



# Integrated Sexual Reproductive Health and Rights Access in South Sudan: The STBF Initiative

WHO in collaboration with the Ministry of Health, is implementing a two-year initiative (September 2023–August 2025) with funding from Susan Thompson Buffett Foundation (STBF), to strengthen sexual and reproductive health services by enhancing access to person-centered, rights-based Sexual and Reproductive Health care through resilient primary health care systems. The initiative focuses on capacity building, improved monitoring, and expanded service availability. The project is a regional initiative being implemented in 17 other countries coordinated by the WHO Regional office for Africa. In South Sudan, the initiative covers seven states: Eastern Equatoria, Western Equatoria, Warrap, Western Bahr el Ghazal, Northern Bahr el Ghazal, Jonglei, and Central Equatoria. The first six states were selected to build on the achievements of the WHO-implemented project funded by the Canadian Department of Foreign Affairs, Trade and Development, a five-year initiative that concluded in 2017. Central Equatoria was included because it hosts the national referral center.

## The Context

South Sudan faces unique Sexual and Reproductive Health and Rights (SRHR) challenges. After gaining independence in 2011, the conflict that erupted in 2013 and repeated climate related disasters caused displacement of communities and led to persistent poverty and disrupted healthcare systems.

This has since caused a humanitarian situation affecting SRHR services delivery more than any other health services leading to poor access to care because of reduced health workforce capacity, disrupted supply chain for essential commodities, limited financing and low coverage of essential services.

These factors have led to some of the worst SRHR indicators in South Sudan:

- Maternal mortality ratio of 1,223 deaths per 100,000 livebirths (10% of which are due to complications of abortion),
- Neonatal mortality rate of 39 per 1000 livebirths,
- Adolescent birth rate of 97 birth per 1000 women aged 15- 19 years;
- Modern contraceptive prevalence rate of only 5.7%
- 39.7% of births are attended by skilled health workers.

Institutional maternal mortality for 2024 ranges from 115 to 415 per 100,000 live births based on facility-based mortality data. Complications of Abortion were among the common causes (12%) of maternal deaths along with postpartum hemorrhage, indirect obstetric complications and obstructed labor (see table 1 and figure 1 below). High maternal mortality is also associated with low ANC4+ and low skilled birth attendance. The observed facility-based mortality figures reflect only a subset of actual maternal deaths that mostly occur outside the health facilities.

Table 1: RMH indicators by quarter, 2024 (source: raw DHIS2 data, 2024)

Indicator	Q1	Q2	Q3	Q4
<b>ANC4+</b>	24%	27%	39%	37%
<b>SBA</b>	20%	23%	29%	34%
<b>Institutional MMR</b>	184	415	115	210
<b>ANC clients aged &lt; 15 years</b>	1%	2%	1%	1%
<b>ANC clients aged 15 - 19 years (adolescents)</b>	21%	23%	25%	25%
<b>ANC clients aged &gt; 19 years</b>	77%	75%	74%	74%

## Distribution of causes of maternal deaths in 2024

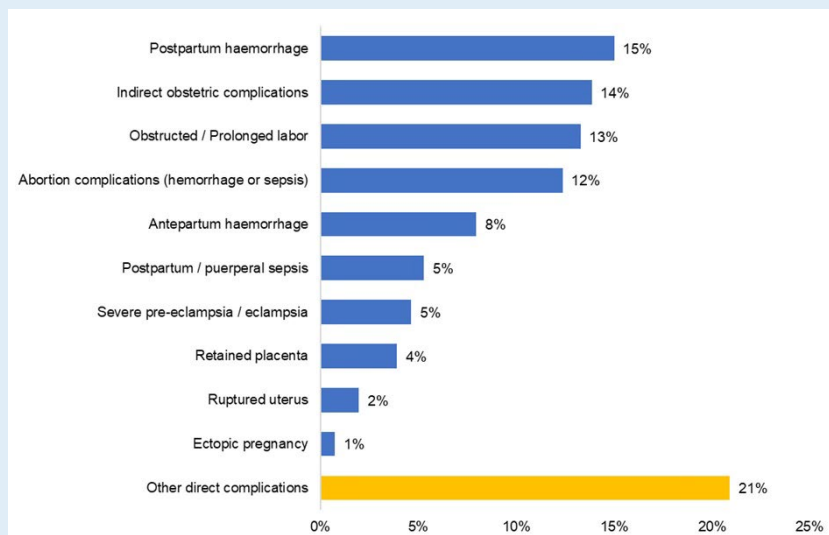
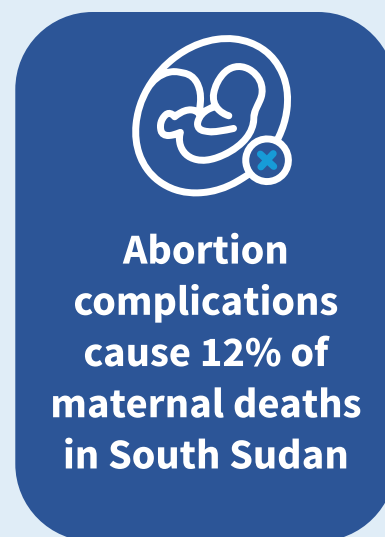


Figure 1: Distribution of causes of maternal deaths (DHIS2 2024) among admitted pregnant mothers

These patterns reflect persistent challenges in access to quality and integrated Sexual and Reproductive Health services. Low access to contraceptive information and services including by adolescents, restricted safe abortion services, delays in accessing emergency care including for complications of abortion, all combine to increase maternal mortality rates in South Sudan.

In 2020, cervical cancer was the fourth most frequently diagnosed cancer and the fourth leading cause of cancer death in women, with an estimated 604,000 new cases and 342,000 deaths globally. Notably, over 85% of these cases and deaths occurred in low- and middle-income countries (Sung et al, 2021).

Crude cervical cancer incidence per 100 000 women in South Sudan was noted as 12.7 in 2020 and up to 790 deaths were reported in 2019. Despite this high burden, the country lacks a national cancer control programme. According to DHIS2 data, over the past five years, 15.3% of women admitted with cervical cancer have died, and the disease accounts for up to 3% of all cancer-related deaths among women.



## Summary of Key Challenges

- Contraceptive prevalence rate is low including among adolescents leading to high prevalence of unintended pregnancies and unsafe abortions, contributing significantly to the high maternal mortality in South Sudan.
- Safe abortion is restricted in South Sudan, only allowed if the mother's life is threatened by the pregnancy. As a result, abortion is sometimes procured clandestinely under unsafe conditions leading to complications beyond the technical capacity of primary health care facilities and needing expensive treatment options at secondary and/or tertiary care levels.
- The cervical cancer screening program currently largely relies on Visual Inspection with Acetic Acid (VIA) and treatment with thermal coagulation. With improved technical capacity and funding resources, the program will need to adopt other screening methods such as HPV DNA testing and advanced treatment options such as Loop Electrosurgical Excision Procedure (LEEP).
- The facilities are still struggling to fully integrate the cervical cancer screening services into the broader SRHR and primary care service packages as there are infrastructural limitations in some of the facilities as well as occasional shortages in the supply of consumables.
- The referral path abroad is physically and financially daunting for some patients diagnosed with advanced malignant conditions. There will be need to strengthen the Country's capacity to provide a full gynaecological oncology services.

## WHO's Response

Progress has been made toward increasing access to high-quality, integrated, and people-centered SRHR services as well as strengthening health workforce development. Efforts have focused on improving service coordination, expanding access to essential SRHR interventions through integration of post abortion care and cervical cancer screening services, and enhancing the capacity of healthcare providers to deliver quality care. The following sections outline key achievements aligned with these objectives.

### **Development of integrated post abortion care (PAC) and cervical cancer screening programme**

WHO has supported the Ministry of Health to establish cervical cancer screening program for the first time in the Country through initially, four health facilities in Central Equatoria and Western Bahr el Ghazel states, which will be scaled up to four other facilities in four states. About 217 women have been screened from these four facilities in a period of two months, 11 of whom tested positive and got treatment for pre-cancerous cervical lesions while 9 were referred for advanced cancer treatment in the neighbouring countries, mainly Uganda. These screening centres provide critical entry point to women to also access contraceptive and postabortion care services.

**WHO supported the development of the National Cervical Cancer Screening and Treatment Guidelines**

To facilitate this program and leading to the establishment of the screening centres, WHO supported the MoH to develop the national cervical cancer screening and treatment guidelines, which will be disseminated widely across the country. The capacity of 25 health care workers from selected facilities including medical doctors, midwives and nurses was enhanced on cervical cancer screening and treatment through trainings and continued mentorships. WHO also procured equipment and supplies for cervical cancer screening and distributed to the four selected health facilities in this initial phase.

### **Building capacity for post abortion care services at Primary Health Care centres**

To improve access and the quality of care for post-abortion complications, the capacity of 12 health facilities including six Primary care centres, was enhanced to provide post abortion care services integrated with contraceptive services and cervical cancer screening in four of these facilities. During the first year of the project 934 women accessed care for post abortion complications including 68 in the primary health care facilities, which initially never had the capacity to provide PAC services.

**30%**  
of the 35 selected health facilities have been equipped with PAC equipment and supplies.

To facilitate these PAC services, WHO supported the Ministry of Health to develop post abortion care guidelines. Healthcare workers from the selected health facilities were trained on these guidelines to enhance their skills. Additionally, PAC and supplies were procured and distributed to the 12 health facilities initially and later 24 other health facilities will also be supplied with equipment and supplies.

### **Inservice trainings for healthcare workers on various Sexual and reproductive health and rights elements.**

To improve the quality of care and increase accountability, MPDSR systems are being revitalized across the country. WHO supported the ministry of Health to enhance the capacity of healthcare workers through various trainings to improve SRHR services delivery:

- 50 health care workers from selected health facilities on MPDSR in the states of Warrap and Northern Bahr El Ghazal which has led to improved maternal and perinatal death reviews and reporting.
- Training of 94 health care workers on Clinical Management of Rape in Torit, Malakal, Renk and Wau has increased access of survivors to services
- Building capacity of 50 health care workers on family planning in Torit and Wau, has improved access and utilization of Family planning services.
- Community dialogues were conducted in the states as a result, at least 540 community members were oriented on SRHR concepts and services

These efforts have supported the MoH in enhancing the quality of care in selected health facilities, improving access to services, and contributing to the reduction of maternal mortality from abortion complications as well as the incidence of cervical cancer in the country. The strengthened Reproductive Health coordination platform at MoH will accommodate a multi-sectoral structure to enhance planning and policy dialogue to tackle the wider social determinants of reproductive. A social determinants approach through a multi-sectoral approach focusing on empowering individual women and communities will be key in linking up such technical interventions to other social intervention by other sectors to guarantee sustainability in the long run.

## Call to Action

To sustain progress and further improve sexual and reproductive health outcomes in South Sudan, key actions include:

Integrate the cervical cancer screening services into the broader SRHR and primary care service packages and strengthen the supply chain for essential consumables to ensure continuity of cervical cancer screening and treatment services, Post abortion care and contraceptive use.

---

Increase awareness through targeted community dialogues to improve demand for SRHR services and address barriers to care including for abortion care and contraceptive services.



---

Develop national referral protocols to improve patient navigation for advanced care including for complications of unsafe abortion, strengthen domestic capacity for comprehensive oncology services to reduce reliance on costly referrals abroad, and establish specialized cancer care units in tertiary hospitals with integrated holistic care.



---

In the future, improve the technical capacity for HPV DNA testing and advanced treatment, including Loop Electrosurgical Excision Procedure (LEEP).



---

Improve facility and community-based reporting mechanisms to improve accountability and quality of care.

## Reference

Scorecard on Sexual and Reproductive Health and Rights in WHO African Region: <https://www.afro.who.int/publications/scorecard-sexual-and-reproductive-health-and-rights-who-african-region#>:

SDG Country Profiles [Internet]. [cited 2023 Aug 8]. Available from: <https://unstats.un.org/sdgs/dataportal/countryprofiles/SSD#goal-3>

Alier, K., WApary, E., Cham, A., Tulba, R., Garang, L., Malual, A., ... & Akuei, D. (2024). Prevalence and associated factors of family planning among students of health training institutes in Juba: A cross sectional descriptive study. *South Sudan Medical Journal*, 17(2), 55-60.

Sung, H., Ferlay, J., Siegel, R. L., Laversanne, M., Soerjomataram, I., Jemal, A., & Bray, F. (2021). Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA: A Cancer Journal for Clinicians*, 71(3), 209-249. <https://doi.org/10.3322/caac.21660>

This is one of the WHO South Sudan Knowledge Series written by: *Anthony Loguran (MoH), Pontius Bayo (WHO), Robert Bagi (WHO), Anabay Mamo (WHO), Joseph Mung'atu (WHO), Moses Ongom (WHO)*

March 2025