for HIV-negative cases and 3.7 per 100 000 for HIV-positive cases.

In 2024, an estimated 151 337 people were living with HIV, with 8% children (0–14 years) representing a significant portion of these people. Approximately 61% of all adult people living with HIV are female. The impact of the epidemic remains substantial, as reflected in the 7551 new HIV infections among adults and children and the 5051 AIDS-related deaths.

South Sudan also faces a high burden of curable STIs, including chlamydia, gonorrhoea, syphilis and trichomoniasis. Data from the District Health Information Software (DHIS2) indicates a syphilis positivity rate of approximately 2% among women attending ANC.

Hepatitis remains a significant public health concern, with prevalence rates for hepatitis B and C at 9.9% and 9.1% respectively in the general population. In 2023, about 11 000 new cases of viral hepatitis were reported, with approximately 1000 deaths attributed to hepatitis B and C infections.

### Progress in 2024

- ✓ **Overall progress in coverage, outcomes, and impacts:** In 2024, 23 918 of an estimated 26 000 annual cases of TB were reported, achieving a treatment coverage of 92%. The case fatality ratio is 7%. As of 2024, the number of people living with HIV who are on antiretroviral treatment rose from 67 455 to 75 266. The coverage of pregnant women receiving antiretroviral drugs for the prevention of mother-to-child transmission is estimated at 65%, with the final vertical transmission rate, including during breastfeeding, at 23.8%.
- ✓ **Advocacy and policy dialogue:** WHO continued to play a primordial role in providing high-level advocacy and coordination, among others, in organizing the world hepatitis, AIDS and TB days. WHO both supports and actively participates in the social mobilization of civil society, treatment literacy, community testing and awareness creation.
- ✓ **Support policies, guidelines and tools development:** WHO developed and implemented the first integrated guidelines and packages to eliminate mother-to-child transmission of HIV, STIs and hepatitis B. It finalized and disseminated national guidelines and frameworks, including guidelines for voluntary male medical circumcision, an implementation framework and training packages; consolidated guidelines and training packages for tuberculosis. This was coupled with training of trainers (ToT); guidelines concerning key and vulnerable populations for the prevention and treatment of HIV, viral hepatitis and STIs, covering essential prevention, diagnostics and care, while addressing social and structural barriers; guidelines and training packages for HIV testing services, enhancing coverage of the first 95-95-95 target and addressing the new dynamics of HIV and STIs; and a guidelines and operational package for advanced HIV disease. Lastly, WHO integrated NCDs into HIV programming to enhance comprehensive health care delivery.
- ✓ **Strategic information and systems strengthening:** WHO strengthened monitoring, evaluation and global reporting systems by generating estimates of the HIV, hepatitis and TB burdens. It enhanced national capacity through mentorship and the coordination of TWGs. It also conducted national self-assessments and action planning using the Capability Maturity Model to tackle challenges in case finding, linkage to care and retention in HIV treatment programmes.



## Expanded programme on immunization



In July 2024, South Sudan incorporated the MV into its national immunization programme, marking a significant milestone in the fight against malaria. This initiative seeks to reduce malaria-related morbidity and mortality, particularly among infants and young children aged five months to 23 months who are most vulnerable to the disease. By incorporating the MV into routine immunization efforts, the programme strengthens malaria prevention and improves child health outcomes nationwide.

Vaccination efforts against yellow fever in affected and neighbouring counties have progressed significantly, targeting individuals aged nine months to 60 years. A post-campaign evaluation coverage survey assessed the reach and effectiveness of the campaign. Additionally, enhanced surveillance for vaccine-preventable diseases (VPDs) in targeted counties improves early detection and response capabilities, ensuring continued protection from outbreaks of yellow fever.

Targeted immunization, focusing on children under 15 years affected by the crisis in Sudan, dramatically reduces the incidence and spread of measles and other diseases among vulnerable populations. These initiatives protect at-risk groups and prevent outbreaks in crisis-affected areas.

## Progress in 2024

- ✔ **Malaria vaccine launch and rollout:** The launching ceremony in July 2024 was attended by H.E. Vice President Hussein Abdelbagie Akol, symbolizing the strong endorsement and acceptance of top government leadership and promoting confidence among the population. During the initial rollout phase, the vaccine was successfully introduced in 28 counties in six states; plans are underway to expand the programme to 58 counties in the remaining four states in 2025. The technical support of WHO helped the MoH to ensure a smooth implementation process at various levels.
- ✔ **Yellow fever outbreak response and vaccination campaign:** In response to the yellow fever outbreak, a reactive vaccination campaign was conducted in two phases, covering six counties in Western Equatoria State. During phase 1, a total of 465 798 out of 608 269 individuals (76%) were vaccinated in Yambio, Nzara, Tambura, Ezo and Ibba counties. During phase 2, following recommendations from the intra-action review, a follow-up campaign was conducted in Yambio, Nzara and Maridi counties, which were prioritized for the mop-up effort. As a result, an additional 153 537 individuals were vaccinated.
- ✔ These combined efforts resulted in the vaccination of 616 887 individuals in all, achieving 84% coverage across the six counties, thereby significantly strengthening community immunity and mitigating the risk of further outbreaks.
- ✔ **Vaccination response in areas hosting refugees and returnees from the crisis in Sudan:** Integrated immunization efforts were incorporated into a broader health response, ensuring comprehensive coverage to address the multiple health challenges stemming from the crisis in Sudan.
- ✔ In response to the influx of children fleeing the crisis in Sudan and returnees from the Gambella region of Ethiopia, vaccination activities were conducted at 18 points of entry (PoE) in nine counties, targeting children under 15 years. In 2024, measles and oral polio vaccine (OPV) antigens were administered to new arrivals: 97 490 children received the measles vaccine and 97 079 children were vaccinated against polio. This initiative is vital for safeguarding vulnerable populations and mitigating the risk of outbreaks among displaced and affected communities.
- ✔ **Measles outbreak response and vaccination campaign:** Penta-3 coverage rate increased from 82% in 2023 to 87% by mid-December 2024, marking significant progress in the expansion of immunization coverage and strengthening programme outcomes.
- ✔ The MoH, in collaboration with WHO, has taken significant steps to control the ongoing measles outbreak. In 2024, outbreaks were confirmed in 23 counties, prompting a large-scale vaccination campaign in 22 counties of Upper Nile, Central Equatoria, Western Equatoria, Jonglei, Northern Bahr el Ghazal and Western Bahr el Ghazal states. This effort led to the vaccination of 914 051 children, achieving a 91% coverage rate for children aged six months to 15 years, including 28 882 returnees from Sudan. Vaccination strategies varied by region, with four counties targeting children up to 15 years and 18 counties focusing on children under 5 years. Tonj East County is the last area to experience an active measles outbreak; efforts to contain it are ongoing.
- ✔ To bolster immunization initiatives, the annual workplan of the expanded programme on immunization (EPI) for 2023 was analysed to identify best practices and develop actionable recommendations for the 2024 workplan.
- ✔ The Immunization in Practice manual integrates the latest developments in vaccine introduction by including new vaccine information and setting out plans for implementation in the future. These revisions enhance the relevance of the manual for health care workers, facilitating effective immunization practices and preparation for vaccine rollouts.
- ✔ WHO conducted the annual EPI performance review meeting to evaluate progress, identify challenges and share best practices. The meeting raised awareness in 52 people from states and administrative areas and 45 people from the national level, including the MoH and partners, to the support mechanisms offered by Gavi, the Vaccine Alliance (Gavi), including funding opportunities, technical assistance and supply chain improvements. This initiative provided the meeting attendees with greater understanding and access to resources, facilitating capacity-building and improving the performance of immunization programmes at the subnational level.
- ✔ WHO conducted quarterly visits to health facilities to address gaps in vaccination coverage and improve cold chain management. The WHO team identified challenges, provided on-site support to health care workers, and implemented solutions to enhance vaccine storage and distribution. These efforts ensured that vaccines remained effective and accessible, boosting immunization coverage and programme success.

- ✔ WHO supported the facilitation of four meetings of the South Sudan immunization technical advisory group and one meeting of the Interagency Coordinating Committee, leading to important decisions on vaccine introductions and applications. Key approvals included the introduction of the MV, applications for the pneumococcal conjugate and rotavirus vaccine, scaling up the MV and the COVID-19 vaccine application. These efforts strengthen the immunization programme of South Sudan and tackle priority health challenges by expanding access to vaccines.
- ✔ The rotavirus sentinel surveillance data collection and reporting system was reactivated to ensure consistent monitoring of rotavirus. With support from WHO, the MoH has been monitoring rotavirus cases in the country since 2018. In 2024, more than 200 samples were gathered from children under five years with severe diarrhoea, showing a positivity rate of 38%. Based on this data, the MoH prioritized introducing the rotavirus vaccine in the first quarter of 2025, aiming to significantly reduce the rotavirus burden and improve health outcomes and overall quality of life for children under five years.
- ✔ The 2024 national EPI cluster coverage survey protocol for nationwide immunization coverage was reviewed and gaps in service delivery identified.
- ✔ WHO improved surveillance of VPDs by improving case detection, reporting and response systems. It also trained 68 health care workers to ensure timely data collection and analysis. These measures established a robust framework for monitoring disease trends, identifying outbreaks early and guiding targeted immunization efforts to reduce the burden of VPDs.
- ✔ WHO trained 243 health care workers on the surveillance of adverse events following immunization; subcommittees have been formed in all 10 states and 80 counties to ensure vaccine safety in alignment with the 2030 immunization agenda amid the introduction of new vaccines. In 2024, over 6800 adverse events following immunization were reported from routine immunization through the monthly DHIS2. This was a significant milestone in the monitoring of vaccine safety monitoring, which increased trust in immunization programmes.

## Polio



Despite the challenges faces, there has been significant progress in polio eradication in South Sudan. In August 2020, WHO officially certified South Sudan as polio-free, a landmark achievement in the efforts of the global polio eradication initiative. However, the threat persists, with multiple outbreaks of both wild poliovirus and circulating vaccine-derived poliovirus type 2 (cVDPV2) recorded in recent years.

Outbreaks of cVDPV2 remain a concern, with cases detected through AFP and environmental samples. These outbreaks are largely concentrated in regions with limited access to health care and low vaccination coverage, highlighting the urgent need for sustained immunization efforts.



A groundbreaking OPV with significantly enhanced efficacy has been developed and is being rolled out to countries to combat outbreaks. So far, outcomes for this new vaccine appear encouraging, indicating superior protection.

Environmental surveillance was initially established in Juba to support the existing surveillance system and expanded to three states, Central Equatoria, Unity and Upper Nile. Seven active surveillance sites currently monitor poliovirus circulation in high-risk areas in order to further enhance surveillance and early detection and to respond to any outbreaks.

Despite ongoing outbreaks, South Sudan remains firmly committed to eradicating polio. Continued investment in vaccination campaigns, robust surveillance and effective outbreak response measures are essential to maintaining the momentum in global eradication efforts.

Progress in 2024

- By December 2024, 13 cVDPV2 cases linked to AFP were confirmed in eight counties in Western and Central Equatoria, Upper Nile and Jonglei states. Still in 2024, 16 viruses were isolated in environmental surveillance samples and 10 isolated from AFP contacts and healthy children in Nassir, Ballet, Maban, Ayod and Melut counties. The latest VDPV2 case was detected in Maban on 9 December 2024. Environmental samples from Juba, Roton, Lobulet, Amarat and Bentiu in Unity State yielded 16 cVDPV2/VDPV2 polioviruses, with recent isolations from the Lobulet environmental site in Juba in December 2024.
- To combat the ongoing cVDPV2 outbreak, WHO collaborated with the MoH and partners to coordinate and implement three nationwide immunization campaigns aimed at reaching all children under five years with the novel OPV. The campaigns reached 9.7 million children, including those in vulnerable and hard-to-reach areas, achieving an average coverage of 106% and making a vital contribution to halting the spread of the virus and safeguarding at-risk populations. The high percentage reflects the extensive efforts of dedicated health workers and volunteers to reach isolated areas and the commitment of all partners to control the outbreak.
- WHO supported the MoH in conducting lot quality assurance surveys in 118 counties to evaluate the quality of the vaccination campaigns. Of these, 90 counties (76.9%) passed, while 27 counties fell below the threshold, necessitating either partial or full mop-up campaigns.
- The enhanced AFP surveillance sensitivity plan enabled early detection that included an increase in closely monitored active field visits for unreported cases, awareness-raising among health workers, regular reviews and capacity-building activities. Surveillance indicators exceeded certification standards. By the end of 2024, the non-polio AFP rate was 5.68 per 100 000 children under 15 years, with 96% stool adequacy. Both targets were achieved by states (100%) and counties (78%). Throughout 2024, 426 suspected AFP cases were identified and samples collected, shipped and tested; 13 of the suspected cases were positive.
- Environmental surveillance was first established in Juba in 2017 and later expanding to other high-risk states (Bentiu and Malakal). There has been regular collection and testing of environmental samples to allow for early detection and rapid response to poliovirus. In 2024, 120 environmental samples were collected from Juba, Bentiu and Malakal sites and tested at the Ugandan Virus Research Institute; 16 of these samples tested positive.
- WHO supported the MoH with integrated supportive supervision visits to priority surveillance sites. The chief aim was to identify unreported cases, mentor health workers and evaluate immunization services and vaccine availability for priority diseases. About 23 845 such integrated supportive supervision visits were conducted, 9824 (41.2%) of them in high-priority and very high priority areas.
- The annual polio surveillance performance review meeting was held to assess progress, identify challenges and share best practices. This was followed by a capacity-building session for state and county surveillance officers that was attended by 90 participants from the MoH and partner organizations. A separate review meeting was conducted for environmental surveillance supervisors and sample collectors, focusing on surveillance issues and gaps and providing new skills and technical knowledge to improve performance of programmes at the subnational level.
- WHO supported the MoH in conducting risk assessment and developing response plans for the outbreak, including the compilation of weekly outbreak situation reports and updates to ensure effective coordination and communication among partners and donors.

Human interest story



WHO leads major campaign to protect South Sudan’s children from polio

“Every child has the right to grow up free from preventable diseases and polio is one of the most dangerous yet entirely avoidable illnesses.”

In a significant push to protect the children of South Sudan from polio, the MoH launched a nationwide vaccination campaign targeting 3.3 million children aged 0 to 59 months, supported by WHO, UNICEF and other partners. The campaign follows the alarming confirmation of 12 cases of circulating variant poliovirus in multiple states, a strain that can cause paralysis if not addressed.

“As a country, we are leaving no stone unturned in our resolution to stop the transmission of poliomyelitis. We are mounting this campaign to ensure that every child everywhere in South Sudan is not only reached with these vaccines but protected against the disease”, said Honourable Yolanda Awel Deng, Minister of Health, highlighting the urgency of the effort.

Despite challenges such as population movements and displacement owing to the ongoing humanitarian crisis, WHO and its partners are working tirelessly to ensure that every child is reached with the novel OPV type 2, which protects against wild and circulating poliovirus strains.

“Every child has the right to grow up free from preventable diseases and polio is one of the most dangerous yet entirely avoidable illnesses. UNICEF reiterates its commitment to supporting the MoH and partners in delivering vaccines to every part of South Sudan so that no child is left vulnerable to polio”, said Hamida Lasseko, UNICEF Representative in South Sudan.

With two rounds already completed, vaccinating millions, the campaign marks a vital step in safeguarding the future of the children of South Sudan.

Source: <https://www.afro.who.int/countries/south-sudan/news/south-sudan-mounts-nationwide-polio-vaccination-campaign-massive-push-towards-stopping-ongoing>



There has been significant global progress in malaria control in the last two decades. Nonetheless, malaria remains a significant cause of illness and death, with 27 countries in the WHO African Region failing to meet the milestones for reduced mortality. In South Sudan, malaria is a major health challenge, particularly for young children. Factors such as the warm, humid climate and extensive wetlands create ideal conditions for mosquito breeding, with seasonal monsoons and flooding exacerbating the situation. These environmental conditions contribute to persistent transmission and spikes in malaria cases. In 2024, South Sudan reported 2.8 million cases and 6680 deaths, accounting for 1.1% of the global malaria burden and death.



### Progress in 2024

- ✓ From January to September 2024, WHO distributed 1.4 million malaria rapid diagnostic tests (RDTs) and oral antimalarial medicines sufficient for 764 680 individuals (157 900 strips of artesunate/amodiaquine and 606 780 of artemether-lumefantrine), along with 115 630 vials of artesunate injection to support malaria detection and treatment.
- ✓ Over 645 000 doses of the WHO-endorsed R21 MV were distributed to combat malaria transmission in high-incidence areas. These doses were allocated to 28 counties with the highest malaria burden, complementing existing interventions such as insecticide-treated bednets (ITNs) distribution and improved access to medical care. Since the introduction of the vaccine in July, 79 196 children aged five to 23 months have been vaccinated, a total of 27 293 doses. MV coverage is 25% (annualized at 61%). The doses administered are 79 196 MV1, 33 894 MV2 and 14 203 MV3. The dropout rate from MV1 to MV2 is 57%, while the dropout rate from MV1 to MV3 is 82%.
- ✓ WHO supported the South Sudan national malaria control programme by conducting therapeutic efficacy studies in Juba, Yambio, Wau and Bor. The studies involved monitoring the application of protocols, high-quality microscopy and robust data quality assurance. These efforts evaluate the effectiveness of first- and second-line antimalarial treatments for uncomplicated malaria, ensuring optimal health outcomes for the people of South Sudan.
- ✓ With the assistance of WHO, the malaria indicator survey 2023 was launched after comprehensive data reviews and validation, ensuring data collection of the high-quality that is essential for effective malaria control strategies. Key findings include a significant increase in access to ITNs, which rose from 55% in 2017 to 94.7% in 2023. The use of ITNs also increased from 32% to 67%. However, malaria prevalence in children aged six to 59 months, as measured by RDT kits, rose sharply from 32% in 2017 to 52.6% in 2023.
- ✓ WHO supported the MoH in conducting the malaria indicator survey, which is critical for the ongoing subnational tailoring. This approach uses local data and contextual information to determine the most effective mix of interventions for specific areas, aiming to optimize the impact on malaria transmission and disease burden. Overall, subnational tailoring significantly contributes to reducing the malaria burden in South Sudan, bringing the country closer to its health goals and improving the quality of life.



Neglected tropical diseases are a diverse group of conditions that mainly affect poorer populations in tropical areas, including South Sudan. They are caused by viruses, bacteria, parasites, fungi and toxins and are responsible for devastating health, social and economic consequences. Despite challenges, WHO endeavours to reduce illnesses, disabilities and deaths caused by NTDs through control, eliminating them as public health problems, eliminating transmission and eradicating targeted NTDs. These efforts aim to contribute to poverty alleviation, to increase productivity and to improvements in the quality of life of the people of South Sudan.

### Progress in 2024

- ✓ Following the launch of the skin NTD framework, WHO aided the MoH in creating a supplementary document to the NTD roadmap to address the unmet needs of skin diseases, focusing on funding shortages and discrimination faced by individuals with leprosy. WHO also assisted with a national ToT programme, equipping 21 MoH staff with essential skills to identify various skin NTDs, including lymphatic filariasis, leprosy, tungiasis, scabies, yaws and Buruli ulcers. This training promotes early case detection, enhances clinical and laboratory diagnosis, ensures treatment, manages complications and facilitates prevention.
- ✓ To enhance the benefits of addressing NTDs in South Sudan, WHO has integrated leprosy training with other skin-related NTDs in Torit and Renk counties, where 39 individuals, including medical personnel, social mobilizers, Boma Health Initiative staff and data personnel, were trained to conduct active case searches for skin NTDs. In addition, 20 community members received sanitation education on leprosy and skin NTDs. Out of a 4840 individuals who were screened, 549 had lesions, including 136 cases of leprosy, over 105 cases of scabies, 50 cases of tungiasis, more than 98 cases of fungal infections, and 160 cases of other conditions, with some suspected cases of Buruli ulcer and yaws. WHO also assisted the MoH by incorporating skin NTD awareness into the active case search for Human African trypanosomiasis (HAT) in Ibba County, during which two cases of leprosy and one suspected case of Buruli ulcer were identified, along with several suspected fungal infections and yaws. Lastly, WHO trained more than 20 health workers in Boma on HAT and related topics.
- ✓ To enhance the diagnosis of HAT in treatment centres such as Lui, Maridi, Ibba and Yambio hospitals, WHO provided on-the-job training on diagnostic techniques aligned with national HAT guidelines for 11 laboratory personnel, thereby reducing the number of serologically detected cases. WHO also conducted support supervision across these hospitals to improve HAT diagnosis and treatment. This effort, prompted by the 50 reported HAT cases in 2023 that were suspected to be parasitologically false positives, significantly enhanced the accuracy and completeness of case reporting and the documentation of adverse event.
- ✓ To improve diagnosis and treatment for NTDs, WHO has provided essential test kits and medications. These include rapid tests for HAT and treatments like fexinidazole, nifurtimox-eflornithine combination therapy and pentamidine for HAT; visceral leishmaniasis medications such as ambisome and paromomycin; praziquantel for schistosomiasis; and albendazole for lymphatic filariasis and onchocerciasis. As a result, over 900 cases of visceral leishmaniasis and 532 cases of leprosy have been diagnosed and treated. In addition, screenings for HAT have reached 2740 people in Ibba and in Mundri West counties, bringing the total number of screened individuals to 7579. In addition, over 20 Boma Health Workers received sensitization/training on HAT and other NTDs in Ibba.
- ✓ To promote teamwork within WHO and knowledge of the programme, the NTD department involves other programmes in its activities. As part of this effort, the technical officers for HIV, TB, Hepatitis B and STIs were assigned to officiate the launch of the Guinea worm cash reward in Lafon. In addition, WHO held biweekly technical meetings to provide key updates on new WHO strategies and guidelines.
- ✓ WHO supported the MoH in cross-border activities for guinea worm disease (GWD) between Sudan and South Sudan in Raja, seeking to enhance surveillance across the two countries. Other initiatives in this domain included a knowledge, attitude and practice survey on GWD, awareness campaigns, a cash reward programme, training for community health workers and active searches for GWD cases, which raised awareness in 28 204 people in all. In addition, 28 204 individuals and 3347 animals were screened for GWD, resulting in the identification of 39 human and two suspected animal cases.

## Noncommunicable diseases (NCDs)



NCDs pose a serious public health challenge in humanitarian settings, significantly contributing to global death and disability, especially in low- and middle-income countries. Common NCDs include cardiovascular diseases, diabetes, chronic respiratory diseases and cancer, with conditions such as epilepsy and kidney disease also prevalent in emergencies.

NCDs are responsible for nearly 70% of all deaths worldwide, with 82% of these fatalities occurring prematurely in low- and middle-income countries. Key risk factors include tobacco use, alcohol consumption, physical inactivity and poor diet, all of which can be mitigated through prevention.

### Progress in 2024

- ✓ WHO has successfully implemented evidence-based tools that significantly reduce illness and mortality associated with NCDs, mental health conditions and substance use disorders, all while advancing UHC.
- ✓ It has organized effectively managed campaigns to enhance public awareness, foster positive attitude changes and promote healthy lifestyle practices. Moreover, by strengthening policy frameworks and forming strategic alliances, WHO has taken important steps to combat the increasing cases of NCDs, addressing the underlying factors.
- ✓ Ahead of the 2025 survey, the Global Youth Tobacco Survey training was effectively executed, leading to the successful adoption and piloting of the questionnaire in South Sudan.
- ✓ Newly trained health workers successfully implemented the latest guidelines to enhance cervical cancer screening in selected facilities, including hospitals and PHC centres in Juba and Wau, leading to improved early detection and preventive care.

## Mental health



Mental health empowers individuals to cope with the stresses of life, realize their potential, learn effectively, work productively and contribute to their communities. WHO emphasizes that mental health is more than just the absence of mental disorders; it involves managing conditions while maintaining overall wellness.

The preservation and restoration of mental health is essential at the individual, community and societal levels. The main risk factors for mental health are socioeconomic pressures, biological influences and childhood adversity, all of which contribute to conditions such as anxiety disorders, mood disorders and schizophrenia.

### Progress in 2024

- ✓ WHO supported the MoH in the development and validation of the strategic plan for the Mental Health and Psychosocial Service for 2024–2028. The MoH is in the process of launching and disseminating the plan.
- ✓ WHO supported the MoH in the presentation of the minimum service package to partners engaged in mental health activities during a one-day inter-cluster meeting.



## 2. Sustainable and resilient emergency preparedness and response

This cluster focuses on all the activities relating to health emergency events, covering the preparedness, response and recovery efforts that WHO supports.

South Sudan faces serious health challenges, including disease outbreaks, ongoing conflicts and food insecurity. The escalating crisis in neighbouring Sudan has further strained the country's fragile health system. Nevertheless, WHO remains committed to enhancing emergency preparedness and response (EPR), aiming to anticipate, detect and swiftly address health threats to save lives.

Throughout 2024, the support of WHO was instrumental in tackling outbreaks of various diseases, such as cholera, measles, yellow fever, hepatitis E, anthrax, suspected meningitis, suspected mpox and malaria, which worsen during the rainy season. Through strategic preparedness, rapid response and close collaboration with national and international partners, WHO is working to create a resilient health system that can effectively manage emergencies and safeguard the well-being of the population of South Sudan.

## Country preparedness and International Health Regulations



WCO South Sudan prioritized investment in preparedness, readiness and response capacity.



### Progress in 2024

- ✓ WHO updated the national risk calendar using the WHO strategic tool for assessing risk to predict priority events.
- ✓ The national health emergency response operations plan has been finalized and is awaiting validation. It is the blueprint for managing response operations for the high-risk events recorded in the national risk calendar.
- ✓ The strategic tool for assessing risk has been implemented in seven out of the 13 major administrative divisions (states and administrative areas) for state-specific multi-hazard preparedness and response plans, which are the initial steps in using data to inform actions at the subnational levels.
- ✓ WHO supported the operations of the national public health emergency operations centre (PHEOC) and completed one of three planned subnational PHEOCs.
- ✓ Disease-specific preparedness and response plans for respiratory pathogens, mpox and viral haemorrhagic fevers were developed and validated, increasing the number of hazard-specific plans to seven out of the eight biological hazards listed on the national risk calendar.
- ✓ WHO finalized the biosafety and biosecurity standard operating procedures.
- ✓ WHO initiated ToT for laboratory quality management.
- ✓ WHO supported the MoH for the convening of the state party annual reporting (SPAR) session to evaluate the core health capacities of the country. Stakeholders were briefed on the revised reporting requirements, with emphasis on the modified core capacities to be assessed and changes in the relevant indicators. The SPAR report was duly submitted. An analysis of the 2023 annual IHR core capacities, as reported in the SPAR tool, shows that six out of 15 assessed areas have improved, while an additional three maintained the level of performance reported in 2022.
- ✓ With support from WHO, South Sudan conducted its second Joint External Evaluation (JEE) self-assessment using the WHO JEE 3.0 tool. This assessment was built on the first JEE undertaken in 2017 and was peer-reviewed by external evaluators. The 2024 JEE scorecard analysis reveals that thematic areas related to the country health emergency preparedness and international health regulations programme scored higher than others; the laboratory thematic area was the weakest of the thematic areas; and indicators scoring level 2 or higher increased from 18 in 2017 to 40 in 2024. As the first JEE report contributed to the national action plans for health security 2020–2024, the second report will inform the plans for 2025–2030, a top priority for the first quarter of 2025.





# One Health 1

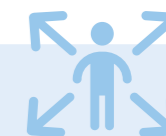
The South Sudan One Health strategic plan, developed in 2023, continues to address health challenges at the human-animal-environment interface. Aligning with global health security initiatives, the One Health multisectoral coordination mechanism (OHMCM) ensures effective collaboration under the Office of the Honourable Minister of Cabinet Affairs. Supported by a secretariat at the MoH, the OHMCM operates through eight strategic pillars: leadership, governance and partnership; policy and legal frameworks; surveillance and reporting; human resources and workforce; laboratory system; EPR; AMR; and risk communication and community engagement (RCCE), all backed by a highly developed monitoring and evaluation framework.

In 2022, the establishment and operationalization of the OHMCM were decentralized to six of the 10 states, supported by a signed memorandum convening all One Health line ministries. Inauguration ceremonies were held in all relevant states and were attended by a representative of the state governor. The inauguration was followed by a three-day training for the One Health focal points in the ministries. The training covered the rationale, efficiency gains and effectiveness of coordinated efforts to manage the vulnerability to zoonotic and non-zoonotic diseases in South Sudan. The priorities for all OHMCMs include strengthening disease surveillance, enhancing interagency coordination in preparedness and investigation, combating AMR and formulating policies to improve readiness for emerging infectious diseases.

## Progress in 2024

- ✓ A functional One Health secretariat was established at the national level, with monthly meetings.
- ✓ In 2024, WCO South Sudan provided technical support and operational financing to the MoH and other One Health line ministries to launch and formalize state-level OHMCMs in Unity, Eastern Equatoria, Warrap, Jonglei, Lakes and Western Equatoria states.
- ✓ WHO conducted multisectoral rapid response investigation of suspected zoonotic infections in Eastern Equatoria, Lakes, Warrap, Western Bahr el Ghazal and Western Equatoria states. In addition, yellow fever was confirmed and responded to in Ezo and Yambio counties of Western Equatoria, as was anthrax in the Jur River, Gogriell East, Gogriell West and Wau counties of Western Bahr Ghazal and Warrap states.

## Integrated disease surveillance and response (IDSR)



WHO is supporting the MoH in implementing the integrated disease surveillance and response (IDSR) strategy to strengthen detection, recording, reporting, analysis and feedback for IDSR priority diseases and events at all levels. It is also enhancing laboratory capabilities to confirm IDSR priority diseases, thereby improving public health EPR across all levels.

## Progress in 2024

- ✓ WHO developed the IDSR strategic plan 2025–2030, outlining the strategic investment priorities for strengthening national capacity for preparedness, early detection, investigation and response to potential epidemic diseases and events.
- ✓ WHO rolled out training for health workers using the third edition of the Technical Guidelines to nine counties, reaching all counties in the country. The third edition of IDSR training reached 220 health workers, including 44 women. To complement the IDSR training and enhance reporting, 145 health workers, including five women, were trained using the early warning, alert and response system (EWARS).
- ✓ The community surveillance network expanded and enhanced the reporting of events through the training of 158 Boma Health Initiative staff in community based surveillance.
- ✓ Data harmonization workshops were organized to ensure consistency in the reporting of IDSR priority diseases and events. Notably, the EWARS/IDSR and the official DHIS2 reporting systems used in South Sudan recorded significantly different figures, with EWARS/IDSR demonstrating greater reach and depth. For instance, DHIS2 reported half the case counts recorded by EWARS/IDSR in 2024. Similarly, DHIS2 reported 20% fewer cases of AFP than EWARS/IDSR. Conversely, DHIS reported 20% more suspected measles cases than those recorded in EWARS/IDSR. Data quality assurance and improvement activities will be a priority for the 2025 reporting period.
- ✓ WHO procured laboratory equipment and consumables, trained 80 laboratory staff in specimen management (with an emphasis on biosafety and biosecurity regarding specimen referral), conducted comprehensive IPC assessments of laboratories and supported the implementation of in-country and international sample transportation and testing to improve the quality of laboratory services. As a result, the National Public Health Laboratory now possesses the capacity to confirm cases of anthrax, cholera, hepatitis E, measles, meningitis, mpox and yellow fever.
- ✓ In a bid to strengthen cross-border surveillance, WHO procured and provided 42 motorcycles and 40 laptops to all county surveillance officers operating in areas bordering Sudan, Ethiopia and Uganda.
- ✓ WHO supported the MoH in preparing and disseminating the weekly IDSR bulletins as a routine information product for all health-implementing partner countries.



## Expansion of influenza sentinel surveillance



On 8 March 2019, South Sudan launched its influenza surveillance programme, a significant step in enhancing its public health capabilities. This programme monitors seasonal influenza and prepares for potential pandemics as part of a global initiative led by WHO to improve disease detection and control. Supported by the Partnership for Influenza Preparedness and partially funded by the United States Centers for Disease Control and Prevention, the programme aims to protect the population of South Sudan and contribute to global disease surveillance efforts.

### Progress in 2024

- ✓ WHO expanded the sentinel surveillance network for severe acute respiratory infections (SARI) and influenza-like illnesses (ILI).
- ✓ WHO increased surveillance coverage to six sites, adding Rumbek Hospital (Lakes), Bor Hospital (Jonglei) and Nimule Hospital (Eastern Equatoria) as new sentinel surveillance locations.
- ✓ WHO integrated COVID-19 with influenza testing at the National Public Health Laboratory. Respiratory samples from sentinel sites were integrated into the national COVID-19 testing strategy, providing valuable data on influenza and pandemic trends.
- ✓ In the area of sample collection and processing, WHO successfully collected and processed 2645 respiratory samples for influenza testing in 2024, a fourfold increase from 594 samples in 2023.
- ✓ Global data contribution: WHO submitted all influenza test data to FluNet, thereby helping to enhance global surveillance of influenza trends.
- ✓ Staff training and capacity-building: WHO trained 90 sentinel surveillance staff in key areas, including SARI/ILI case identification; nasopharyngeal swab collection; triple packaging and referral transportation; and laboratory testing and data management.
- ✓ Preparedness and response planning: The SARI/ILI sentinel surveillance information products were incorporated into the first draft of the influenza pandemic preparedness and response plan of South Sudan.
- ✓ Monitoring and supervising SARI/ILI sentinel surveillance sites: WHO conducted quarterly supervision visits to four sentinel sites in Juba and Nimule, with additional local supervision in Bor and Rumbek hospitals. These visits helped to identify and address gaps in case detection, specimen collection and referral and data quality, making reporting processes more efficient.
- ✓ Refresher laboratory training: WHO provided comprehensive training on pharyngeal swabs management and testing for key health workers at subnational levels. About 125 personnel were trained, enhancing technical capacity for quality specimen collection and referral, accurate testing and data management.
- ✓ Shipping of influenza isolates to WHO collaborating centres: WHO shipped 369 influenza samples to WHO centres in London for global monitoring and virus analysis, including 55 for COVID-19, 110 for influenza type A and 17 for influenza type B, 95 for influenza A/H1N1 and 94 for respiratory syncytial virus samples.



## Nutrition



In South Sudan, the prevalence of acute malnutrition remains high at 17.4%, exceeding the WHO emergency threshold of 15%. Multiple factors drive this malnutrition, including food insecurity, poor infant and young child nutrition, inadequate water, sanitation and hygiene (WASH) conditions, and a high disease prevalence.

The nutrition activities that WHO leads in South Sudan aim to provide high-quality services for cases of SAM with medical complications at 91 stabilization centres nationwide. Support includes conducting assessments, offering training, providing supervisory assistance and ensuring a steady supply of specialized medical kits.

WHO develops and revises nutrition-specific guidelines, standard operating procedures, strategies and policies while adapting new international guidelines to the local context in collaboration with the MoH. In addition, the nutrition team improves nutrition surveillance in South Sudan by providing specialized training and monitoring key indicators.

### Progress in 2024

- ✓ WHO helped draft a national nutrition policy for 2023–2033.
- ✓ WHO helped to develop draft national operational guidelines for implementing the new WHO guideline on preventing and managing acute malnutrition and nutritional oedema in children under 5 years and conducted a dissemination workshop on the new guideline.
- ✓ The national guideline and training package for inpatient management of SAM was reviewed and updated, including through a ToT session.
- ✓ The MoH was supported in regional capacity-building workshops on implementing the Baby-friendly Hospital Initiative and reviewing national protocols for preventing and managing child wasting.
- ✓ WHO trained 340 health workers to manage SAM with medical complications and conduct nutrition surveillance, enhancing treatment in stabilization and early detection of acute malnutrition.
- ✓ WHO conducted a seven-day workshop to pretest the revised training package for SAM inpatient management.
- ✓ Nutrition surveillance and campaign support: WHO supported the revision of the national nutrition indicators in the health information management system and demographic and health survey initiative. It also contributed to preparatory meetings for two rounds of vitamin A, deworming and malnutrition screening campaigns and provided 236 Pediatric and Severe Acute Malnutrition with Medical Complications (PED/SAM) kits, which supported 11 800 children suffering from SAM with medical complications across the country.
- ✓ Collaborative engagements: WHO in South Sudan collaborated closely with the MoH and its partners through participation in the Nutrition Cluster coordination meeting and the nutrition TWG to ensure that life-saving nutrition services were provided to needy children. WHO also worked with the Nutrition Department of the MoH and the South Sudan Paediatric Association to lead the guideline review process.
- ✓ WHO distributed 100 metric tonnes of emergency health kits that can benefit 822 340 individuals in the counties affected by high levels of food insecurity.



## From despair to recovery: How Akon defied malnutrition and measles

In the dusty outskirts of Nyamlel, Aweil West County, a grandmother’s heartfelt plea echoed through the walls of the stabilization centre as her 30-month-old granddaughter, Akon Ayom, lay motionless from severe malnutrition. Akon’s body was swollen, her strength fading daily, as her grandmother, 70-year-old Akuol Deng Tong, journeyed across harsh terrain, seeking help. From Chaleek to Warapei and Gokmachar, the journey was long and gruelling, but it was not until they reached the Nyamlel PHC Centre that hopes began to shine.

Malnutrition is a major health issue for children under 5 years in South Sudan. The country faces several public health crises, including disease outbreaks, floods, conflict and food insecurity, contributing to a high level of acute malnutrition (16.0%), exceeding the WHO emergency threshold (15%). The main drivers are high food insecurity, diseases, poor hygiene, inadequate maternal and child care and inadequate environmental sanitation services. Severe acute wasting increases the risk of death ninefold and 10–20% of children with this condition will develop life-threatening medical complications.

“Thank you for saving my granddaughter’s life. We went to several health facilities, but it was only here that we found the help

we needed. Akon couldn’t stand or walk, but thanks to the treatment, she can now walk independently”. Akon’s recovery was made possible by the dedicated health care team at the Nyamlel Stabilization Centre, managed by Alight and supported by WHO and partners. The centre offers life-saving care to children with severe acute malnutrition. This condition affects many children under 5 years in South Sudan as a result of food insecurity, disease outbreaks and poor sanitation.

With support from WHO, including providing severe acute malnutrition medical kits and capacity-building for local health care workers, Akon received the care she desperately needed. “Thanks to the United States Agency for International Development (USAID) and the Integrated Health Response to Communities Impacted by Protracted Crisis and Acute Food Insecurity project, WHO is enhancing life-saving services for children battling severe malnutrition”, said Dr Humphrey Karamagi, WHO Representative for South Sudan.

Akon’s miraculous recovery is a testament to the collaborative efforts of WHO, UNICEF, the World Food Programme and local health care providers, working tirelessly to ensure that every child in need receives critical, life-saving care.

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Malnutrition  
is a major  
health issue for  
children under  
5 years in South  
Sudan.

Source: <https://www.afro.who.int/countries/south-sudan/news/saving-lives-and-empowering-communities-south-sudans-remote-areas-akons-journey-despair-hope>

## Infection prevention and control/ water sanitation and hygiene



The IPC/WASH initiative drives public health improvements by ensuring access to clean water and enforcing safe hygiene practices. It actively monitors water quality and inspects sanitation in high-risk areas, such as refugee camps, to prevent disease outbreaks.

### Progress in 2024

- ✓ WHO collected and tested 1687 water samples for physical, bacteriological and essential chemical parameters. This proactive approach identified and mitigated contamination risks, ensuring that communities had safer drinking-water.
- ✓ WHO trained 301 health care workers on health care waste management, hand hygiene compliance and IPC practices. This hands-on training strengthened infection control, improved hand hygiene adherence and ensured the safer disposal of medical waste.
- ✓ WHO led a national joint WASH sector workshop to enhance water quality and standards in health care facilities, resulting in a roadmap for improved water quality management and commitments from key stakeholders to bolster monitoring and policy.
- ✓ WHO Conducted a country-specific Global WASH survey using Joint Monitoring Programme indicators, generating critical data that shaped national strategies, optimized resource allocation and guided targeted interventions to address service gaps.
- ✓ WHO assessed and mentored state hospitals and selected counties to identify and bridge IPC/WASH gaps. The evaluation covered IPC/WASH functionality in laboratories and programmes, medical waste management and adherence to hand hygiene standards.
- ✓ WHO delivered IPC/WASH support and mentorship and established IPC committees in Juba Teaching Hospital, Al Sabah, Kuajok State Hospital, Rumbek State Hospital and Yambio State Hospital. IPC/WASH officers were mentored and identified gaps were systematically addressed to enhance infection prevention and control measures.



## The crisis in Sudan



Between April 2023 and December 2024, more than 900 000 refugees and returnees entered South Sudan, seeking safety from the conflict in Sudan. From 8 December to 20 December, conflict near the border prompted 82 516 refugees and returnees to cross into Renk.

Despite ongoing efforts to address the health consequences of this crisis, the humanitarian response is hampered by inadequate funding. WHO supports the delivery of EHS to returnees, displaced populations and host communities. It also strengthens surveillance and preparedness measures to mitigate the risk of infectious disease outbreaks, ensuring better health outcomes for vulnerable populations.

### Progress in 2024

- ✓ WHO's response operation in Renk was reinforced with additional and stable manpower, enabling adequate and sustained Health Cluster coordination, cholera TWG and interagency coordination. It also enhanced the preparedness capacity of county health departments and health partners to respond to health emergencies.
- ✓ It established coordination in Renk County and led the coordination of emergency health services for the populations remaining near the borders.
- ✓ WHO conducted a four-day training event for 105 health care workers in Renk (36), Maban (35), and Malakal (34) on cholera surveillance, laboratory work, case management, IPC/WASH and RCCE. This enhanced the capacity of counties to detect, investigate and mount a prompt and effective response to cholera outbreaks.
- ✓ WHO assisted the Renk County Health Department and health partners in developing contingency plans for cholera, mpox, and flooding, ensuring that there was a minimum level of preparedness to respond effectively to these threats. It facilitated screening for new arrivals in Renk for epidemic-prone diseases, including measles and cholera and vaccinated children under 5 years to mitigate the risk of measles transmission. This strategy led to the timely detection of the current cholera outbreak at the point of entry, facilitating a coordinated response.
- ✓ As part of cross-border support, three rounds of airlifting were conducted in Blue Nile/Maban, along with road transport operations to Upper Nile/Yida and North Abyei/Abyei, ensuring the transportation of 86.98 metric tonnes of emergency health kits. This effort included the delivery of cholera kits to Kosti, totalling 16.3 metric tonnes of cholera supplies, to support urgent health needs in the region.
- ✓ WHO distributed 35.2 metric tonnes of emergency health kits containing interagency emergency health kits, emergency surgery and trauma management kits, cholera kits and other essential life-saving medicines, benefiting the host community and approximately 420 000 individuals affected by the conflict.
- ✓ WHO established a screening centre at the Sudan-South Sudan border near Joda to identify cholera, measles and other reportable diseases in new arrivals. From January to December 2024, the team screened 433 631 new arrivals and referred cases for isolation and treatment as needed.
- ✓ WHO identified a lack of partner capacity for essential surgical services at Renk Hospital. In response, it deployed a surgeon and continued surgical operations to address the gap. Following active conflict near the border and the subsequent influx of people, WHO established a trauma centre, providing heavy-duty tents and beds for over 60 inpatients and managing more than 100 outpatients. WHO also supplied trauma and surgical kits to bolster response efforts. Between October and December 2024, the makeshift trauma centre treated over 280 patients who crossed the border with gunshot wounds and shrapnel injuries.

## Human interest story



### Delivering critical health care to South Sudan's refugees

“

*At the Renk transit centres, WHO provides crucial health services, including treatment for diseases such as malaria.*

Cecilia Achuwor, a 38-year-old mother of six, fled Sudan with her children and arrived at a transit centre near Renk in South Sudan. “I am here alone with the children, and they are all sick”, she says, reflecting the harsh realities faced by many refugees. At the Renk transit centres, WHO provides crucial health services, including treatment for diseases such as malaria, which Cecilia's son received.

Refugees and returnees often present with a range of infectious diseases, as well as chronic diseases. “At least 50% of the cases are communicable diseases. Malaria is at the top of the list, followed by acute respiratory tract infections, and we are seeing a rise in acute watery diarrhoea,” says Dr William Nazario, a doctor with International Medical Corps.

Since the conflict in Sudan began, WHO has been on the front lines, working with local health authorities and partners to

provide essential care to thousands of refugees like Cecilia. WHO has trained 92 health workers through their efforts, distributed 119 metric tonnes of medical supplies to treat 680 000 people, and set up a cholera screening centre, assessing over 320 000 people. As part of its cross-border collaboration, the WHO South Sudan country office, in partnership with the WHO Sudan country office, delivered 51 metric tonnes of emergency health kits to reach 830 000 people living in conflict-affected communities near the border.

“The service here is good. I brought my son here, who is sick with malaria, and the medicine is available”, says Nailla Elhadi Hamid, another refugee, highlighting the impact of these health interventions.

WHO's support has been instrumental in addressing immediate and long-term health needs, offering a lifeline to those hoping for a better future in South Sudan.

Source: <https://www.afro.who.int/countries/south-sudan/news/south-sudan-ensuring-primary-health-services-displaced-people>

## Flood response



In the second half of 2024, severe flooding affected more than 1.4 million people across the country, displacing 379 000 individuals from 22 of the 44 impacted counties. The floods damaged 58 health facilities and destroyed essential public infrastructure, significantly impacting the livelihoods of many residents in South Sudan.

### Progress in 2024

- ✓ WHO assisted in developing flood preparedness and response plans at the national and state levels and facilitated simulation and early action review exercises in eight high-risk counties. The National Flood Plan was jointly developed by the Health Cluster and the MoH.
- ✓ WHO pre-positioned and distributed approximately 133 metric tonnes of emergency health kits, including 1542 interagency emergency health kits, cholera investigation and treatment kits and pneumonia kits. The supplies are intended to address the health needs of 1.2 million individuals and are valued at US\$ 1.5 million.
- ✓ As part of its preparedness and response efforts, WHO distributed 3430 vials of snake venom antiserum, along with 3270 RDT kits for cholera, 2320 Carry-Blair transport media and 523 triple packing for transportation of biological samples from the field to the National Public Health Laboratory, 1.4 million malaria RDT kits and medications for malaria that can serve more than 764 680 individuals.

## Points of entry



WHO enhanced health security at PoEs in South Sudan by supporting initiatives at multiple levels, developing and launching policy, planning, the provision of strategy documents to guide health interventions, and organizing cross-border surveillance and health coordination meetings with neighbouring countries to foster collaboration and improve health responses.

WHO assesses IHR core capacities at PoEs and oversees their designation. To strengthen communication and reporting, it conducts training sessions on notification procedures and establishes two-way communication channels between PoEs and national surveillance.

### Progress in 2024

- ✓ WHO conducted three cross-border surveillance meetings in Gulu (Democratic Republic of the Congo, South Sudan, Uganda), Nimule (Uganda, South Sudan), and Kapoeta South (Kenya, South Sudan, Uganda). WHO organized these sessions with local health and administrative officials from governments, NGOs and other partners to build relationships and a network for effective information-sharing on aspects of international health.
- ✓ WHO launched the South Sudan public health emergency contingency plan for PoEs. The plan outlines the investment needs for strategic international airports and ground crossings to ensure compliance with IHR.
- ✓ It disseminated the public health contingency plan to the Nimule and Wanthou ground crossings, Panjala and Juba International Airport.
- ✓ WHO evaluated operational readiness at five high-risk PoEs to prevent, prepare for and respond to cholera, mpox, Marburg virus disease and other public health emergencies of international concern. This reduced cross-border transmission of these high-threat pathogens, except for cholera, which entered through unassessed ports.
- ✓ WHO conducted IHR core capacity assessments in Nimule, Gangura, Yei, Kajokeji and Juba International Airport. These assessments will inform the contingency plans needed to develop essential competencies for IHR.
- ✓ It created a joint action plan with Sudan to address the cholera outbreak. This plan is a blueprint for coordinating response efforts between the two countries.

## Human interest story



## Building resilience: responding to South Sudan's flood emergencies

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*Flood preparedness and response plans have safeguarded the health of the communities and made them more resilient to other natural disasters”*

*In South Sudan, recurring floods from May to October devastate communities, displacing thousands and exacerbating health risks. Particularly hard-hit regions such as Greater Bahr el Ghazal and Upper Nile face challenges, including waterborne diseases and damage to infrastructure. WHO, the MoH and other partners have been at the forefront of the response to these natural disasters.*

*Since 2019, WHO's IDSR system has rapidly addressed more than 43 000 health alerts, with over 33 000 verified and investigated. WHO's swift actions have included deploying 3366 emergency health kits benefiting 1.5 million people over the last five years and pre-positioning 609 additional kits for 287 000 people in flood-prone areas.*

*In Jonglei State, the proactive flood preparedness plans supported by WHO have had a significant impact. “Flood preparedness and response plans have safeguarded the health of the communities*

*and made them more resilient to other natural disasters”, said Mr Chot Kueth Kulang, Director-General of the State MoH in Jonglei. WHO's timely support to local hospitals, such as Bor State Hospital, by providing medical supplies and technical guidance, has been instrumental in preventing disease outbreaks and saving lives. Dr Bol Chaw, the medical director of Bor State Hospital, highlighted that WHO's assistance enabled the hospital to continue operating and deliver essential services, especially for vulnerable groups such as mothers and children.*

*As flood risks continue to rise due to climate change, WHO's provides critical ongoing support, which includes strengthening local health care systems and improving disease surveillance, with a focus on building long-term resilience. WHO and its partners are preparing South Sudan's health system for future disasters, ensuring that vulnerable populations receive the care they need during and after flooding.*

Source: <https://www.afro.who.int/countries/south-sudan/news/amidst-floods-who-supports-ministry-health-building-resilience-and-saving-lives-lessons-jonglei>



In October 2024, the Government of South Sudan declared a cholera outbreak, prompting a coordinated response from various organizations, including WHO. As of 31 December 2024, a total of 5962 cases, including 2364 positive results from RDT kits, and 70 deaths have been reported across 27 counties in seven states. The highest number of cases was recorded in Rubkona County (52%), followed by Malakal County (17%). In Renk, 423 cases have been reported since the beginning of the outbreak, including 109 RDT-positive cases. Owing to population movement from Renk to other areas, particularly transit and refugee camps such as Malakal, Juba, Aweil West and Rubkona, these locations prioritized readiness and began reporting cholera cases. By the end of December 2024, South Sudan had reported 14 832 treated cholera cases and 235 deaths in 29 out of 80 counties and seven of its 10 states.

### Progress in 2024

WHO's WHO provided support to MoH and partners across the response pillars:

- ✓ **Leadership and coordination:** WHO facilitated the coordination of the cholera response, working alongside the MoH and various partners to ensure a cohesive countrywide strategy. This includes drafting the cholera response plan, assisting PHEOC functions at the national and state levels, deploying rapid response teams to priority counties to aid local health authorities and implementing partners in critical case management. WHO state-level teams supported coordination at the state and county levels in the affected areas.
- ✓ **Surveillance and laboratory support:** EWARS helped to enhance disease surveillance and strengthened laboratory capacity for timely disease confirmation. WHO supported the MoH through the consolidation and data cleaning of submitted line lists and the preparation of daily updates on caseloads and fatalities.
- ✓ **Case management:** WHO deployed technical experts in case management to support the provision of case management tools, trained health staff on case management, and provided supportive supervision to established cholera treatment facilities.
- ✓ **Health operations and technical expertise:** WHO facilitated the establishment of a 50-bed cholera treatment centre at Juba Teaching Hospital and a cholera treatment centre in Malakal Teaching Hospital, while also supporting the deployment of rapid response teams to 11 priority counties. In addition, WHO has been involved in procuring and administering over 1.5 million doses of oral cholera vaccines for high-risk areas, including Renk, Malakal, Juba and Aweil West.
- ✓ **Logistics and operational support:** As the core pipeline manager for the Health Cluster, WHO ensured a continuous supply of essential medical supplies and equipment for cholera treatment and prevention. Around 45 metric tonnes of cholera supplies, including investigation kits, treatment kits, treatment centre establishment kits and IPC/WASH supplies, valued at US\$ 1.8 million, were distributed to health partners. These treatment kits could treat 13 800 cholera cases.
- ✓ **RCCE:** WHO supported the development of RCCE plans and messages and implemented RCCE efforts to improve community-level awareness of cholera prevention and treatment and mobilization for the oral cholera vaccination campaigns.
- ✓ **Advocacy and resource mobilization:** Through strategic communication and collaboration with international partners, WHO advocated for increased support and resources to bolster the cholera response efforts in South Sudan. This advocacy was crucial in mobilizing funding and support for the effective containment of the outbreak.
- ✓ **Health operations and technical expertise:** WHO established two cholera treatment units at Malakal and Juba Teaching Hospitals. Malakal Teaching Hospital treated over 120 cases by the end of 2024 and the controlled temperature chain at Juba Teaching Hospital dealt with 418 cases by December 2024.



### Health Cluster



The Health Cluster in South Sudan has sustained coordination and collaboration with partners to address preparedness, response readiness and response to various humanitarian health emergencies, including disease outbreaks, floods, food insecurity, displacements, communal violence and the crisis in Sudan. Working with the South Sudan MoH, WHO leads the Health Cluster, providing leadership, coordination and supportive supervision. The Health Cluster comprises over 90 health partners, including 58 humanitarian needs and response plan partners, observers, donors, United Nations (UN) agencies and the MoH.

## Progress in 2024

- ✓ WHO facilitated 5.3 million health consultations for early disease detection and treatment and supported over 54 000 deliveries assisted by skilled birth attendants, significantly reducing maternal and neonatal complications and enhancing survival rates.
- ✓ WHO enabled 72 000 pregnant women to complete their fourth antenatal consultation, significantly improving maternal and fetal health monitoring. In addition, 32 000 women received their second dose of tetanus toxoid vaccine, effectively reducing maternal and neonatal tetanus risk.
- ✓ WHO jointly launched the humanitarian needs and response plan 2025 for a coordinated and effective response that includes a health component. The Health Cluster needs US\$ 119.2 million to deliver EHS to 3.1 million people through 72 partners, enhancing health care in crisis-affected areas.
- ✓ WHO conducted regular national and subnational Health Cluster meetings to enhance coordination for outbreak responses, flood management and food security challenges. It provided sustained support in Unity, Upper Nile and Jonglei states and Renk town, thereby improving health interventions, aligning national strategies with local needs and ensuring rapid emergency responses.
- ✓ It published Health Cluster bulletins and dashboards which delivered actionable insights on disease outbreaks, service delivery and response efforts. These reports guided strategic planning, optimized resource allocation and enhanced decision-making among humanitarian teams.
- ✓ WHO conducted a strategic mission to Malakal, identifying health care service gaps and formulating actionable solutions to enhance emergency response and improve service delivery in conflict-affected areas.
- ✓ WHO trained 40 Health Cluster partners on the 5Ws (who, what, where, when and whom) reporting via Activity Info, resulting in enhanced data quality and improved reporting accuracy for humanitarian health response.
- ✓ It facilitated a three-day training course for 20 humanitarian partners, boosting emergency response, outbreak management and disaster preparedness, resulting in improved coordination in health efforts.
- ✓ A two-day workshop reinforced essential health sector crises response strategies, including the flood preparedness plan and the Health Cluster strategy. This process engaged partners, fostered ownership and sharpened strategies for improved EPR.
- ✓ WHO strengthened inter-cluster collaboration for integrated humanitarian responses through a workshop with the WASH, Nutrition and Food Security clusters. This session fostered knowledge sharing, discussed results and developed integration strategies to enhance multi-cluster harmonized humanitarian response.
- ✓ State-level meetings in Bor, Bentiu, Renk and Malakal brought together 120 stakeholders to identify service gaps and improve health responses. The discussions resulted in actionable recommendations, boosting intersectoral collaboration and service delivery.
- ✓ The findings of an assessment indicated that only 28% of health facilities were qualified to provide GBV services, with only 43% of these actively delivering care. Strategic improvements were implemented in response, including enhanced coordination, standardized GBV training and recruitment of more women health care providers. The Gender-Based Violence in Emergencies (GBViE) Action Plan 2025 was also developed, validated and initiated, significantly strengthening GBV response mechanisms. In addition, 47 humanitarian and health staff were trained on survivor-centred, trauma-informed care for survivors of rape as part of the GBViE Action Plan.
- ✓ WHO supported the MoH to create the national mental health strategic plan 2024–2028 to improve access to quality mental health and psychosocial support (MHPSS) services in South Sudan. An inter-cluster MHPSS planning workshop was facilitated, enhancing stakeholder engagement and adherence to the standards defined for the mental health service package. In addition, a 2025 workplan was established to boost MHPSS data collection, service integration and coordination, promoting a more structured and effective mental health framework.
- ✓ WHO mobilized resources for health responses. By December 2024, humanitarian donors had contributed US\$ 83.2 million to Health Cluster partners, accounting for 71.5% of the total amount needed. A further US\$ 10.8 million from country-based pooled funds was secured, strengthening timely emergency health responses and resilience-building initiatives.



## 3. A more effective and efficient WHO

This cluster focuses on supportive activities that enhance WHO’s operations in South Sudan, addressing strategic information, leadership, governance capacity and administrative efficiency.

## Strengthened national capacity in strategic information and innovation

The initiative to build a robust health information system (HIS) in South Sudan has shifted the focus from collecting and analysing data to transforming it into actionable health intelligence. This development ensures that decision-makers have access to critical information for timely health interventions, emphasizing the evidence-based needs of a variety of clients. WHO contributed to strengthening the country’s data management and strategic information capacity through (HIS) assessments and capacity-building, as well as the introduction of the National Health Observatory and Medical Certification of Cause of Death (MCCoD).

### Progress in 2024

- ✓ Enhancing health information systems: WHO supported the MoH in tracking the availability of services in health facilities during South Sudan’s transition to the HSTP. This monitoring system is embedded in the DHIS2 platform, enhancing the country’s HIS. The results were presented to the HSSC to inform decision-making and drive advocacy across the health system.
- ✓ Improving mortality surveillance: WHO implemented MCCoD training for 35 medical doctors and hospital data managers to improve their expertise in MCCoD and the International Classification of Diseases 11th Revision (ICD-11). This initiative integrated a mortality data collection app into the DHIS2 and led to the establishment of mortality review committees in participating hospitals. As a result, WHO created a robust framework for statistical modelling of community deaths, enabling accurate all-cause and cause-specific mortality estimates. A roadmap for mortality surveillance implementation was also developed, emphasizing MCCoD and ICD-11 training at all health facility levels and conducting verbal autopsies in the community.
- ✓ Assessment of the health information system: WHO supported the MoH in conducting a maturity assessment of the HIS to evaluate its capacity, identify gaps and prioritize areas for improvement, with a view to enhancing data quality, improving accessibility and use in decision-making. WHO also assisted the MoH in the ongoing “survey, count, optimize, review, enable” assessment.
- ✓ Knowledge management products: WHO supported the development of malaria and cholera factsheets and in the delivery of timely updates on disease outbreaks such as polio, measles and the crisis in Sudan. It also contributed to the weekly IDSR bulletin, providing detailed reports to partners and stakeholders and facilitating informed decision-making and effective responses.
- ✓ Capacity-building: To strengthen health information management, WHO trained MoH personnel on data management and analysis to enhance their skills in processing, interpreting and utilizing health data for improved health system performance.
- ✓ Flood projections and risk mapping: WHO developed and deployed a flood projection dashboard as an early warning system for the strategic operations of WCO South Sudan. This innovative tool improved logistics pre-positioning and facilitated the deployment of mobile clinics to critical locations, ensuring timely responses to flood risks. The dashboard was vital in advancing disaster management efforts in flood-affected counties by enhancing preparedness and optimizing resource allocation during flood events.
- ✓ National Health Observatory: WHO introduced the National Health Observatory, which will serve as the central platform for health analytical products. The observatory supports the MoH in decision-making, planning and policy development by consolidating health data and providing comprehensive insights in a single hub for health analytics.

### Human interest story



## South Sudan strengthens health system with ICD-11 training for mortality surveillance

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Knowing the numbers and causes of deaths is central to evidence-based decision-making”.

South Sudan is making significant strides in improving its mortality surveillance system by training health workers on the Medical Certification of Cause of Death (MCCoD) using the Eleventh Revision of the International Classification of Diseases (ICD-11). With support from WHO and funding from the World Bank, 35 doctors and data personnel from state hospitals across the country were trained to enhance the accuracy of death data, which will guide health policies and interventions.

ICD-11 is a global tool that helps the collection, analysis and comparison of mortality data. This is crucial for addressing health challenges in South Sudan, where disease outbreaks, malnutrition and insecurity are pressing concerns.

Honourable Dr Harriet Pasquale Akello, Undersecretary at the MoH, emphasized the importance of accurate death data in decision-making: “Knowing the numbers and causes of deaths is central to evidence-based decision-making”.

Similarly, Dr Humphrey Karamagi, WHO Representative in South Sudan, highlighted the role of ICD-11 in improving health outcomes: “With accurate death certification, we can understand disease trends and patterns, identify emerging health challenges and ensure that resources are directed to where they are most needed.”

By adopting ICD-11, South Sudan is aligning itself with global standards, paving the way for more effective health interventions and better resource allocation.

Source: <https://www.afro.who.int/countries/south-sudan/news/introduction-medical-certification-cause-death-mccod-using-eleventh-revision-international>

## Stronger leadership, governance and advocacy for health

### Partnership and communications



#### Partnership

Emergency preparedness and response: although unsuccessful, the proposal for a Pandemic Fund was a significant focus in 2024. It boosted cooperation and coordination among the South Sudan Humanitarian Fund, the Central Emergency Response Fund, the Bureau of Humanitarian Assistance, USAID, the World Bank, Germany, the United States Centres for Disease Control and Prevention, the United Nations Interim Security Force for Abyei, Gavi and the Humanitarian Aid department of the European Commission (ECHO), generating over US\$ 50 million. The International Coordinating Group on vaccines supported the WCO in dedicated vaccination campaigns for diseases such as yellow fever and oral cholera, as well as for nutrition initiatives funded by Irish Aid and the United Arab Emirates and for addressing the crisis in Sudan. The WCO hosted its first resource mobilization workshop to enhance staff capacity in resource mobilization, advocacy and partnership management. Thanks to financial support from ECHO, Central Equatoria State proactively addressed public health challenges by developing hazard-specific contingency plans at the county level.

South Sudan celebrated 50 years of immunization during the 2024 African Immunization Week. The MoH, WHO, Gavi and UNICEF facilitated the introduction of the MV into the national vaccination programme. In 2024, 11 partnerships were established with local and international organizations to deliver EHS. With the support of the Bureau for Humanitarian Assistance, seven partners provided integrated health responses to South Sudanese communities affected by the humanitarian crisis and severe food shortages. Through a UN-to-UN collaboration with the United Nations Interim Security Force for Abyei and a partnership with GOAL Global, WHO delivered life-saving medical assistance to the level 2+ hospital in Abyei town and remote areas of Southern Abyei. In April 2024, WHO and ECHO conducted a joint regional health and protection field visit to Malakal, Renk/Joda in Upper Nile State and Pigi Canal in Jonglei State to assess the impact of the conflict on health infrastructure and workforce, collaborating with partners to identify areas for health services for IDPs and returnees. ECHO lauded the proactive role WHO had played in the Sudan crisis response.

Throughout the year, WHO engaged high-level resource partners, including Germany, Japan, the European Union, the Global Fund, Gavi, the World Bank and USAID to address strategic health issues, present the WCO's work and discuss its impact while advocating for additional resources. The United States Centers for Disease Control and Prevention, UNICEF and USAID which are the in-country leads on polio, were actively involved, enabling the 2024 nationwide campaign to reach 3 451 938 children out of a target of 3.3 million using the novel OPV type.

As co-chair of the Health Development Partners Group (HDPG) with the World Bank, WHO coordinated monthly meetings to deliberate strategic issues, including outbreak response efforts, resource gaps and innovative solutions for the HSTP, while mobilizing resources for other health challenges. The HDPG also discussed strategies to attract and retain public health workers as part of the Incentive Working Group report. WHO led the inter-cluster integration in South Sudan to tackle operational challenges and resource fragmentation. Additional resources for multiple indicator cluster surveys were secured through the HDPG, which also hosted the Gavi-Global Fund mission in November. The mission expressed satisfaction with advancements in the health sector and government co-financing.

Financed by USAID, ECHO and Resolve to Save Lives, WHO assisted the MoH in enhancing IPC in health care facilities to reduce infection transmission and waterborne outbreaks.



#### Communications

In 2024, WHO developed communication materials to enhance visibility and outreach in collaboration with the MoH and various stakeholders. This partnership strengthened responses to health initiatives by distributing impactful press statements, engaging human interest stories and creating compelling video narratives, photo stories and social media content that effectively communicated important milestones and updates on the management of public health emergencies.

WHO and the MoH organized press conferences, talk shows and media interviews to address significant issues, including the cholera outbreak, the national polio campaign and the MV introduction in South Sudan. By working closely with local media, WHO aimed to boost community awareness and understanding of essential public health information.

In addition, WHO trained Juba-based journalists on multi-hazard response strategies to improve their responsiveness during emergencies and outbreak interventions. It also engaged community leaders to garner support for national emergency response efforts.

Field visits were conducted to meet donor visibility requirements, document WHO initiatives and ensure that donors comprehensively understood these efforts. In particular, WHO South Sudan produced a video report on inclusive PHC for refugees, spotlighting conditions in the Juba Refugee Camp in Central Equatoria State. This video was showcased at the fifth Global School on Refugee and Migrant Health in Colombia, fostering dialogue and creating incentives for actions that are essential for enhancing the health and well-being of refugees and migrants within the framework of UHC.

## Preventing and responding to sexual exploitation, abuse and harassment



The preventing and responding to sexual exploitation, abuse and harassment (PRSEAH) team expanded in 2024 and now comprises one full-time international staff member, one full-time national staff member and 27 part-time focal points in 10 state offices and various clusters within WCO South Sudan.

- ✓ The team conducted seven field missions in high-risk areas, including Kapoeta, Bentiu, Malakal, Renk, Yambio, Aweil, Bor, Pibor and Terekeka in response to PRSEAH in health emergencies.
- ✓ A total of 94 in-person PRSEAH activities, including awareness-raising and training sessions, were conducted nationwide, benefiting 6430 individuals such as WHO staff, partner personnel and community members.
- ✓ Ongoing community engagement and educational sessions were held to increase awareness and strengthen mechanisms for reporting sexual exploitation and abuse, reaching 1788 community members.
- ✓ All WHO staff completed mandatory PRSEAH e-learning and in-person training during onboarding. The team worked with other WCO clusters to incorporate PRSEAH into their activities.
- ✓ The MoH and each of the 10 states and three administrative areas shared appointments of 28 PRSEAH focal points with WHO. These focal points are expected to work closely with WHO counterparts to coordinate such activities. A three-day orientation meeting was planned for January 2025 to facilitate their work.
- ✓ Various PRSEAH communication materials were produced and distributed nationwide to promote awareness and provide information on the various reporting channels.



## Financial, human and administrative resources

### Human resources



The recruitments for the core predictable country presence positions has been completed, with three vacant P-level positions filled, contributing to a marginal increase in gender parity in human resources at the professional level, from 28% to 36% between June and December 2024. To support this progress, systematic briefings and onboarding processes have been established for all staffing categories, including full-time, temporary, consultant, Special Service Agreement personnel and United Nations Volunteers. In addition, the complete implementation of functional review recommendations (human resources actions, recruitment & selection) has been coordinated at the regional office level, enhancing independence and fostering greater transparency in the selection process, ultimately strengthening the organizational framework of WCO South Sudan.

- 1. Procurement:** as of 30 November 2024, the procurement of goods and services resulted in the issuance of 1098 purchase orders, with a cumulative value of US\$ 24 206 122. To enhance efficiency, the team established Long-Term Agreements (LTAs) for frequently used services, making it possible to streamline procurement processes. Additionally, the team is leveraging the LTAs of sister agencies through a piggybacking approach, further optimizing its resources and making sure that it will meet operational needs.
- 2. Budget and finance:** compliance with financial rules and regulations has been ensured through the completion of compliance visits in 10 state offices, resulting in detailed recommendations for improving the management of hub offices. Additionally, payments have been certified and validated, with over 58 635 vaccinators receiving their compensation during the year, even in areas that are very hard to reach and areas affected by flooding in several locations.
- 3. Security:** security coordination has been strengthened through liaison relationships with UN and non-UN security entities, including embassies and major companies, to facilitate information-sharing and security planning. A warden system has been implemented for national and international staff, with weekly exercises. In addition, the UN Crisis Management Plan has been explained and practiced by WHO programme team leads and the WHO Representative. SSAFE training has been completed per the country's security risk management process and all WHO personnel have finalized the mandatory BSAFE online training course. Regular security briefings and advisories are provided to new staff, along with emergency security evacuation drills adhering to UN Security Management System standards. In addition, seven WHO field sub-offices have relocated to fully compliant premises, enhancing workplace safety. Residences for international staff have been assessed and upgraded to meet country residential security measures.



# Challenges

- ✓ Common challenges include a heavy reliance on donor funding and underfunded programmes for STIs and viral hepatitis. The lack of regulatory mechanisms limits private sector engagement, hindering potential funding and partnerships. Operational issues arise from lengthy procurement processes, delayed recruitment, an insufficiently skilled workforce, high turnover rates and typical supply chain delays, which affect planned interventions. External challenges stem from flooding, security concerns and climate factors.
- ✓ Major challenges include the lack of a national STI health care strategy, vaccine hesitancy, misinformation, delays in data reporting, poor integration of HIV/TB/STIs/hepatitis into PHC, decreasing effectiveness of malaria control tools owing to training delays and high dropout rates for vaccines, fragmented mental health data without a consolidated tracking system, absence of baseline data from the national NCD STEPwise survey and delays in validating the health promotion strategy.
- ✓ After years of moderate improvement, progress in malaria prevention and control in South Sudan has stalled as a result of several factors. These include implementation challenges, such as limited uptake and coverage of interventions, insufficient financing and stagnant donor funding with minimal increases in domestic financing, which have further hindered progress. Limited technical capacity at national, county and community levels, alongside inadequate surveillance systems, have compounded the issue. Implementation is also complicated by conflicts, humanitarian crises, fragile settings and the impacts of climate change such as flooding. Emerging biological threats, including cholera outbreaks, measles and mpox, have added to the challenges.
- ✓ Emergencies are exacerbated by concurrent outbreaks of diseases such as malaria, cholera and zoonotic infections, straining limited resources. The unregulated movement of people and animals heightens cross-border disease transmission risks. To address AMR, policy changes, increased public awareness and stricter regulations on antimicrobial usage are necessary. Transitioning public health service contracts creates gaps in support, diminishing the timeliness and completeness of surveillance reporting. Flooding, displacement and adverse conditions compromise access to affected communities, further facilitating disease transmission and straining health services. WASH service delivery is hampered by water scarcity and natural disasters, leaving many health care facilities without essential WASH and IPC infrastructure and thus undermining patient care. The influx of IDPs and refugees hampers the capacity of the health system to deliver basic services, especially in a context of reduced humanitarian funding. Insufficient public services contribute to heightened disease outbreak risks, as evidenced by the recent cholera outbreak.



# Way forward

- ✓ The planned election in South Sudan has been postponed from December 2024 to December 2026, extending the transitional period of the Revitalized Agreement on the Resolution of Conflict by 24 months until February 2027. The economy of South Sudan has contracted over the past four years, showing negative growth for the last decade. This downturn will directly impact the overall health response.
- ✓ South Sudan faces a severe health crisis intensified by funding cuts, heightened vulnerability from persistent poverty, inadequate public infrastructure, internal conflict, climate change and disease outbreaks.
- ✓ The HSTP aims to advance treatment guidelines and establish an EML. The WCO will also create an EHSP and a national quality of care strategy. The initial focus is human resources for health, blood transfusion services, nutrition, mental health, disability, infectious diseases, NCDs, laboratory systems and health promotion. These initiatives will be supported by capacity-building.
- ✓ The reproductive, maternal, newborn, child and adolescent health strategy will be reviewed, and the ASRH strategy will be finalized. Throughout the year, community engagement initiatives on sexual and reproductive health will be implemented alongside capacity-building for health workers. Institutional morbidity and mortality analysis and the annual health report will also be conducted this year.
- ✓ In 2025, polio campaigns will continue and surveillance will be strengthened to support polio transition activities. The MoH will receive assistance in introducing new rotavirus and pneumococcal vaccines. Plans also include scaling up the MV to 52 counties, up from 26. The 2024 therapeutic efficacy study data analysis will be finalized in the first quarter of 2025.
- ✓ A measles campaign is scheduled for the first quarter of 2025, introducing a second measles vaccine combined with rubella. Capacity-building and guideline updates will enhance malaria data management, including revising the malaria strategic plan. Routine activities for NTDs will continue, with campaigns for schistosomiasis, onchocerciasis and lymphatic filariasis. Support will be provided for implementing updated guidelines for STIs and hepatitis B. In addition, technical assistance will update the service guidelines for HIV testing, including training packages and the rollout of the three-HIV test strategy nationwide.
- ✓ Ongoing emergencies such as floods, malnutrition, the crisis in Sudan and cholera are being tackled through preparation, prevention, mitigation and response efforts. A plan is being developed to complete the cholera response before the rainy season while addressing existing protracted emergencies. This plan includes strengthening emergency operations, expanding diagnostics, enhancing epidemic response, delivering integrated care, providing emergency supplies, treating severe malnutrition and improving health information systems.
- ✓ As activities increase, the operations team will provide support based on the 2024 audit observations. Field compliance visits will continue and additional vehicles will be leased in 2025. The Business Management System will introduce a new system for programme management, contributor engagement, finance, human resources, supply chain, travel and expenses and meetings.
- ✓ The office improvements initiated in late 2024 will be completed by early 2025 to ensure a conducive work environment. Existing mechanisms for preventing sexual exploitation and abuse, along with the ombudsperson, will continue to uphold a workplace free from abuse and harassment.

## Credits

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