



World Health  
Organization  
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# VOICES

*from the field*

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## A race against Time: Stopping Polio before it steals childhoods and paralyzes a generation



WHO and MOH staff engage with a refusal case during nOPV2 campaign in Monuki.

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In South Sudan, the fight against polio is a race against time, one that unfolds every day, in every community. Each new detection is a reminder that the virus is still searching for gaps, reaching children who have missed lifesaving vaccines. When polio surfaces beyond traditionally high-risk areas, it is a reminder that no place should be out of reach, and every child must be protected.

***“When polio appears in places we did not expect, it tells us the virus is moving faster than immunity,”*** said Gulliver Paul Wani WHO Field Supervisor in Juba Central Equatoria. ***“Every delay***

***means another child at risk of lifelong paralysis.”***

The last circulating vaccine-derived poliovirus was recorded in December 2024, after three nationwide immunization campaigns that reached 2.4 million children under five in each round. Yet in 2025, a new vaccine-derived poliovirus type 2 (VDPV2) was detected in Wau, Western Bahr el Ghazal. Soon after, another VDPV2 was identified in Juba, Central Equatoria State the most recent virus isolated from an environmental sample collected at the Roton treatment plant in Juba County.

What is striking is that these viruses are not genetically linked and were detected outside traditionally high-risk areas. This signals that low population immunity remains a concern even in the most

accessible settings, raising alarm among health workers and decision-makers alike.

### **A fragile context, a persistent threat**

Years of conflict, flooding, displacement and food insecurity in South Sudan have weakened an already fragile health system. As a result, many children remain beyond the reach of surveillance, routine immunization and outbreak response campaigns.

Polio campaigns are often the only public health intervention reaching remote and high-risk areas. Even then, children are still missed due to insecurity, movement, and access constraints. In some communities, children who have never received a single vaccine still remain leaving gaps the virus continues to exploit.

***“Some families have moved three or four times because of violence,”***

explained Peter Kenyi Boma Health Worker in Western Equatoria State.

***“Each move increases the chance that children miss vaccinations. Polio takes advantage of those gaps.”***

Cross-border population movements, intensified by the ongoing Sudan crisis, further heighten the risk of importation and silent transmission, particularly along the River Nile and inland entry points. Insecurity and flooding have left several counties, including Tambura, Nagero, Longchuk, Maban and Nasir, inaccessible to vaccination teams, creating dangerous immunity gaps.

### Reaching millions, one child at a time

Despite these challenges, the response has been swift and large-scale. The Ministry of Health, with support from WHO and partners, acted quickly. In 2024, one nationwide round and two sub-national rounds followed. These targeted 40 high-risk counties and vaccinated over 2.2 million children under five in each round. The previous year, three nationwide vaccination rounds were conducted using the novel oral polio vaccine type 2 (nOPV2). Each round reached more than 3.6 million children.

Surveillance has also been intensified. During the campaigns, 20 cases of Acute

Flaccid Paralysis were detected and investigated, reflecting integrating active case searching in health facilities and communities during campaign is an important strategy. Traditional healers and community resource persons, often the first point of contact for sick children, have been engaged to ensure no suspected case goes unreported.

***“I walked for hours to reach the vaccination team,”*** said Keji Hellen a mother from Juba, Central Equatoria state. ***“When we hear that a vaccination campaign is coming, parents bring their children and wait for the teams to arrive, because we know this vaccine protects their health and their future.”***

### Integration that builds trust

Community engagement has been central to the response. Religious leaders, chiefs, elders and women’s groups have played a critical role in countering misinformation and encouraging caregivers to vaccinate

their children. Local radio, megaphone announcements and door-to-door mobilization ensured messages reached even the most remote households.

In three high-risk counties, polio vaccination was integrated with the administration of Praziquantel for

schistosomiasis, reaching more than **211,479** children. This approach not only demonstrates acceptance and the value of delivering multiple essential services together, but also ensures efficient use of the limited resources and time available.

Counties	Praziquantel Round one			Praziquantel Round two			Praziquantel Overall Total	
	5 to 15 yrs	Above 15 yrs	Total	5 to 15 yrs	Above 15 yrs	Total	5 to 15 yrs	Above 15 yrs
Awerial	12622	12511	25133	2587	2478	5065	15209	14989
Bor South	34129	49148	83277	22963	32028	54991	57092	81176
Renk	10878	10211	21089	11023	10901	21924	21901	21112
<b>Grand Total</b>	<b>57629</b>	<b>71870</b>	<b>129499</b>	<b>36573</b>	<b>45407</b>	<b>81980</b>	<b>94202</b>	<b>117277</b>

*Integrated polio and praziquantel campaign in high-risk counties*

Strict environmental and social safeguards were also applied. Vaccine waste was carefully segregated, vials boiled, crushed and safely buried under supervision, reinforcing accountability and community confidence.

***“People watch how we engage them in the communities and how handle the vaccines,”*** said vaccination supervisor in Eastern Equatoria State. ***“When vaccines are stored, transported and disposed of safely, it builds trust and reassures communities that their children are protected. This strengthens people’s confidence in every vaccination campaign.”***

### Risks that remain

Despite progress, the threat is far from over. Inaccessible areas, concurrent cholera and measles outbreaks, ongoing insecurity and continuous cross-border movement all risk undermining gains made so far. To halt transmission and prevent future outbreaks, WHO calls upon governments, donors, and partners to act with urgency and resolve.

Vaccination must be scaled up in areas that remain inaccessible, using negotiated access and mobile teams to reach every child. Community-based surveillance must be strengthened to ensure that every suspected case

is detected and investigated without delay. Routine immunization recovery must be accelerated to reach zero-dose children and close immunity gaps that leave populations vulnerable. Urgent funding and strong political commitment are indispensable to sustain gains and to improve quality campaigns and coordination at scale. Finally, dashboard-driven accountability must be expanded across all outbreak response activities, ensuring transparency, efficiency, and measurable impact.

***“Polio does not wait for stability,”*** warned Dr Humphrey Karamagi WHO Representative in South Sudan. ***“If we***



*slow down now, the virus will find the weakest link and undo the gains we have worked so hard to achieve.”*

Ending polio in South Sudan is within reach, but it will only be achieved through collective resolve and sustained investment. Governments, donors,

and partners must ensure vaccinators have protected access to every community, empower families with accurate information, and integrate polio eradication into broader health services. With urgent funding, political commitment, and coordinated action,

South Sudan can break the chain of transmission and secure a polio free future for its children. This is not simply a health priority it is a moral imperative to safeguard the next generation from a preventable disease.

## Pictorial



WHO conducting nOPV2 supervision in Kapeota East at Kauto Payam