Ministry of Health
Promotes Health & Provides Care

World Health Organization
South Sudan

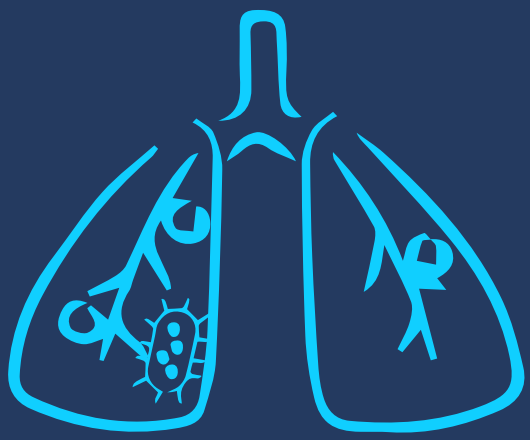
Knowledge Management Series for Health

Yes! We Can End TB!

Led by countries. Powered by people.

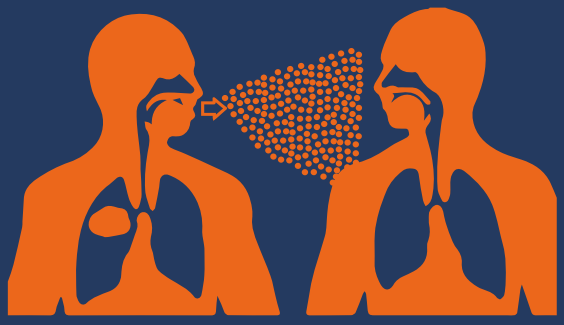
WORLD TB DAY 2026

Find | Treat | Prevent, together



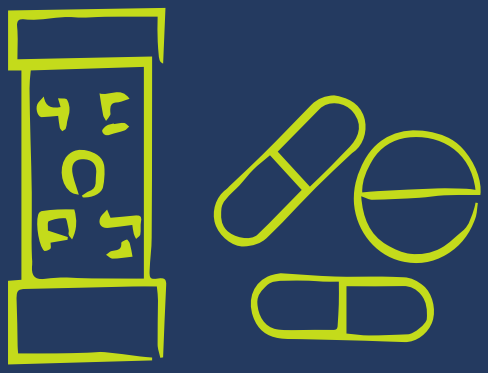
What is Tuberculosis?

- TB is an infectious disease caused by the bacterium Mycobacterium tuberculosis
- It primarily attacks the lungs (pulmonary TB) but can affect any organ including the brain, kidneys, and spine (extrapulmonary TB)
- TB exists in two forms: latent TB infection (no symptoms, not contagious) and active TB disease (symptomatic and contagious)
- Without treatment, active TB kills about half of those affected
- TB is one of the top 10 causes of death worldwide and the leading killer from a single infectious agent



How is TB Transmitted?

- Spreads through the air when a person with active pulmonary TB coughs, sneezes, speaks, or sings Inhaling even a small number of TB bacteria can cause infection
- Close, prolonged contact in enclosed or poorly ventilated spaces increases risk
- TB is NOT spread by shaking hands, sharing food/drink, touching surfaces, or through insect bites



How to Prevent TB

- Early diagnosis and complete treatment of active TB cases to stop transmission
- TB preventive treatment (TPT) for people with latent TB infection, especially those living with HIV and household contacts
- BCG vaccination for infants in high-burden countries
- Infection control measures: ventilation, respiratory hygiene, use of masks in healthcare settings

The Global TB Landscape

83 million lives saved since 2000

10.7 million people fell ill with TB in 2024

1.23 million people died of TB in 2024

TB in Africa

Africa accounts for **25%** of global TB cases (2.62 million in 2024). The region bears the heaviest TB/HIV burden of 69% of all TB/HIV co-infected cases worldwide. The region achieved a 28% reduction in TB incidence since 2015 and a 46% reduction in TB deaths. Treatment success for drug-susceptible TB in Africa was 83% in 2024. Although gains have been made, the continents continues to experience inequities and fragilities in the system, and significant funding gaps.

TB in South Sudan 2025

38,000 estimated new TB cases

28,119 cases notified

320 /100k incidence rate (2.4x global avg)

27% of estimated cases undetected

9.2% TB/HIV co-infection

86% treatment success rate

Most affected populations: Adults 20-45 yrs. Men (2x higher risk). Children. People living with HIV. Internally displaced population. Impoverished populations.

Tuberculosis (TB) continues to pose a significant public health challenge in South Sudan, affecting vulnerable communities and placing considerable strain on an already fragile health system. More than 28,000 cases were notified in 2025, majority pulmonary TB. Up to 86% successfully completed treatment, 1% of the lives were lost due to TB. Among the TB/HIV co-infected, treatment success rate was lower (78%), with a higher mortality rate (3%).

Nearly 1 in 3 TB cases in South Sudan remain undetected, sustaining transmission and delaying life-saving treatment.

Key terms:

Incidence: estimated new TB cases arising in a year.

Notified: diagnosed and officially reported to the national programme.

Treatment coverage: notified cases as a proportion of estimated incidence.

Case fatality rate: proportion of people with TB who die from the disease.

Bacteriologically confirmed: TB diagnosis confirmed by laboratory test (smear, culture, or molecular test e.g. GeneXpert).

Source: WHO Global TB Report 2025

Access

- **Persistent gaps in case detection and diagnosis:** Despite ongoing improvements, many TB cases remain undetected (27%). This reflects uncaptured transmissions in the community.
- **Geographic and infrastructure barriers:** Government has expanded access to TB diagnostic and treatment services in several counties. However, large rural populations and poor transport infrastructure, conflict, flooding and displacement still make it difficult for community to reach TB diagnostic centres.
- **Need for decentralized and community-based TB services:** Improving access requires decentralization of services, including community screening, mobile services, and integration of TB into PHC and outreach programmes to reach hard to reach populations

Quality of care

- **Improving diagnosis technologies:** The scale-up of rapid molecular diagnostics (such as GeneXpert) has improved diagnosis turn around time and early treatment initiation
- **Integration of TB and HIV services:** TB and HIV have increasingly been integrated, allowing co-infected patients to receive both TB treatment and antiretroviral therapy
- **Challenges in treatment adherence and follow-up (6% loss to follow-up):** Maintaining adherence remains difficult due to mobility, economic hardship, and weak follow-up systems, all contributing to treatment interruption.
- **Need for strengthened patient-centred care:** Improving treatment quality requires stronger follow-up mechanisms, community treatment support, and improved training of health workers to deliver consistent, patient centred TB care

Demand creation

- **Low awareness on TB in the community:** Continued efforts towards community awareness is required to ensure the affected sought support when needed
- Equity gaps: There is high burden among adults 25-44 years; men account for two thirds of all TB cases. This indicates age and sex-related access and care-seeking gaps among females and other age groups.
- **Social and economic factors influencing care-seeking behavior:** Poverty, food insecurity and population displacement contribute to delayed health-seeking behavior and increased vulnerability to TB infection
- **Stigma associated with TB disease**: Efforts towards reducing community stigma are required particularly in communities where TB is associated with HIV, poverty, witchcraft and others.

Resilience

- **Increasing reliance on data and surveillance:** Strengthening health information systems and surveillance is essential to tract TB cases, monitor treatment outcomes, and guide evidence-based decision making
- **Need for sustained investment and partner support**: Addressing TB in fragile and conflict-affected settings requires sustained funding, stronger health infrastructure and continued international partnership to maintain programme resilience

Calls to Action

Public Health Leaders

1. Expand early detection through decentralized TB services and integration into health systems
2. Strengthen patient centered treatment and follow-up systems
3. Invest in TB surveillance and data-driven decision making

General Public

1. Promote early care-seeking and TB awareness
2. Reduce stigma and support treatment completion
3. Mobilize communities to support TB prevention and outreach