






Public Health Situation Analysis (PHSA)

| Typologies of emergency | Main health threats | WHO grade | Security level (UNDSS) ¹ | INFORM (2025) ² |
|--|--|--|--|--|
|  Conflict  Food security  Migration  Epidemics  Flooding | Cholera Malaria Malnutrition Non-communicable Diseases (NCD) Trauma and Injuries Maternal and Neo-natal Health Risks Measles | Protracted Humanitarian crisis (G3) Food Insecurity and Malnutrition (G3) Sudan Crisis (G3) Flood (Not Graded) Cholera (G3) Mpox (G2) | Across all states in South Sudan, risk is <i>Substantial</i> (Level 4) | Risk Index: 8.5/10 (<i>Very High</i>) 2025 Global Risk Ranking: 1 of 191 countries |

SUMMARY OF CRISIS AND KEY FINDINGS

Tensions are running high in South Sudan in recent weeks, with the country likely to slip toward a renewed conflict and political upheaval.³

The conflict in Nasir County has deepened nationwide instability, while continued delays in implementing the Revitalized Agreement on the Resolution of the Conflict in South Sudan (R-ARCSS) are fuelling political uncertainty.⁴ Ongoing power-sharing disputes, rising ethnic tensions, cross-border incursions from Sudan, and complex regional dynamics are compounding the crisis and heightening risks to humanitarian operations.⁵

In March, tensions escalated in Nasir, Baliyet, Ulang, Longochuk, Manyo and Panyikang counties of Upper Nile State, following clashes between government forces and armed groups in Nasir town on 4 March.⁶ By early April, relentless armed clashes along the Sobat River corridor, especially in Nasir, Ulang and Longochuk Counties, have led to the forced displacement of an estimated 80 000 persons in those three counties.⁷ Furthermore, population displacement into the Gambella Region of Ethiopia of as many as 23 000 persons, mostly women and children, has also occurred. Clashes were also reported in parts of Western Equatoria, Central Equatoria and Unity states.⁸

The northern part of the Greater Upper Nile region (Upper Nile State) is the hardest hit by the escalating conflict. Aside from being one of the most food insecure states in South Sudan, it is also where the majority of the 1.1 million people who fled the Sudan war into South Sudan arrived, adding to the humanitarian needs.⁹ An average of 17% of children across all counties in Upper Nile state are malnourished.¹⁰

The fighting in parts of the country has deepened a severe public health crisis. Health facilities data reveal a spike in cases of diarrhoea, malaria and pneumonia, in counties affected by fighting in Upper Nile State, which are set to worsen during the rainy season.¹¹

More broadly, there are concurrent outbreaks across South Sudan. Nine states are impacted by the ongoing cholera outbreak. Other disease outbreaks also continued to be reported including Hepatitis E in Rubkona County in Unity, Fangak County in Jonglei, Wau County in Western Bahr el Ghazal, Twic County in Warrap and Abyei area; mpox in Juba County, Central Equatoria and Malakal; and measles in Yambio, Western Equatoria, Juba in Central Equatoria, and Twic in Warrap State.¹²

The conflict in Sudan has deepened a complex, protracted humanitarian crisis in South Sudan characterized by food insecurity, malnutrition, displacement, and the erosion of livelihood systems. In February, armed clashes in counties along the Sobat-River corridor caused widespread civilian displacement threatening to disrupt humanitarian access.¹³

More recently, changes in the humanitarian funding environment since January risks disrupting the provision of basic services for vulnerable population groups entering the country from Sudan, as well as for communities across the state. A total of 9.3 million people need humanitarian assistance this year.¹⁴

The sheer volume of arrivals is overwhelming South Sudan's limited infrastructure, particularly in border areas where congestion in transit centres heightens protection.¹⁵ South Sudan hosts over 500 000 refugees and asylum seekers with Sudan as the primary country of origin accounting for 94% of refugees, followed by DRC (3%), and Ethiopia (1%).¹⁶ Since the onset of the Sudan crisis, over one million people have arrived in South Sudan seeking safety.¹⁷

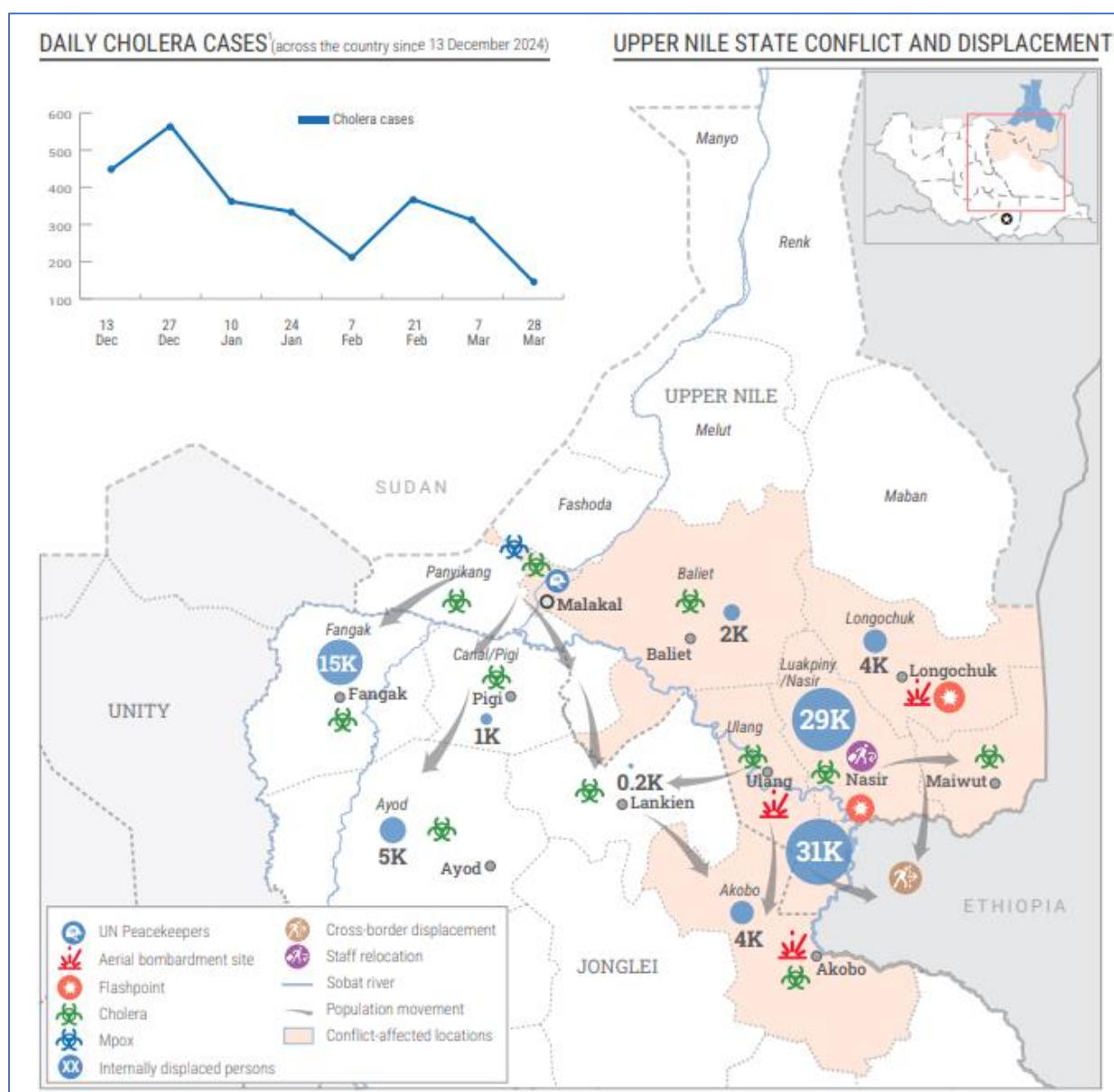


Figure 1- Upper Nile State Conflict and Displacement (OCHA, 2025)¹⁸

HUMANITARIAN PROFILE



Humanitarian Needs and Response Plan (HNRP)

The 2025 HNRP will focus on people in greatest need, based on rigorous and impartial evidence. With 9.3 million people in South Sudan requiring humanitarian assistance, the HNRP for 2025 requires US\$ 1.7 billion to target 5.4 million people.²³ Since 2015, the estimated number of people to need some form of humanitarian assistance has increased from 6.4 million to 9.3 million in 2025 – nearly three-quarters of South Sudan’s population of 13.4 million.²⁴

A severe funding shortfall has left the 2025 HNRP only 10% funded, leading to cuts in essential services, including maternal health, sexual and reproductive health, and gender-based violence prevention and response. The suspension of U.S. aid, alongside broader donor reductions, is further compounding vulnerabilities and escalating both humanitarian and security risks.²⁵

A report by CGD found in February 2025 that South Sudan is one of eight of the poorest countries in the world which relies on the US for more than one fifth of their assistance.²⁶ The economies of these eight low-income countries are so small that aid makes up an average of 11% of their total income (based on available GNI data for seven countries). With USAID providing 30% of that support, the freeze could create a shortfall equivalent to over 3% of GNI—a potentially major economic shock for countries that are home to 410 million people.²⁷

The HNRP for 2024, was severely underfunded.²⁸ From January to December 2024, an estimated 4.6 million people, were reached with humanitarian assistance. This represents nearly 78% of the 5.9 million people targeted as only 68% of the requested \$1.8 billion in funding was received.²⁹

Internal Displacement

Over 2 million people remain internally displaced in South Sudan due to years of subnational violence and the impact of climate change, including floods and dry spells.³⁰

Since February 10, 2025, more than 84 000 people have been displaced internally and to neighbouring countries. The continuous conflict has caused numerous deaths, and has severely impacted Juba County, exacerbating existing challenges and creating new ones. In addition to hosting urban refugees, the new influx of internally displaced persons in Juba is putting a strain on the City’s resources and infrastructure with some of them facing dire humanitarian situations including inadequate food and water.³¹

An initial estimate, based on an emergency assessment in Nasir, Ulang and Longochuk counties reported dozens of civilians killed and over 80 000 people displaced by armed clashes and airstrikes, including some 35 000 people who fled to Gambella region in Ethiopia. Clashes were also reported in parts of Western Equatoria, Central Equatoria and Unity states.³²

In Central Equatoria, increased tension in Yei, Kajo-keji, Lainya and Morobo counties forced an unconfirmed number of people to flee for safety, while others fled towards the border with Uganda. Humanitarian agencies reported that some 4 000 people moved into Juba IDP camps in March as a precaution while tensions and fears of intercommunal violence are high.³³ An unconfirmed number of

new arrivals have also been reported in Malakal Protection of Civilians site, which is already congested with about 42 000 people sheltering at the location.³⁴

Sudan Refugee Crisis

By the end of March, over 1.1 million people have arrived in South Sudan from Sudan since conflict started in April 2023, further worsening an already dire humanitarian crisis.³⁵ Of these, (70%) are South Sudanese nationals returning home, whilst the rest includes over 200 000 Sudanese refugees as well as smaller numbers of other foreign nationals.³⁶ The sheer volume of arrivals is overwhelming South Sudan's limited infrastructure, particularly in border areas where congestion in transit centres heightens protection, gender-based violence (GBV) and health risks.³⁷

Conflict and Humanitarian Access

Across South Sudan, communal violence remains the primary driver of conflict, exacting a heavy toll on people across the country. Notably, tensions between Government security forces, and National Salvation Front splinter groups continue to threaten security and protection of civilians across the Greater Equatoria region, countering the terms of the Cessation of Hostilities signed by both parties.³⁸

In January 2025, the humanitarian community in South Sudan continued to face constraints in delivering life-saving humanitarian services, with 33 access incidents – including bureaucratic access impediments, violence, threats to assets, facilities and personnel and physical access impediments – reported across the country. Incidents of violence and threats against humanitarian assets, facilities and personnel perpetuated by various armed groups continued to occur across the country, endangering staff and jeopardizing essential humanitarian operations.³⁹

Médecins Sans Frontières (MSF) has strongly condemned the armed looting of hospitals and premises in Ulang, Upper Nile state on 14 April 2025. The attack on Ulang hospital is part of a broader pattern of insecurity affecting healthcare in the area. In January 2025, two clearly marked MSF boats carrying six staff were attacked by armed men while returning to Ulang after delivering medical supplies to Nasir County hospital. That incident forced MSF to suspend all outreach activities in the region.⁴⁰ Two members of Oxfam staff were killed in an armed robbery in February 2025 in the town of Motot in Jonglei State.⁴¹

Food Insecurity

The latest IPC Acute Food Insecurity (AFI) analysis projected that Longochuk, Nasir and Ulang counties would experience area-level IPC AFI Phase-4 between April and July, 2025.⁴² An average of 17% of children across all counties in Upper Nile state are malnourished.⁴³

South Sudan is one of the top five of 18 globally identified hunger hotspots, with high levels of food insecurity due to multiple shocks such as flooding, insecurity, displacement and inflated cost of living.⁴⁴ An estimated 6.1 million people are at risk of experiencing high levels of acute food insecurity IPC Phase 3 or above (Crisis or worse) including some 31 000 South Sudanese returnees at risk of Catastrophic level (IPC Phase 5) between December 2024 and March 2025.⁴⁵

Sustained humanitarian food assistance is essential to offset more severe hunger, widespread malnutrition and excess mortality. At the time of writing, however, Longonchuk, Nasir and Ulang are classified “no-go” areas for UN agencies, including WFP.⁴⁶ With the rainy season approaching, WFP faces a narrowing window to preposition food in hard-to-reach areas. If WFP is unable to utilise vital river routes due to active conflict, it may have to use airdrops, a last resort for humanitarian assistance and up to 15 times more expensive than road or river deliveries in South Sudan.⁴⁷

Vulnerable Groups

- **Women and Girls:** With high levels of food insecurity and now widespread flooding, women and girls are suffering the most as they now must travel further, even across active conflict spots, to access food. The food crisis is likely to escalate, as the conflict is forcing people to flee their homes with crops yet to mature, and in most areas, water levels are rising.⁴⁸
- **Sudanese Refugees:** People fleeing Sudan face extreme protection risks along treacherous routes to South Sudan, with many – especially women and girls – exposed to violence and gender-based abuse and arriving in poor physical and psychological conditions.⁴⁹

- **Returnees from Sudan:** For those who reach their destinations, reintegration poses severe challenges. Returnees face crippling food insecurity in communities already affected by floods and economic hardships. Access to health care and education is vastly limited, compounded by the scarcity of facilities, personnel and supplies. Many returnees lack civil documentation, affecting their access to basic rights and services. Land ownership and eviction issues further complicate access to secure, affordable housing, with prohibitive land costs making stability a distant goal.⁵⁰
- **Persons with Disabilities:** The HNRP 2025 report that 15% of those in need have disabilities.⁵¹ More broadly, when climate disasters strike, people with disabilities are more likely to die than those without disabilities, be injured and suffer property damage. A total of 39% of people with disabilities have a lot of difficulty or cannot evacuate during a sudden disaster.⁵²
- **Older People:** The HNRP 2025 report that 7% of those in need are older people, with specific needs during humanitarian crises.⁵³

HEALTH STATUS AND THREATS

Population mortality: South Sudan struggles with some of the worst health indicators in the world. After decades of conflict, the vast majority of South Sudan's population lacks access to essential health services, safe water, and sanitation. In South Sudan, the current population is 11.4 million as of 2023 with a projected increase of 60% to 18.3 million by 2050.⁵⁴ In South Sudan, life expectancy at birth (years) has improved by 6.67 years from 51.9 [50.7 - 53] years in 2000 to 58.6 [57.2 - 59.8] years in 2021.⁵⁵ The most common causes of death for males and females in South Sudan in 2021 were lower respiratory infections, diarrhoeal diseases, HIV/AIDS, malaria and stroke.⁵⁶

| MORTALITY INDICATORS | South Sudan | Year | Source |
|---|-------------|------|------------|
| Life expectancy at birth ⁵⁷ | 58.6 | 2021 | WHO |
| Crude mortality rate (per 1000 people) ⁵⁸ | 11 | 2021 | World Bank |
| Infant mortality rate (deaths < 1 year per 1000 births) ⁵⁹ | 64 | 2022 | UNICEF |
| Child mortality rate (deaths < 5 years per 1000 births) ⁶⁰ | 99 | 2022 | UNICEF |

Vaccination coverage: South Sudan is home to one of the largest cohorts of zero-dose children in the world (72 096 children in 2022).⁶¹ Vaccine-preventable disease burden looms large due to limited coverage in immunization programmes, with many children and adults vulnerable to diseases including measles, yellow fever and poliovirus.⁶²

| VACCINATION COVERAGE DATA ⁶³ | South Sudan | Year | Source |
|---|-------------|------|--------|
| DTP-containing vaccine, 1st dose | 76% | 2023 | WUENIC |
| DTP-containing vaccine, 3rd dose | 76% | 2023 | WUENIC |
| Polio, 3 rd dose | 72% | 2023 | WUENIC |
| Measles-containing vaccine, 1st dose (MCV1) | 72% | 2023 | WUENIC |

COVID-19 Vaccination: In South Sudan, the Ministry of Health set an ambitious goal to vaccinate over 80% of the population aged 18 and above by the end of 2024. In early 2024, South Sudan vaccinated over 51% of the targeted population and significantly boosting overall vaccination rates through successful COVID-19 campaigns in Terekeka, Central Equatoria State; Kapoeta South, Kapoeta North, and Ikwotos, Eastern Equatoria State; Ezo and Tambura, Western Equatoria State; Aweil East and Aweil North, Northern Bahr El Ghazal State; and Gogrial West and Tonj North, and Warrap State.⁶⁴

While vaccine mis/dis-information still exists and is widely thought to be responsible for vaccine hesitancy, many residents in various parts of the State are opting to receive vaccinations as social and behavioral change, and community engagement interventions take root in the communities.⁶⁵

DISEASE RISK ANALYSIS

| SOUTH SUDAN: KEY HEALTH RISKS IN COMING MONTH | | |
|---|------------------|---|
| Public health risk | Level of risk*** | Rationale |
| Cholera | | The current cholera outbreak was declared in September 2024. ⁶⁶ While case numbers stabilized in 'cholera hotspots' like Rubkona and Juba as of mid-January 2025, substantial increases in cases and deaths across several counties have been observed since February, including outbreaks in hard-to-reach counties. Due to the on-going conflict in several Upper Nile counties, especially Nasir, Ulang and Baliet, reporting and case management of cholera cases have been severely affected. Significant underreporting and delayed or total lack of clinical case management have ensued. |
| Malaria | | The current health landscape is grim, with malaria standing as the leading cause of death and illness, affecting half of the population. ⁶⁷ The country grapples with one of the highest malaria incidence rates in the region. ⁶⁸ As of November 2024, a surge in malaria has been reported in Jonglei, Unity, Upper Nile, Northern Bahr el Ghazal, Central Equatoria and Western Equatoria states – overwhelming the health system and exacerbating the situation and impact in flood-hit areas. ⁶⁹ |
| Malnutrition | | Approximately 4.3 million children under age 5, adolescent girls and PLW will need lifesaving nutrition treatment and preventive care. ⁷⁰ About 650 000 children under age 5 are at risk of severe acute malnutrition, 1.4 million children at risk of moderate acute malnutrition and 1.1 million mothers requiring urgent treatment. In 49 counties, acute malnutrition rates exceed the emergency threshold of 15%. ⁷¹ |
| Non-communicable Diseases (NCD) | | The incidence of NCDs in South Sudan is rising, and WHO estimates that 28% of all deaths occurring in the country are due to NCDs. ⁷² Despite the rising cases and deaths, only 10% of primary health centres (PHCs) provide NCD services. ⁷³ |
| Trauma and Injuries | | Entrenched patterns of violence involving armed youth, such as cattle raiding, border disputes and retaliatory attacks, are predominant drivers of violence. ⁷⁴ During the second quarter of 2024, UNDSS documented 1062 victims of intercommunal and political violence, representing a 43% increase in the number of incidents documented in the same period in 2023. ⁷⁵ Furthermore, explosive ordnances also pose a risk to the population in South Sudan. Since 2004, more than 5000 people have been killed by these devices. ⁷⁶ |
| Maternal and Neo-natal Health Risks | | South Sudan has one of the highest maternal mortality ratios in the world, with an estimated 789 maternal deaths per 100 000 live births. ⁷⁷ On average, South Sudanese women give birth to seven children and only 11% of mothers give birth in a healthcare facility. ⁷⁸ Emergency obstetric care services remain limited. ⁷⁹ Around 75% of all child deaths in South Sudan are due |

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| | | to preventable diseases, such as diarrhea, malaria and pneumonia. ⁸⁰ |
| Measles | | Given the country's challenging context and suboptimal immunization coverage, there have been outbreaks of measles. ⁸¹ In 2024, as of 4 October 2024, 3 200 suspected measles cases were reported with 184 (5.75%) lab- confirmed and 793 Epi-linked cases. ⁸² |
| COVID- 19 and acute respiratory tract infection (ARTI) | | The most common causes of death for males and females in South Sudan in 2021 was lower respiratory infections. ⁸³ South Sudan faces a high burden of acute respiratory infections that currently account for at least one-third of outpatient consultations with children under five years being the most affected (2019). ⁸⁴ |
| Mental Health Conditions | | The prevalence of mental disorders such as depression, anxiety disorders and post-traumatic stress disorder among South Sudanese is high. ⁸⁵ WHO estimates that in settings affected by humanitarian emergency, such as the case of South Sudan, one in five people is likely to suffer a mental health condition. ⁸⁶ |
| Hepatitis B and C | | Hepatitis is a major public health threat in South Sudan, with all forms of the virus endemic. There are no adequate statistics on the disease. In 2018 the prevalence of Hepatitis B Virus was 11.5% and Hepatitis C Virus at 2.5%. ⁸⁷ |
| Hepatitis E and Acute Jaundice Syndrome (AJS) | | As of November 2024, Unity state was reporting over 1300 cases of the hepatitis E virus since the outbreak in March, primarily in the Bentiu displaced persons camp and in Rubkona and Bentiu towns. On 17 July, an outbreak of the hepatitis E virus, linked to the influx of people from the Sudan, was declared in the Abyei Administrative Area. ⁸⁸ |
| Meningitis | | By May 19, 2024, three cases were reported from Aweil West, East, and South Counties. This brings the cumulative number of recorded meningitis cases across South Sudan to 125 including 17 deaths (Case fatality rate: 13.6%). ⁸⁹ |
| Protection Risks (including GBV) | | In 2025, over 5.5 million people will require urgent protection support due to conflict, displacement and climate crises. Women and children are at increased risk of GBV, including sexual assault and intimate partner abuse. Minority groups, people with disabilities and displaced individuals often face discrimination and lack essential resources and documentation. Arrivals from Sudan strain local services, raise tensions with resident communities and increase humanitarian needs. |
| Human immunodeficiency virus (HIV) | | HIV/AIDS was the third most common cause of death in South Sudan in 2021. HIV prevalence in South Sudan has progressively been reducing over the past three years. The estimated adult (15-49) HIV prevalence stands at 2.1%, with females at 2.6% and males at 1.5% (2022). ⁹⁰ |
| Mpox | | On 7 February 2025, a mpox outbreak was declared in South Sudan after identifying one patient in Juba. The case originates from Uganda where a mpox outbreak is ongoing. South Sudan became the 22nd country to be affected by mpox in Africa. ⁹¹ The outbreak has affected four of South Sudan's neighbors. ⁹² |
| Rift Valley Fever | | In June 2024, the WHO warned that across the Horn of Africa, floodwaters are serving as a breeding ground for mosquitoes, which elevates the risk of vector-borne disease outbreaks, including malaria, dengue, and Rift Valley Fever. ⁹³ |

| | | |
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| Dengue Fever | | South Sudan has an age adjusted death rate for dengue for the country which is 0.02 per 100 000 of population with South Sudan being ranked #76 in the world. ⁹⁴ |
| Yellow Fever | | A yellow fever outbreak was declared on the 24 December 2023, following confirmation of one suspected case notified to Ministry of health on 21 December 2023. As of 22 September 2024, a total of 139 suspected cases and three Laboratory confirmed have been reported including six deaths. Male account for 71 (51%) of the total cases reported. ⁹⁵ |
| Ebola (EVD) | | South Sudan has no ongoing Ebola Virus Disease (EVD) outbreak. However, neighbouring countries, such as the Democratic Republic of Congo (DRC) and Uganda, have experienced EVD outbreaks in recent years (2020 and 2022). |
| Sexually Transmitted Infections (STI) | | South Sudan has an enormous STI burden, linked to poor pregnancy outcomes - stillbirths, low birthweight/ prematurity, neonatal death, and congenital disease in the new-born. In addition, a cervical cancer screening programme is yet to be established. ⁹⁶ |
| Tuberculosis (TB) | | TB is estimated at 227 cases per 100 000 population in 2023. The rate of drug-resistant TB (DR-TB) is estimated at 4.7 cases per 100 000 population, which amounts to 510 cases. ⁹⁷ |
| Anthrax | | Cases have been reported across four counties in two states in South Sudan since 2024. ⁹⁸ |
| Snakebites | | Access to proper treatment is limited, with quality antivenoms costing several times the yearly salary of a farmer in South Sudan, for example - a population that is particularly affected. ⁹⁹ Following the floods in several counties, a total of 106 incidents have been reported in the past nine weeks mainly from Warrap, Northern Bahr el Ghazal, Pibor, Lake, Jonglei, and Unity states. ¹⁰⁰ |
| Visceral leishmaniasis (VL) | | Over 90% of global cases are from one of seven countries, including South Sudan. VL generally affects poor and neglected populations living in remote rural areas. ¹⁰¹ |
| Poliovirus type 2 (cVDPV2) and Wild poliovirus | | In 20245, the total number of confirmed acute flaccid paralysis Polio cases at 13. ¹⁰² |
| Neglected Tropical Diseases (NTD) | | In South Sudan, 19 NTDs are endemic and act as an obstacle to socio-economic development and quality of life of the South Sudanese people. ¹⁰³ |
| Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month. Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months. | | |

Cholera

Across South Sudan, the outbreak was declared on the 28 of October 2024.¹⁰⁴ The current outbreak is unusual in several aspects, including its timing - as it emerged at the end of the rainy season rather than during the typical beginning or peak - and a different *V. cholerae* serotype compared to previous outbreaks, which was introduced to the country.¹⁰⁵ Since 2006, the country has registered 8 cholera outbreaks.¹⁰⁶ The influx of displaced people arriving in overcrowded conditions with limited access to clean water and sanitation has amplified the risk of cholera transmission in both the transit centres and host communities.¹⁰⁷

The cholera outbreak, declared on 28 September 2024, has ravaged Upper Nile State with 5059 and 74 deaths (Case Fatality Rate [CFR] = 1.5%) reported as of 15th April 2025¹⁰⁸. An additional 2154 cases, including 24 deaths (CFR = 1.1%), were reported during this period from Akobo County, bordering Ulang County.

Ongoing armed clashes in high-risk areas such as Nasir, Ulang, Baliet and Panyikang have severely restricted access to regular health service provision, nutritional rehabilitation supplies and safe water and sanitation. This insecurity has disrupted essential water and hygiene services and reduced cholera testing and case management treatment capacity. This set of factors has led to gaps in the cholera emergency response, for example the inability to confirm suspected cases in Longochuk County due to the insecure logistics pipeline preventing timely and effective deployment of cholera investigation kit supplies.¹⁰⁹ The resultant lack of reliable information on the number of cases and deaths in those counties is itself an emergency, concealing the true scale of the outbreak.¹¹⁰

In Upper Nile, reported cholera cases skew toward the young. The median age of cases is 16 years with an interquartile range of 4 to 31 years. Children aged zero to four are most affected (24.9% of all cases).¹¹¹ Deaths due to cholera occur most frequently in children aged 5–14 years – a ten-year age band – with 21% of all deaths followed by children aged less than five years (18%). Deaths in adults aged 60 years and older comprised 13% of all cholera-related fatalities.¹¹² The cumulative case fatality rate (CFR) since the start of the outbreak is 1.9%, thus exceeding the standard CFR for cholera of less than 1%.¹¹³ The sex ratios for cases (1.2:1) and deaths (1.4:1) are higher in males compared to females. Data from Renk County reveal that 44% of cases are among returnees and 23% among refugees, underscoring the significant impact of conflict-induced population movements on transmission patterns.¹¹⁴

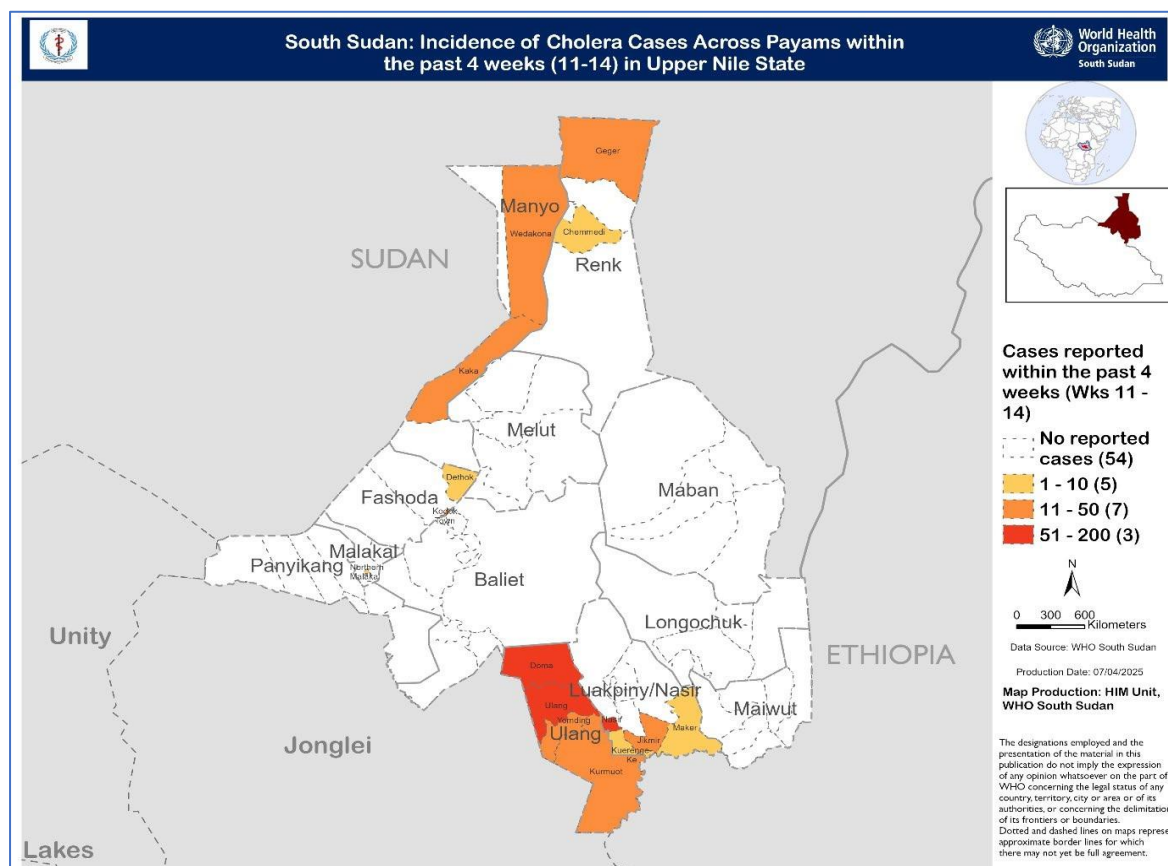
Geographically, the cholera burden – as manifested by the number of cases, deaths and the CFR – is disproportionately distributed across Upper Nile. While Malakal and Renk Counties account for 38% and 17% of reported cases respectively, 69% of all cholera-related fatalities have occurred in Ulang (41%) and Nasir (28%) counties – the counties with the highest level of armed conflict and population displacement.¹¹⁵

The situation is further compounded by the repercussions of conflict. Direct attacks on health facilities and persistent insecurity hamper the implementation of Oral Cholera Vaccination (OCV) campaigns. While campaigns were completed in Malakal and Renk in early January and point-of-entry vaccination is ongoing in Renk, planned OCV campaigns in Ulang, Nasir and Baliet have yet to start because of security challenges.¹¹⁶

As above, due to the on-going conflict in Upper Nile, reporting and cholera response in Nasir, Ulang, Longochuk and Baliet Counties have been severely affected, likely leading to significant underreporting. While case numbers have stabilized in hotspots like Rubkona and Juba as of mid-January, a concerning increase in cases and deaths has been observed since February, including outbreaks in hard-to-reach and particularly so in conflict-affected counties. This trend suggests that cholera is continuing to spread and is likely to escalate further with the onset of the rainy season. With a cholera outbreak being declared in Sudan in August 2024¹¹⁷ and ongoing conflict driving cross-border movements, cholera cases in South Sudan were likely to appear.

In February 2025, 4.1 million doses of OCV were secured for use in areas with confirmed cases to tackle the cholera outbreak in hotspots nationwide. The vaccination sites have witnessed a significant

turnout of individuals eager to get vaccinated, representing a crucial step toward their health and safety.¹¹⁸ To-date, oral cholera vaccines (OCV) have been administered to 5.33 million persons aged one year and older in South Sudan (overall OCV coverage 89.7%).¹¹⁹



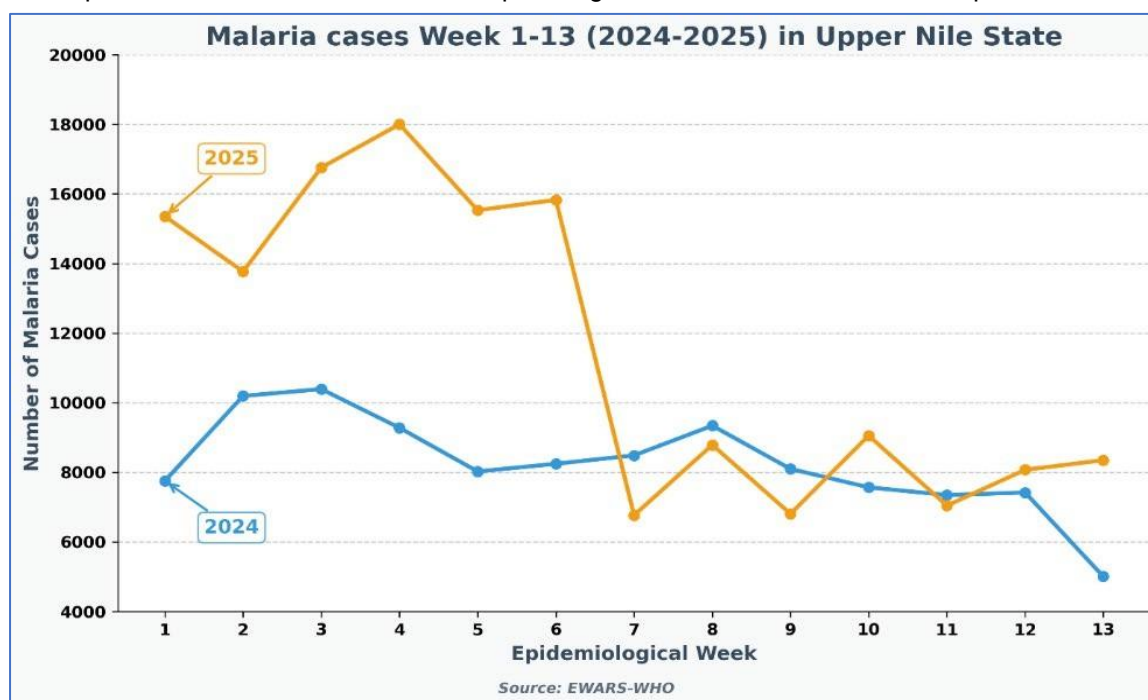
With the country's limited WASH infrastructure, further worsened by displacement and the 2024 floods, the risk of a widespread outbreak was high.¹²⁰ Rural sanitation is significantly underserved, with over 60% practicing open defecation (2024). Watery diarrhoea is chronic, particularly in counties identified with high rates of open defecation and lack of access to rural WASH services.¹²¹

Malaria

Across South Sudan, the current health landscape is grim, with malaria standing as the leading cause of death and illness, affecting half of the population.¹²² The country grapples with one of the highest malaria incidence rates in the region. The 2021 World Malaria Report estimates that about 8 750 malaria cases are reported daily, and about 20 people die of malaria daily in South Sudan.¹²³

As of November 2024, a surge in malaria has been reported in Jonglei, Unity, Upper Nile, Northern Bahr el Ghazal, Central Equatoria and Western Equatoria states – overwhelming the health system and exacerbating the situation and impact in flood-hit areas.¹²⁴

Malaria remains the predominant cause of illness and death in Upper Nile, with cases surging by 36% – from 110 000 to 150 000 – between weeks 1 to 12 in 2025. In week 13 of 2025 alone, a total of 47 876 malaria cases were reported, across the county affected areas. Although malaria-related deaths have decreased from 158 to 56, the rapid rise in cases underscores that conflict-driven factors – such as displacement into overcrowded camps, stagnant water bodies, and disrupted vector control



measures – are intensifying transmission. The conflict has weakened routine health services and jeopardized the distribution of mosquito nets and antimalarial drugs, making the control of this epidemic exceptionally challenging.¹²⁵

Transmission is year-round and peaks between July and November. *Plasmodium falciparum* is the dominant species, accounting for 93.1 % of infections.¹²⁶ It accounts for 66% of outpatient consultations, 50% of admissions, and about 30% of deaths.¹²⁷ Nutrition related factors such as lack of calories and deficiencies in vitamins and other micronutrients are responsible for a substantial proportion of malaria morbidity and mortality.¹²⁸ The cycle of malnutrition depends on a range of factors from weight of child at birth, maternal nutrition, gestation at birth, mother's age, feeding practices, recurrent illness and poverty. Evidence points out that malnutrition increases susceptibility to malaria and that undernutrition is an important risk factor for the progression to severe malaria, especially in children.¹²⁹

Malnutrition

Across South Sudan, approximately 4.3 million children under age 5, adolescent girls and pregnant and lactating women (PLW) will need lifesaving nutrition treatment and preventive care.¹³⁰ About 650 000 children under age 5 are at risk of severe acute malnutrition, 1.4 million children at risk of moderate acute malnutrition and 1.1 million mothers requiring urgent treatment. In 49 counties, acute malnutrition rates exceed the emergency threshold of 15%.¹³¹

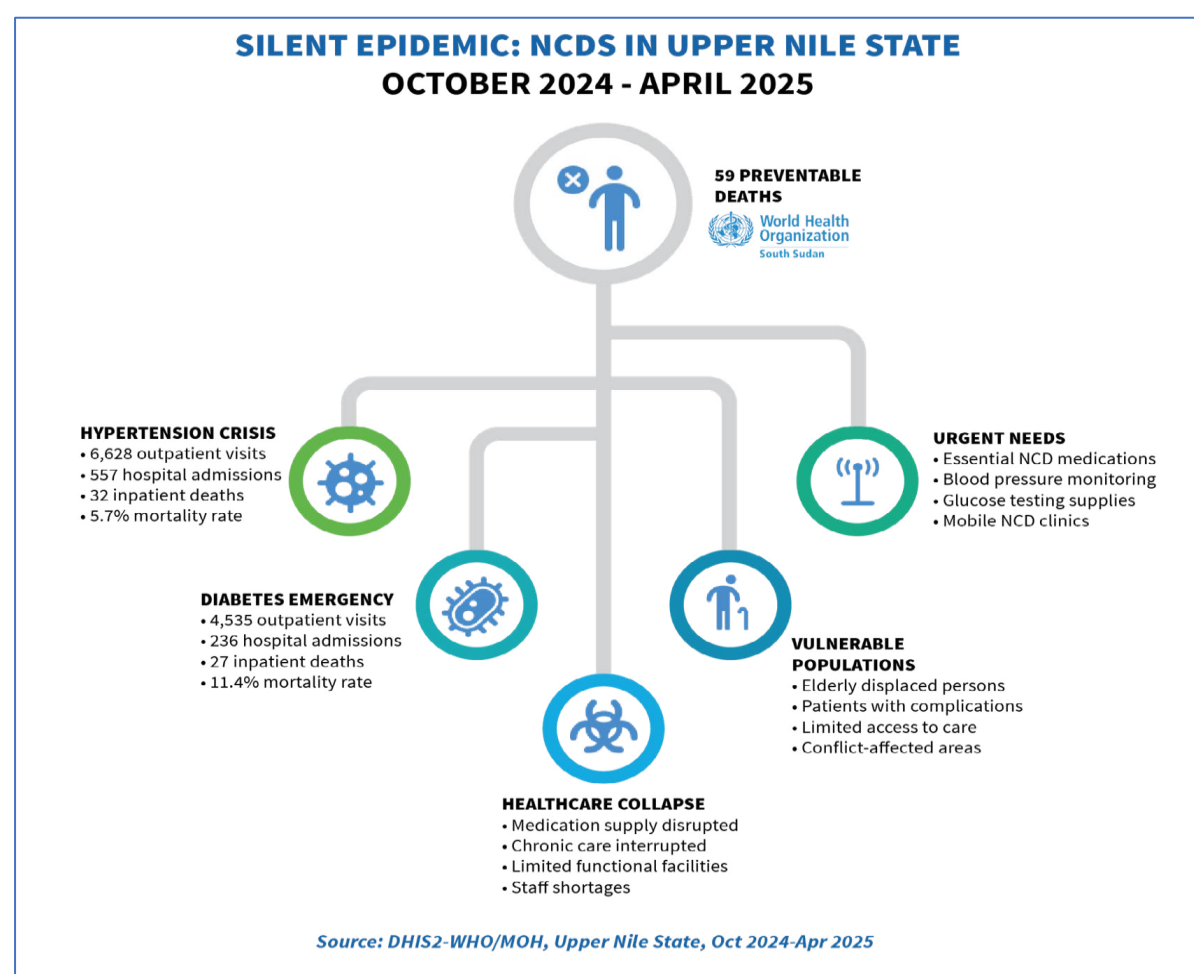
Acute malnutrition in Upper Nile is reaching unprecedented levels. Displacement and the breakdown of agricultural activities have left communities with limited access to food and nutritional support. IPC analysis indicates that counties including Malakal, Baliet, Fashoda, and Manyo now record Global Acute Malnutrition (GAM) rates that exceed the WHO emergency threshold, with some areas classified as "Critical" to "Extremely Critical".¹³²

Fever, diarrhoea and respiratory infections and poor nutrition, water and sanitation access add to the crisis, further aggravated by economic challenges, climate impacts, heightened GBV risks and spillover effects from the Sudan crisis.¹³³ Infant and young child feeding (IYCF) practices directly affect the health, development and nutritional status of children less than two years of age and, ultimately, impact child survival.¹³⁴ A summary of breastfeeding related indicators is displayed below:

| NUTRITION INDICATORS ¹³⁵ | South Sudan | Year | Source |
|--------------------------------------|-------------|------|--------|
| Early initiation of breastfeeding | 51% | 2022 | UNICEF |
| Exclusive breastfeeding (0-5 months) | 45% | 2022 | UNICEF |

Non-Communicable Diseases (NCD)

The incidence of non-communicable diseases (NCDs) in South Sudan is rising, and WHO estimates that 28% of all deaths occurring in the country are due to NCDs.¹³⁶ Despite the rising cases and deaths, only 10% of primary health centres (PHCs) provide NCD services.¹³⁷ Limited knowledge of the population on prevention of NCD risk factors, such as lack of physical activity, cessation of smoking and promotion of healthy diet, has contributed to the growing burden of NCDs and mental health conditions. In addition, there is paucity of data on the magnitude of NCDs and risk factors.¹³⁸ The lack of data hinders the development of an investment case for work on noncommunicable diseases.¹³⁹



Trauma and Injuries

Entrenched patterns of violence involving armed youth, such as cattle raiding, border disputes and retaliatory attacks, are predominant drivers of violence.¹⁴⁰ During the second quarter of 2024, UNDSS documented 1062 victims of intercommunal and political violence, representing a 43% increase in the number of incidents documented in the same period in 2023.¹⁴¹ According to the report, intercommunal violence involving community-based militias and/or civil defence groups, including cross border conflicts, constituted the primary source of violence affecting civilians in South Sudan – accounting for 83% of documented victims.¹⁴²

Furthermore, explosive ordnances (EO) also pose a risk to the population in South Sudan, with 22 723 898 m² of land in South Sudan is known to be contaminated with explosive ordnance.¹⁴³ Displaced people face heightened risks due to unfamiliarity with contaminated areas. The EO contamination persists after acute crises end, causing misalignment in mine action and inter-sectoral prioritization – e.g., Magwi County faces "extreme" mine action needs but ranks low in the inter-sectoral analysis.¹⁴⁴ An estimated 30% of amputees to whom the International Committee of the Red Cross has been delivering prosthetic limbs since 2008 were said to be landmine patients.¹⁴⁵

Maternal and Neo-natal Health

South Sudan has one of the highest maternal mortality ratios (MMR) in the world, ranging from an estimated 691¹⁴⁶ to 789 maternal deaths per 100,000 live births.¹⁴⁷ The principal causes are post-partum haemorrhage, sepsis, prolonged / obstructed labour, unsafe abortion and indirect causes, e.g., malaria in pregnancy.¹⁴⁸ Pre-eclampsia and hypertensive disorders are also a prominent direct cause of maternal mortality.¹⁴⁹ New mothers and their babies face extraordinary obstacles accessing quality health care.

On average, South Sudanese women give birth to seven children and only 11% of mothers give birth in a healthcare facility.¹⁵⁰ Emergency obstetric care services remain limited, with service delivery being largely provided by international organizations.¹⁵¹ Poor access to health services, particularly maternal and reproductive health services and an overall limited number of trained health workers have produced some of the worst health indicators in the world.¹⁵² Poor access to health services, a limited number of health workers and lack of access to health services have produced some of the worst health indicators in the world. Around 75% of all child deaths in South Sudan are due to preventable diseases, such as diarrhoea, malaria and pneumonia.¹⁵³

In the context of Upper Nile State, the constant threat of violence, coupled with the destruction of critical health infrastructure – such as the looting and bombing of hospitals and primary care centres – has left pregnant and postpartum women without timely access to emergency obstetric care.¹⁵⁴ These service disruptions are compounded by difficulties in transportation due to on-going conflict, which directly endangers both maternal and neonatal lives.

A summary of maternal health indicators is displayed below:

| MATERNAL HEALTH INDICATORS ¹⁵⁵ | South Sudan | Year | Source |
|--|-------------|------|--------|
| Postnatal care for mothers – percentage of women (aged 15-49 years) who received postnatal care within 2 days of giving birth (Female) | 8% | 2022 | UNICEF |
| Antenatal care 4+ visits – percentage of women (aged 15-49 years) attended at least four times during pregnancy by any provider (Female) | 31% | 2022 | UNICEF |
| Skilled birth attendant – percentage of deliveries attended by skilled health personnel (Female) | 40% | 2022 | UNICEF |
| C-section rate – percentage of deliveries by caesarean section | 1% | 2022 | UNICEF |

Measles

Given the country's challenging context and suboptimal immunization coverage, there have been outbreaks of measles.¹⁵⁶ In 2024, as of 4 October 2024, 3 200 suspected measles cases were reported with 184 (5.75%) lab- confirmed and 793 Epi-linked cases. A total of 41 measles related deaths were reported with case fatality ratio of 1.3%. 13 suspected cases were reported between week 37 and 38 with 10 confirmed from 5 villages in Ezo County.¹⁵⁷ Complications are most common in children under 5 years and adults over age 30. They are more likely in children who are malnourished, especially those without enough vitamin A or with a weak immune system from HIV or other diseases.¹⁵⁸

COVID- 19 and acute respiratory tract infection (ARTI)

The most common causes of death for males and females in South Sudan in 2021 was lower respiratory infections.¹⁵⁹ South Sudan faces a high burden of acute respiratory infections that currently account for at least one-third of outpatient consultations with children under five years being the most affected (2019).¹⁶⁰ As of December 2023, South Sudan reported 18 765 confirmed cases of COVID-19 and 147 deaths.¹⁶¹ In early 2024, South Sudan vaccinated over 51% of the targeted population and significantly boosting overall vaccination rates through successful COVID-19 campaigns.¹⁶² With flooding displacing over 379 000 individuals in late 2024,¹⁶³ IFRC reported an increase in cases of respiratory infections.¹⁶⁴

Mental Health Conditions

The prevalence of mental disorders such as depression, anxiety disorders and post-traumatic stress disorder among South Sudanese is high.¹⁶⁵ WHO estimates that in settings affected by humanitarian emergency, such as the case of South Sudan, one in five people is likely to suffer a mental health condition. Despite the high burden, the country is still to finalize and implement a national strategy to guide the government and partners on the country's priorities and support resource mobilization for scaling up services.¹⁶⁶

Due to high levels of sexual violence in the context of the on-going conflict, post-traumatic stress disorder (PTSD) is a reported amongst survivors, particularly in cases where they do not report their experience and have no access to support.¹⁶⁷ Survivors also report severe mental health challenges, including cases of depression and suicidal thoughts. Many survivors also report the onset of stress related illnesses following their experiences and loss of basic functionality because of high blood pressure, thyroid conditions, panic attacks, nightmares and other conditions.¹⁶⁸

MSF reports that when an individual struggles with mental health issues in South Sudan, caregivers are often forced to make impossible choices due to lack of access to treatment. Many lock their family members away out of fear of the stigma and the violence it might provoke. In extreme cases, they even resort to chaining them. People suffering from mental illnesses are often left to languish by the broader society. Instead of receiving care, they are often confined to prisons or other unsuitable environments, worsening their condition and deepening their suffering due to lack of sufficient resources and infrastructure, and because there are no trained mental health professionals.¹⁶⁹

In November 2024, the worsening economic conditions have also affected mental health, with increased reports of depression and anxiety. Concerns about the economic situation, coupled with worsening security, have led to higher levels of mental health issues. Many households reported feelings of hopelessness and persistent worry about their financial instability and lack of livelihood.¹⁷⁰

Hepatitis B and C

Hepatitis is a major public health threat in South Sudan, with all forms of the virus endemic. There are no adequate statistics on the disease. In 2018 the prevalence of Hepatitis B Virus was 11.5% and Hepatitis C Virus at 2.5%. There is no funding to support hepatitis in the country, making establishing services difficult.¹⁷¹

Hepatitis E and Acute Jaundice Syndrome (AJS)

As of November 2024, Unity state was reporting over 1300 cases of the hepatitis E virus since the outbreak in March, primarily in the Bentiu displaced persons camp and in Rubkona and Bentiu towns.

On 17 July, an outbreak of the hepatitis E virus, linked to the influx of people from the Sudan, was declared in the Abyei Administrative Area. As of 15 October of the 98 suspected samples tested for mpox, 97 had tested negative, with one sample still under investigation, according to the Ministry of Health.¹⁷² For Hepatitis E, there are only one vaccine available, HEV 239, developed in China. MSF first piloted its use in an epidemic in Bentiu, South Sudan, in 2022, and through subsequent research has generated strong evidence of its safety and effectiveness.¹⁷³

Meningitis

South Sudan lies in the African meningitis belt, alongside twenty-five other countries in sub-Saharan Africa. The belt stretches from Senegal in West Africa to Ethiopia in East Africa. These countries are prone to meningitis epidemics that have taken a devastating toll on younger populations for over a century. The country experienced meningococcal meningitis outbreaks in 2006, 2007, 2009, 2013 and 2022.¹⁷⁴ In 2022, Northern Bahr el Ghazel reported suspected meningitis cases in all 5 counties in the region. By July 2022, there were 328 cases and 5 deaths (CFR 0.88%).¹⁷⁵

By May 19, 2024, three cases were reported from Aweil West, East, and South Counties. This brings the cumulative number of recorded meningitis cases across South Sudan to 125 including 17 deaths (Case fatality rate: 13.6%). Two of the cases were aged 12 and 14 years, while the 3rd suspected case was a 33-month-old baby from Aweil West. In Payams (sub counties), none surpassed the outbreak threshold (10 cases per 100,000 in payams with over 30,000 population nor five cases per 100 000 or doubling of the *Neisseria Meningitidis* incidence over two to three consecutive weeks in areas with less than 30,000 population). The number of counties that have reported suspected meningitis cases remained 7 namely Aweil Centre, Aweil East, Aweil North, Aweil South, Aweil West, Gogri West and Twic.¹⁷⁶

Protection Risks, including Gender Based Violence (GBV)

Protection risks are further detailed under the *Determinants of Health* section.

Human immunodeficiency virus (HIV)

HIV prevalence in South Sudan has progressively been reducing over the past three years. The estimated adult (15-49) HIV prevalence stands at 2.1%, with females at 2.6% and males at 1.5% (2022).¹⁷⁷ The estimated number of people living with HIV in 2023 was 143 077, of whom 12 161 (8.5%) were children (0-14 years). The number of adults and children newly infected with HIV was estimated at 7640, and 5336 adults and children lost the battle against AIDS in 2023.¹⁷⁸

Meanwhile, the percentage of people living with HIV on antiretroviral treatment (ART) is currently 47%, up from 32% in December 2022, with the estimated coverage of pregnant women receiving antiretroviral drugs (ARV) for prevention of mother-to-child transmission improving from 65% to 76%.¹⁷⁹

Mpox

On 7 February 2025, a mpox outbreak was declared in South Sudan after identifying one patient in Juba. The case originates from Uganda where a mpox outbreak is ongoing. South Sudan became the 22nd country to be affected by mpox in Africa.¹⁸⁰ An increased border monitoring has been established at the five main entry points into South Sudan with three high-risk neighbouring countries (the Democratic Republic of the Congo, Uganda, and Kenya.) In addition, an increased surveillance for Ebola virus disease (EBV) is also established at the main border crossing with Uganda where an EBV outbreak is ongoing.¹⁸¹ The outbreak has also affected four of South Sudan's neighbours—Kenya, Uganda, Central African Republic (CAR), and the Democratic Republic of Congo (DRC).¹⁸²

Rift Valley Fever

In June 2024, the WHO warned that across the Horn of Africa, floodwaters are serving as a breeding ground for mosquitoes, which elevates the risk of vector-borne disease outbreaks, including malaria, dengue, and Rift Valley Fever.¹⁸³ The RVF outbreak was first suspected in December 2017, following three deaths in humans. The initial case dated back to 7 December 2017. Abortions in goats and sheep; deaths/disease in goats and cows were also reported and epidemiologically linked to the human cases.

From 7 December 2017 to 9 March 2018, a total of 40 suspected human Rift Valley fever cases were reported in the Eastern Lakes State.

Dengue

South Sudan has an age adjusted death rate for dengue for the country which is 0.02 per 100 000 of population with South Sudan being ranked #76 in the world (World Health Rankings).¹⁸⁴ Dengue virus transmission and outbreaks are influenced by several factors including but not limited to climate change, the global trade, international travel, unplanned urbanization and high human population density.¹⁸⁵

Yellow fever

An outbreak of yellow fever was declared on the 24 December 2023, following confirmation of one suspected case notified to Ministry of health on 21 December 2023. As of 22 September 2024, a total of 139 suspected cases and three Laboratory confirmed have been reported including six deaths. Male account for 71 (51%) of the total cases reported.¹⁸⁶

Ebola (EVD)

South Sudan has no ongoing Ebola Virus Disease (EVD) outbreak. However, neighbouring countries, such as the Democratic Republic of Congo (DRC) and Uganda, have experienced EVD outbreaks in recent years (2020 and 2022). The most recent outbreak in DRC was declared by the DRC's Ministry of Health (MOH) in August 2022 and was officially declared over on September 27, 2022. Moreover, challenges such as socio-political instability, poor road infrastructure, limited mobile network connectivity, and weak health systems in the country could contribute to delays in detecting EVD suspect cases within South Sudan. These factors underscore the importance of robust surveillance and preparedness measures to mitigate the risk of EVD transmission and to ensure prompt response in the event of any suspected cases.

Sexually Transmitted Infections (STI)

South Sudan has an enormous STI burden, linked to poor pregnancy outcomes - stillbirths, low birthweight/ prematurity, neonatal death, and congenital disease in the new-born. In addition, a cervical cancer screening programme is yet to be established.¹⁸⁷ The syphilis prevalence in the 2020 and 2021 antenatal care (ANC) surveys was 2.4% and 1.6%, respectively. These values are above the global elimination target of <1%.¹⁸⁸ While data is limited, the transmission of sexually transmitted infections appears to be common during conflict-related rapes in South Sudan. Given that many survivors do not have access to, or do not seek, medical attention, they remain unaware of their status, including with regards to HIV.¹⁸⁹

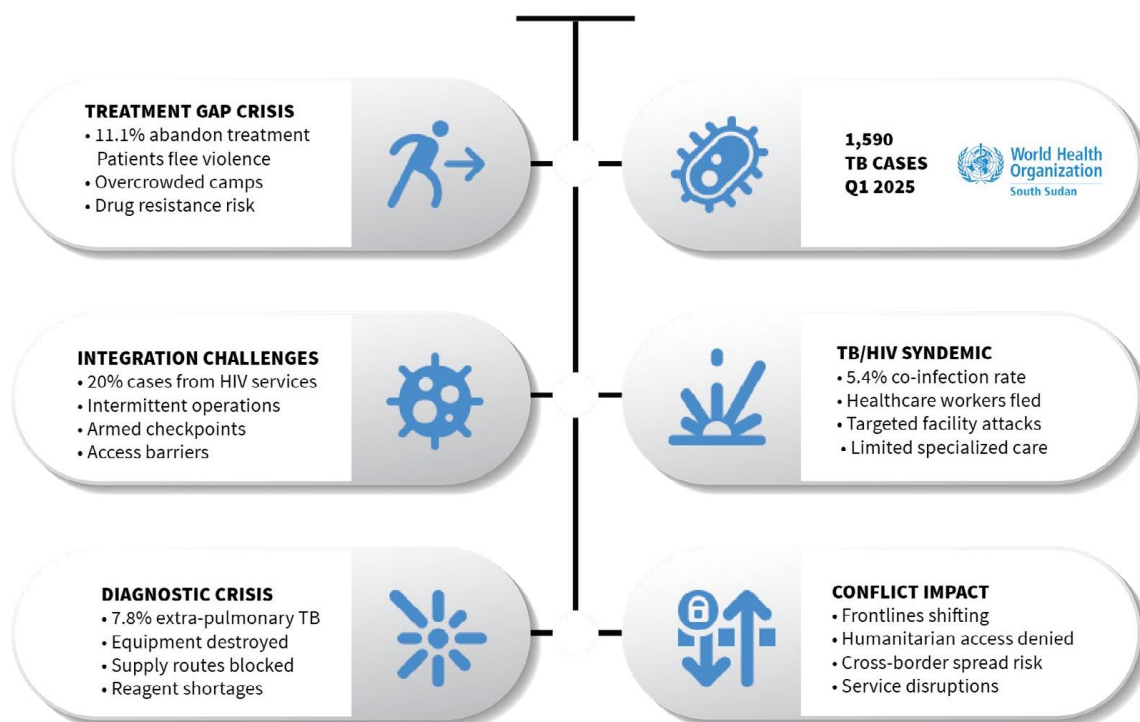
Tuberculosis (TB)

The TB emergency in Upper Nile is catastrophic, with 1590 TB cases reported in Q1 2025 amid widespread infrastructural destruction. Conflict-induced displacement has resulted in an 11.1% treatment abandonment rate, while co-infections with HIV (5.4%) and the emergence of drug-resistant strains further complicate disease management.¹⁹⁰

Across South Sudan, TB is estimated at 227 cases per 100 000 population in 2023. The rate of drug-resistant TB (DR-TB) is estimated at 4.7 cases per 100 000 population, which amounts to 510 cases.¹⁹¹ There has been a remarkable 250% increase in DR-TB notifications compared to 2022. Likewise, the TB treatment coverage jumped from 17 468 in 2022 to 19 659 in 2023 (from 70% to 79% of the expected 25 000), while 94% of all registered new and relapsed TB patients were put on ART and screened for HIV, of which 12% were found to be HIV-positive.¹⁹²

The prevalence of HBV infection among children aged under 5 years in South Sudan is one of the highest in the African continent, estimated at 13%, which is significantly higher than the African mean of 2.53% and the global elimination target of under 1%. These statistics imply an increase in infections acquired through mother-to-child transmission and during early infancy.¹⁹³

TB CRISIS IN CONFLICT- RAVAGED UPPER NILE STATE



Source: DHIS-WHO/MOH, Upper Nile State, Q1 2025

Anthrax

Since last report on this event on 1 December 2024, there were five new cases reported including two new cases in week 7 of 2025 keeping the total number to 173 human cases, including three deaths (CFR 1.7%). The cases have been reported across four counties in two states in South Sudan since 2024.¹⁹⁴

Visceral leishmaniasis (VL)

The disease was first reported from South Sudan in 1904 and the first epidemic was documented in 1940, with a death rate of 80%. The WHO estimates that globally about 500 000 new cases and over 50 000 deaths of VL occur every year. Over 90% of these cases are from seven countries: Bangladesh, Brazil, Ethiopia, India, Nepal, Sudan and South Sudan. VL generally affects poor and neglected populations living in remote rural areas.¹⁹⁵

Snakebites

With recent flooding displacing over 379 000 individuals,¹⁹⁶ IFRC report an increase in cases of snakebites.¹⁹⁷ More than 20 000 people die from snakebites each year in sub-Saharan Africa alone. Access to proper treatment is limited, with quality antivenoms costing several times the yearly salary of a farmer in South Sudan, for example - a population that is particularly affected.¹⁹⁸ There were 1 395 cases reported from January to March 2024 in South Sudan. Of these, 74.7% (1042 cases) were children, resulting in an incidence rate of 9.32% per 100,000 people, a mortality rate of 1.07%, and a case fatality rate (CFR) of 0.14%.¹⁹⁹ Following the floods in several counties, a total of 106 incidents have been reported in the past nine weeks mainly from Warrap, Northern Bahr el Ghazal, Pibor, Lake, Jonglei, and Unity states.²⁰⁰

Poliovirus type 2 (cVDPV2) and Wild Poliovirus

There was no new case of polio reported during week 7 of 2025 (ending 16 February), keeping the total number of confirmed acute flaccid paralysis Polio cases at 13.²⁰¹

In 2020, South Sudan was declared free of wild poliovirus.²⁰² In November 2024, a nationwide campaign aimed at vaccinating 3.3 million children from 0 to 59 months of age against polio launched in South Sudan using the novel Oral Polio Vaccine type 2. In South Sudan, immunization coverage has been impacted by population movements and displacement related to the ongoing humanitarian crisis, making it harder to reach the children who need vaccinations the most.²⁰³

Neglected tropical diseases

In South Sudan, 19 NTDs are endemic; Trachoma, Onchocerciasis (River blindness), Lymphatic filariasis (Elephantiasis), Soil-Transmitted Helminths (Intestinal worms), Schistosomiasis (Bilharzia), Dracunculiasis (Guinea Worm), Human African Trypanosomiasis (Sleeping Sickness), Leprosy (Hansen Disease), Leishmaniasis (Kala-azar), Loiasis (African eye worm), Buruli Ulcer, Mycetoma, Dengue, Echinococcosis, Snakebite envenoming, Rabies, Scabies, Yaws and Tungiasis (Jiggers).²⁰⁴

All these neglected diseases are an obstacle to socio-economic development and quality of life of the South Sudanese people.²⁰⁵ South Sudan is grappling with a critical surge in human cases of Guinea Worm, along with three domestic animal infections and 13 animal un-emerged worms in 2024 alone, a sharp rise compared to 2023, when there were only 2 reported cases across in South Sudan and 14 the entire African continent.²⁰⁶

DETERMINANTS OF HEALTH

Protection Risks

Gender Based Violence (GBV): Gender inequalities remain deeply entrenched in South Sudan, perpetuating a cycle of vulnerability and limiting access to essential services and opportunities for women, girls and marginalized groups, such as persons with disabilities. Harmful social norms and practices, often exacerbated by conflict and displacement, restrict women and girls' participation in decision-making, economic activities and education.²⁰⁷

In 2024, research found that 42% of those surveyed identified armed actors as the primary alleged perpetrators to sexual violence, while 28% point to business owners, another 28% to community members, and 24% to non-state armed actors. Additionally, 67% report that fear of stigma is a significant barrier to reporting GBV, and 43% cite fear of retaliation and lack of knowledge about rights as major barriers to reporting GBV in their communities.²⁰⁸

Female Genital Mutilation (FGM) has previously reported prevalence among women aged 15–49 years in South Sudan at 1%.²⁰⁹ UNMISS documented and verified 87 incidents of conflict-related sexual violence affecting 90 survivors (57 women, 2 men and 31 girls). Survivors' ages ranged from 11 to 55 years.²¹⁰

Child Protection: The situation in South Sudan constitutes a crisis primarily focused on child protection. The extended conflict, coupled with recurring climate-related challenges, has significantly affected 2.5 million boys and girls, exposing them to various forms of abuse, including recruitment, displacement, separation from caregivers, and exploitation, with child neglect and sexual violence among the concerning issues.²¹¹ Nearly 20 000 children remain separated, unaccompanied or missing, jeopardizing their safety.²¹² Economic challenges have also resulted in an increase in child labour.²¹³

It is estimated that 1 in 2 young women in South Sudan were married off before the age of 18.²¹⁴ Early marriages have emerged as a harmful and exploitative strategy employed particularly by families and communities with regard to girls who are separated from their biological parents, and who live with host communities.²¹⁵

Mine Risks: Since 2004, more than 5000 people have been killed by explosions from these devices.²¹⁶ In South Sudan, 22 million m² of land is suspected to be contaminated with landmines, cluster munitions and other explosive ordnance (EO), affecting 2.4 million people.²¹⁷ The highest contamination is in

Greater Equatoria, Upper Nile and Jonglei, limiting access to humanitarian assistance, land for living and farming and other basic services. Children have been disproportionately affected, making up over 80% of the casualties.²¹⁸ Since 2004, more than 5000 people have been killed by explosions from these devices.²¹⁹ Displaced people face heightened risks due to unfamiliarity with contaminated areas. The EO contamination persists after acute crises end, causing misalignment in mine action and inter-sectoral prioritization – e.g., Magwi County faces "extreme" mine action needs but ranks low in the inter-sectoral analysis.²²⁰

The presence of this explosive ordnance contamination is affecting 661 lands associated with livelihood activities (roads, market areas, and agricultural land) and 884 essential services (medical facilities, schools, water points, houses and buildings and other infrastructure).²²¹

Water, Sanitation and Hygiene (WASH)

Lack of access to WASH infrastructure increases vulnerability and exposes communities to increased water-related illnesses.²²² Rural sanitation is significantly underserved, with over 60% practicing open defecation (2024). Watery diarrhoea is chronic, particularly in counties identified with high rates of open defecation and lack of access to rural WASH services.²²³ A significant portion of the population (41%) lacks access to improved water sources and 37% need to travel over 30 minutes to reach their primary water source, posing hardships for persons with disabilities and making women and girls more vulnerable to GBV.²²⁴

The WASH situation is particularly severe in Manyo, Upper Nile State, where 99% of the population lacking access to improved water sources and 96% lacking improved sanitation facilities.²²⁵ The compounding challenges of displacement, insecurity, flooding, economic difficulties and the influx of returnees from Sudan further strain the already limited resources.²²⁶

Climate Shocks (flooding and drought)

Recently, extreme floods in 2020, 2021, and 2022 were a stark reminder of South Sudan's extremely high exposure to flood hazards, aggravated by the growing impact of climate change.²²⁷ In 2024, heavy rains and the release of water from a historically full Lake Victoria in Uganda increased the levels of the Nile River – causing floods and affecting up to 1.4 million people as of mid-November 2024.²²⁸ These include communities who have yet to recover from the devastating floods between 2019 and 2022, which affected more than 1 million people each year.²²⁹

In March 2024, South Sudan experienced abnormally hot climate-induced weather conditions with temperatures reaching 45° C – above the normal average² between 25° C and 35° C.²³⁰ The prolonged period of heatwaves increased the risk of human-related illnesses, particularly among children, the elderly and adults with underlying conditions, and affected socioeconomic conditions and people's access to services.²³¹

The prolonged flooding rendered basic needs such as food, clean water and health care difficult to access and contributed to the near collapse of local livelihoods. The areas most affected by the current floods are those already facing high levels of vulnerability due to previous flooding, conflict and the impact of the Sudan crisis.²³² Additionally, the flooding has disrupted health services in 58 health facilities.²³³ Damaged and impassable roads continue to hinder physical access to affected communities.²³⁴

Drought silently affected all 10 states of South Sudan at varying extents – with its impacts unnoticed due to those of flooding.²³⁵ Nearly 36% of the population is affected by different categories and impacts of drought-like situations, including induced displacements, which are forecasted to be much higher in 2025 due to the residual effects of El Niño. This is likely to cause more crop failure and food insecurity, with the need for more humanitarian support.²³⁶

Gender Inequality

While the Constitution guarantees equality for women, substantive equality remains elusive for South Sudanese women who remain marginalized and subject to tradition and patriarchal constraints.²³⁷ Coupled with other structural risk factors, such as social, legal, political and economic marginalization, these create a context for violence against women and girls.²³⁸ The number of female-headed households in South Sudan has increased exponentially because of the conflict. The abandonment of

wives by their husbands following rape and sexual violence is another trend experienced by women and girls arising from the ongoing conflict. Livelihood opportunities and income-generation capacity are relatively limited for women and girls in South Sudan.²³⁹

Socio-economic Challenges

Poverty is more widespread among displaced people and an estimated 91% of displaced people live under the international poverty line of US\$1.90 per person per day. Living conditions continue to exhibit one of the worst human crises in the world.²⁴⁰

The escalation of poverty and inequality continue to mark a staggering crisis. Poverty headcount jumped from 82% in 2016 to 88% in 2019, with 70% in urban areas owing to the growing urbanization and 36% in rural ones. With a Gini coefficient of 46.0%, income inequality is high and above Sub-Saharan Africa's average of 43.0%. The percentage of population who have access to electricity is 7% in 2020.²⁴¹

The Sudan crisis will continue to affect the economic situation in South Sudan, inflating the cost of essential commodities and pushing communities – whose coping capacities have already been exhausted – to further deprivations. Overall, the rising cost of food and fuel will make the cost of basic items unaffordable for many people in South Sudan, who will need some form of humanitarian assistance to cope with the situation.²⁴²

Education

Schools are often destroyed or repurposed, teachers are undertrained or absent, and children, especially girls, face significant barriers to learning. Without immediate intervention, an entire generation risks being left behind, perpetuating cycles of poverty and instability.²⁴³ In 2025, 2.1 million children (returnees, IDPs and resident communities), including 212 000 children with disabilities, will need education services. The 2024 ISNA indicates that 64% of children in need do not have access to education.²⁴⁴

HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

Upper Nile State

The County has 17 health facilities, of which 13 are Primary Health Care Units, 3 are Primary Health Care Centers and 1 is a Hospital. As of 2024, 5 health facilities the Hospital, 3 PHCCs and 1 PHCU are functional, while for the others no information on their functionality is available.²⁴⁵

Functionality of existing educational facilities and health services has been jeopardised by severe flood events in recent years. Indeed, the County's educational and health infrastructure network was highly affected by the 2021 and 2022 floods.²⁴⁶

Mobile health units are working to stem the rising tide of infections. However, health actors say a growing caseload with acute needs is outstripping supplies. Partners servicing displacement sites in Nasir and Ulang could run out of essential medicines at the end of April.²⁴⁷

Further, one practitioner confirmed that 20 out of 21 nutrition sites in Ulang – where the IPC projected 'critical' rates of acute malnutrition between April and June – exhausted their supplementary and therapeutic food stocks in December.²⁴⁸ Airstrikes and a drawdown in funding also forced some health providers to downscale their operations between February and March. As a result, multiple populations in severe conditions are isolated from life-saving assistance.²⁴⁹

South Sudan

South Sudan, the youngest nation globally, has struggled to provide access to good quality health services to its people.²⁵⁰ Vulnerable groups, including women, children, the elderly and persons with disabilities, have limited access to health care and face heightened risks of illness and mortality.²⁵¹

The prolonged conflict and crisis in South Sudan have severely weakened the health system's capacity to provide essential health services. This is evident from the poor health outcomes and health system





performance indicators.²⁵² Only 34% of the population have access to Universal Healthcare (UHC)²⁵³ and 70% lack basic health care services.²⁵⁴ Emergency obstetric care services remain limited, with only 40% of health facilities functional and service delivery being largely provided by international organizations.²⁵⁵

The 2024 ISNA found only 57% of the population with access to the nearest health facility in less than an hour, while 44% cited long distance as a barrier to accessing health care.²⁵⁶ Women and girls in remote and crisis-affected areas face challenges in accessing maternal, sexual and reproductive health services. While the Health Sector Transformation Programme (HSTP) is currently supporting 50% of functional health facilities, 18% are non-functional. The July 2024 GBV health analysis revealed only 28% of health facilities provide GBV care, with 43% offering services. Lower-level facilities struggle with staffing and infrastructure, limiting early intervention to referrals.²⁵⁷

The ongoing conflict in Sudan has forced more than hundreds of thousands to seek refuge in South Sudan since April 2023, placing immense pressure on an already overstretched healthcare system in the Republic of South Sudan. The country's northern States like Northern Bahr el Ghazal, Upper Nile, Unity State, Western Bahr el Ghazal and Central Equatoria State, have become the primary destination for the displaced individuals, exacerbating existing health challenges.²⁵⁸

Health worker to population ratio is 22 per 10 000 (with an estimated doctor–population ratio of 0.15 per 10 000 populations; and midwife/nurse–population ratio is 0.2 per 10 000.²⁵⁹ This reflects a grossly inadequate health work force for the country. Distribution of available health workers is skewed markedly towards the urban areas.²⁶⁰ Additionally, there needs to be better service utilization, with currently only 0.5 outpatient visits per person per year.²⁶¹

The public health system is fragile and dependent on humanitarian aid. The Government's funding for health remains significantly low at 2% of the national budget.²⁶² Donor funding constitutes a significant revenue source, contributing about 60% of the planned health expenditure especially at primary health care level.²⁶³ Thus, most of the available health care services are primarily provided by national and international non-governmental organizations (NGOs) which are largely funded externally.²⁶⁴ Most hospitals introduced user fees as a coping mechanism against inadequate funding.²⁶⁵

| HEALTH SYSTEM STATUS & LOCAL HEALTH SYSTEM DISRUPTIONS | | | |
|--|--|--|---|
| Key information on disruption of key health system components | | | |
| ACCESS TO HEALTHCARE | DISRUPTION TO SUPPLY CHAIN | DAMAGE TO HEALTH FACILITIES | ATTACKS AGAINST HEALTH |
|  |  |  |  |
| Airstrikes and a drawdown in funding have forced health providers to downscale their operations between February and March 2025. ²⁶⁶ | A growing caseload with acute needs is outstripping supplies. Partners servicing displacement sites in Nasir and Ulang are running out of essential medicines. ²⁶⁷ | Across South Sudan, there was damage to 58 health facilities due to floods in late 2024. ²⁶⁸ | <i>Limited information available.</i> |

HUMANITARIAN HEALTH RESPONSE

In 2025, the Health Cluster requires over US\$ 119 million to reach over 3.1 million people (of a total of 5.7 million people in need of health services).²⁶⁹ In 2025, the cluster will contribute to building a resilient health system capable of meeting both immediate and long-term needs in line with the 2016- 2026 South Sudan National Health Policy and 2023-2027 Health Sector Strategic Plan. Essential health services will be delivered in a complementary manner across static facilities, mobile teams and community health outreach.²⁷⁰

For the 2024 response, as of end of October 2024, the financial coverage is 62.2 % (72.4 million) with 42% (1.4 million) of people reached.²⁷¹ During 2024, partners have responded to multiple concurrent disease outbreaks, including measles, yellow fever, poliovirus, meningitis, hepatitis E and cholera. The ongoing conflict and disease outbreaks in Sudan put South Sudan at risk of imported cases. Malaria remains the leading cause of morbidity and mortality, often exacerbated by frequent flooding.²⁷²

| INFORMATION GAPS / RECOMMENDED INFORMATION SOURCES | | |
|---|---|---|
| Gaps | | Recommended tools / guidance for primary data collection |
| Health status and threats | Nutrition outcome indicators | Strengthen the data collection and reporting system in countries. Support in developing a dashboard on nutrition interventions |
| | Cross-border disease surveillance | Strengthen regional surveillance capacity and work closely with regional offices, IGAD and partners operating |
| | Disease mortality surveillance | Facility-based mortality surveillance; mortality surveillance study |
| | Limited information on GBV and related protection issues | Work closely with UNFPA and other protection partners to document and report |
| | Prevalence data on NCDs including cancer, hypertension, and diabetes | Strengthen use of DHIS2 by partners for reporting |
| Health system needs | Limited information on attacks on health care from countries in the region | Reactivate WHO SSA |
| Health response coordination | Inter-sectoral coordination | Joint inter-sectoral mapping and performance evaluation/assessment at the national and regional level, Joint product on response activities |
| | Inadequate information on partner's presence, reporting and information sharing | Cluster coordination mechanism, partner's mapping (3W/4W/5W) matrix |
| Availability / functionality of health resources | Information on quality of humanitarian health services provided to beneficiaries (accountability to affected populations (AAP)) | Beneficiary satisfaction survey |
| | Lack of adequate information on health services availability and functionality | Establish WHO HeRAMS |

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