



World Health
Organization

South Sudan

20 ANNUAL 25 REPORT

Delivering on strategic health
priorities, for the people
in South Sudan



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for the people in South Sudan



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ACRONYMS

AFRO	WHO Regional Office for Africa
AFP	Acute flaccid paralysis
BHI	Boma Health Initiative
CERF	Central Emergency Response Fund
CFR	Case fatality rate
cVDPV2	Circulating vaccine-derived poliovirus type 2
DHIS2	District Health Information Software 2
DORIS	Digital Open Rule Integrated Cause of Death Selection
EOA	Emergency operational appeal
EPI	Expanded Programme on Immunization
EPR	Emergency preparedness and response
EWARS	Early warning, alert and response system
FAO	Food and Agriculture Organization of the United Nations
FY	Financial year
HIV	Human immunodeficiency virus
HNRP	Humanitarian Needs and Response Plan
ICCG	Inter-Cluster Coordination Groups
IDP	Internally displaced People
IOM	International Organization for Migration
MCV2	Measles-containing vaccine, second dose
RMNCAH+N	Reproductive Maternal, newborn, child, adolescent health and nutrition
NCDs	Noncommunicable diseases
NGO	Nongovernmental organization
nOPV2	Novel oral poliovirus vaccine type 2
OSL	Operations Support and Logistics
PCV	Pneumococcal conjugate vaccine
PHC	Primary health care
PMTCT	Prevention of mother-to-child transmission (of HIV)
PRSEAH	Prevention of and response to sexual exploitation, abuse and harassment
RCCE	Risk communication and community engagement
SCORE	Survey, count, optimize, review, enable
SDGs	Sustainable Development Goals
SEAH	Sexual exploitation, abuse and harassment
SHI	Strategic health information

SMoH	State Ministry of Health
SPM	System for Programme Management
SSHf	South Sudan Humanitarian Fund
UHC	Universal health coverage
UN	United Nations
UNDSS	United Nations Department of Safety and Security
UNICEF	United Nations Children's Fund
UNISFA	United Nations Interim Security Force for Abyei
USAID	United States Agency for International Development
US CDC	United States Centers for Disease Control and Prevention
USD	United States dollar
VMMC	Voluntary medical male circumcision
WASH	Water, sanitation and hygiene
WCO	WHO country office
WHO	World Health Organization
WR	WHO Representative



A photograph of a WHO representative in a field setting. The representative, seen from the back, wears a dark cap with the number '007' and a patterned short-sleeved shirt. A blue and white megaphone is slung over their shoulder. To the left, a woman in a grey long-sleeved shirt and a floral skirt carries a large white cooler. Both individuals are wearing face masks. The background shows a dry, dusty landscape with sparse vegetation and a white vehicle. The entire image has a semi-transparent dark blue overlay.

FOREWORD by the **WHO Representative**



WHO's role is to convene, to provide technical leadership, and to ensure that interventions are evidence-based, context-appropriate, and sustainable.

The pages that follow tell a story of lifesaving interventions, strengthened systems, and the quiet, persistent work that turns policy into results for people and communities. Over the past year, WHO South Sudan focused on three interlinked priorities: protecting the most vulnerable through emergency preparedness and response; rebuilding and strengthening primary health care; and advancing equity in access to essential services.

Working alongside the Ministry of Health and partners, we strengthened rapid outbreak detection and response, scaled up immunization and maternal and child health services, and supported efforts to restore critical supply chains and health workforce capacity. These actions reduced avoidable suffering and saved lives. Just as importantly, they helped lay the foundations for longer-term recovery and resilience.

None of these achievements would have been possible without strong partnerships. I am grateful to the Ministry of Health, our UN and NGO partners, donors, health workers, community leaders, and the many volunteers whose dedication made service delivery possible in the most challenging settings. Their collaboration—rooted in trust, shared purpose, and local knowledge—remains one of the most important drivers of progress in South Sudan. WHO's role

is to convene, provide technical leadership, and ensure that interventions are evidence-based, context-appropriate, and sustainable.

At the same time, this report is candid about the gaps that remain. Health inequities persist across geography and population groups; infrastructure and human resources require sustained investment; and the intersecting threats of conflict, displacement, and climate variability continue to undermine health gains. Addressing these challenges will require sustained political commitment, predictable financing, and a renewed focus on community-centred approaches that empower local health actors.

Looking ahead, WHO South Sudan will continue to work hand in hand with the Ministry of Health and partners to translate lessons into action scaling up primary health care, strengthening surveillance and emergency preparedness, and prioritizing interventions that reach the most marginalized.

I thank all WHO staff, partners, and the communities we serve for their courage and partnership. Together, we will continue to build a healthier and safer future for South Sudan.

EXECUTIVE **SUMMARY**



This annual report presents a year of coordinated action and measurable progress by WHO South Sudan in a complex and evolving operating environment. Organized by quarter and cluster, it shows how strategic priorities were translated into results—responding to immediate public health risks while strengthening the foundations of a resilient, people-centred health system.

The report highlights key achievements across 2025, combining programme milestones with their real-world impact for communities. The year began by laying the groundwork for rapid, integrated, and high-impact action through strengthened coordination, readiness, and systems for an effective response.

As multiple public health emergencies unfolded, the focus shifted to expanding coverage of

essential health services while sustaining lifesaving interventions. This approach supported timely outbreak detection and containment, while maintaining continued investment in a sustainable, fit-for-purpose health system.

By year's end, WHO and partners concentrated on consolidating gains—reinforcing resilience, advancing universal health coverage, strengthening health security, and supporting lasting improvements in the health and well-being of communities across South Sudan.

Looking ahead, WHO South Sudan remains committed to applying the lessons of 2025 to accelerate progress, advance health equity, and ensure that every community can access essential, life-saving health services.



CONTEXT & COUNTRY OVERVIEW

South Sudan in 2025 continues to balance fragility with opportunity amid overlapping political, economic, humanitarian, and public health challenges. Politically, the country is implementing the Revitalized Peace Agreement, but localized violence and tensions linked to the conflict in Sudan persist, including pressures from refugee inflows. Institution-building and reconciliation remain central to the Government's agenda.



Economically, macroeconomic pressures including currency depreciation, continue to affect household purchasing power and access to basic goods and services. Climate-related shocks such as floods and droughts also disrupt agricultural production and deepen food insecurity. At the same time, efforts to diversify the economy and strengthen domestic revenue mobilization, including tax-based revenues, aim to enhance fiscal resilience and support sustainable development.



Socio-economic and humanitarian conditions remain fragile, driven by protracted conflict, large-scale displacement, economic pressures, and recurrent climate shocks. These factors continue to constrain livelihoods and access to essential services.



Technological advances are gradually reshaping service delivery. Satellite internet pilots and mobile money platforms are expanding connectivity and financial inclusion, while health information systems are being

strengthened to support data-driven decision-making. Despite persistent infrastructure gaps, digital transformation is emerging as an important enabler of modernization.



Humanitarian needs remain immense, with an estimated nine million people requiring assistance. Conflict, displacement, climate shocks, and economic fragility continue to drive vulnerability, while protection concerns remain acute for women, children, and people with disabilities. Humanitarian actors continue to play a critical role in filling service gaps.



The public health environment reflects both strain and efforts to strengthen the system. During the South Sudan Health Summit held in 2025, priorities highlighted included maternal and newborn health, malaria prevention, PMTCT services for HIV, and the management of NCDs in pregnancy. The Summit also noted progress in expanding cold chain systems to safeguard vaccines and essential supplies, alongside investments in laboratory capacity, health workforce training, and facility upgrades to strengthen resilience. At the same time, discussions underscored that many health facilities remain under-resourced, requiring sustained humanitarian and development support to maintain essential services.

In 2025, South Sudan continues to face persistent challenges related to climate shocks, economic fragility, and the digital divide. National priorities therefore include consolidating peace and stability, diversifying the economy, strengthening humanitarian response, investing in health systems, building climate resilience, and advancing digital transformation.



SOUTH SUDAN HEALTH PROFILE



POPULATION AND CONTEXT



Total population

>15 million



Health system
context

Fragile, underfunded,
humanitarian-
dependent



Key pressures

Conflict, climatic
shocks, outbreaks,
malnutrition



Guiding strategy

Health Sector Strategic
Plan (2023-2027)

HEALTH SYSTEM ORGANIZATION



Service delivery tiers

Community, Primary,
Secondary, Tertiary

Governance levels

National, State, County,
Payam, Boma (since
2017)

BHI coverage

**52% of
bomas**Trained community
workers**>10,500**

HEALTH SECTOR PERFORMANCE INDEX

**↑ 59.66%**Overall health sector
index**↑ 96.95%**

Boma Health Initiative

**↑ 75.10%**Emergency
preparedness
& response**63.24%**Reproductive,
maternal & child
health**41.84%**

NCDs & mental health

HEALTH INFORMATION

**59.66%**Overall health sector
index**75.10%**Emergency
preparedness
& response

PROGRAM COVERAGE INDICATORS

**97%**

Malaria treatment coverage

**81.3%**

HIV viral load suppression

**2**

Guinea worm cases

**19.5%**

Skilled birth attendance

**6.4%**

Modern contraceptive prevalence

**0.4%**

Mental health service coverage

**11.5%**

Cervical cancer screening

**29.5%**

Hypertension prevalence

ACCESS, WORKFORCE AND FINANCING

**56%**

Population within 5 km of facility

**7.9 per 10,000**

Health workforce density

**2%**

Government health budget share

**34.4%**

Out-of-pocket expenditure

MORTALITY AND SDGS

**Maternal mortality**

Reduced from 1,223 to 692 per 100,000 live births, remains nearly ten times the SDG target.

**The under-five mortality rate,**

Stagnant at 98.7 per 1,000 - almost four times its target

WHO COMMITMENT TO SOUTH SUDAN

The World Health Organization's commitment to South Sudan is about saving lives today while building resilience for tomorrow. This commitment is anchored in the Country Cooperation Strategy (CCS) 2022-2026, which provides a strategic framework for supporting national health priorities in alignment with the National Health Policy (2016-2026), the National Development Strategy, and the Sustainable Development Goals.

The Country Office advances this commitment through four interlinked CCS priorities: accelerating universal health coverage; strengthening health security and epidemic preparedness; improving health and well-being across the life course; and strengthening health information systems. These priorities reflect WHO's comparative advantage and are delivered through close collaboration with the Ministry of Health and partners.

WHO's operational footprint spans both national and subnational levels. In Juba, WHO provides technical leadership, policy guidance, and coordination of the Health Cluster, supporting

alignment between government priorities and partner efforts. At subnational level, WHO maintains field offices and mobile teams that support health facilities, outbreak response, and community health structures. This presence enables rapid response to emergencies—including cholera, measles, malaria, and hepatitis E—and supports the coordination of vaccination campaigns and the distribution of emergency supplies across states.

WHO's commitment is visible across every layer of South Sudan's health response. By equipping rural clinics with cold chain systems, training frontline health workers, and supporting national strategies for maternal and child survival, WHO combines emergency response with longer-term system strengthening. This dual approach helps ensure that even in fragile settings, mothers, children, and communities can access safe and reliable health services.

By standing alongside the Government and partners, WHO is helping South Sudan move towards a future where health services are resilient, equitable, and accessible to all.





HIGHLIGHTS **IN 2025**







TECHNICAL SUPPORT

In 2025, WHO South Sudan Country Office delivered critical health results in one of the world's most complex humanitarian and development contexts. Working in close partnership with the Ministry of Health, United Nations agencies, non-governmental organizations, and communities, WHO advanced national priorities while responding to persistent emergencies, recurrent disease outbreaks, and system-wide challenges.

Despite insecurity, climate shocks, and widespread population displacement, WHO strengthened health systems, scaled up

lifesaving services, and enhanced preparedness and response capacities across the country.

The key achievements presented in this section are organized by quarter and across WHO's core technical clusters. Together, they highlight progress made throughout the year and show how coordinated, timely action translated into measurable health impact for communities across South Sudan.





Logo of the Ministry of Health and Family Welfare of the Republic of Poland
Ministerstwo Zdrowia i Opieki Społecznej
Ministerstwo Zdrowia i Opieki Społecznej

Woln Wroca Organizacjon





LAYING THE GROUNDWORK FOR **RAPID, INTEGRATED AND HIGH-IMPACT ACTION**





World Health
Organization

The opening months of the year marked a critical foundation-setting phase. With overlapping disease threats and persistent operational constraints, efforts focused on strengthening preparedness systems, using data for anticipatory action, and ensuring that readiness could translate into rapid, coordinated responses when alerts emerged. This early investment in planning and coordination helped enable timely, lifesaving action at scale.

During this period, the preparedness programme strengthened national and subnational readiness, enhanced early warning and laboratory-backed surveillance systems, and built the skills of frontline health workers. Working closely with the Ministry of Health and partners, these efforts aimed to reduce the health impact

of emergencies and safeguard communities, particularly those in hard-to-reach and high-risk areas. Activities implemented in this quarter laid the groundwork for rapid, coordinated, and high-impact public health action throughout the year.

As a result, South Sudan investigated 80% of public health alerts and achieved 80% timeliness and completeness in Integrated Disease Surveillance and Response (IDSR) reporting. Five major outbreaks, anthrax, cholera, hepatitis E, measles, and mpox, were detected and laboratory confirmed using culture and molecular testing techniques. WHO also supported the production and publication of 51 weekly IDSR epidemiological bulletins, providing critical information products for national authorities, partners, and donors.



WHO staff conducting supportive supervision of data collection at Oral Rehydration Point



MPOX OUTBREAK DECLARED IN JUBA

Laying the groundwork for rapid, integrated and high-impact action

“The confirmation of mpox in South Sudan showcases the national capabilities that WHO is proud to have significantly supported,” said Dr Karamagi.

On February 7th, 2025, the Ministry of Health declared an mpox outbreak in Juba, Central Equatoria State. The declaration followed confirmation of an mpox case by the National Public Health Laboratory on 6 February 2025.

A team of experts from national and subnational levels, together with WHO and partners, was mobilized to conduct a detailed field investigation, list all contacts, and ensure that every contact was followed up. Addressing the press conference, Dr Humphrey Karamagi, WHO Representative in South Sudan, commended the Ministry of Health for declaring the outbreak. He noted that the announcement enabled

the public to take preventive measures, helped health partners take the necessary steps to contain transmission, and unlocked the resources required to fight the outbreak. “The confirmation of mpox in South Sudan showcases the national capabilities that WHO is proud to have significantly supported,” said Dr Karamagi.



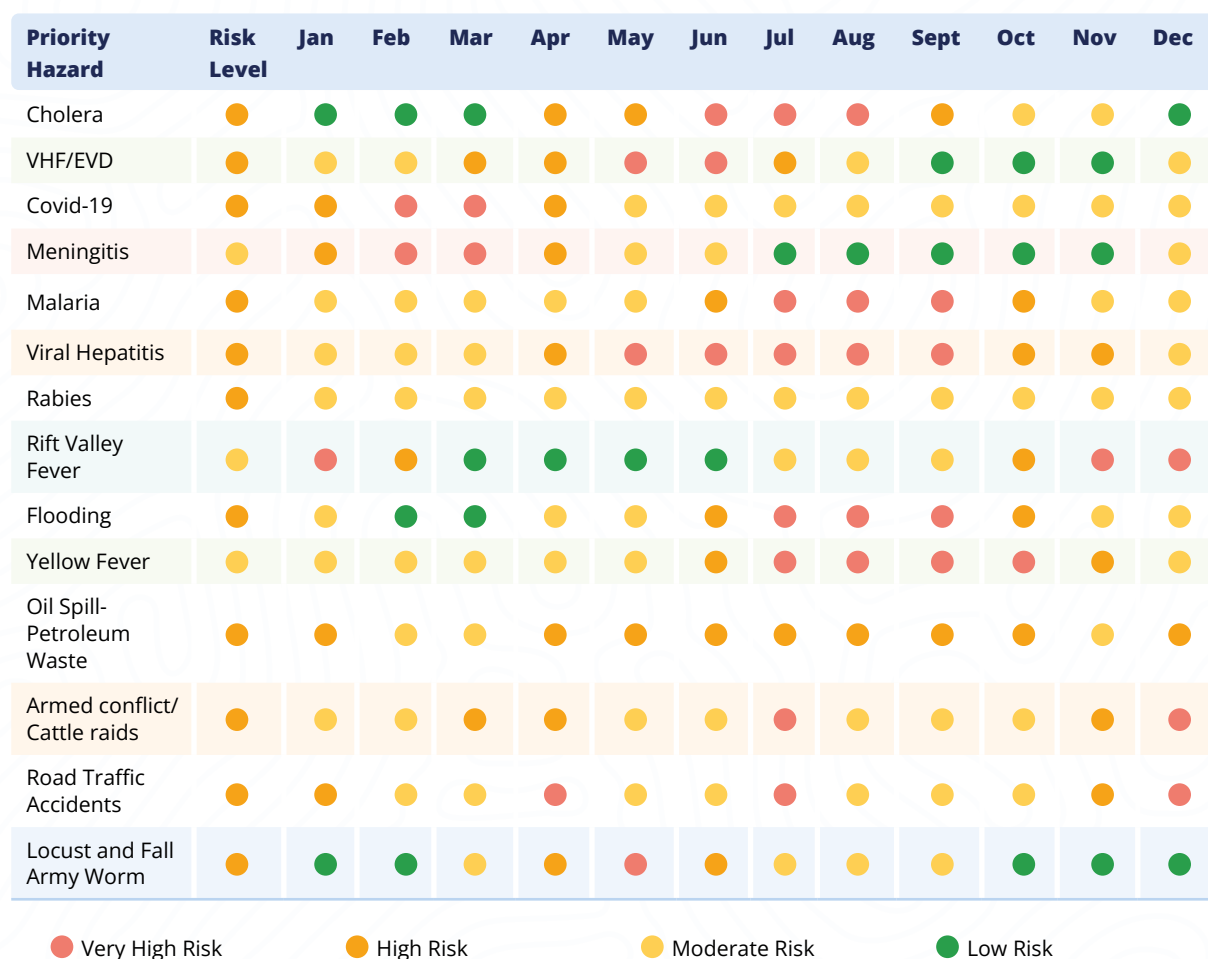
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WHO finalized an inventory of hazard-specific preparedness and response plans for all public health threats identified in the national multi-hazard risk profile. By March, updated plans were in place for each priority hazard, providing the basis for key public health actions,

including the stockpiling and pre-positioning of emergency supplies, investments in surveillance and laboratory systems, and international notifications under the International Health Regulations (IHR).

Figure 1: National Multi-hazard Risk Profile and Calendar for the Republic of South Sudan



As the custodian of the International Health Regulations (IHR2005), WHO supported South Sudan to remain aligned with, and report against, the IHR2005 requirements. In January 2025, WHO convened the Ministry of Health and all One Health line ministries, departments and agencies, together with national-level development and humanitarian partners, to develop the State Party Annual Report (SPAR) for 2024.

The SPAR for end-2024 consolidated scores against the country's IHR core capacities, as defined in the IHR Monitoring and Evaluation

Framework. WHO's preparedness team provided technical assistance on the revised reporting requirements highlighting the modified core capacities and indicator changes, ensuring use of the correct reporting tool, and supporting online submission through the electronic reporting platform by the deadline of 28 February 2025.

Analysis of the 2024 IHR core capacities reported through the SPAR tool indicates that South Sudan's average score was 43%, lower than the regional and global averages of 50% and 64%, respectively.



The preparedness program tested two innovations for strengthening surveillance namely: Real time supportive supervision using open data kit (ODK) and Introduction of Epidemic Intelligence using Open Sources (EIOS), leveraging the emerging artificial intelligence arena. In strengthening laboratory systems for epidemics, the preparedness program also tested the Integration of Hepatitis E virus (HEV) testing into environmental surveillance as a step towards optimization of existing systems.

This period also coincided with a fast-spreading cholera outbreak that began in late 2024, prompting full activation of all Emergency Preparedness and Response pillars. A coordinated, data-driven response

was implemented across surveillance, OCV, WASH, risk communication and community engagement, case management, logistics, and reporting.



WHO staff administering oral cholera vaccine in Bentiu Unity State



WHO staff conducting supportive supervision during the oral cholera vaccination campaign



WHO staff inspecting cholera cases record forms at Juba Teaching Hospital during a supportive supervision



Risk Communication and Community Engagement on Cholera signs, symptoms and best practices

The OCV campaign vaccinated**4,247,835**

people across **23 counties** in seven states, while WASH interventions strengthened infection prevention and control standards in

**300**

health-care workers and **350** boma health workers.

Logistics operations delivered**220**

metric tons of emergency health kits to 80 facilities across **58 counties**, sustaining essential services for approximately

**94**

health facilities.

Case management teams assessed**204**

facilities, supported cholera treatment services, and trained

**1.4 million**

people and contributing to the stabilization of transmission.



Health worker administering oral cholera vaccine during a vaccination campaign in Renk in 2025

Integrated service delivery approaches were also advanced during the quarter. For the first time in South Sudan, cervical cancer screening services were introduced and integrated into post-abortion care and contraceptive services in four health facilities. A total of



91

health workers were trained in post-abortion care,



24

in cervical cancer screening, and



128

in sexual and gender-based violence care.



More than

310

women were screened for precancerous lesions, with timely treatment or referral provided as appropriate.



During the same period,

7,771

women with abortion complications were treated safely,



although only

10%

of designated EmONC facilities reported post-abortion care services through DHIS2.



Health worker equipped to perform post-abortion care in decentralized health zones

Family planning services continued to expand alongside community engagement efforts. In 2025,



252,164

modern contraceptive users were recorded, contributing to gradual improvements in modern contraceptive prevalence.

WHO supported the Ministry of Health to conduct



11

consultative dialogue meetings across **nine states** to address socio-cultural barriers, promote women's empowerment, and encourage male partner involvement in sexual and reproductive health decision-making.

Efforts to interrupt the transmission of circulating vaccine-derived poliovirus type 2 (cVDPV2) were intensified through integrated immunization campaigns. WHO supported one nationwide campaign and two supplementary immunization activity rounds, reaching more than



3.6 million

children during the national campaign and achieving coverage above **93% in most states**.

By December 2025, no new cVDPV2 isolates had been detected since December 2024, indicating sustained progress toward interruption of transmission.



Healthcare workers administering the polio vaccine to a child as part of immunization efforts to protect children from poliovirus



Health workers and WHO Team walking from house to house while administering polio vaccines in Juba



Healthcare workers and WHO team transporting polio vaccines during a vaccination campaign in Rumbek Lakes State

To strengthen integration and efficiency, WHO supported the inclusion of schistosomiasis mass drug administration within the second

round of the nOPV2 campaign in three endemic counties. Through this approach,



211,182

people received praziquantel, preventing the wastage of approximately



1.3 million

tablets and demonstrating the benefits of integrated delivery and shared logistics.



The strong preparedness and coordination systems established during the early part of the year enabled WHO and partners to shift swiftly from planning to action. As public health threats unfolded in parallel, these foundations proved critical in sustaining service delivery and scaling essential interventions. Building on this groundwork, WHO focused on expanding health services coverage while responding to multiple, concurrent public health emergencies, ensuring continuity of care for the most vulnerable populations.



EXPANDING HEALTH SERVICES COVERAGE **AMID CONCURRENT PUBLIC HEALTH EMERGENCIES**





GET YOUR CHILD
VACCINATED NOW!
Immunization Save Lives

100 Pcs
0.5ml
(With Attached Needle)

100 Pcs

100 Pcs

100 Pcs

100 Pcs

100 Pcs

100 Pcs

100 Pcs

100 Pcs

100 Pcs

100 Pcs

In the second part of 2025, WHO focused on restoring and expanding immunization services while maintaining emergency response operations and strengthening data-driven decision-making. Immunization remained a key platform to close immunity gaps, protect vulnerable populations, and support broader public health priorities amid multiple concurrent emergencies.

During this period, WHO supported the restoration of routine services, delivered targeted campaigns, strengthened cold chain and supply management, and introduced new vaccines. Implemented in close collaboration with the Ministry of Health, Gavi, and partners, these efforts were complemented by activities under Emergency Preparedness and Response (EPR), Strategic Event Intelligence (SEI), and Maternal and Perinatal Surveillance (MPS).

To address immunization gaps resulting from COVID-19 service disruptions, the Ministry of Health, WHO, and partners implemented

two rounds of the Big Catch-Up immunization campaign in 28 counties. The campaign vaccinated



25,218

zero-dose children aged 12–59 months and



11,965

children under one year of age,

advancing protection against vaccine-preventable diseases and contributing to national immunization coverage targets. Activities remain pending in Pigi and Nasir counties in Jonglei and Upper Nile States due to insecurity.



Vaccination exercise at Kator PHCC during the African Vaccination Week

During African Vaccination Week 2025, South Sudan with support from WHO and Gavi, expanded its national immunization programme by introducing key vaccines, including PCV, Rotavirus, MCV2, and the malaria vaccine, to protect children against pneumonia, diarrhoea,

measles, and malaria. This marked an important milestone in the country's ongoing efforts to increase coverage and strengthen public health through the progressive addition of life-saving vaccines since 1976.



Students marching in Juba during the African Vaccination Week commemoration event in 2025



A group of vaccinators at Alsabah Hospital during African Vaccination Week

IMPACT STORY



Expanding health services coverage amid concurrent public health emergencies

“South Sudan’s national immunization programme has progressively introduced life-saving vaccines, expanding protection for children over time.”

BCG (tuberculosis), oral polio vaccine (OPV), DTP (diphtheria, tetanus, pertussis), measles (first dose), and tetanus toxoid (TT) were first introduced in 1976. This was followed by the introduction of the pentavalent vaccine in 2015 and the inactivated polio vaccine (IPV) in 2016. Subsequently, the tetanus-diphtheria booster (Td) and a second IPV dose were introduced in 2021. Most recently, the malaria vaccine was added to the routine immunization schedule in 2024.

Building on this progress, and with the support of Gavi, the Vaccine Alliance, South Sudan

is introducing additional vaccines in 2025, including the pneumococcal conjugate vaccine (PCV), the rotavirus vaccine, and the second dose of measles-containing vaccine (MCV2). These additions will strengthen protection against pneumonia, diarrhoea, and measles, helping close immunity gaps and reduce the risk of outbreaks.



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Immunization efforts during this period focused on boosting population immunity to prevent morbidity and mortality from measles and other vaccine-preventable diseases. In 2025, South Sudan reported 288 suspected measles cases nationally, with outbreaks in six counties. Targeted reactive vaccination campaigns were prepared and implemented in affected areas, including Renk, Tonj South, and Twic counties.

The nationwide Measles Follow-Up Campaign, conducted from April to September 2025, vaccinated



2,598,906

children aged **6-59 months** out of a targeted



3,005,470

across **75 of 80 counties**, achieving



86%

coverage despite insecurity and flooding.



A health worker administers a measles vaccination during the reactive measles vaccination campaign in Yirol West County

The campaign reduced the proportion of zero-dose children from



28%

to 5% nationally,

demonstrating the value of targeted outreach in reaching previously unvaccinated populations. In parallel, the pneumococcal conjugate vaccine campaign reached



2,127,532

children aged 12-59 months in 74 counties, achieving



84%

coverage and reducing vulnerability to pneumonia.



A health worker administering measles vaccine at Al-Sabah Children's Hospital in Juba

Quarter two also saw the scale-up of a coordinated cholera response amid concurrent outbreaks of mpox and hepatitis E. Integrated, multisectoral coordination enabled harmonized planning and sustained partner alignment. Oral cholera vaccine campaigns expanded to



14

additional counties and **one administrative area**, vaccinating



2.49 million

people and increasing cumulative coverage to **6.72 million**.

Across 34 counties,



28,238

cholera cases were reported substantially below projected levels,

corresponding to an estimated



146,244

cases averted in the absence of vaccination.

WASH interventions trained over 850 personnel, improved hygiene practices in hotspots and IDP settings, and piloted chlorination of vendor-supplied water. Case management expanded treatment capacity through the establishment and rehabilitation of treatment centres and extensive workforce training.



WaSH team chlorinating water tanks at water supply station in Juba

Nutrition support enabled



2,700

children with severe acute malnutrition and medical complications to access lifesaving care,

while logistics strengthened surge capacity, including the deployment of a



30-bed

unit in Wau.

South Sudan has sustained its wild polio-free status while making major gains against cVDPV2 transmission. In 2025, only two VDPV2 detections were confirmed nationwide one AFP case in Wau and one environmental sample in Juba showing that recent vaccination rounds effectively interrupted virus spread. No cVDPV2 has been detected since December 2024, marking strong progress toward containment.

WHO-supported campaigns reached millions of children, even in hard-to-reach areas. One nationwide campaign and two SIAs vaccinated over **7.9 million children**, with coverage consistently above 93%, demonstrating exceptional commitment by health workers and partners despite insecurity and access constraints. These efforts were critical in halting transmission and protecting vulnerable populations.

Campaign quality was strengthened through independent monitoring.



77%

of surveyed lots passed LQA standards,

and poorly performing areas received immediate mop-up campaigns, ensuring missed children were reached. Post-Campaign Evaluations in 90 counties confirmed high performance, with coverage above 94%, closely matching administrative data.

Surveillance sensitivity reached historic highs. In 2025,



404

suspected AFP cases were detected and investigated,

with a national non-polio AFP rate of 5.6 per



100,000

and 97% stool adequacy,

exceeding global standards. Both indicators were achieved in 87.5% of counties, proving that the system is highly sensitive and capable of early detection.

Environmental surveillance further strengthened early warning. All seven sites were fully functional, collecting 120 samples, with only one positive detection in Juba—triggering rapid investigation and response, and confirming the effectiveness of the surveillance network. Digital innovation transformed accountability and speed. The rollout of eSurv and the Companion App enabled real-time, geo-tagged reporting, faster decision-making, and transparent monitoring.



Over 6,000

submissions were logged,

90% of high-priority sites were visited, and risk analysis time dropped from one week to 24 hours, dramatically improving outbreak readiness.



More than

170

national supervisors were deployed

to improve campaign quality and routine immunization, mentoring frontline workers and boosting vaccine uptake in underperforming areas. This hands-on support directly contributed to higher coverage and stronger local capacity.

Together, these results show that WHO's support has strengthened South Sudan's ability to detect polio faster, respond more effectively, vaccinate more children, and protect its polio-free status, even in one of the world's most challenging humanitarian contexts.



nOPV Campaign in South Sudan

IMPACT STORY



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

“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.

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.”

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.

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.



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Building on surveillance platforms, Strategic Event Intelligence activities focused on institutionalizing timely, nationally led analytics. Reproducible Analytical Pipelines were established to automate data cleaning, mapping, and epidemic curve generation. During the 2025 cholera outbreak, these pipelines delivered decision-ready analytics within hours, providing same-day intelligence to the National Cholera Task Team, strengthening national ownership, and supporting operational and policy decision-making. Maternal and perinatal surveillance was further strengthened through the integration of maternal and perinatal death notifications

into the IDSR system, marking a milestone for improved reporting and follow-up of maternal deaths. WHO supported the analysis of MPDSR data from **January to June 2025**, covering



35

hospitals across eight states.

During this period,



49

maternal deaths and



288

perinatal deaths were reported among **11,447 births**.

Obstetric haemorrhage and indirect causes accounted for the majority of maternal deaths, while birth asphyxia and neonatal sepsis were the leading causes of perinatal deaths. Identified modifiable factors included limited availability of blood products, inadequate readiness of operating theatres, and gaps in neonatal resuscitation skills. In response, WHO supported Emergency Obstetric Care training of trainers with the Association of Gynecologists and Obstetricians of South Sudan, alongside reproductive health supply chain quantification and the development of a supportive supervision plan.

In line with the International Health Regulations monitoring and evaluation framework, the preparedness programme facilitated Intra-Action Reviews to guide improvements in response operations. Reviews were conducted for the national cholera outbreak response in April 2025, the mpox outbreak response in Juba County in June 2025, and the national floods response in September 2025. The Yellow Fever outbreak met the criteria for closure by the end of the year and will be prioritized for an After-Action Review in 2026.



As health services expanded to meet rising needs amid multiple, overlapping emergencies, the focus increasingly shifted to sustaining gains while strengthening system resilience. Experience from delivering care at scale during outbreaks reinforced the importance of effective containment measures alongside longer-term investments. Building on expanded service coverage, WHO intensified efforts to control outbreaks while laying the foundations for a fit-for-purpose and sustainable health system.



World Health Day 2025: Saving mothers, protecting newborns, securing South Sudan's future

A safe delivery, a skilled and caring midwife, a healthy newborn, and a strong support system should be the norm. Yet in South Sudan, access to quality maternal and newborn care remains uneven especially in hard-to-reach areas and during periods of insecurity and flooding.

According to the World Health Organization, every seven seconds a woman or newborn dies, or a baby is lost to stillbirth. South Sudan continues to face one of the highest maternal mortality burdens globally, with an estimated 1,223 maternal deaths per 100,000 live births. These realities underscore the urgency of expanding quality maternal and newborn services, strengthening referral and emergency

obstetric care, and ensuring women and newborns can access lifesaving care when and where they need it most.

Factsheet:



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OUTBREAK CONTAINMENT **WHILE LAYING THE FOUNDATION FOR A SUSTAINABLE FIT FOR PURPOSE HEALTH SYSTEM**





In this third part of 2025, WHO faced a formidable challenge: a widespread cholera outbreak coinciding with severe seasonal flooding. A robust, multisectoral response mitigated the epidemic's impact, preventing an estimated **229,090 cases** through mass vaccination and coordinated public health actions. At the same time, progress continued in strengthening national health security, updating critical policies, and advancing longer-term health system development. This period highlighted South Sudan's growing capacity to manage acute crises while sustaining attention to foundational health priorities.

Despite widespread seasonal flooding which significantly increased risk and disrupted service delivery as well strengthened coordination and preparedness helped sustain outbreak control. The cornerstone of the response was a large-scale oral cholera vaccination (OCV) campaign, which reached



1,324,081

people across **nine counties**, raising cumulative vaccination coverage **to 7,948,395**.

By the end of September,



90,000

cholera cases were reported, compared with



319,090

cases projected without vaccination,

underscoring the campaign's critical contribution to reducing transmission.



Healthcare worker administering oral cholera vaccine in Renk, South Sudan.

The response was integrated across sectors. WASH teams conducted over



400

water quality tests

to identify contamination and guide targeted corrective actions. Case management was strengthened through



36

supportive supervision visits, training of health workers and

partners, finalization of **eight** national SOPs, and implementation of the Cholera Assessment and Treatment (CATI) tool in hotspot areas.



WASH team conducting Water quality testing

IMPACT STORY



WHO Case management team performing a skin turgor test on a cholera patient

Juba Teaching Hospital Cholera Treatment Centre saves lives amid resource constraints

Located in the heart of South Sudan's capital, Juba Teaching Hospital (JTH) is the country's largest referral hospital and a critical pillar of the national health system. Serving more than 500,000 people, JTH plays a central role in both routine care and response to outbreaks and public health emergencies.

After the first cholera case was detected in Juba in November 2024, cases increased steadily, placing heavy pressure on the hospital and risking disruption of essential services. To help relieve this burden and strengthen outbreak response, WHO supported the establishment of a dedicated Cholera Treatment Centre (CTC) adjacent to JTH. With support from European Commission humanitarian funding, WHO supplied interagency emergency health kits

and cholera supplies, and supported training and deployment of response teams to reinforce national efforts to control the outbreak.

The CTC became a cornerstone of the hospital's emergency response, with a capacity of 100 beds (sometimes accommodating up to 140 patients). As of 22 May 2025, the CTC had treated 3,100 cases; 2,662 recovered and 18 died—resulting in a 0.7% case fatality rate (CFR). Beyond the numbers, the centre helped bring people back from the brink, including children like three-year-old Kuoch Mawien.



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Nutrition actions included the launch of the 2025-2030 Nutrition Policy and strengthened facility-level screening.

Risk communication and community engagement addressed over



100

rumours,

helping reduce vaccine hesitancy, improve patient triage, and encourage earlier treatment-seeking. Supply chain resilience was bolstered through expanded warehouse storage to



2,940 m²,

improving inventory control and distribution.

In addition,



10 OCV

technical reports

were produced to support accountability and continuity of vaccine supply.

Anticipating seasonal floods, Strategic Event Intelligence helped decision-makers act early. Geospatial flood-risk analysis identified nearly 300 health facilities at risk of inundation or isolation. This guided national and subnational planning—prioritising the most vulnerable areas, keeping supply routes open, and protecting essential services. As a result, lifesaving kits, essential medicines, and cholera supplies were pre-positioned in accessible hubs, helping maintain service continuity during the quarter.



Life-saving cholera supplies arrive in the country with support from WHO to protect vulnerable communities.

IMPACT STORY



Training of health Care workers on quality of care tool

Strengthening paediatric care at Al Sabbah Children's Hospital

“These beds were really needed. Receiving them from WHO was a relief. We have so many children, and it is heartbreaking to tell a family that you have nowhere to put their sick child. Please continue to advocate—because the demand is so high.”

On 21 July 2025, WHO handed over paediatric beds and mattresses, oxygen concentrators and spare parts, severe acute malnutrition (SAM) kits, and pulse oximeters to Al Sabbah Children's Hospital. Procured with funding from the European Civil Protection and Humanitarian Aid Operations (ECHO), the supplies were delivered to strengthen the hospital's stabilization centre and improve care for critically ill children.

The handover was an emotional moment for health workers who often face more patients than beds—and fewer supplies than they need. Betty Achan, a nutritionist at the hospital's stabilization centre for over a decade, described the impact: “These beds were really needed. Receiving them from WHO was a relief. We have so many children, and it is heartbreaking to tell

a family that you have nowhere to put their sick child. Please continue to advocate—because the demand is so high.”

By strengthening the stabilization centre's readiness, the support helped improve the hospital's capacity to respond to the needs of children who come through Al Sabbah's doors.



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the video



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Alongside the emergency response, work continued to strengthen the national health security system. The preparedness programme supported the development of key guidance documents, including the National Epidemic Preparedness and Response Guidelines and the Public Health Emergency Operations Centre Handbook for South Sudan, validated in September 2025.

Support to surveillance also intensified. National supportive supervision was conducted in four of the 10 states identified as having weak IDSR performance, and state and county surveillance officers were supported to carry out quarterly technical supervision in IDSR/EWARS implementing facilities. One Health Rapid Response Missions investigated an anthrax outbreak in Juur River (Western Bahr El Ghazal) and Gogrial (Warrap) counties, and a cluster of animal deaths in Awerial County (Lakes State).

Community-level detection was strengthened through training of boma health workers in 10 counties on community-based surveillance (CBS). Two state surveillance review meetings were held in Central Equatoria and Unity states to identify locally led solutions. International Health Regulations (IHR) core capacity assessments and staff training were conducted at seven priority ports of entry and ground crossing points. Operations were also sustained at the National Public Health Laboratory (NPHL) and the Emergency Operations Centre (EOC).

Health security governance also advanced. WHO supported the technical editing and

publication of the second Joint External Evaluation (JEE) report on the official WHO repository. Stakeholders then used the JEE findings to develop the National Action Plan for Health Security (NAPHS) 2025–2030. This plan, alongside the One Health Strategic Plan (2025–2030), was launched in August 2025 by the Ministers of Cabinet Affairs and Health.

This period also included formal adoption of the **2024 IHR amendments**. Guided by World Health Assembly resolution **77.17**, a national consensus workshop was held on **23–24 July 2025**. Following this, the Ministry of Health notified the WHO Secretariat of its no objection, updated National IHR focal point contacts to include all One Health sectors, and shared its intention to designate the functions of a National IHR Authority to an existing institution—an identified priority for **2026**.

Even while managing the cholera crisis, health system strengthening continued. In human resources development, new training curricula were developed to address specialist shortages. With WHO support, the University of Juba developed its first-ever Master of Medicine in Obstetrics and Gynecology curriculum, with first student intake anticipated in early 2026. A curriculum for a Higher Diploma in Anaesthesia was also developed for Ministry of Health training schools. Once fully implemented, these programmes are expected to produce approximately 20 new specialists each year, strengthening access to surgical, obstetric, and emergency care.

Evidence generation also supported national policy dialogue. A WHO-supported study on drivers of unintended pregnancy and unsafe abortion in three counties found that



35%

of pregnancies were unintended and the unsafe abortion rate was **38%**,

while contraceptive use was



23%

among participants.

The study also reported that abortion complications contribute to approximately



16%

of maternal deaths reported through DHIS2.

Key contributing factors included socioeconomic hardship affecting



67.8%

of households and partner objection to family planning (**32.7%**).

These findings informed a high-level policy dialogue with legislators on the Maputo Protocol, highlighting the need for legal reforms, targeted male engagement, and sustained investment in comprehensive family planning services.

Several foundational health tools were updated during the quarter. WHO supported the revision of the Standard Treatment Guidelines (STGs) and the Essential Medicines List (EML). The Basic Package of Health and Nutrition Services was also reviewed and updated into an Essential Health Services Package (EHSP) through an inclusive consultative process, supporting a more integrated, person-centred approach and progress towards universal health coverage.

Quality of care was strengthened as a system-wide priority. A National Quality of Care Policy and Strategy (NQPS) was developed, alongside national quality standards for hospitals and primary health care facilities. Standardised facility assessment tools and checklists were introduced to support routine self-assessment, peer review, and external evaluation.

Improvements to blood transfusion services also progressed. Quantification and procurement of essential equipment and reagents were initiated for



13

blood banks nationwide,

and the collection of over



680

units of blood was facilitated.

This work was informed by a national situation analysis that will underpin a new National Blood Transfusion Strategy.



Strengthening safe blood supply to help save lives

Work to curb antimicrobial resistance (AMR) gained momentum. The National Action Plan (NAP) on AMR was launched and shared with over **74** national- and state-level participants, supporting multisectoral ownership. South Sudan also completed the **TrACSS** self-assessment and submitted it to the Quadripartite agencies (FAO, UNEP, WHO, WOA), reinforcing the One Health approach.

Progress was also made in strengthening the national health information system. EWARS was linked with **DHIS2** and **PLMIS** to improve interoperability. Six national HMIS tools—drug dispensing registers and monthly reporting vouchers for hospitals, PHCCs, and PHCUs—were validated and approved and are now configured in DHIS2 with harmonised coding for integrated reporting. A national DHIS2 audit, combined with data clean-up and a facility functionality assessment, improved data completeness

and accuracy, strengthening the reliability of information for decision-making.

In the HIV programme, Spectrum estimates for 2024 indicated adult prevalence of **1.5%**, with



151,337

people living with HIV and **7,500** new infections.

Progress towards the



95-95-95

targets remains slow.

By September 2025,



82,723

people were on ART (about **57%** coverage).

PMTCT coverage increased from 65% in 2024 to 79% in 2025, while paediatric HIV

interventions (including early infant diagnosis and treatment) continued to lag. WHO supported the finalisation and launch of the HIV three-testing strategy, updated testing guidelines, the launch of the 2024 HIV Antenatal Sentinel Surveillance Report, and rollout of an integrated Triple Elimination training package for prevention of mother-to-child transmission of HIV, hepatitis B, and syphilis.



A healthcare worker testing patient in Renk Upper Nile State

Overall, the third quarter of 2025 showed that South Sudan could sustain outbreak control during a major climate event while still moving forward on longer-term priorities. The cholera response reinforced the value of early planning, coordination, and pre-positioning. In

parallel, progress in health security, workforce development, quality of care, and stronger health information systems helped lay the groundwork for a more resilient and equitable health system.



As outbreak control measures stabilized the public health situation and system-strengthening efforts began to take hold, attention shifted to sustaining momentum and protecting hard-won gains. With improved capacity, coordination, and service delivery in place by the latter part of the year, WHO focused on consolidating achievements, applying lessons learned, and strengthening readiness to respond more effectively to future shocks.





CONSOLIDATING THE GAINS





The final part of 2025 was marked by the Fourth South Sudan Health Summit, held from **2-5 December** under the theme “*Transforming Health Systems for Equity, Resilience and Impact.*” With strategic and technical support from WHO, the Summit brought together stakeholders

from across the health sector and relevant line ministries. It provided a national platform for policy dialogue, multisectoral engagement, and review of progress under the Health Sector Strategic Plan (HSSP) **2023-2027**.



The Summit strengthened partner alignment, reinforced collective accountability, and helped prioritize high-impact actions to improve population health outcomes. It concluded with the adoption of a joint communiqué and the launch of key strategic products and initiatives. With WHO technical support, the Ministry of Health produced high-quality reports, including the *Annual Health Sector Performance Report*

(2024/25), Trends in Deaths by Cause (2019-2024), and the Health Statistics Abstract (2025). The Summit also served as the launch platform for two initiatives, the Maternal and Newborn Health Initiative and the High Burden to High Impact Malaria Initiative—underscoring renewed commitment to coordinated, evidence-driven health system strengthening.



Official launching of the *Annual Health Sector Performance Report (2024/25)*, *Trends in Deaths by Cause (2019–2024)*, and the *Health Statistics Abstract (2025)* by H.E. Josephine Joseph Lagu, Vice President of the Republic of South Sudan

IMPACT STORY



Progress amid hardship, and the unwavering spirit of South Sudan's health workers

Op-Ed by Hon. Sarah Cleto Rial, Minister of Health, Republic of South Sudan

The story emerging from this year's report is not one of despair, but of determination. Despite sustained pressure on the health system, essential services not only continued—they strengthened.

The Minister highlights improvements in community health through the Boma Health Initiative, which continues to connect households in remote villages to lifesaving care. The op-ed also points to stronger emergency preparedness, enabling faster and more effective response to outbreaks, and progress in disease control, including improved malaria case management and increased HIV viral suppression. These achievements reflect the tireless work of health professionals, stronger partnerships, and a growing culture of data-driven decision-making.

The backbone: a stronger health information system

A central message is the importance of DHIS2 as South Sudan's national health information system and the backbone for evidence-based planning and accountability. The Minister urges partners to rely on DHIS2 for reporting, noting that parallel systems fragment data and weaken accountability—while alignment behind one national system strengthens decision-making and supports better outcomes nationwide.



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The launch of the High Burden to High Impact Malaria Initiative marked an important milestone in accelerating malaria control in high-burden areas through a data-driven approach. Additional gains included the elimination of mortality from Human African Trypanosomiasis and Visceral Leishmaniasis in 2025, strengthened outbreak prevention through meningitis risk assessment and confirmation of Maternal and Neonatal Tetanus Elimination, and continued integration of NCD interventions into primary health care, including WHO-supported master training of clinicians from 10 states and three administrative areas on the essential package for NCDs and mental health (PEN M) guidelines.

Building on this momentum, progress continued in strengthening national planning and governance capacity. With WHO technical support, the Ministry of Health established and mentored a core team of 17 national planners, creating a sustainable platform for annual operational planning. The team led the development and formalization of the Annual Operational Planning Manual and training guidelines, and cascaded capacity development to subnational levels. As a result, 10 of the 13 states completed Annual Operational Plans for the first time, and 65% of counties developed and finalized plans aligned with the HSSP 2023–2027. With harmonized planning tools in place and stronger managerial competencies across levels—prioritization improved, resources were better aligned, and coordination strengthened, marking a shift toward a more systematic and accountable planning culture.

At the same time, the foundations for stronger preparedness, surveillance, and response were reinforced through key technical and normative products. The national Events-Based Surveillance guidelines were validated in October 2025, followed by validation of the Hepatitis

E outbreak response guidelines in December 2025. These resources will guide training and standardize practice across a devolved health system. In parallel, laboratory strengthening advanced through the establishment of genomic sequencing capacity, initiation of subnational AMR surveillance, and development of critical tools, including the National Essential Diagnostics List, National Guidelines for Diagnostic Equipment, standardized laboratory registers, National Laboratory Infrastructure Guidelines, and an operational manual for establishing laboratory capability for *Bacillus anthracis* testing. Together, these investments support quality assurance, standardization, and long-term capacity building nationwide.

Operational performance was also strengthened through better use of data and improved accountability systems. Strategic Event Intelligence helped turn information into action, while the launch of the HERMES platform improved emergency logistics management by enabling end-to-end digital supply chain tracking—providing real-time visibility across requisitions, approvals, and deliveries. Processes that previously took weeks became transparent and trackable in real time, reducing delays and strengthening accountability. Combined with improved event intelligence, these reforms enhanced operational agility, supported earlier detection and more precise targeting, and improved stewardship of resources. Through this blend of intelligence, vaccination, system strengthening, and community engagement, Emergency Preparedness and Response helped translate data into action—averting hundreds of thousands of cases, protecting millions of people, strengthening national capacity, and positioning South Sudan close to cholera elimination by the end of 2025.

IMPACT STORY



Case management team reviewing patient charts at the Cholera Treatment Centre of Juba Teaching Hospital

Managing an explosive cholera outbreak caused by multiple importations: one-year experiences and lessons learnt

Op-Ed by Dr Humphrey Karamagi, WHO Representative for South Sudan

South Sudan has been battling its largest and longest cholera outbreak since independence in 2011. The outbreak, which began in September 2024, has now persisted for a year—testing national resilience, redefining the frontiers of outbreak control, and generating important lessons for future responses.

Response efforts have focused on: coordination of response actors through the Incident Management System; strengthened surveillance for acute watery diarrhoea (AWD); laboratory confirmation of AWD causes; quality case management, particularly for severe dehydration; risk communication and community engagement; infection prevention and control; WASH interventions; oral cholera vaccination; and logistics to sustain delivery.

Case management team reviewing patient charts at the Cholera Treatment Centre of Juba Teaching Hospital

Beyond its mandate of setting norms, standards and guidance, WHO South Sudan also supported delivery of cholera response services. Throughout the outbreak, WHO stood alongside the Ministry of Health, communities, and partners to strengthen the foundations of care. As South Sudan moves closer to ending the current outbreak, WHO calls for renewed collective commitment to sustain progress and prevent resurgence.



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In the final quarter, efforts focused on protecting hard-won gains while addressing localized cholera resurgence. A targeted oral cholera vaccine mop-up campaign vaccinated



156,297

people, bringing total annual coverage to



8,214,213

across **45 countries**.

By **December 2025**, reported cholera cases declined to



96,368,

compared to **341,668** projected without vaccination,

and affected countries dropped from 45 to six, a clear sign of decisive progress toward outbreak control. WASH interventions supported implementation of the



30-Day Cholera Knockout Plan

across ten countries, accelerating progress toward zero transmission. Nutrition interventions treated



5,000

children with severe acute malnutrition and medical complications,

while risk communication, IPC/WASH, and case management were scaled up through community-led approaches. WHO also pre-positioned emergency supplies in Bor, Fangak, Renk, and Malakal to sustain services during flooding and strengthen last-mile delivery.

In 2025, WHO support safeguarded the continuity of critical health services while expanding access to lifesaving and preventive care. Cervical cancer screening was introduced for the first time and integrated into post-abortion and family planning services in four facilities. Over **310 women** were screened,



15

precancerous cases treated, and **7,771 women** with abortion complications managed safely.

Modern contraceptive use continued to rise, reaching



252,164

users, contributing to an increase in contraceptive prevalence

from 4.7% to 6.4%, supported by national dialogue on women's empowerment and male engagement.

Maternal and perinatal death surveillance was strengthened through integration into the IDSR system, improving accountability and response. Analysis of hospital data directly informed action, including EmOC training for



55

trainers, supply chain improvements for reproductive health commodities,

and strengthened supervision to address preventable causes of maternal and newborn deaths.

WHO invested in long-term workforce sustainability by supporting the development of South Sudan's first Masters in Obstetrics and Gynecology and a Higher Diploma in Anesthesia, creating a pipeline expected to produce about



20

new specialists annually and reduce dependence on external expertise.

Evidence generated on unintended pregnancy and unsafe abortion reshaped national policy dialogue. Findings showing high levels of unintended pregnancy and unsafe abortion directly informed parliamentary discussions on the Maputo Protocol, strengthening the case for legal reform, expanded family planning, and safer reproductive health services.

Clinical quality was improved through updated Standard Treatment Guidelines, the Essential Medicines List, and the development of a comprehensive Essential Health Services Package, promoting equitable, integrated, and people-centred care nationwide. A National Quality of Care Policy and Strategy and facility standards were established, embedding quality and accountability across all levels of the system.

Access to lifesaving blood improved with strengthened transfusion services, initiation of procurement for



13

blood banks, and collection of over **680 units of blood**,

directly supporting maternal, emergency, and surgical care. A national assessment laid the foundation for a new Blood Transfusion Strategy.

Finally, governance and planning capacity reached a historic milestone. With WHO support, a national planning core team was established, an Annual Operational Planning Manual institutionalized, and standardized planning cascaded nationwide. As a result, 10 of 13 states and 65% of counties developed Annual Operational Plans aligned with the national strategy for the first time marking a major shift toward coordinated, accountable, and results-driven health system management.

Together, these achievements strengthened service delivery, saved lives, built national capacity, and laid the foundation for a more resilient, equitable, and self-reliant health system.



A dedicated nurse provides compassionate care to a pregnant woman at Gurei Primary Health Care Centre in Juba, ensuring safe and supportive maternal health services for mothers.



LEADERSHIP AND OVERSIGHT

To better align Country Office capacity with needs on the ground, 2025 marked the implementation of a structural reform. Grounded in the Regional Director's priorities and WHO's transformation agenda, the Country Office operationalizes its work through four guiding directions: **Universal Access, Resilience and Sustainability, Capacity Localization**, and **Knowledge Translation**.

To put these directions into practice, the office reorganized its work around clusters. The **Health System Development (HSD)** cluster drives system strengthening and people-centred service delivery. **Health Programmes (HP)** leads targeted interventions to reduce morbidity and mortality. **Emergency Preparedness and Response (EPR)** strengthens preparedness and response while linking humanitarian and development approaches.

The **Business Operations Cluster (BOC)** supports operational efficiency and value for money.

This structure enables WHO South Sudan to provide more focused, integrated, and responsive support across health programmes. At the centre, the **WHO Representative (WR) Office** provides strategic leadership, coordination, and oversight—aligning efforts across clusters and supporting national priorities.

By bringing expertise together and strengthening coordination, the Country Office has enhanced its ability to deliver evidence-based technical guidance, convene partners, and translate policy into timely, country-responsive action. Overall, this approach reinforces WHO's role in advancing health, resilience, and equity across South Sudan.



COORDINATION OF TECHNICAL SUPPORT



INTEGRATION OF HEALTH SERVICES

In 2025, WHO South Sudan strengthened integrated service delivery by supporting more joined-up approaches across planning, financing, service delivery, and monitoring. Collaboration with the Ministry of Health was reinforced, and improved coordination across WHO clusters helped align technical support and reduce fragmentation across programmes.

A major achievement was the development of South Sudan's national health service institutions classification tool, which clarifies facility functions, capacity parameters, and minimum service standards at each level of care. As a result,



112 facilities

from hospitals to primary care level—completed a self-assessment,

generating a standardized dataset on service readiness, functional gaps, and priority pathways for quality improvement. Operational integration was demonstrated during the nOPV2-praziquantel campaign, which reached

in Awerial, Bor South, and Renk. The intervention used integrated planning, harmonized tools, and joint supervision.

At system level, WHO supported the integration of EWARS into DHIS2, enabling outbreak surveillance indicators to be consolidated with routine health data for more consistent reporting and decision-making.

WHO also advanced the equity dimension of integration through a desk review on disability inclusion. The review identified programme-level gaps, system implications for access and quality, and data limitations. The findings are informing the design of future integration initiatives to ensure accessibility and inclusion are systematically embedded in planning and monitoring.

Across the year, programmes increasingly requested technical support to incorporate integration and equity considerations into key products. This included contributions to proposal development, technical documents such as the EPI integration guidelines, and thematic fact sheets (e.g., cancer, nutrition) to ensure alignment with national priorities and system-strengthening objectives.



129,205

people with preventive treatment for schistosomiasis



STRATEGIC HEALTH INFORMATION: DRIVING EVIDENCE-BASED HEALTH DECISIONS IN SOUTH SUDAN

In 2025, WHO and the Ministry of Health transformed health planning by replacing fragmented data with trusted, nationally owned evidence. For the first time in years, South Sudan launched flagship resources:

- + Annual Health Sector Performance Report (2024/25)
- + Health Statistical Abstract (2025)
- + Trends in Deaths by Cause (2019–2024)

These reports, together with 19 thematic factsheets, gave decision-makers clear, actionable insights. Validated mortality data revealed that 78% of deaths occur outside health facilities, and malaria remains the leading cause of facility deaths (30.98%). Advanced analysis highlighted drivers of community deaths, helping target interventions where they matter most.

South Sudan's health information systems moved from fragmented platforms to an integrated, reliable network. The biggest breakthrough was linking EWARS (Early Warning, Alert and Response System) with DHIS2, creating a single source for outbreak alerts and service data. The first national DHIS2 audit exposed gaps in reporting (only 44.3% completeness and 37.3% timeliness) and guided a Technical Roadmap to fixing by merging duplicate datasets, correcting indicator formulas, and improving data structures.

Governance reforms ensured sustainability through technical working groups that now coordinate HIS nationally and at state level, with DHIS2 support framework that guarantees regular oversight. These steps mean South Sudan now has a stronger, government-led system for health information.

South Sudan shifted from reacting to outbreaks

to anticipating them. Epidemic Intelligence and improved EWARS workflows speed up alert verification and response. Geospatial analytics identified communities with poor access to health services, enabling immunization campaigns and outbreak responses to target high-risk settlements, and not just administrative boundaries.

Preparedness improved through the second-generation National Action Plan for Health Security (NAPHS), which provides a nationally owned framework for health security investments. Hazard mapping and contingency planning now guide risk-based actions, ensuring essential services continue during floods and other emergencies.

The new HERMES platform digitized South Sudan's health supply chain. Automated workflows replaced spreadsheets and emails, giving real-time visibility of requests and deliveries. This transparency helps leadership respond faster to supply gaps and allocate resources based on actual demand and risk, reducing delays and waste.

These changes mean health decisions in South Sudan are now based on facts, not assumptions. Outbreaks are detected earlier, services reach the most vulnerable, and resources are used more efficiently. Most importantly, national teams, not external actors, are leading this transformation, ensuring sustainability and ownership.

“The ability to generate for decision-makers real time information about potential health threats is a core attribute of a functional and resilient health system.” – Dr. Humphrey Karamagi (WR, South Sudan)





COORDINATION OF FIELD OPERATIONS

In 2025, WHO teams demonstrated strategic leadership, diplomacy, and advocacy across all 10 states and three administrative areas, convening over 950 coordination meetings with humanitarian, development, and peacebuilding partners, State Ministries of Health, UN agencies, and communities.

WHO provided strategic oversight and technical leadership in line with the humanitarian-development-peace nexus, supporting evidence-based decision-making and promoting government ownership. Engagement with UN agencies, UNMISS, INGOs, NNGOs, and diplomatic missions increased WHO's visibility and influence in state-level planning, priority interventions, and policy dialogue. Key achievements included strengthened coordination and more integrated

technical assistance across the Country Office and field offices.

These efforts improved coordination efficiency, strengthened outbreak readiness and response, increased vaccination coverage, expanded access to essential services, reduced communicable disease incidence, and reinforced the capacity of state health systems to lead coordinated, inclusive, and evidence-based health action under the humanitarian-development-peace nexus.

Government ownership was strengthened through participatory leadership and technical mentoring, while communities benefited through improved outbreak readiness, reduced disease burden, and expanded access to immunization and nutrition services.



COORDINATION OF STAKEHOLDERS

THE HEALTH CLUSTER

During the year of 2025, the Health Cluster—led by WHO and co-led by the Ministry of Health, remained the principal platform for coordinating the humanitarian health response in South Sudan. As lead agency, WHO supported principled, coherent, and evidence-driven coordination across more than 90 partners, helping sustain lifesaving services during an exceptionally complex year marked by four concurrent emergencies, large-scale displacement, and recurrent outbreaks of cholera, mpox, hepatitis E, and cVDPV2.

Despite receiving only



27%
of required funding,

the Health Cluster achieved substantial operational impact. Cluster partners reached approximately



1.4 million
people across 54 counties,

delivering essential health services under highly challenging conditions.

Throughout 2025, an average of 35 partners reported monthly, reflecting strong engagement and consistent coverage across the response footprint. Beneficiary reach remained high, demonstrating partners' ability to scale up rapidly in response to outbreaks, population movements, and climate shocks.

Through its technical leadership and operational presence, WHO supported the Health Cluster to deliver coordinated, accountable, and lifesaving services to crisis-affected people across South Sudan in 2025. In 2026, WHO will continue to

strengthen subnational coordination, partner support, and evidence-driven decision-making to further improve the quality and equity of the humanitarian health response.

Key Achievements in 2025

- + Coordinated more than 90 health partners through structured national and subnational Health Cluster mechanisms.
- + Convened 25 Health Cluster coordination meetings (biweekly; alternating virtual and in-person) and facilitated continuous partner engagement.
- + Led multiple field missions to priority counties, strengthening operational readiness and targeted technical support.
- + Produced five Health Cluster bulletins and sustained monthly analysis of partner-reported achievements from around 40 reporting partners.
- + Supported timely, evidence-based multi-outbreak response (cholera, mpox, HEV, cVDPV2, flooding) through active partner engagement and resource mobilization.
- + Influenced and mobilized over US\$19 million in critical humanitarian financing (CERF and SSHF) for the overall intersectoral response, including US\$2.5 million through CERF directly to Health Cluster partners.
- + Maintained cholera case fatality rate (CFR) below 1% through coordinated case management with WHO, international and national partners, and collaboration with the WASH Cluster.
- + Coordinated the allocation and pre-positioning of essential emergency medical supplies and reinforced facility preparedness across high-risk counties.



PARTNERSHIP AND RESOURCE MOBILIZATION

Still in 2025, partnerships remained central to WHO's work in South Sudan, enabling the delivery of lifesaving interventions, strengthening emergency preparedness and response, and advancing critical health systems initiatives across the country. Through the Partnership and Resource Mobilization function, the WHO Country Office (WCO) helped build and sustain the collaborations and financial support needed to deliver its mandate. Working closely with government, donors, UN agencies, and implementing partners, WCO coordinated resources, supported service delivery, and helped ensure continuity of care amid growing

humanitarian and public health challenges.

Strengthened resource mobilization efforts to sustain essential health services

WHO South Sudan intensified resource mobilization to secure predictable and flexible funding for priority health interventions. Strategic engagement with humanitarian financing mechanisms and bilateral partners helped sustain critical operations in an increasingly complex and protracted emergency context. The WHO Country Office continued to benefit from humanitarian financing through allocations from the Central Emergency Response Fund (CERF) and the South Sudan Humanitarian

Fund (SSHF), which supported the delivery of emergency health assistance. These resources enabled WHO to sustain lifesaving services, including outbreak response, trauma and emergency care, and essential medical support for vulnerable and hard-to-reach communities across the country.

In addition, the Budget Centre received support from other donors through the WHO Regional Office for Africa (AFRO) and WHO Headquarters.

Increased engagement to strengthen relationships with partners at the country level

Throughout the year, WHO engaged strategic partners—including the European Union, Japan, Germany, Gavi, the Global Fund, France, the World Bank and USAID—to showcase the Country Office's work, respond to priority health

system needs, and advocate for sustained, predictable investment. Continued collaboration with UNICEF, the US CDC and USAID, as in-country leads for polio, supported nationwide vaccination campaigns and strengthened surveillance and laboratory capacity for acute flaccid paralysis (AFP) detection.

Enhanced donor compliance and visibility

Over the reporting period, WHO South Sudan strengthened donor compliance and visibility by ensuring timely, high-quality reporting, transparent documentation of results, and consistent recognition of partner contributions across major programmes. Compliance mechanisms were reinforced to align financial, operational, and narrative reporting with donor requirements, strengthening accountability and sustaining partner confidence.



WHO and the University of Juba's School of Medicine formalize partnership through a new Memorandum of Understanding to advance research, capacity building, and information sharing, fostering datadriven and evidence-based approaches for improved health outcomes.

Key Achievements in 2025

- + Developed and submitted 24 proposals, totalling US\$65,017,701.
- + Secured US\$40,596,014 from multiple bilateral and multilateral donors.
- + Achieved a 4% improvement in timely submission of donor reports, reflecting strengthened accountability and resource management.
- + Led and brokered eight multi-partner engagements, strengthening national public health coordination.
- + Convened 16 country-level donor meetings, reinforcing WHO's leadership, aligning strategic funding, and mobilizing support for critical health interventions.
- + Signed 13 partnership agreements with non-state actors, expanding collaboration, leveraging expertise, and enabling innovative, community-responsive programming.
- + Concluded three formal agreements supporting cholera vaccination, malaria vaccine introduction, and delivery of integrated, lifesaving services for displaced and local communities in Abyei.
- + Submitted 49 technical and financial reports, documenting implementation progress, results, and accountability.
- + Conducted two joint field visits, enabling direct observation of programme delivery and strengthening operational credibility.
- + Expanded collaboration with non-state actors to support evidence generation, capacity building, and programme implementation.
- + Established an MoU with the University of Juba to strengthen research, training, and health system development through academic collaboration

COORDINATION OF WHO OPERATIONS



PROGRAMME MANAGEMENT

Over the reporting period, programme management remained a core function of the WHO Country Office, ensuring that planning, budgeting, monitoring, and reporting processes aligned with organizational standards and national health priorities. Through strengthened oversight, the Country Office improved allocation and use of resources, supported coordinated implementation, and enabled evidence-based decision-making in support of GPW13 results. This included strategic and operational planning, budget management, performance monitoring, compliance oversight, and support to governing bodies—helping ensure WHO's work remained coherent, results-oriented, and

efficiently delivered.

Building on the prioritization exercise conducted during the year, outputs were classified as low, medium, or high priority, providing a clear foundation for planning the **2026–2027** biennium. To strengthen delivery and accountability, the System for Programme Management (SPM) was introduced as a core tool for integrated planning and monitoring. In collaboration with the Regional Office, the Country Office also reviewed the **18-month** evaluation outcomes to inform decisions and shape implementation of the roadmap for the upcoming biennium.



VISIBILITY, COMMUNICATION AND REPUTATIONAL MANAGEMENT

In South Sudan, WHO's credibility is grounded in action walking the talk. In 2025, every intervention, from outbreak response to health system strengthening, was paired with clear, transparent communication to ensure visibility, accountability, and trust.

As the saying goes, "an image is worth 5,000 words": field photos, human-impact stories, technical briefs, radio segments, and social media updates captured not only what WHO did,

but the lives it touched. By documenting and sharing results in real time, WHO strengthened partner confidence, informed policy, and empowered communities, showing that commitments translate into measurable impact.

In essence, WHO's visibility was not just about being seen, it was about being credible, accountable, and trusted, reinforcing its role as a results-oriented leader in South Sudan's health sector.

Key Achievements in 2025


30

Weekly Health Information session aired


5

Opeds posted to mark health thematic days


15

Voices from the field published


5

publications picked up by the media and partners for redistribution


24

Human Impact stories told



Daily Events and interventions covered on WCO online platforms (Website, X, Facebook, YouTube, Flickr)


4

Quarterly Donor newsletters compiled and disseminated



WHO South Sudan Health Briefing



Media Engagement Awareness Campaigns from WHO South Sudan



Media Engagement Awareness Campaigns from WHO South Sudan





PREVENTION OF AND RESPONSE TO SEXUAL EXPLOITATION, ABUSE AND HARASSMENT (PRSEAH)

As operations expanded across the country, WHO South Sudan reinforced its zero-tolerance approach to sexual exploitation, abuse and harassment (SEAH) across programmes and operations. In a high-risk context, the Country Office strengthened coordination, partner engagement, and workforce and community awareness to reduce risks, improve reporting, and support timely, survivor-centred responses.

Collaboration with the Ministry of Health remained central. The Ministry designated 28 PRSEAH focal points nationwide, and a joint WHO-MoH orientation in **January** supported rollout across all states and administrative areas, resulting in the training of **4,518** health

workers.

Community awareness was expanded through regular sessions on SEA prevention, reporting mechanisms, and access to survivor services, including referrals to One Stop Centres providing medical, psychosocial, and legal support.

PRSEAH was also integrated into emergency preparedness and response. A full-time officer supported the EPR cluster, deployed staff were vetted and briefed, and rapid risk assessments informed mitigation measures. WHO co-chaired the national UN PSEA Task Force and supported 15 state-level task forces, including in **Wau, Bentiu, Rumbek, Aweil, and Malakal**.



IMPACT STORY



Strengthening a safe environment through WHO–MoH partnership on PRSEAH

South Sudan's humanitarian context remains high-risk for sexual exploitation, abuse, and harassment, driven by extreme poverty, displacement linked to ongoing conflict, and the scale of humanitarian operations, including the presence of peacekeepers.

Against this backdrop, the WHO Country Office achieved a key milestone by training 28 formally appointed Preventing and Responding to Sexual Exploitation, Abuse, and Harassment (PRSEAH) focal points from the Ministry of Health (MoH) at national and state levels. This initiative expanded the network of dedicated PRSEAH part-time focal points from WHO and the MoH to 55, strengthening prevention, reporting pathways, and timely action.

"The nomination of the focal points from the Ministry of Health demonstrates the strong

commitment from the Ministry of Health towards preventing sexual exploitation and abuse amongst its workforce," said Dr Santo Malek, Director General of International Health and Coordination at the National Ministry of Health.

WHO remains committed to fostering an organisational culture of zero tolerance for sexual exploitation, abuse, and harassment. Under the coordination of the WHO PRSEAH Coordinator, the Country Office has strengthened PRSEAH mechanisms and coordinated actions across programmes and operations nationwide.



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Key Achievements in 2025

- + 100% of staff completed mandatory PRSEAH e-learning as part of onboarding.
- + Staff were regularly reminded of WHO's zero-tolerance policy on SEAH, core PRSEAH principles, the obligation to report any allegations of sexual misconduct, and available reporting channels
- + Established a network of 27 trained part-time PRSEAH focal points across Country Office and field offices.
- + Embedded PRSEAH within cluster and field activities.
- + Implemented 99 in-person PRSEAH activities nationwide (training and awareness sessions).
- + Reached 7,581 people directly, including WHO staff, MoH staff, NGO personnel, and community members.
- + Reached 4,518 MoH personnel and health workers through awareness and/or training.
- + Engaged 2,630 community members through community sessions to strengthen SEA awareness and reporting mechanisms.



BUSINESS OPERATIONS AND ACCOUNTABILITY

The Business Operations Cluster (BOC) supports the implementation of the WHO South Sudan's technical work with the Ministry of Health through effective and responsive management of all operations anchored on WHO's guiding policies and systems. The cluster's objective is

to promote a conducive working environment focused on achieving results in an efficient and effective manner with emphasis on value for money. During the year, cost savings and efficiency gains were realized as reflected hereunder.



WHO South Sudan held a five-day Human Capital Management Lab to train staff on the new Business Management System (BMS), which will replace the existing GSM system to improve efficiency and streamline operations.



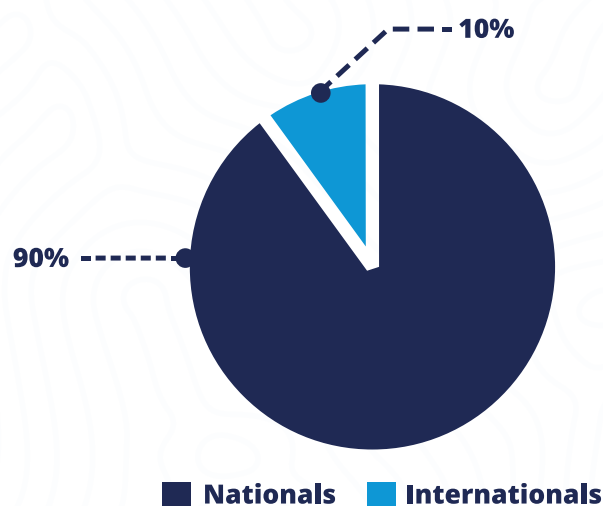
HUMAN RESOURCES

The Human Resources unit played a vital role in the Organization's Prioritization and Realignment Process, supporting the Country Office through necessary workforce restructuring and resource reductions. Despite the downsizing, HR maintained a strong focus on staff development through "Cup of Tea" discussions, which promoted open dialogue on professional and

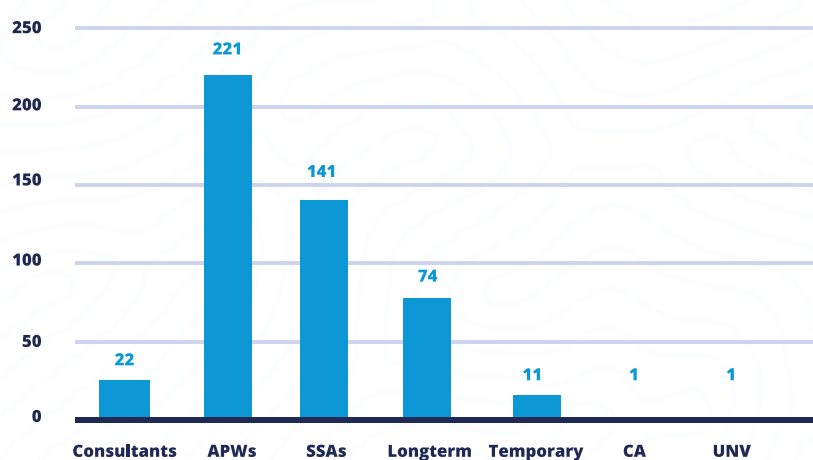
personal growth, facilitated knowledge transfer, strengthened adaptability, and supported career progression during a period of organizational transformation.

The current Country Office workforce comprises a total of 471 personnel, as categorized below.

WHO South Sudan Personel by nationality



WHO South Sudan Personel by contract type





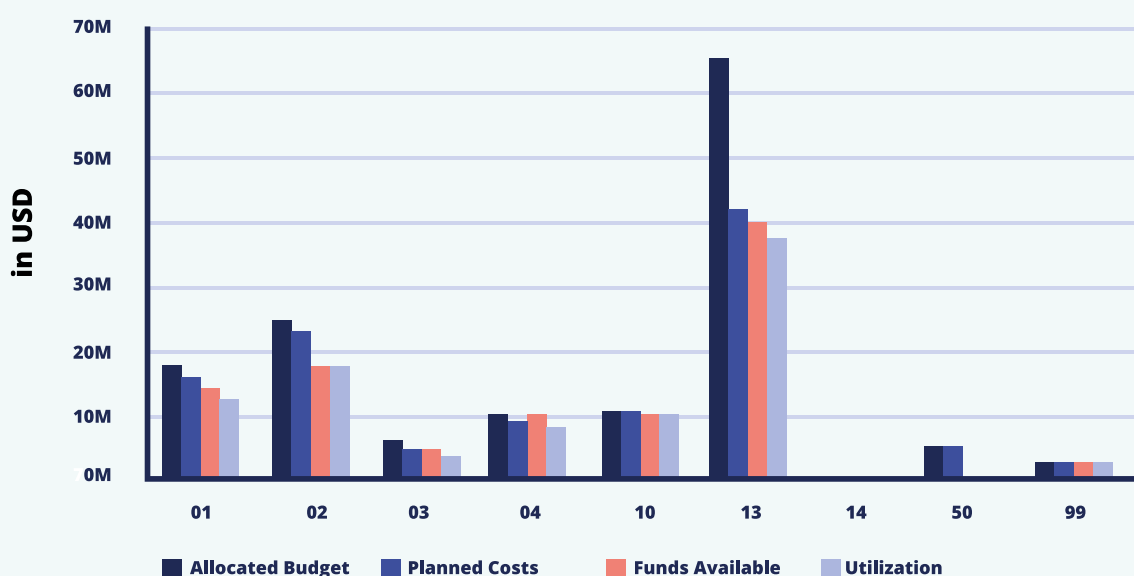
FINANCE

The Finance Programme strengthened accountability and internal controls by implementing systematic compliance measures across operations. Regular internal compliance checks were conducted through rotational assignments, in close collaboration with the integration function, helping ensure adherence to financial and operational standards in complex, high-risk environments.

In response to internal audit recommendations–

and recognising the heightened risks associated with cash handling in volatile settings–the unit strengthened cash management by procuring and deploying high-security safes for cash storage at state hubs, providing cash-counting machines to improve accuracy and reduce human error, and standardising cash-handling procedures to improve efficiency and minimise exposure to fraud or loss.

Budget Utilization by Category



Category

- 01** – Universal Health Coverage (UHC) (UCN – Communicable
- 02** – Diseases/ULC - Life Course)
- 03** – EPR
- 04** – UHC (HP – Healthier Population)
SMO – Senior Management Office/CSU -
Country Support Unit,
- 10** – POLIO,
- 13** – Emergency Operational Appeal (EOA)
- 14** – PIP
- 50** – ESPEN – Expanded Special Project for Elimination of NTDs,
- 99** – OTHERS



SECURITY

In response to budget constraints and the need to safeguard staff, WHO conducted security assessments in five states where offices were located in high-cost humanitarian hubs, with a view to identifying safer and more cost-effective alternatives. These assessments explored relocation to the State Ministry of Health (SMoH) premises, where feasible, ensuring security standards were maintained while optimizing costs.

In Rumbek, WHO negotiated a 40% rent reduction with FAO, enabling continued operation in secure and more affordable premises. In Jonglei and Aweil, offices were relocated from high-cost UN compounds to secure SMoH premises, generating significant savings without compromising staff safety. In Unity State, where SMoH premises were assessed as insecure, WHO recommended renegotiating the IOM hub lease based on depreciated container values, with potential savings of 30-40% while maintaining a safe working environment. In Western Equatoria, security concerns at SMoH premises prompted relocation to the ADRA compound, resulting in a 60% rent reduction and a secure workspace. These interventions strengthened staff safety, ensured operational continuity, and delivered substantial cost savings, demonstrating WHO's commitment to robust security risk management and resource optimization.



Fire training demo and drill for WHO staff

WHO Security conducted four road security assessments on the Malakal-Baliet, Malakal-Akoka, Juba-Bor, and Yambio-Nabialpai routes. Threats to staff safety were identified, temporary safe rooms and alternative routes were established, and preventive measures were recommended. As a result, travel-related risks were reduced, staff safety improved, and delivery of WHO health programmes in high-risk areas was maintained.

Strengthening Security Through Engagement with Local Authorities

Regular engagement with local security and civilian authorities strengthened risk mitigation, improved access and movement, and supported rapid emergency response. This collaboration enhanced situational awareness, fostered community acceptance, and helped maintain uninterrupted programme delivery in high-risk locations.

WHO Security Support to Safe Programme Delivery in High-Risk Areas

WHO Security escorts for programme teams (e.g., vaccination and polio campaigns) in remote areas such as Kapoeta East, Nimule, Jonglei, Wau and Aweil helped reduce exposure to threats, enable safe access, and deter opportunistic incidents. Coordinated route planning, real-time advisories, liaison with local authorities, and pre-mission briefings strengthened duty of care, protected cold-chain assets, and supported campaigns to proceed on schedule—sustaining programme continuity and coverage in high-risk locations.



WHO vehicle navigates a challenging rural road in Kajokeji while delivering lifesaving vaccines and medical supplies during a vaccination campaign.





PROCUREMENT AND LOGISTICS

Through targeted investments, the logistics unit established cost-effective and secure warehousing that enabled timely pre-positioning of lifesaving supplies for hard-to-reach and crisis-affected areas.



Pre-fabricated units were installed in Renk (Upper Nile) and Unity State,



additional space was secured at the Regional Medical Store in Wau to serve Greater Bahr el Ghazal, and three mobile storage units were set up in Gumbo, Juba.



Together, these measures saved around **US\$350,000** in warehousing costs,



reduced reliance on expensive emergency transport,



and helped ensure continuity of humanitarian assistance despite access and security constraints.

Using the UN Mutual Recognition Policy, the procurement unit established LTAs for hotels, in-country air cargo, clearing and forwarding, insurance, water, fuel, and internet—reducing contracting lead times and improving value for money. A nationwide supplier mapping and market survey is also expanding the supplier base and helping recalibrate costs.

To sustain field operations as UNMISS and WFP scaled down, WHO relocated field offices into State Ministries of Health premises, reducing annual colocation costs from US\$290,000 to zero while reinforcing government ownership. In ICT, switching to Starlink generated US\$400,000 in annual savings, and solar backup systems for servers and key offices strengthened business continuity during power outages and supported greener operations.





PERSPECTIVES FOR 2026: Supporting “Health in all contexts”

WHO's support to South Sudan in 2026 will be guided by the theme “Health in All Contexts.” This theme recognizes that health service delivery will continue to take place within a complex environment shaped by persistent political, economic, environmental and social challenges, both within South Sudan and in the wider region. It also reflects the uncertainty surrounding the conclusion of the revised Transitional Government of National Unity and the planned national elections in December 2026, which may further influence stability, mobility, and access to services.

Building on lessons from 2025, WHO affirms that with consistent and sustained engagement, communities in South Sudan can continue to access and utilize essential health services even in fragile and fluid contexts. “Health in All Contexts” therefore underscores WHO's commitment to adapt programming,

partnerships and delivery models to ensure continuity, equity and resilience of health services regardless of insecurity, climate shocks, population movements or governance transitions.

In 2026, WHO priorities will focus on consolidating progress achieved in recent years while strengthening the capacity of the health sector to prevent, respond to and recover from public health emergencies, alongside the delivery of equitable, resilient and people-centered health services in all settings. Building on national sector priorities, efforts will emphasize protecting populations from preventable diseases and shocks, sustaining essential services during crises, and ensuring that system-level reforms translate into tangible improvements for vulnerable and hard-to-reach communities.





A strong emphasis will be placed on sustaining and expanding access to essential health services across the life course, even in the most challenging environments. Immunization will remain a central entry point to protect populations, close remaining immunity gaps and prevent outbreaks, while serving as a platform to integrate additional high-impact interventions. Prevention, early detection and treatment of priority communicable diseases—including malaria, tuberculosis, HIV/STIs and neglected tropical diseases—will continue, alongside the progressive integration of non-communicable disease services such as mental health and chronic disease care into primary health care. This approach reflects WHO’s commitment to delivering comprehensive care that responds to both immediate and long-term health needs in all contexts.

Emergency preparedness, response and recovery will remain central to safeguarding health gains. In line with the “Health in All Contexts” theme, priorities will include strengthening early warning and surveillance systems, improving the use of data for anticipatory action, and reinforcing rapid response capacities to contain outbreaks and health emergencies wherever they occur. Focus will be placed on emergency coordination mechanisms, pre-positioning of supplies, mobile and outreach services, and maintaining continuity of essential health services during shocks such as floods, displacement or disease outbreaks. Recovery efforts will prioritize restoring and strengthening routine services after emergencies, integrating lessons learned into planning and operations, and building resilience at community, facility and system levels.

Health system strengthening will underpin all priorities. WHO will focus on improving the functionality and quality of health facilities across diverse settings, strengthening referral pathways, ensuring reliable access to essential medicines, diagnostics and health technologies, and addressing critical health workforce gaps through improved planning, deployment and capacity development. Greater emphasis will be placed on quality of care, patient safety and trust in the health system, alongside strengthened use of health information for planning, monitoring and accountability. These efforts will ensure that the health system remains responsive and reliable, even under conditions of uncertainty and stress.

Finally, 2026 will prioritize stronger governance, planning and sustainable financing to support implementation at scale in all contexts. This includes reinforcing operational planning, coordination and accountability across all levels of the health system, improving alignment of resources with national priorities, and strengthening partnerships with government, communities, humanitarian and development actors. Under the “Health in All Contexts” framework, governance and financing will be key to ensuring that health services are sustained through political transitions, emergencies and long-term recovery.

Together, these priorities aim to ensure that health remains protected and promoted in every setting—stable or fragile, urban or remote, during crisis or recovery—so that all people in South Sudan can access the essential health services they need, when and where they need them.





“WHO South Sudan extends its sincere appreciation to its donors and partners for their continued trust, collaboration, and support.

Through these collective efforts, WHO and its partners have been able to deliver meaningful impact, strengthen health systems, and improve health outcomes for communities across the country.”



THE GOVERNMENT OF THE GRAND DUCHY OF LUXEMBOURG



The WHO Regional Office for Africa

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Africa is one of the six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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