

SOUTH SUDAN

People in need of health assistance¹

5.7 MILLION

People targeted for health assistance¹

3.1 MILLION

Funding requirement

US\$ 22.1 MILLION

CONTEXT

South Sudan is confronting a severe health crisis fuelled by multiple factors, including inadequate public infrastructure, reductions in development and humanitarian funding, high levels of population vulnerability due to enduring poverty, internal conflict, spillover effects of the Sudan conflict, climate change and disease outbreaks. South Sudan has an estimated population of 12.4 million people, of whom approximately 9 million face humanitarian needs and over 5 million are targeted to receive assistance. Despite these figures reflecting a slight reduction from previous years, the reality is that humanitarian challenges have intensified, underscoring an urgent need for support. Internally displaced persons (IDPs) and refugees are at the heart of the crisis. South Sudan is home to approximately 2 million IDPs, 2.3 million returnees and over 500 000 refugees, many of whom have fled violence stemming from the conflict in neighbouring Sudan. This significant population movement has placed immense pressure on already limited resources, further complicating the delivery of essential health services.

Climate change has significantly exacerbated South Sudan's humanitarian challenges. As of early November 2024, severe flooding has affected approximately 1.4 million people across 43 counties and the Abyei Administrative Area, displacing over 379 000 individuals. Floods have destroyed vital infrastructure, agricultural land, and homes, further complicating the delivery of essential health services. The situation remains dynamic, with numbers expected to increase as assessments continue.

South Sudan is also grappling with multiple disease outbreaks, including cholera, measles, malaria and hepatitis E. Cholera has spread from Sudan into South Sudan, with the first cases reported September 28, 2024. As of December 10, over 2770 cases have been reported from 20 out of 80 counties across 6 of the 10 states in South Sudan, including the capital. With 36 recorded deaths, the case fatality rate (CFR) is 1.3%. Detection and response to infectious disease outbreaks is challenging. With a critical funding gap affecting routine health service delivery, roughly half of the health facilities lack essential supplies and personnel, hampering their ability to detect and respond effectively to these challenges.

Humanitarian operations face additional obstacles due to security concerns, bureaucratic delays, and climate-induced access restrictions. In August 2024 alone, 52 incidents of violence against aid workers were reported, highlighting the precarious operating environment. The 2024 Humanitarian Response Plan is only 51% funded, severely limiting efforts to respond to urgent needs. Addressing the impacts of conflict, climate change, and disease outbreaks is critical for immediate health interventions but also for building resilience in the face of future crises. South Sudan's health sector plays a vital role in addressing this complex humanitarian disaster, serving as a safety net in limiting illness and death in very vulnerable populations.



WHO and partners conduct a humanitarian needs assessment in Jonglei state.
Photo credit: WHO South Sudan

¹ Source: Humanitarian Response Plan for South Sudan 2025

WHO'S STRATEGIC OBJECTIVES

1. **Mitigate excess morbidity and mortality:** Enhance surveillance systems to ensure the timely detection, prevention and response to disease outbreaks, reducing the health impact on affected populations.
2. **Strengthen coordination and access to essential health services:** Facilitate effective coordination of the health sector response while improving access to essential health services, particularly for the most vulnerable communities.
3. **Foster resilience and health systems recovery:** Promote resilience by driving transformational change and strengthening humanitarian-development linkages to support the recovery and long-term sustainability of health systems.

WHO supported Bor State Hospital by providing fuel to run our hospital ambulance and its generator, and essential medical supplies, technical guidance, and capacity building to respond to flood emergencies, including disease outbreaks like measles, COVID-19, and cholera. This support has enabled us to save more lives and avoid many deaths, particularly among mothers and young children.

Dr Bol Chaw, Medical Director of Bor State Hospital



Medical supplies delivered to Renk, Upper Nile State to support response to the health needs of the people fleeing fighting in Sudan.
Photo credit: WHO South Sudan

WHO 2025 RESPONSE STRATEGY

The emergency response in 2024 was characterized by several complex challenges ranging from infectious disease outbreaks (cholera, measles and malaria) to natural disasters and food insecurity affecting the most vulnerable populations in South Sudan. As we look towards 2025, the humanitarian landscape remains dire, driven by a persistent influx of returnees and refugees escaping the ongoing crisis in Sudan. This situation is compounded by acute food insecurity, localized conflicts, and the aftermath of devastating floods, all of which create an environment ripe for the emergence of epidemics. To tackle these multifaceted challenges, WHO's response strategy will prioritize public health measures that leverage the existing capacities of national and state ministries of health, the health cluster, various partners and WHO's capacity across all three levels of organization. This collaborative approach is crucial for ensuring that resources are mobilized effectively and efficiently to address the pressing health needs of affected communities.

Central to this strategy is the maintenance of robust surveillance systems, which are essential for the timely detection, prevention and response to disease outbreaks. Enhanced surveillance will also include integrated efforts to monitor nutrition and water quality, enabling the early identification of malnutrition and waterborne diseases. By prioritizing these areas, the response can mitigate the impacts of potential health crises before they escalate. WHO will also emphasize capacity-building initiatives focused on data management and rapid response capabilities. This includes investing in strategies to retain health workers, who are vital to the overall effectiveness of health interventions. Providing technical guidance, training resources, and reporting tools will empower local health personnel to respond swiftly and effectively to emerging health threats.

Collaboration will be key to ensuring that outbreak detection and response are effective across all levels – from community health workers to state and county surveillance officers. This network will facilitate the sharing of information and resources, enhancing the overall response capacity. Furthermore, the WHO Country Office will strengthen inter-cluster coordination, particularly among the health, water, sanitation and hygiene (WASH), food security and livelihood sectors. This integration will ensure the sustained availability of essential emergency health and nutrition kits, which are critical to meeting the immediate needs of the most vulnerable populations during acute crises. Additionally, to further strengthen the

emergency response, the Country Office will collaborate with the WHO Regional Office's Emergency Preparedness and Response program to enhance the stockpiles at the WHO Regional Emergency Warehouses in Nairobi and Dakar, ensuring the prepositioning and timely delivery of medical supplies.

The response plan will focus not only on addressing urgent humanitarian needs but will also contribute to building a resilient health system for the future. This includes fostering linkages between humanitarian and development actors, implementing conflict-sensitive programming, and laying the groundwork for early recovery initiatives. By adopting a holistic approach that combines immediate response efforts with long-term capacity building, the response aims to create a sustainable framework for health in South Sudan, ultimately improving the resilience of communities facing ongoing challenges.

OPERATIONAL PRESENCE

WHO maintains a strong field presence across South Sudan, ensuring direct engagement with payam-level local authorities and communities to enable effective programming and resource utilization. The WHO Country Office (WCO) in South Sudan is supported by a team of 499 personnel, comprising 49 international staff and consultants and 450 national staff. These personnel are strategically distributed across Juba, state hubs, counties and payams, covering all 10 states and three administrative areas.

WORKING WITH PARTNERS

WHO leads the health cluster in South Sudan, co-led by the Ministry of Health and co-coordinated with Save the Children. The cluster has 90 active members – 54 national NGOs and 36 international NGOs throughout the country. The health cluster's strategic goals focus on strengthening local and national coordination to prevent, prepare for, respond to and recover from public health and humanitarian emergencies. Additionally, the cluster aims to enhance inter-cluster and multi-sector collaboration to improve health outcomes and bolster advocacy and action at both local and national levels, ensuring effective responses to health challenges.



A South Sudanese returnee who has fled the conflict in neighbouring Sudan and her child received healthcare at a health facility located at the transit center near Palouch airport in Melut County, Upper Nile State.
Photo credit: WHO South Sudan



A healthcare worker administering polio vaccine during the polio vaccination campaign in Wau, Western Bhar el Ghazal.
Photo credit: WHO South Sudan

KEY ACTIVITIES FOR 2025

- **Building emergency operations capacity:** Establish and support two sub-national Public Health Emergency Operations Centers (PHEOCs) in Wau and Bor, providing technical expertise and resources for emergency preparedness and response, while continuing support for the National PHEOC in Juba.
- **Expanding diagnostic capabilities:** Develop bacteriological diagnostic capabilities in three state laboratories and/or hospitals by equipping them with necessary tools, mentoring personnel and prepositioning essential reagents and diagnostic kits for the National Public Health Laboratory (NPHL) and state laboratories.
- **Strengthening epidemic response:** Build capacity for the timely detection, investigation and confirmation of public health threats. Optimize responses to emergencies, infectious disease outbreaks, and malnutrition to reduce mortality and morbidity. Deploy 34 Rapid Response Teams (RRTs) to address outbreaks of diseases such as measles, meningitis and viral haemorrhagic fevers in high-priority countries.
- **Delivering integrated care:** Support static and mobile facilities to provide integrated health and nutrition services to 250 000 individuals, including men, women, boys and girls, while enhancing emergency Response Team (ERT) capacities.
- **Providing emergency supplies:** Increase access to emergency health and nutrition kits for communities in acute crises by delivering 2500 essential medical supplies to serve 846 000 patients and training 430 health workers in kit management.
- **Treating severe malnutrition:** Improve access to quality nutrition care by supporting treatment of 5300 children with Severe Acute Malnutrition with Medical Complications (SAM-MC) in areas facing Integrated Food Security Phrase Classification 4 and 5 levels of food insecurity.
- **Enhancing health information systems:** Strengthen primary healthcare level health information systems by assessing the implementation of District Health Information System 2 (DHIS2) and supporting real-time reporting through Early Warning, Alert, and Response System (EWARS)/DHIS2. Provide realtime and data bundles to 800 health facilities to ensure consistent reporting.
- **Improving preparedness:** Enhance emergency preparedness at national and sub-national levels through risk profiling using the Strategic Tool for Assessing Risks (STAR) and developing multi-hazard response plans for four states in South Sudan.
- **Enhancing coordination:** Conduct 24 cluster coordination meetings with partners to strengthen humanitarian response and integrate service delivery across administrative levels, fostering cross-sectoral learning and effective public health actions.

ACHIEVEMENTS IN 2024

Ensuring primary health services for displaced people



Vaccinators moving from house to house at Amadi residential area in Juba during the polio vaccination campaign.
Photo credit: WHO South Sudan

Since the conflict in Sudan began 16 months ago, over 600 000 refugees and returnees have sought refuge in South Sudan, with nearly 60% arriving through entry points near Renk in Upper Nile State. Many endure challenging conditions at transit centres, where WHO and partners have established essential health services to meet immediate needs. These efforts include access to medicines, treatment for common illnesses, and chronic disease care. “The service here is good,” said Nailla Elhadi Hamid, a 40-year-old refugee. “I even brought my son, who is sick with malaria, and the medicine is available. Before that, my sister had eye pain, and she found that the medicine was also available.”

To support these vulnerable populations, WHO has delivered 119 metric tons of medical supplies and established health screening centers that have assessed over 320 000 people. WHO has also trained 92 healthcare workers, enabling the provision of quality care for both infectious diseases, such as malaria and acute respiratory infections, and chronic conditions like hypertension and diabetes.

These efforts have significantly improved access to health services, ensuring that displaced families receive essential care despite the difficult conditions they face. WHO works closely with South Sudan’s health authorities and partners to strengthen health systems, improve disease surveillance and coordinate life-saving interventions.

“WHO, health authorities, and implementing partners are collaborating daily to deliver health services to refugees and returnees hoping for a better life,” says Dr. Humphrey Karamagi, WHO Representative in South Sudan.

Through these coordinated efforts, WHO is helping to alleviate the burden of this complex humanitarian crisis, bringing vital healthcare services to those in desperate need.

FOR MORE INFORMATION

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Healthcare worker administering malaria vaccine in Juba, Central Equatoria during the launch of the R21 malaria vaccine rollout in South Sudan.
Photo credit: WHO South Sudan



Healthcare workers delivering medical supplies while conducting a supportive supervision during the cholera vaccination campaign in Bor, Jonglei State.
Photo credit: WHO South Sudan

2025 FUNDING REQUIREMENTS

SOUTH SUDAN HUMANITARIAN EMERGENCY EMERGENCY RESPONSE PILLAR		FUNDING REQUIREMENTS (US\$ '000)
Collaborative surveillance		5645
Surveillance, case investigation and contact tracing		3796
Diagnostics and testing		1849
Community protection		1600
Risk communication and community engagement		621
Travel, trade and points of entry		310
Infection prevention and control in communities		669
Safe and scalable care		2634
Case management and therapeutics		668
Essential health systems and services		1966
Access to countermeasures		9659
Operational support and logistics		9659
Emergency leadership		2518
Leadership, coordination, PSEAH and monitoring		2518
Grand Total		22 056