

# SOUTH SUDAN

## CONTEXT

South Sudan is facing a complex humanitarian emergency driven by climate shocks, disease outbreaks and displacement, with overlapping crises overwhelming an already fragile health system.

WHO is responding to four major public health emergencies: the South Sudan Protracted Humanitarian Crisis, the Sudan Crisis, and outbreaks of cholera and mpox. These are compounded by widespread flooding and drought across the Greater Horn of Africa, as well as outbreaks of hepatitis E and anthrax. The 2026 Humanitarian Needs and Response Plan estimates that 10 million people - nearly two thirds of the population - will require humanitarian assistance, including over 1.3 million refugees and returnees.

During the 2026 lean season, 7.55 million people are projected to face crisis or worse food insecurity under the Integrated Food Security Phase Classification (IPC Phase 3+). Health needs are acute, with an estimated 6.3 million people requiring health assistance, driven by escalating conflict and displacement, attacks on health facilities, forced evacuations of medical workers, fragile infrastructure and a chronically under-resourced health system strained by hyper-inflation, economic deterioration and prolonged instability.

Heavy rains and rising Nile water levels have triggered widespread flooding, affecting over 639 000 people and displacing nearly 223 968 across 26 counties in six states, with Jonglei and Unity accounting for almost 90% of the caseload. Flooding has destroyed homes, farmland and infrastructure, including 157 health facilities, and heightened protection risks, particularly for children.

Multiple disease outbreaks persist. Cholera has recorded 94 549 suspected cases and 1567 deaths as of 14 October 2025, while measles has caused 15 777 suspected cases and 280 deaths, linked to low immunization coverage among returnees and refugees. Mpox has reported 457 suspected and 21 confirmed cases since February 2025. The circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreak that began in December 2023 has paralyzed 16 children and caused 10 asymptomatic infections across 14 of 80 counties. Anthrax has resulted in over 360 cases and 5 deaths, while hepatitis E has affected more than 9000 people, causing 121 deaths. Malaria remains the leading cause of morbidity and mortality, accounting for 64% of outpatient consultations between 2021 and 2024, with incidence rising from 95 per 1000 to 185 per 1000. Respiratory infections and diarrhoea are also increasing.

The health system faces severe shortages of medicines, staff and equipment, with limited access in remote and insecure areas. Supply chain disruptions, bureaucratic delays, insecurity and climate-related access constraints hinder timely response. Protection risks - particularly for children, women and persons with disabilities - are rising, while gender-based violence is heightened in overcrowded shelters and displacement sites. The system remains heavily reliant on humanitarian actors amid coordination challenges and funding gaps.

Looking ahead to 2026, climate volatility, potential flooding and increased risks of Rift Valley fever and meningococcal meningitis present a concerning outlook. Without sustained investment in preparedness, infrastructure and community-based care, South Sudan risks deeper and more frequent public health crises. Strengthening coordination, localization and integrated multi-sectoral action will be essential to mitigate risks, expand access and prepare for anticipated shocks.

People in need - Health<sup>1</sup>

**6.3 MILLION**

People targeted - Health<sup>1</sup>

**2.5 MILLION**

Funding requirement

**US\$ 12.4 MILLION**

<sup>1</sup> Figures represent health-specific People in Need and people targeted drawn from the Humanitarian Needs and Response Plan (HNRP) 2026



A vaccinator records patient details during the measles vaccination campaign.  
Photo credit: WHO South Sudan

## WHO'S STRATEGIC OBJECTIVES

In parallel with life-saving response, WHO will prioritize preparedness, readiness and health system resilience as a strategic outcome for 2026. This includes strengthening core IHR capacities, early warning and surveillance, rapid response mechanisms and Public Health Emergency Operations Centres at national and sub-national levels. These investments are essential to reduce the scale, cost and human impact of recurrent outbreaks and climate-related shocks.

In 2026, WHO South Sudan will:

- 1. Deliver equitable, life-saving health services to crisis-affected populations:** WHO will deliver equitable, life-saving and life-sustaining health services to populations affected by conflict, flooding and displacement, prioritizing the most vulnerable and hard-to-reach communities. Services will be delivered through static facilities, mobile teams and community outreach, reducing financial barriers and addressing inequities affecting women, girls, adolescents, persons with disabilities, older persons and survivors of violence. The response will integrate essential primary health care, sexual and reproductive health services, the implementation of the Health Cluster Gender-Based Violence Action Plan and access to the clinical management of rape.
- 2. Rapidly detect, prepare for and respond to health emergencies and disease outbreaks:** WHO will lead prevention, early detection and rapid response to epidemic-prone and endemic diseases to reduce excess morbidity and mortality. This includes strengthening surveillance and early warning systems, deploying rapid response teams, reinforcing triage and emergency referral mechanisms and sustaining coordination at national and subnational levels. Targeting will be guided by real-time evidence from the District Health Information System (DHIS2), Integrated Food Security Phase Classification analysis, rapid needs assessments and public health situation analyses. A multisectoral approach integrating nutrition, infection prevention and control (IPC), water, sanitation and hygiene (WASH) and food security and livelihoods will enable timely, adaptive emergency health responses.
- 3. Sustain essential health system functions to enable emergency response and continuity of care:** WHO will sustain core health system functions required for effective emergency response, in line with the National Health Policy (2016–2026) and the Health Sector Strategic Plan (2023–2027). This includes restoring and maintaining essential services disrupted by conflict or disasters, strengthening frontline health worker capacity through joint planning, supervision, coordination and quarterly reviews and supporting critical infrastructure and supply systems. Delivery will be anchored in a primary health care approach, with technical working groups, localization and inclusive coordination mechanisms reinforcing community-responsive service delivery. These actions will ensure continuity of life-saving care during acute shocks and support recovery where conditions allow.



I saw people in my village suffer terribly from cholera. Some even died before help could reach them. That's when I knew I had to seek treatment. I came to the Cholera Treatment Center in Tharkueng, and I truly believe it saved my life. I also want to thank the health workers here. Their dedication and care have made a huge difference and saved my life. I encourage them to continue saving lives - they are our heroes.

**Aweng Thiep Thiep, 38-year-old mother of eight children.**



WHO staff visit a child with severe acute malnutrition with complications at Al-Sabah Children's Hospital.  
Photo credit WHO South Sudan

## WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

In 2026, WHO South Sudan will recalibrate its operational approach to reflect shifting humanitarian realities, partner transitions and the internal realignment of organizational priorities to ensure a more sustainable, locally-driven and strategically focused approach, building on the Humanitarian Reset principles. As international actors scale down or withdraw, WHO will assume expanded responsibilities in emergency health coordination, disease surveillance and life-saving service delivery, particularly in hard-to-reach and underserved areas. This includes scaling up mobile outreach services using emergency medical teams, the evidence-based prepositioning of medical supplies and strengthening triage/referral systems to ensure continuity of care in high-risk or outbreak settings.

At the same time, WHO will begin a strategic transition out of direct service delivery in more stable regions, handing over responsibilities to national health authorities and local organizations. While this shift promotes sustainability and national ownership, it may temporarily affect service availability for vulnerable populations. To mitigate this, WHO will intensify technical support, joint monitoring and supervision, and capacity-building to ensure a smooth and accountable transition. Transitions will be carefully phased and risk-informed to avoid service disruptions for vulnerable populations. WHO will maintain parallel technical support, joint supervision and real-time monitoring during handover periods, with contingency mechanisms to re-engage operational support if access, quality or continuity of services are compromised.

Global and regional trends, including declining humanitarian financing, climate-induced displacement and persistent insecurity, are reshaping WHO's role. In response, WHO South Sudan is prioritizing localization as a core pillar of its 2026 strategy. This includes increasing the proportion of funds transferred to national health partners, embedding co-leadership in coordination platforms and expanding the role of local actors in planning, implementation, monitoring and quality assurance.

These changes reflect a shift toward a more efficient, inclusive and sustainable model of health emergency response. By anchoring its role in strategic leadership, technical stewardship and locally-driven action, WHO remains essential to safeguarding public health and advancing resilience in South Sudan's fragile context. In doing so, WHO plays a critical role in ensuring that all populations have access to timely and effective health services during emergencies.



A WHO Strategic Information Officer provides hands-on training to a medical officer on disease classification.  
Photo credit: WHO South Sudan

# WHO 2026 RESPONSE STRATEGY

In 2026, WHO South Sudan will deepen its strategic collaboration with the Ministry of Health and state-level health authorities to strengthen national leadership in health emergency preparedness, readiness, response and recovery. WHO will continue to provide technical guidance, policy support and surge capacity to reinforce government-led coordination platforms, including the Health Cluster and Public Health Emergency Operations Centre (PHEOC).

WHO's response will be anchored in robust partnerships with UN agencies, NGOs and civil society organizations. It will work closely with UNICEF on Risk Communication and Community Engagement (RCCE), nutrition, IPC and WASH to ensure integrated, community-centred interventions. Collaboration with the United Nations Population Fund (UNFPA) will focus on strengthening sexual and reproductive health services and implementing the Health Cluster GBV Action Plan. With the Food and Agriculture Organization (FAO), the World Health Organization will enhance disease surveillance at the human-animal interface, while UNDP will support institutional capacity-building, particularly in health governance and workforce development. National and international NGOs will continue to serve as key implementing partners (IPs), delivering frontline services and extending reach into hard-to-access areas.

Localization is a central pillar of the 2026 strategy. WHO will increase direct funding to national partners, embed co-leadership in coordination mechanisms and invest in local capacity for surveillance, service delivery and accountability. Community feedback systems and inclusive consultations will guide adaptive programming and ensure responsiveness to local needs.

Key focus areas include expanding access to essential primary health care, strengthening outbreak detection and response, scaling up mental health and GBV services and reinforcing health system resilience in flood- and conflict-affected areas. These priorities align with the Humanitarian-Development-Peace Nexus and the Humanitarian Reset, positioning WHO as a catalyst for sustainable, locally-led health outcomes in South Sudan.

WHO's approach emphasizes efficiency and value for money by prioritizing preparedness, early action and localization. Pre-positioning of supplies, strengthened surveillance and national partner engagement reduce response delays, limit outbreak escalation and lower overall humanitarian costs. These investments deliver measurable public health impact while maximizing the use of constrained resources.



## OPERATIONAL PRESENCE

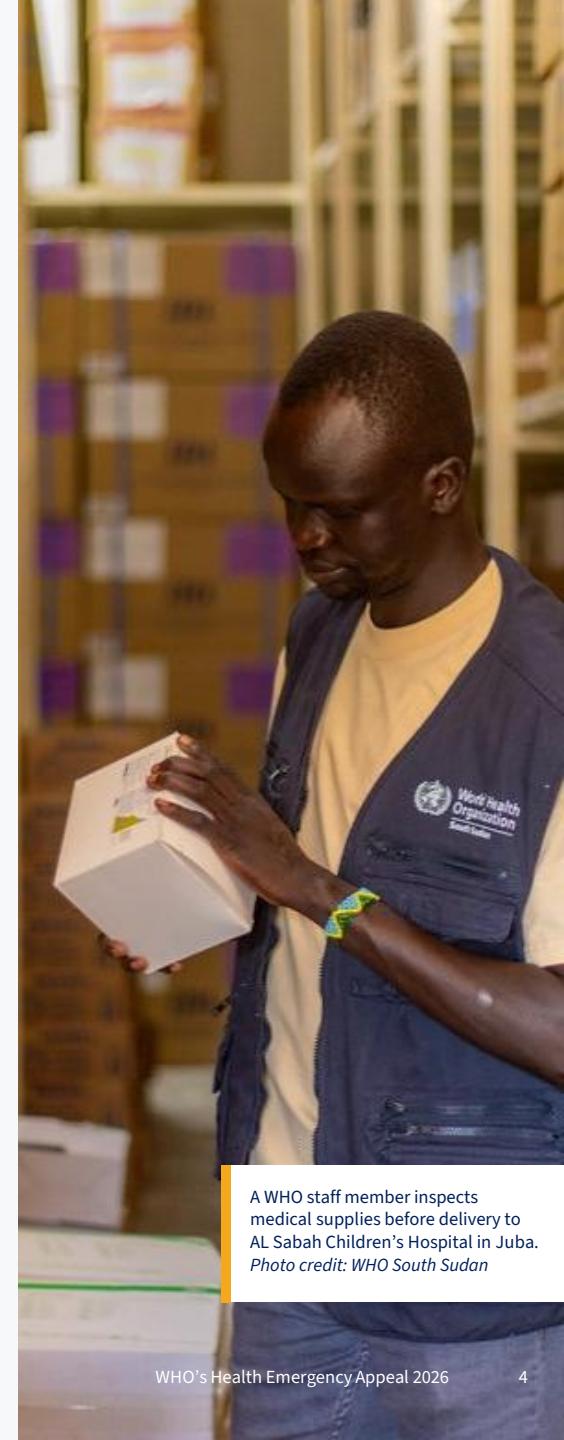
WHO maintains a decentralized footprint in South Sudan, with 473 personnel including technical experts, field coordinators, logisticians, epidemiologists and public health officers supporting emergency response and health system strengthening.

In 2026, WHO will adopt a revised subnational model with three regional offices aligned to Greater Equatoria, Bahr el Ghazal and Upper Nile. The 10 state sub-offices and logistics hubs will transition to one epidemic intelligence officer per state. These offices will support preparedness and readiness, epidemic surveillance, rapid risk assessments and rapid investigation and response to public health alerts, while promoting localized coordination and proximity to high-risk communities, especially in flood and conflict-affected areas.

WHO sustains surge capacity with mobile response teams and emergency logisticians pre-positioned for anthrax, cholera, cVDPV2, hepatitis E, measles, meningococcal meningitis, malaria and other epidemic-prone diseases. Teams are activated with state Ministries of Health and partners through the Public Health Emergency Operations Centre.

WHO's presence advances localization and Humanitarian Reset priorities. Sub-offices co-lead coordination with state health authorities, enabling joint risk assessments and planning, supervision, quality assurance and monitoring and evaluation, including intra/after action reviews. WHO is increasing funding to national NGOs and local health institutions, embedding co-leadership in technical working groups and strengthening community-based surveillance and service delivery.

The Health Cluster is fully activated with 70 partners, including UN agencies and international and national NGOs. WHO leads coordination, providing strategic oversight, technical guidance and operational support. Nationally, WHO co-leads with the Ministry of Health; sub-nationally, WHO supports co-leadership with local authorities and national NGOs. The Cluster enables joint planning and resource mobilization and monitoring, focused on integrated service delivery, emergency preparedness and readiness and protection-sensitive programming through technical working groups, reviews and inclusive consultations.



A WHO staff member inspects medical supplies before delivery to AL Sabah Children's Hospital in Juba.  
Photo credit: WHO South Sudan



WHO staff deliver medical supplies to a health facility.  
Photo credit: WHO South Sudan

## KEY ACTIVITIES FOR 2026

- **Pre-position essential medical supplies for 2.5 million patients**, including 200 Interagency Emergency Health Kits and 116 cholera treatment kits, prioritizing high-risk and hard-to-reach locations.
- **Reactivate and enhance capacity of National Rapid Response and Emergency Medical Teams (RRT/EMTs)** to increase the number of personnel and their competency to maintain a roster of experts to support the verification and risk assessment of, and response to, priority hazards on the national risk profile.
- **Deploy multisectoral RRT/EMTs** at least 18 times annually to conduct outbreak investigations and initial risk assessments and to provide timely public health responses.
- **Strengthen the national and subnational Public Health Emergency Operations Centre (PHEOC)** in Juba and Wau respectively. Operational support will be provided to the national PHEOC call centre, facilitating the rapid detection and verification of signals and the enhancement of early warning systems.
- **Enhance laboratory systems through specimen referral and quality assurance** by facilitating the referral of specimens for diagnostic testing at both national and international levels, ensuring the timely confirmation of outbreaks and that high standards of laboratory quality assurance are maintained.
- **Train 300 Infection Prevention and Control (IPC) focal persons** across three teaching hospitals, 50 county hospitals, seven Points of Entry (POEs) and 240 primary health care centres (PHCCs) to prevent nosocomial transmission of infectious diseases in healthcare settings.
- **Train 1200 health workers across 40 counties** on the third edition of the Integrated Disease Surveillance and Response (IDS) guidelines, targeting counties with poor surveillance performance indicators.
- **Conduct community engagement through One Health Approach workshops** for civil society networks and community-based organizations to address public health threats through prevention, early detection and coordinated response.
- **Update the national risk profile** to guide multi-hazard preparedness plans and hazard-specific response planning and to prioritize capacity-building and the development of tools for common hazards.

Progress in 2026 will be monitored through a focused set of performance indicators, including:

- Proportion of priority alerts verified and responded to within 48 hours.
- Number of counties with functional Rapid Response Teams meeting national standards.
- Timeliness of essential medicine pre-positioning in high-risk locations.

Health workers go where the people are; they are committed to saving lives and must never be attacked.

**Polio Vaccinator, Rumbek, Lakes State**

# IMPACT IN 2025

## SOUTH SUDAN STEPS UP VACCINATION AND RESPONSE MEASURES TO CURB CHOLERA



A child receives oral cholera vaccine (OCV) dose from a health worker during a vaccination campaign.  
Photo credit: WHO South Sudan

Nyaboth Gai, a 28-year-old resident of Rubkona County in the north of South Sudan, is grateful to be alive after her family was affected by cholera, an infectious disease that can quickly lead to death if it is not detected and treated early. "All four members of my family got infected, and I thank God for giving me another chance to live," she says. "I am grateful for the treatment we have been receiving in the health facility."

The cholera outbreak in South Sudan, which began in October 2024, has continued to worsen. In January 2025, the Ministry of Health, with support from WHO and partners, rolled out oral cholera outbreak response vaccination campaigns in 46 counties to address rising cases. More than 10 million doses of oral cholera vaccine were approved and 8.7 million of the targeted 9.9 million people (87%) were vaccinated.

"We extend our heartfelt gratitude to our healthcare workers on the frontlines, who are dedicated to caring for cholera patients and curbing the transmission," said Hon Sarah Cleto Rial, Minister of Health. "The vaccine is lifesaving, and I encourage the community to get vaccinated and adhere to all precautionary measures to minimize the risk of contracting cholera."

WHO continues to distribute essential medical supplies for the cholera response to local and national health authorities and partners. These include investigation and treatment kits, cholera beds, standalone rapid diagnostic tests and IPC supplies to strengthen preparedness and response, as well as case management kits and other materials used to treat over 96 000 cholera cases. WHO has also facilitated the establishment of a 50-bed cholera treatment centre at Juba Teaching Hospital and supported the deployment of 47 multidisciplinary National Rapid Response Teams to 52 high-priority counties to conduct epidemiological investigations and provide technical support for case management and outbreak containment.

"While oral cholera vaccination is important, it is one of several tools to curb the ongoing outbreak," says Dr Humphrey Karamagi, WHO Representative in South Sudan. "WHO is supporting health authorities in all aspects of the outbreak response to ensure that we address comprehensive health needs and bring this outbreak to an end."

Gai and her family have since fully recovered and have been vaccinated. "I sincerely thank all the health workers and authorities for their care," she says. "The support has been invaluable during this difficult time for my family, and we are grateful. Now we have been vaccinated and are no longer worried."

### FOR MORE INFORMATION

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WHO staff conduct water quality testing in Aweil, Northern Bahr el Ghazal, ensuring safe drinking water for communities.  
Photo credit: WHO South Sudan



## WHO'S 2026 FUNDING REQUIREMENTS

SOUTH SUDAN HUMANITARIAN CRISIS		FUNDING REQUIREMENTS (US\$ M)
FUNDING REQUIREMENT BY RESPONSE PILLAR		
<b>Collaborative surveillance</b>	Surveillance, case investigation and contact tracing	2.66
<b>Community protection</b>	IPC in the community	0.06
	Risk communication and community engagement	0.16
	Travel, trade, points of entry and gatherings	0.02
<b>Safe and scalable care</b>		1.57
	Essential health systems and services	0.98
	IPC within health care settings	0.59
<b>Access to countermeasures</b>		6.95
	Operational support and logistics	6.56
	Research, innovation and evidence	0.39
<b>Emergency leadership</b>		1.01
	Lead, coordinate, plan and monitor protracted response ops	1.01
<b>Total</b>		12.43