



World Health
Organization
South Sudan

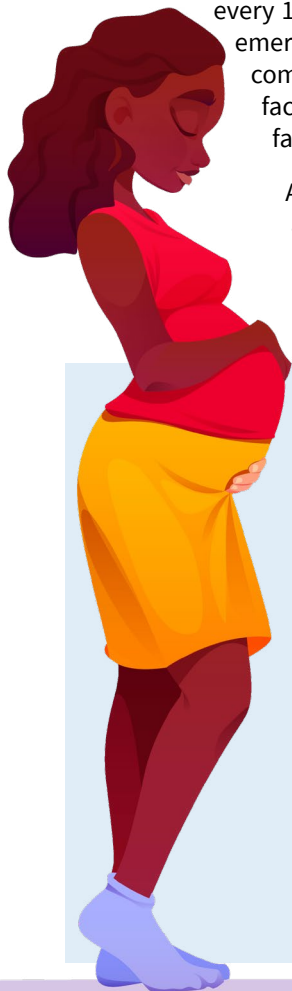
Knowledge
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World Health Day 2025: Saving Mothers, Protecting Newborns, Securing the Future of South Sudan

World Health Day 2025 focuses on “Healthy Beginnings, Hopeful Futures,” emphasizing maternal and newborn health as fundamental to sustainable health outcomes. South Sudan loses more mothers during childbirth than most countries in the world with 1,223 women dying for every 100,000 live births. Only 19 out of every 100 births take place under the care of a trained health professional, meaning that most mothers give birth without skilled assistance. As a result, many newborns also do not survive, with nearly 40 out of every 1,000 babies dying within the first month of life, and 26 stillbirths occurring for every 1,000 births. In addition, only 3 out of every 100 health facilities are equipped to provide comprehensive emergency obstetric and newborn care (CEmONC), making it difficult for women to get life-saving care when complications arise during pregnancy and childbirth. Cesarean sections account for 3% of deliveries in health facilities (DHIS2, 2024), representing only 1% of the total expected births occurring inside and outside health facilities. This means that some women who need to deliver by caesarean section do not access the service.

Access to reproductive health services remains limited. Only 6 out of every 100 women use contraception, and just 3 out of every 100 women use modern contraceptive methods. This leaves nearly 30 out of every 100 women unable to access the family planning services they need.



In South Sudan

**1,223 women die
for every 100,000
live births.**

**40 out of every
1,000 babies don't
make it past the
first month**



Current Context

Pregnancy to Immunization

The continuum of maternal and newborn care, from antenatal visits to immunization, plays a critical role in improving maternal and child health outcomes. This analysis highlights key trends in antenatal care (ANC) attendance, health facility deliveries, postnatal care (PNC), and early childhood immunization, emphasizing the link between service utilization and better health outcomes for mothers and newborns

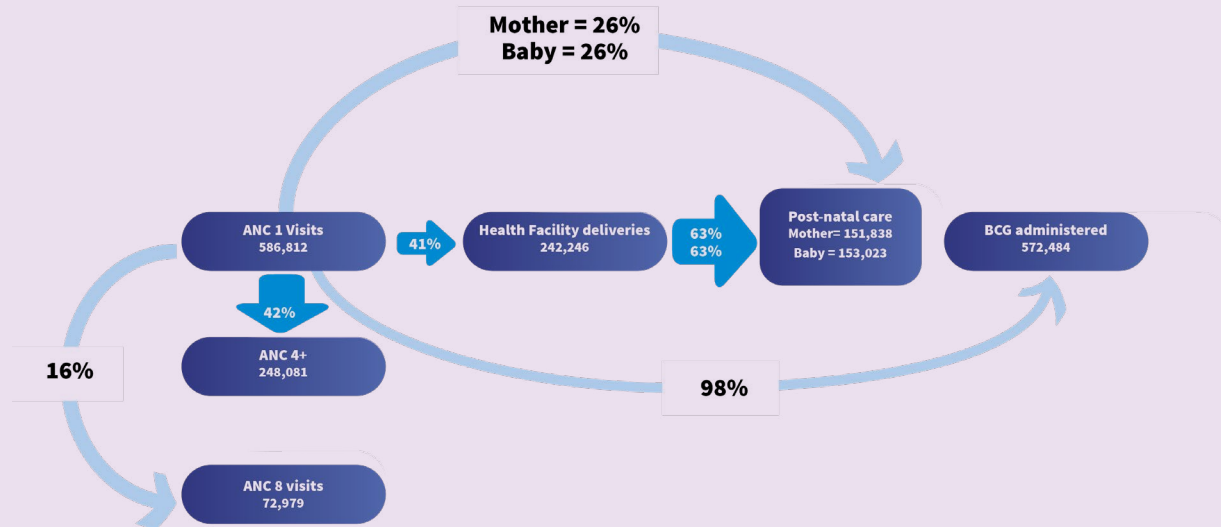


Figure 1: Maternal and Newborn Care Continuum: ANC, Delivery, Postnatal Care, and Immunization in 2024 (DHIS2)

Antenatal Care (ANC)

Only **42%** of women who attended first ANC visit completed four or more ANC visits.

16% of women who attended first ANC visit continued to complete at least eight ANC visits.

Facility-Based Deliveries

Only **41%** of women who had an ANC 1 visit delivered in a health facility.

Women who complete four or more ANC visits are more likely to deliver in a health facility and have better outcomes than those who do not or attend less times.

Postnatal Care (PNC)

26% of women who attended at least one ANC visit received postnatal care within two days of delivery.

26% of newborns born to these women received postnatal care within two days.

Among those who delivered in health facilities, **63%** of mothers and newborns received timely postnatal care, highlighting the role of facility-based deliveries in improving postnatal follow-up.

Immunization (BCG Vaccination)

98% of babies born to mothers who attended at least one ANC visit received the BCG vaccine, emphasizing a strong correlation between antenatal care and early childhood immunization.

Takeaways

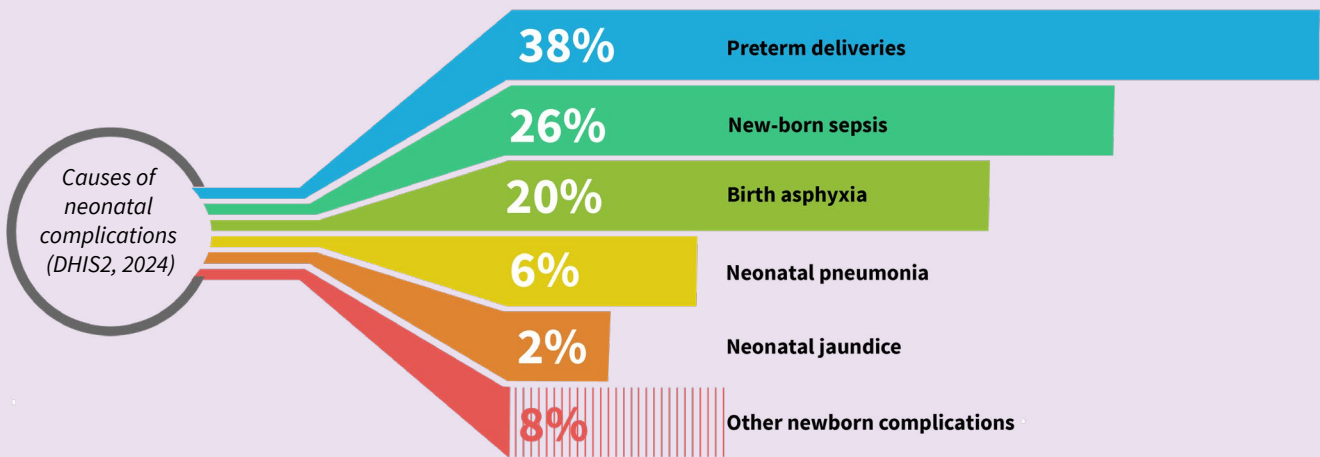
Higher ANC attendance improves the likelihood of facility-based delivery, which is critical for maternal and newborn survival.

Facility deliveries are strongly associated with improved postnatal care uptake.

Antenatal care engagement plays a crucial role in linking newborns to immunization services.



Birth Outcomes and Neonatal Survival in Health Facilities



Neonatal complications in South Sudan are largely due to preterm deliveries (38%), with newborn sepsis accounting for 26% of hospital admissions, followed by birth asphyxia (20%), neonatal pneumonia (6%), and neonatal jaundice (2%). All these conditions are preventable but require urgent medical attention, yet access to specialized neonatal care remains limited, particularly in rural areas. Early postnatal care is vital for detecting and addressing any complications that may arise after delivery for both the mother and the baby.

Safe childbirth and newborn survival are essential components of maternal and child health. This illustration provides an overview of birth outcomes in health facilities, highlighting the different pathways from delivery to neonatal health status. It depicts the relationship between institutional deliveries, birth weight distribution, and neonatal care

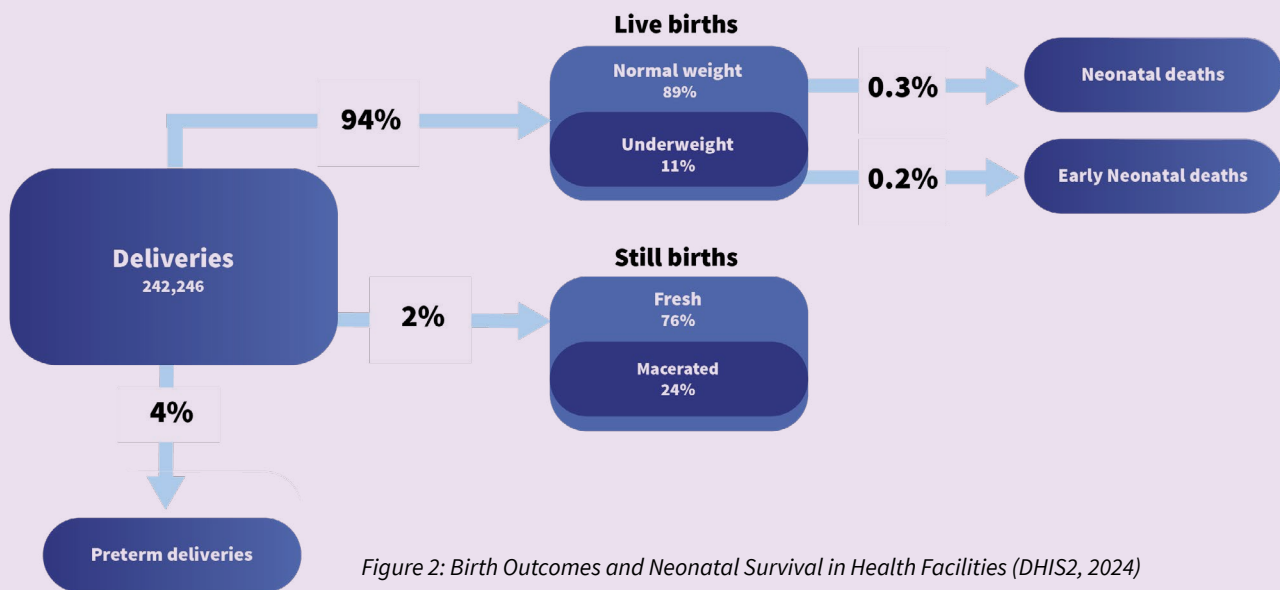


Figure 2: Birth Outcomes and Neonatal Survival in Health Facilities (DHIS2, 2024)

94% of babies born in health facilities survive

2% of deliveries that take place in the health facilities are still births, translating to 20 per 1,000 which is less than the population-wise rate of 26 per 1,000.

4% of all deliveries in the health facilities are preterm

The neonatal (0–24 hours) and early neonatal (0–7 days) mortality rates in health facilities were **3** and **2** per **1,000** live births, respectively. These rates are over ten times lower than the national population-level estimates

Majority of the births in health facilities (**89%**) are of normal weight



Health Systems Landscape

Leadership and Governance

While frameworks and policies exist, their effective implementation and enforcement in the health sector remain challenging. The fragmented landscape of coordination between government agencies, donors, and implementing partners slows progress in strengthening maternal and newborn health services. Weak regulatory oversight affects service quality, accountability, and resource allocation, further impeding efforts to ensure equitable access to care. Strengthening government leadership through enforceable policies, transparent financial management, and structured coordination mechanisms is critical to ensuring a more efficient and responsive health system that prioritizes maternal and newborn care.



Service Delivery

Health service delivery in South Sudan is inadequate for maternal and newborn care. Many regions lack functional health facilities, with only 1.42 health facilities per 10,000 population in 2018. This limited availability contributes to a high proportion of home births without skilled assistance. Referral systems require strengthening to ensure emergency transportation when needed. In the absence of this, delays in life-saving interventions, even where services exist, will continue to result in preventable maternal and neonatal deaths.



Health Financing

Maternal and newborn health services in South Sudan rely heavily on external funding, with limited domestic investment. The health sector received 2.5% of the national budget in 2018, with a budget execution rate of 96%, yet sustainable financing mechanisms remain inadequate. This limits the expansion of healthcare services and contributes to inequities in access. Budget constraints affect the procurement of essential supplies, infrastructure development, and healthcare worker retention, making it difficult to sustain maternal and newborn health interventions.



Health Workforce

South Sudan has a shortage of trained healthcare personnel, particularly midwives and obstetricians, which directly affects skilled birth attendance. In 2018, the health worker density was 7.61 per 10,000 population, of which only a fraction of these skilled professionals provides maternal and newborn care. Shortages are most severe in rural areas, creating service delivery gaps that contribute to preventable deaths. In addition, retention remains a challenge, with high turnover driven by poor working conditions, low remuneration, and insecurity.



Essential Medicines and Equipment

Frequent stockouts of life-saving medicines and medical supplies compromise the management of pregnancy-related complications. Essential drugs, such as oxytocin for preventing postpartum hemorrhage and magnesium sulfate for managing eclampsia, are often unavailable in health facilities. The inconsistent supply chain, coupled with inadequate cold chain storage for neonatal medications, further limits access to critical maternal and newborn care.



Health Information Systems

The health information system in South Sudan is fragmented. Limited use of DHIS2, restricts real-time monitoring of key health indicators, making it difficult to track maternal deaths and birth outcomes effectively. Inadequate data collection and reporting mechanisms hinder evidence-based planning and resource allocation.





Call to action

To align with global targets for maternal and neonatal survival, the following strategic actions are necessary:

Expand Skilled Birth Attendance: Invest in midwifery training programs to increase the proportion of births attended by skilled health personnel.

Strengthen Emergency Obstetric and Neonatal Care: Scale up CEmONC services and improve referral systems to manage complications effectively.

Enhance Family Planning and Reproductive Health Services: Increase access to modern contraceptives and address barriers to utilization.

Strengthen the health system to respond to the needs and priorities of women and girls (one of the five strategies in EPMM)

Ensure Postnatal Care and Support: Implement integrated postnatal care that addresses physical health, mental health, and social support for mothers.

Improve Nutrition for Mothers and Infants: Strengthen nutrition programs targeting pregnant and lactating women to improve birth outcomes.

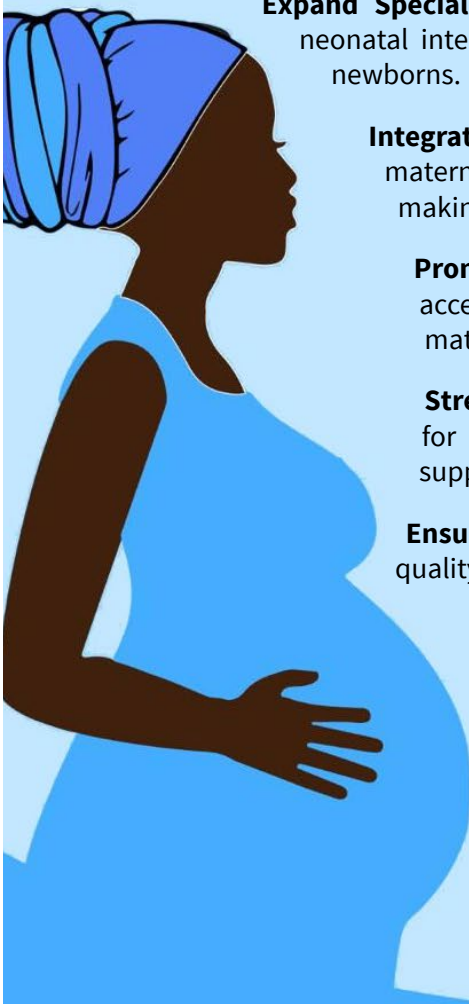
Expand Special Care for Preterm and Low-Birth-Weight Newborns: Invest in neonatal intensive care units and quick referral systems to manage vulnerable newborns.

Integrate Digital Health Solutions: Leverage digital platforms to support maternal health tracking, remote consultations, and data-driven decision-making.

Promote Gender Equality and Education for Women and Girls: Ensuring access to education for girls helps delay first pregnancies and reduces maternal health risks.

Strengthen Policies for Maternal and Newborn Health: Advocate for policies that guarantee maternity leave, workplace breastfeeding support, and respectful maternal care.

Ensure accountability through a strengthened MPDSR system to improve quality of care and equity.





World Health Day 2025

calls for action to improve maternal and newborn survival in South Sudan. Strengthening health systems, expanding skilled care, and ensuring equitable access to reproductive health services are critical to securing healthy beginnings and hopeful futures for mothers and newborns. Through sustained investments and partnerships, South Sudan can make meaningful progress toward reducing maternal and neonatal mortality and advancing universal health coverage.



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