

South Sudan

Date: 28 October 2025

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 Malnutrition Malaria Trauma and Injuries Maternal and Neo-natal Health Risks Noncommunicable Diseases (NCD) Measles COVID- 19 and acute respiratory tract infection (ARTI)	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

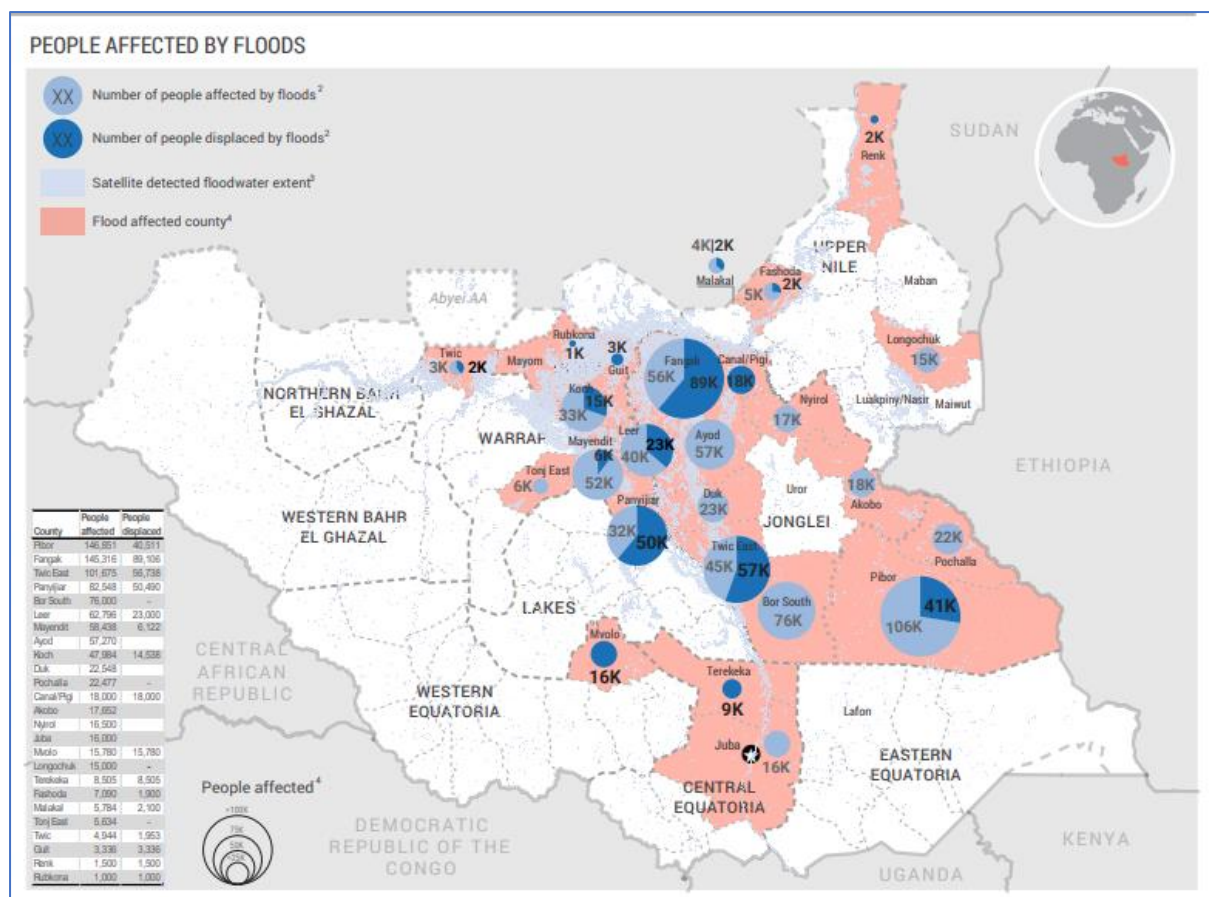
As of September 2025, the humanitarian outlook remains alarming, with growing needs far outpacing the capacity of aid agencies to respond.³ South Sudan continues to face a dire humanitarian crisis fuelled by the convergence of armed conflict, mass displacement, climate-related shocks, food insecurity, recurrent disease outbreaks, and economic decline factors that together have devastated millions of lives.⁴ The fragile security environment, compounded by seasonal flooding, restricted humanitarian access, and bureaucratic impediments, has further deepened vulnerabilities and obstructed the delivery of life-saving assistance.⁵

Severe flooding has continued to affect South Sudan since June 2025, causing population displacement and widespread damage. As of 24 October, approximately 335 000 people have been displaced across 16 counties, and more than 961 000 people have been affected across 26 counties in six states, with Jonglei and Unity states among the most affected, with 624 300 and 256 100 affected people, respectively.⁶ A total of 143 health facilities have been affected, with 44 fully damaged.⁷

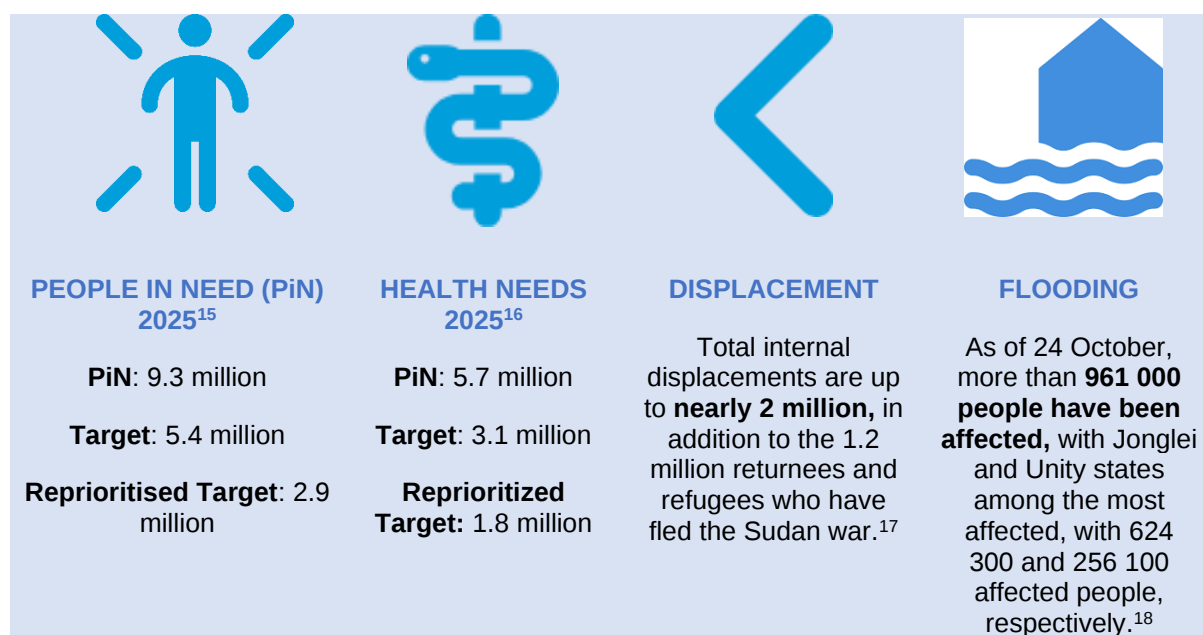
Flood-affected areas are experiencing increased health risks, with rising cases of malaria, acute respiratory infections, diarrhea, and a resurgence of cholera.⁸ There have been reports of snakebite-related deaths among affected populations.⁹ These repeated displacements disrupt livelihoods, increase reliance on aid, and expose communities to heightened risks of violence, hunger, and disease. Insecurity also undermines food production and hampers humanitarian access, leaving relief supplies delayed or unavailable in volatile areas.¹⁰

South Sudan is currently experiencing its most severe cholera outbreak on record. While a multi-pronged approach including vaccination efforts and deployment of rapid response teams has successfully contained the outbreak, the onset of the rainy season, declining population immunity and access challenges are likely to trigger a sharp rise in new infections.¹¹

As of June 2025, more than half of South Sudan's population—approximately 7.7 million people—are facing severe levels of acute food insecurity.¹² Among them, an estimated 83 000 individuals are experiencing famine-like conditions, particularly in Pibor (Greater Pibor Administrative Area), as well as in Nasir, Ulang, and Malakal counties of Upper Nile State. An additional 39 000 South Sudanese returnees who fled the conflict in Sudan are also grappling with critical food insecurity.¹³



HUMANITARIAN PROFILE



Humanitarian Needs and Response Plan (HNRP)

Since February 2025, there were a series of announcements from government donors detailing cuts in overseas development assistance.¹⁹ These cuts are significant and some were immediate. The impact on South Sudan, a country that relies on external assistance for most of its social service delivery, is huge. South Sudan is expected to face continued reductions in public sector funding in 2026 as some of the donor-announced cuts are set to take effect in the coming years.²⁰

As a result of this radical change in the funding situation for humanitarian response, the Humanitarian Country Teams have conducted reprioritization exercises within their respective Humanitarian Needs and Response Plans (HNRP).²¹

A recent reprioritization exercise in South Sudan led to a substantial revision of humanitarian planning figures. The number of people targeted for humanitarian assistance was reduced from 5.4 million to 2.9 million, and the associated funding requirements were reduced from US\$1.7 billion to US\$1.03 billion.²²

This shift comes despite the fact that an estimated 9.3 million people (nearly 70% of the population) remain in need of humanitarian assistance. While the reprioritized figures reflect the critical needs to be addressed first in the most severely affected areas, the overall humanitarian needs and responses identified in the initial South Sudan HNRP are still considered valid and urgent for interventions should additional funding become available.²³

Furthermore, in response to the fiscal crisis, UNMISS reported in October 2025 that it is required to reduce its spending by 15% which means downsizing its presence and reducing activities across the country. The cost-saving measures come at a time when the political, security and humanitarian situation is rapidly deteriorating. Political tensions and violence between forces aligned with the main parties to the peace deal are rising. Intercommunal conflict continues to have a catastrophic impact and almost eight million people are facing crisis-level food insecurity.²⁴

Recent Flooding

Severe flooding has continued to affect South Sudan since June 2025, causing population displacement and widespread damage. As of 24 October, approximately 335 000 people have been displaced across 16 counties, and more than 961 000 people have been affected across 26 counties in six states, with Jonglei and Unity states among the most affected, with 624 300 and 256 100 affected people, respectively.²⁵

As of 21 October, current flood exposure across South Sudan remains below the levels recorded during the major flood years of 2021, 2022, and 2024, yet it is still significantly above the historical average.²⁶ Floodwaters have damaged farmland, destroyed homes, disrupted livelihoods, and crippled key infrastructure—severely limiting access to essential services and humanitarian supply routes. Urgent needs are rising rapidly. The flooding has also increased the risk of waterborne diseases such as cholera and heightened intercommunal tensions in overcrowded displacement sites.²⁷

An estimated 69 535 individuals across seven counties in Pibor have been affected, with more than 1000 households in Pibor town alone displaced, according to local authorities. These devastating floods are threatening to push thousands of already vulnerable people in Greater Pibor Administrative area from severe food insecurity (IPC Phase 4) into catastrophic IPC Phase 5.²⁸

The flash floods, following recent heavy rains, have submerged communities, destroyed homes, and swept away unharvested crops, posing an existential threat to an already vulnerable population. This figure will likely continue to grow as the water level continuously expands into more settlements. The floods have struck at the worst possible time—the harvesting season. This has led to widespread destruction of crops, leaving farmers with nothing to harvest.²⁹

Above-normal rainfall is forecast from July to November, with 1.6 million people at risk of flooding. Peak flooding is expected between September and December, driven by upstream water releases from Uganda and Ethiopia heightening flood risks in already vulnerable areas according to IGAD weather prediction. High-risk areas include Jonglei, Upper Nile, Unity, Warrap, Lakes, Northern Bahr el Ghazal, and parts of Central Equatoria.³⁰

Food Security

According to an update of the latest Integrated Food Security Phase Classification (IPC) analysis, about 7.7 million people (57% of the total population) were estimated to face IPC Phase 3 (Crisis) or worse levels of acute food insecurity during the lean season between April and July 2025.³¹

This figure is almost 10% higher than in the same period of the previous year, mainly due to a deepening economic crisis, resulting in soaring food prices and heightened violence since early 2025. The highest prevalence of severe acute food insecurity, ranging between 66 and 85%, was reported in Unity and Upper Nile states and among the 666 000 South Sudanese returnees from the conflict-affected Sudan.³² Concern exists for about 83 000 people facing IPC Phase 5 (Catastrophe) levels of acute food insecurity, including 12 000 people in the Greater Pibor Administrative Area, 32 000 people in Upper Nile State and 39 000 returnees from the Sudan.³³

In particular, there was a risk of famine in Nasir and Ulang counties in Upper Nile State, where armed clashes destroyed livelihoods, disrupted food trade and marketing activities, and triggered large scale displacements.³⁴

The main drivers of the dire food security situation are protracted macroeconomic challenges resulting in high inflation, insufficient food supply, the lingering impact on livelihoods of consecutive years with widespread floods, several and increasing episodes of violence and a sustained influx of returnees.³⁵

Displacement Overview

Internal Displacement

Total internal displacements are up to nearly 2 million, in addition to the 1.2 million returnees and refugees who have fled the Sudan war.³⁶ In March 2025, the County experienced significant population movements due to conflict in Nasir and Ulang counties, as well as the return of South Sudanese from Ethiopia.³⁷ The eastern payams of Bilkey, Dengjok, and Gakdong host the majority of internally displaced persons (IDPs) and returnees, many of whom face severe food insecurity and limited access to basic services.³⁸

Chronic food insecurity and high rates of malnutrition persist, with the April 2025 IPC analysis classifying the county as Phase 4 (Emergency). Health and nutrition services are overstretched, and logistical constraints hinder the timely delivery of humanitarian assistance.³⁹

Flooding Related Displacement

As of 24 October, approximately 335 000 people have been displaced across 16 counties, and more than 961 000 people have been affected across 26 counties in six states, with Jonglei and Unity states among the most affected, with 624 300 and 256 100 affected people, respectively.⁴⁰

Floodwaters have damaged farmland, destroyed homes and facilities, disrupted livelihoods, and crippled key infrastructure—severely limiting access to essential services and humanitarian supply routes. Urgent needs are rising rapidly.⁴¹

Flooding remains a major challenge in Ayod, Canal/Pigi, Fangak, Duk, Twic East, Akobo, Pibor, and Pochalla counties, impacting people and severely hindering humanitarian access. Affected people are increasingly forced to seek refuge along roadsides under precarious conditions. Displaced families are sheltering in overcrowded public facilities, while others have relocated to higher ground. Rising river levels and continuous rain worsen conditions.⁴²

Conflict Related Displacement

Conflict remains the main driver of humanitarian needs in South Sudan. Armed clashes between government forces, opposition groups, and inter-communal militias continue to trigger large-scale displacement across multiple states.⁴³

A total of 164 000 South Sudanese has sought refuge in countries neighbouring South Sudan, including an estimated 33 000 in the Democratic Republic of Congo (DRC), 35 000 in Ethiopia, 70 000 in Sudan, and 26 000 in Uganda. In addition, over 131 000 Sudanese refugees have returned from South Sudan in recent months.⁴⁴

From January to August, an estimated 397 000 people were newly displaced across South Sudan, with Upper Nile, Jonglei, and Central Equatoria recording the highest displacement figures.⁴⁵ In Central Equatoria, fighting in Kenyira (Yei County) and confrontations in Kajo-Keji and Morobo Counties forced thousands to flee.⁴⁶ On 14 September, authorities reported at least 16 people killed and several injured in intercommunal clashes in Rumbek North County. The violence involved communities recently displaced by seasonal flooding.⁴⁷

Displacement Related to Sudan Crisis

The conflict in Sudan has forced over 1.1 million people into South Sudan, with the main entry point at Renk particularly overwhelmed due to the closure of one of its two transit centres.⁴⁸ The temporary suspension of Onward Transport Assistance (OTA) since 1 June, due to critical funding constraints, has left thousands of returnees and refugees stranded and unable to move onward.⁴⁹

Currently, about 11 000 people remain inside the transit centre, with many more gathered outside. This influx is worsening South Sudan's already severe crisis, characterized by widespread food insecurity, fragile infrastructure, and ongoing internal displacement.⁵⁰ The increasing numbers are stretching humanitarian partners' capacity to provide adequate food, shelter, clean water, healthcare, protection, and other essential services. Immediate and sustained support is urgently needed to address life-saving needs and prevent further deterioration of the situation.⁵¹

Humanitarian Access

A total of 70 access-related incidents were reported across the country in September 2025, disrupting the delivery of critical humanitarian services. Upper Nile, Jonglei, Central Equatoria, and Unity states remain hotspots for violence against humanitarian personnel, assets, and facilities.⁵²

Between January and September 2025, there have been 441 reported incidents, including 55 incidents of violence against humanitarian staff or assets.⁵³ Partners report a marked surge in violence targeting staff, compounds, and supplies—likely linked to worsening economic hardship—resulting in mission stand-downs, delayed deliveries, temporary program suspensions, and heightened risks for civilians and aid workers.⁵⁴

Due to the flooding in September 2025, access remains a major challenge, with many roads impassable and communities cut off, particularly in Unity, Upper Nile, and Jonglei states. The response is further constrained by limited funding and shortages in core pipeline supplies.⁵⁵

Airstrikes and ongoing ground confrontations severely restricted humanitarian access to thousands of food-insecure displaced people across Upper Nile (Nasir, Ulang, Longochuk, and Panyikang counties) and parts of Jonglei (Canal Pigi and Fangak counties).⁵⁶

Attacks on Humanitarian Workers

South Sudan remains one of the most dangerous places in the world to be a humanitarian worker, ranking as number two in 2025. In South Sudan, since the beginning of the year, there have been 26 casualties, including 15 humanitarian workers and 11 contractors who have been killed or injured, a deeply troubling increase from 15 people the same period last year. Between January and July 2025, over 200 incidents of direct violence against humanitarians and assets were reported, up from 176 last year.

In South Sudan, most humanitarian workers are South Sudanese nationals, serving their own communities with extraordinary courage and commitment.⁵⁷ Violence against humanitarian staff and assets proliferated in August 2025. In Mangala an INGO driver was injured in a roadside banditry, while in Warrap, at an illegal checkpoint, five NGO passengers were injured during an attack and their belongings looted.⁵⁸

Compounds and supplies were targeted too: an INGO base and four stores were looted/vandalized in Ajoung Thok and INGO nutrition commodities were looted in Canal/Pigi. Abduction incidents of humanitarian staff included seven INGO staff kidnapped in Yei, a NNGO staff member abducted in Tambura and a UNSMS contractor was abducted in Juba. An INGO local staff member was also arrested in Longochuk, Upper Nile.⁵⁹

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.⁶⁰
- **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.⁶¹
- **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.⁶²
- **Persons with Disabilities:** The HNRP 2025 report that 15% of those in need have disabilities.⁶³ 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.⁶⁴
- **Older People:** The HNRP 2025 report that 7% of those in need are older people, with specific needs during humanitarian crises.⁶⁵

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 2050.⁶⁶ 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 2021.⁶⁷ The most common causes of death for males and females in South Sudan in 2021 were lower respiratory infections, diarrheal diseases, HIV/AIDS, malaria and stroke.⁶⁸

MORTALITY INDICATORS	South Sudan	Year	Source
Life expectancy at birth ⁶⁹	58.6	2021	WHO
Crude mortality rate (per 1000 people) ⁷⁰	11	2021	World Bank
Infant mortality rate (deaths < 1 year per 1000 births) ⁷¹	64	2022	UNICEF
Child mortality rate (deaths < 5 years per 1000 births) ⁷²	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).⁷³ 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.⁷⁴ However, in 2023, South Sudan became one of the first countries in Africa to integrate the malaria vaccine into its national immunization programme, offering children a safer start in life.⁷⁵

VACCINATION COVERAGE DATA ⁷⁶	South Sudan	Year	Source
DTP-containing vaccine, 1st dose	76%	2024	WUENIC
DTP-containing vaccine, 3rd dose	73%	2024	WUENIC
Polio, 3 rd dose	72%	2024	WUENIC
Measles-containing vaccine, 1st dose (MCV1)	72%	2024	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.⁷⁷

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.⁷⁸

DISEASE RISK ANALYSIS

SOUTH SUDAN: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	Level of risk***	Rationale
Cholera		Southern and Eastern Africa is facing major health crises, with cholera emerging as one of the region's most urgent public health emergencies. South Sudan is at the epicentre of the cholera crisis, with 94 549 cases and 1567 deaths reported across 55 counties in nine states and three administrative areas by October, reflecting a case fatality rate of 1.7%, with the majority of cases concentrated in Rubkona, Juba, Mayom and Aweil West. ⁷⁹
Malnutrition		Nutrition screenings reveal alarming rates of acute malnutrition. ⁸⁰ In Nasir, the Global Acute Malnutrition (GAM) rate stands at 25.4%, while Ulang reports 23.4%—both far above the emergency threshold. ⁸¹ In Paguir Payam (Fangak County), nutrition screening of 364 children under five revealed a Global Acute Malnutrition (GAM) rate of 37%, more than double the WHO emergency threshold. ⁸²
Malaria		Malaria continues to be a major health challenge in South Sudan, with 5.5 million cases and over 4000 deaths annually. Access to treatment, insecticide-treated bed nets (ITNs), and vaccines is low, with the 2023 malaria indicator survey showing a rise in malaria prevalence among children aged 6–59 months from 32% in 2017 to 52.6% in 2023, placing a heavy burden on South Sudan's fragile healthcare system. ⁸³
Trauma and Injuries		Entrenched patterns of violence involving armed youth, such as cattle raiding, border disputes and retaliatory attacks, are predominant drivers of violence. ⁸⁴ Floods are among the world's deadliest disasters with more than 5000 lives lost annually. ⁸⁵ Drowning accounts for 75% of deaths in flood disasters. ⁸⁶
Maternal and Neonatal 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. ⁸⁷ On average, South Sudanese women give birth to seven children and only 11% of mothers give birth in a healthcare facility. ⁸⁸ Emergency obstetric care services remain limited. ⁸⁹ Around 75% of all child deaths in South Sudan are due to preventable diseases, such as diarrhea, malaria and pneumonia. ⁹⁰
Noncommunicable 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. ⁹¹ Despite the rising cases and deaths, only 10% of primary health centers (PHCs) provide NCD services. ⁹²
Measles		Given the country's challenging context and suboptimal immunization coverage, there have been outbreaks of measles. ^{lxiv} Since the start of 2025 a cumulative total of 159 measles suspected cases and 0 deaths have been registered across 17 counties in 8 states. ⁹³
COVID-19 and acute respiratory		The most common causes of death for males and females in South Sudan in 2021 was lower respiratory infections. ⁹⁴ South Sudan faces a high burden of acute respiratory infections that currently account for at least one-third of outpatient

tract infection (ARTI)		consultations with children under five years being the most affected (2019). ⁹⁵
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. ⁹⁶
Mental Health Conditions		The prevalence of mental disorders such as depression, anxiety disorders and post-traumatic stress disorder among South Sudanese is high. ⁹⁷ 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. ⁹⁸
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%. ⁹⁹
Hepatitis E		Since 2018, a cumulative total of 9066 cases and 121 deaths (CFR 1.3%) of suspected Hepatitis E cases have been reported across the country. The cumulative number of positive RDT cases are 2727. Geographically, most HEV cases were reported from Rubkona, Renk and Fangak counties. ¹⁰⁰
Meningitis		Limited recent information is available. However, 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%). ¹⁰¹
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. Flooding heightens vulnerability to gender-based violence, especially for women and girls, who face increased risks of sexual violence and exploitation in displacement settings and isolated areas as reported in Canal/Pigi and Fangak counties in Jonglei State. ¹⁰² In October 2025 a new study reported nearly two-thirds of South Sudanese children are engaged in the worst form of child labor. ¹⁰³
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). ¹⁰⁴
Mpox		On 7 February 2025, a mpox outbreak was declared in South Sudan after identifying one patient in Juba. As of 2 September 2025, South Sudan has reported a total of 21 mpox confirmed cases, with zero associated deaths from 17 in Juba County, 3 in Rumbek, and 1 in Malakal. The last Mpox case detected was in Juba, with an onset of illness reported as 16 August 2025. ¹⁰⁵
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. ¹⁰⁶

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. ¹⁰⁷
Yellow Fever		Limited recent information is available. However, there are no new outbreaks of yellow fever reported since the outbreak of 2023 in Yambio. ¹⁰⁸
Ebola (EVD)		As of 14 October 2025, the Ebola outbreak in the DRC remains at 64 cases and 43 deaths (CFR 67.2%). The last reported cases occurred on 26 September 2025 in Bulape and Dikolo Health Areas, and no new confirmed or probable cases have been reported since. The outbreak shows signs of containment, and once all remaining patients are discharged, the 42-day countdown to officially declare its end will begin. 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.
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. ¹⁰⁹
Anthrax		In 2025, a total of 216 human Anthrax cases has been reported from two states (WBeG – 177 and Warrap 39). Of the 216 human cases, two cases had died giving a case fatality rate (CFR) of 0.9%. Cumulatively, since 2004, a total of 377 human anthrax cases has been reported from 2 states (Western Bahr-el-Gazal and Warrap).
Snakebites		As of 23 October, at least 146 snakebite cases linked to ongoing flooding have been reported, with Unity State accounting for 43% and Jonglei State for 21% of the total. Three fatalities related to snake bites have been confirmed in Jonglei State. ¹¹⁰
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. ¹¹¹
Poliovirus type 2 (cVDPV2) and Wild poliovirus		In 2025, zero case of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported in South Sudan as of 2 September. Since 2023, a total of 13 confirmed cVDPV2 cases have been reported in eight counties with three cases reported in 2023 and 10 cases in 2024 with the most recent case having a date of onset of paralysis on 16 November 2024. ¹¹²
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. ¹¹³
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

Southern and Eastern Africa is facing major health crises, with cholera emerging as one of the region's most urgent public health emergencies. Southern and Eastern Africa is facing major health crises, with cholera emerging as one of the region's most urgent public health emergencies. South Sudan is at the epicentre of the cholera crisis, with 94 549 cases and 1567 deaths reported across 55 counties in nine states and three administrative areas by October, reflecting a case fatality rate of 1.7%, with the majority of cases concentrated in Rubkona, Juba, Mayom and Aweil West.¹¹⁴

Nearly half of all cases (46%) are among children aged 0–14, underscoring the disproportionate impact on vulnerable groups. The outbreak is driven by limited access to safe water, poor sanitation, and overcrowded displacement sites and is further compounded by recurrent malaria, measles, and acute watery diarrhoea outbreaks that are overwhelming the fragile health system.¹¹⁵

In response, the country has successfully conducted Oral Cholera Vaccine (OCV) campaigns, which have reached 46 counties, with over 8.6 million doses administered, achieving 85% coverage.¹¹⁶ The current rainy season and the ongoing insecurity are severely hindering cholera response efforts in South Sudan. It is obstructing the delivery of medical supplies and deployment of response teams, raising concerns about further transmission and undermining the progress the country has made so far in combating the outbreak.¹¹⁷

Furthermore, the situation is worsened by new cholera hotspots in neighbouring Sudan, as cross-border movements of refugees and returnees contribute to introduce the disease particularly in border communities with fragile water, sanitation, and hygiene (WASH) infrastructure, heightening the risk of additional outbreaks and placing further strain on an already overstretched health system.¹¹⁸

This outbreak is compounded by economic hardship, acute food shortages, and other infectious disease outbreaks, further worsening already critical levels of malnutrition. The cholera outbreak has also severely disrupted education, with approximately 37 797 learners impacted due to the closure of schools.¹¹⁹

Malnutrition

As of August 2025, South Sudan faces widespread Crisis (IPC Phase 3) and worse outcomes characterized by extremely high levels of hunger and acute malnutrition.¹²⁰ The areas of highest concern are in the Greater Upper Nile Region with particular concern for counties hosting large numbers of refugee and returnee population. A risk of Famine (IPC Phase 5) persists in Nasir and Ulang counties of Upper Nile State. An estimated number of 9.3 million people need humanitarian assistance this year countrywide.¹²¹

Nutrition screenings reveal alarming rates of acute malnutrition.¹²² In Nasir, the Global Acute Malnutrition (GAM) rate stands at 25.4%, while Ulang reports 23.4%—both far above the emergency threshold.¹²³ In Paguir Payam (Fangak County), nutrition screening of 364 children under five revealed a Global Acute Malnutrition (GAM) rate of 37%, more than double the WHO emergency threshold.¹²⁴

Children under five, along with pregnant and breastfeeding women, are disproportionately affected, facing heightened risks of wasting, disease, and death. With the lean season intensifying and harvests disrupted by conflict and floods, malnutrition levels are expected to rise further without urgent, scaled-up interventions.¹²⁵

Since the escalation of the conflict in Sudan in April 2023, over 1.2 million people have crossed from Sudan into South Sudan, including around 800 000 South Sudanese returnees.¹²⁶ The majority is settling in already fragile areas like Upper Nile State, where conflict and insecurity are driving over 32 500 people into catastrophic levels of food insecurity.¹²⁷ The highest concentration of returnees is in Luakpiny/Nasir County in Upper Nile State, where there is a Risk of Famine. Despite the challenging conditions in South Sudan, people continue to arrive from Sudan in search of safety and humanitarian aid. Conflict-driven displacement from Sudan is contributing to catastrophic hunger in South Sudan. By July 2025, nearly 50% of people classified in IPC Phase 5 (Catastrophe) in South Sudan are returnees, highlighting their unique vulnerabilities compared to the resident population.¹²⁸

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.¹²⁹ 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.¹³⁰ A summary of breastfeeding related indicators is displayed below:

NUTRITION INDICATORS ¹³¹	South Sudan	Year	Source
Early initiation of breastfeeding	51%	2022	UNICEF
Exclusive breastfeeding (0-5 months)	45%	2022	UNICEF

Malaria

On 10 September, local authorities reported that flooding from heavy rains affected approximately 2750 people in Nyirol County, destroying many homes. There have been reports of a high prevalence of malaria among affected populations.¹³²

Malaria continues to be a major health challenge in South Sudan, with 5.5 million cases and over 4,000 deaths annually. Access to treatment, insecticide-treated bed nets (ITNs), and vaccines is low, with the 2023 malaria indicator survey showing a rise in malaria prevalence among children aged 6–59 months from 32% in 2017 to 52.6% in 2023. placing a heavy burden on South Sudan's fragile healthcare system.¹³³

Transmission is year-round and peaks between July and November. *Plasmodium falciparum* is the dominant species, accounting for 93.1 % of infections.¹³⁴ It accounts for 66% of outpatient consultations, 50% of admissions, and about 30% of deaths.¹³⁵ 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.¹³⁶ 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. Malnutrition increases susceptibility to malaria and that undernutrition is an important risk factor for the progression to severe malaria, especially in children.¹³⁷

Trauma and Injuries

Tensions are rising at relocation sites due to overcrowding. Floodwater has submerged farmland, homes, humanitarian compounds and disrupted access to education, health, nutrition, and water services. Conflict has displaced youth who typically support dyke reinforcement.¹³⁸ Floods are among the world's deadliest disasters with more than 5000 lives lost annually.¹³⁹ Drowning accounts for 75% of deaths in flood disasters.¹⁴⁰

Entrenched patterns of violence involving armed youth, such as cattle raiding, border disputes and retaliatory attacks, are predominant drivers of violence.¹⁴¹ Between April and June 2025, the UNMISS Human Rights Division (HRD) documented 334 incidents of conflict-related violence affecting 1518 civilians, including 635 killed, 676 injured, 133 abducted, and 74 subjected to conflict-related sexual violence (CRSV).¹⁴² Compared to the previous quarter (January to March 2025), this represents a 7% increase in the number of incidents (from 312 to 334) and a 6% in the number of victims (from 1607 to 1518) documented. The majority of victims were attributed to community-based militias and/or civil defence groups (68%), followed by the conventional parties to the conflict and other armed groups.¹⁴³

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 ordnances.¹⁴⁴ 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.¹⁴⁵ 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.¹⁴⁶

Maternal and Neo-natal Health

South Sudan has one of the highest maternal mortality ratios (MMR) in the world, ranging from an estimated 691¹⁴⁷ to 789 maternal deaths per 100,000 live births.¹⁴⁸ The principal causes are postpartum haemorrhage, sepsis, prolonged / obstructed labour, unsafe abortion and indirect causes, e.g., malaria in pregnancy.¹⁴⁹ Pre-eclampsia and hypertensive disorders are also a prominent direct cause of maternal mortality.¹⁵⁰ 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.¹⁵¹ Emergency obstetric care services remain limited, with service delivery being largely provided by international organizations.¹⁵² 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.¹⁵³ 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.¹⁵⁴

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.¹⁵⁵ 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 ¹⁵⁶	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

Noncommunicable 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.¹⁵⁷ Despite the rising cases and deaths, only 10% of primary health centres (PHCs) provide NCD services.¹⁵⁸ 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.¹⁵⁹ The lack of data hinders the development of an investment case for work on noncommunicable diseases.¹⁶⁰

Measles

Given the country's challenging context and suboptimal immunization coverage, there have been outbreaks of measles. Since the start of 2025 a cumulative total of 159 measles suspected cases and 0 deaths have been registered across 17 counties in 8 states.¹⁶¹ According to the 2025 Measles Risk Assessment, nearly 90% of counties in the country are classified as either high or very high risk for outbreaks. This is due to a combination of factors, including low routine immunisation coverage, weak surveillance systems, and the absence of a second dose of the vaccine in the national routine immunisation schedule.¹⁶²

In April 2025, South Sudan conducted a nationwide measles follow-up campaign targeting children aged 6 to 59 months. The campaign reached 73 out of 80 counties and achieved 85% coverage of the national target population. However, only 38% of counties reached the critical 95% coverage threshold required to interrupt measles transmission. These results highlight the persistent immunity gaps and the urgent need for a second dose of the Measles vaccine to ensure full protection.

At the county level, the national average measles coverage is 56%, well below the 95% target required for herd immunity. However, 18 counties surpassed the 90% threshold. Conversely, many counties reported critical underperformance, with coverage rates below 40% in Morobo (17%), Raga (17%), Malakal (14%), and Tambura (23%). These figures highlight equity concerns and potential service delivery barriers.¹⁶³

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.¹⁶⁴

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.¹⁶⁵ 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).¹⁶⁶ As of December 2023, South Sudan reported 18 765 confirmed cases of COVID-19 and 147 deaths.¹⁶⁷ In early 2024, South Sudan vaccinated over 51% of the targeted population and significantly boosting overall vaccination rates through successful COVID-19 campaigns.¹⁶⁸ With flooding displacing over 379 000 individuals in late 2024,¹⁶⁹ IFRC reported an increase in cases of respiratory infections.¹⁷⁰

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.¹⁷¹

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.¹⁷² 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.¹⁷³

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.¹⁷⁴

Mental Health Conditions

Decades of conflict, displacement, poverty, and food insecurity have inflicted lasting wounds. Ongoing insecurity and recurrent displacement continue to disrupt essential services, forcing communities to remain on the move and putting health staff and facilities at constant risk. This situation not only deepens the need for mental health support but also severely undermines the ability to deliver sustained care.¹⁷⁵

The prevalence of mental disorders such as depression, anxiety disorders and post-traumatic stress disorder among South Sudanese is high.¹⁷⁶ 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.¹⁷⁷

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.¹⁷⁸ 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.¹⁷⁹

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.¹⁸⁰

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.¹⁸¹

Hepatitis E

Since 2018, a cumulative total of 9066 cases and 121 deaths (CFR 1.3%) of suspected Hepatitis E cases have been reported across the country. The cumulative number of positive RDT cases are 2727. Geographically, most HEV cases were reported from Rubkona, Renk and Fangak counties.¹⁸² For Hepatitis E, there is 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.¹⁸³

Meningitis

Limited recent information is available. However, 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%).¹⁸⁴ 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 2022.¹⁸⁵

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).¹⁸⁶ 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 2023.¹⁸⁷

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%.¹⁸⁸

Mpox

On 7 February 2025, a mpox outbreak was declared in South Sudan after identifying one patient in Juba. As of 2 September 2025, South Sudan has reported a total of 21 mpox confirmed cases, with

zero associated deaths from 17 in Juba County, 3 in Rumbek, and 1 in Malakal. The last Mpox confirmed case was in Juba, with an onset of illness reported as 16 August 2025.¹⁸⁹ The outbreak has also affected four of South Sudan's neighbours—Kenya, Uganda, Central African Republic (CAR), and the Democratic Republic of Congo (DRC).¹⁹⁰

Rift Valley Fever

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 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 (World Health Rankings).¹⁹¹ 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.¹⁹²

Yellow fever

Limited recent information is available. However, there are no new outbreaks of yellow fever reported since the outbreak of 2023 in Yambio. 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.¹⁹³

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 (2020,2022, 2025).

As of 14 October 2025, the Ebola outbreak in the DRC remains at 64 cases and 43 deaths (CFR 67.2%). The last reported cases occurred on 26 September 2025 in Bulape and Dikolo Health Areas, and no new confirmed or probable cases have been reported since. The outbreak shows signs of containment, and once all remaining patients are discharged, the 42-day countdown to officially declare its end will begin. 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.¹⁹⁴ 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%.¹⁹⁵ 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.¹⁹⁶

Anthrax

In 2025, a total of 216 human Anthrax cases has been reported from two states (WBeG – 177 and Warrap 39). Of the 216 human cases, two cases had died giving a case fatality rate (CFR) of 0.9%. Cumulatively, since 2004, a total of 377 human anthrax cases has been reported from 2 states (Western Bahr-el-Gazal and Warrap). Of these, 1 sample tested positive for anthrax at UVRI in Uganda. Among the 377 human cases, 5 have died, resulting in overall case fatality rate (CFR) of 1.3%. This year, Jur River in Western Bar-El Gazal State has the highest recorded 137 cases representing attack rate of

55.8 per 100 000 population, followed by Wau in Western Bar-El Gazal has an attack rate of 14.9 per 100 000 population, Gogrial West County in Warrap State with an attack rate of 6.2 per 100 000 population.

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.¹⁹⁷

Snakebites

Due to recent flooding in September 2025, there have been reports of snakebite-related deaths and a high prevalence of malaria among affected populations.¹⁹⁸ As of 23 October, at least 146 snakebite cases linked to ongoing flooding have been reported, with Unity State accounting for 43% and Jonglei State for 21% of the total. Three fatalities related to snake bites have been confirmed in Jonglei State.¹⁹⁹

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.²⁰⁰ 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%.²⁰¹

Poliovirus type 2 (cVDPV2) and Wild Poliovirus

In 2025, zero case of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported in South Sudan as of 2 September. Since 2023, a total of 13 confirmed cVDPV2 cases have been reported in eight counties with three cases reported in 2023 and 10 cases in 2024 with the most recent case having a date of onset of paralysis on 16 November 2024.²⁰²

Polio surveillance has reached world-class levels, with stool sample adequacy at 95% and acute flaccid paralysis detection exceeding the global standard.²⁰³ The Ministry of Health (MoH), in collaboration with the WHO and the United Nations Children's Fund (UNICEF), launched an ambitious integrated health campaign in September 2025 to protect over 2.1 million children and 1.2 million adults from polio and Schistosomiasis.²⁰⁴

In 2020, South Sudan was declared free of wild poliovirus.²⁰⁵ 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.²⁰⁶

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).²⁰⁷

All these neglected diseases are an obstacle to socio-economic development and quality of life of the South Sudanese people.²⁰⁸ 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.²⁰⁹

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.²¹⁰

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.²¹¹

Female Genital Mutilation (FGM) has previously reported prevalence among women aged 15–49 years in South Sudan at 1%.²¹² 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.²¹³

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.²¹⁴ Nearly 20 000 children remain separated, unaccompanied or missing, jeopardizing their safety.²¹⁵

Economic challenges have also resulted in an increase in child labour.²¹⁶ In October 2025 a new study reported nearly two-thirds of South Sudanese children surveyed aged between 5 and 17 years are engaged in the worst form of child labour, with rates soaring to as high as 90% in the worst hit regions. The study found that 64% or nearly two in three children surveyed were engaged in the worst form of child labour, which include forced labour, sexual exploitation and involvement in illicit activities e.g. stealing, drug abuse and armed conflict. The report also found that local conflict and child marriages are contributing to extremely high rates of child labour in Yambio region, with 90% of children surveyed found to be involved. About 10% of children surveyed reported experiences linked to conflict-related engagement with armed groups, particularly in counties of Akobo, Bentiu, and Kapoeta South.²¹⁷

It is estimated that 1 in 2 young women in South Sudan were married off before the age of 18.²¹⁸ 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.²¹⁹

Mine Risks

Since 2004, more than 5000 people have been killed by explosions from these devices.²²⁰ 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.²²¹

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.²²² Since 2004, more than 5000 people have been killed by explosions from these devices.²²³ 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.²²⁴

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).²²⁵

Agricultural Production

Despite only 4% of the country's land being arable and cultivable, agriculture plays a vital role in the economy, contributing 10% of the gross domestic product and supporting 80% of the rural population.²²⁶ South Sudan seeks to diversify its economy away from oil, a necessity amplified by the ongoing conflict in the Sudan.²²⁷

However, the reliance on traditional, rainfed farming practices leaves agriculture vulnerable to the impacts of climate change. A deterioration of the security situation since early 2025, resulting in disruptions to agricultural activities in some areas, is expected to result also in localized crop losses. The abundant rains received in July and August exacerbated already widespread flooding caused by the overflow of the River Nile and its tributaries.²²⁸ The extent of the flooded areas, which is already larger than the near-record levels of last year, is expected to peak in late 2025 and it might reach the record levels of 2022. However, crop losses are expected to be only localized as in 2024, since most crops were already mature when floods occurred from July onwards and hence less vulnerable to flood damage.²²⁹

Conflict and Tension

The security situation has remained tense since clashes erupted in March.²³⁰ The South Sudan People's Defence Forces (SSPDF) has continued operations, including ground offensive and aerial bombardments against opposition-held areas and other armed groups, including in the Greater Upper Nile and Greater Equatoria regions. The ceasefire agreed to in the revitalised agreement has effectively collapsed, with force unification stalled amid ongoing SSPDF offensives, as well as defections to and recruitment by the SSPDF. Intercommunal violence has further aggravated insecurity, resulting in hundreds of civilian casualties in the Greater Bahr el Ghazal region.²³¹

Since February 2025, armed clashes between government forces and armed groups have escalated in Upper Nile and Jonglei, with some impact in Unity State. These hostilities, including airstrikes, ground offensives, and militia activities have severely affected civilians, prompting widespread displacement. Inter-communal violence has also escalated, especially in Warrap and Unity states, leading to the declaration of States of Emergency.²³²

Water, Sanitation and Hygiene (WASH)

Due to the recent flooding, in Unity State, flooding continues to disrupt service delivery, with WASH contamination reported in Mayendit County and access challenges in Panyijiar and Koch counties. Logistics constraints due to submerged routes are hindering supply movement to Koch and other southern counties.²³³

More broadly, lack of access to WASH infrastructure increases vulnerability and exposes communities to increased water-related illnesses.²³⁴ 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.²³⁵ 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.²³⁶

Climate Shocks

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.²³⁷ 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 2024.²³⁸ 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.²³⁹

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.²⁴⁰ 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.²⁴¹

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.²⁴² Additionally, the flooding has disrupted health services in 58 health facilities.²⁴³ Damaged and impassable roads continue to hinder physical access to affected communities.²⁴⁴

Drought silently affected all 10 states of South Sudan at varying extents – with its impacts unnoticed due to those of flooding.²⁴⁵ 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.²⁴⁶

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.²⁴⁷ Coupled with other structural risk factors, such as social, legal, political and economic marginalization, these create a context for violence against women and girls.²⁴⁸ 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.²⁴⁹

Socio-economic Challenges

Macroeconomic conditions remain poor amid the deepening cash liquidity crisis, despite the limited resumption of crude oil production and export via Port Sudan since April 2025. Lower global oil prices and poor oil revenue management are leading to limited hard currency supply, persistent currency depreciation, and a high cost of living.²⁵⁰ The exchange rate is 20 and 80% than the same time last year on the parallel and official markets, respectively. Although South Sudan is currently producing 100 000 barrels per day from the Paloich oil fields, the revenue is insufficient to service government debt and regularly pay civil servants. GDP is projected to contract by more than 30% in 2025, likely to further limit financial access to food for many poor households.²⁵¹

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.²⁵² 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.²⁵³

HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

Since gaining independence in 2011, South Sudan has faced daunting health challenges. Over 80% of its people live in rural areas with limited access to health facilities.²⁵⁴ South Sudan, the youngest nation globally, has struggled to provide access to good quality health services to its people.²⁵⁵ 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.²⁵⁶

South Sudan faces what WHO call the “triple burden of disease”:²⁵⁷

- Communicable diseases such as malaria, HIV, tuberculosis, neglected tropical diseases and pneumonia remain leading causes of death.
- Noncommunicable diseases like hypertension, diabetes, and cancers are on the rise.
- Injuries, especially road traffic accidents, civil unrest and intercommunal clashes, are affecting the nation’s young, productive population.

Confronting this triple challenge requires not just treatment, but prevention, preparedness, and investment in resilient systems.

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.²⁵⁸ Only 34% of the population have access to Universal Healthcare (UHC)²⁵⁹ and 70% lack basic health care services.²⁶⁰ Emergency obstetric care services remain limited, with only 40% of health facilities functional and service delivery being largely provided by international organizations.²⁶¹

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.²⁶² 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.²⁶³

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.²⁶⁴

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 10 000.²⁶⁵ This reflects a grossly inadequate health work force for the country. Distribution of available health workers is skewed markedly towards the urban areas.²⁶⁶ Additionally, there needs to be better service utilization, with currently only 0.5 outpatient visits per person per year.²⁶⁷

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.²⁶⁸ Donor funding constitutes a significant revenue source, contributing about 60% of the planned health expenditure especially at primary health care level.²⁶⁹ Thus, most of the available health care services are primarily provided by national and international non-governmental organizations (NGOs) which are largely funded externally.²⁷⁰ Most hospitals introduced user fees as a coping mechanism against inadequate funding.²⁷¹

Impact of Recent Flooding on Healthcare System

Severe flooding has continued to affect South Sudan since June 2025, causing population displacement and widespread damage. As of 24 October, approximately 335 000 people have been displaced across 16 counties, and more than 961 000 people have been affected across 26 counties in six states, with

Jonglei and Unity states among the most affected, with 624 300 and 256 100 affected people, respectively.²⁷²

A total of 143 health facilities have been affected, with 44 fully damaged.²⁷³ Weak health systems, limited infrastructure, and a high burden of zoonotic diseases amplify the impacts of these risks. In turn, it's essential that the country prioritizes building preparedness, preventive and detection capabilities as a strategy to mitigate the health impacts.²⁷⁴

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
			
Over 80% of its people live in rural areas with limited access to health facilities. ²⁷⁵	A growing caseload with acute needs is outstripping supplies. Partners servicing displacement sites in Nasir and Ulang are running out of essential medicines. ²⁷⁶	As of 24 October 2025, total of 143 health facilities have been affected, with 44 fully damaged. ²⁷⁷	<i>Limited information available.</i>

HUMANITARIAN HEALTH RESPONSE

In 2025, the Health Cluster required over US\$119 million to reach over 3.1 million people (of a total of 5.7 million people in need of health services).²⁷⁸ Under the re-prioritisation, the Health Cluster now requires US\$65 million to target 1.8 million people.²⁷⁹ 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.²⁸⁰

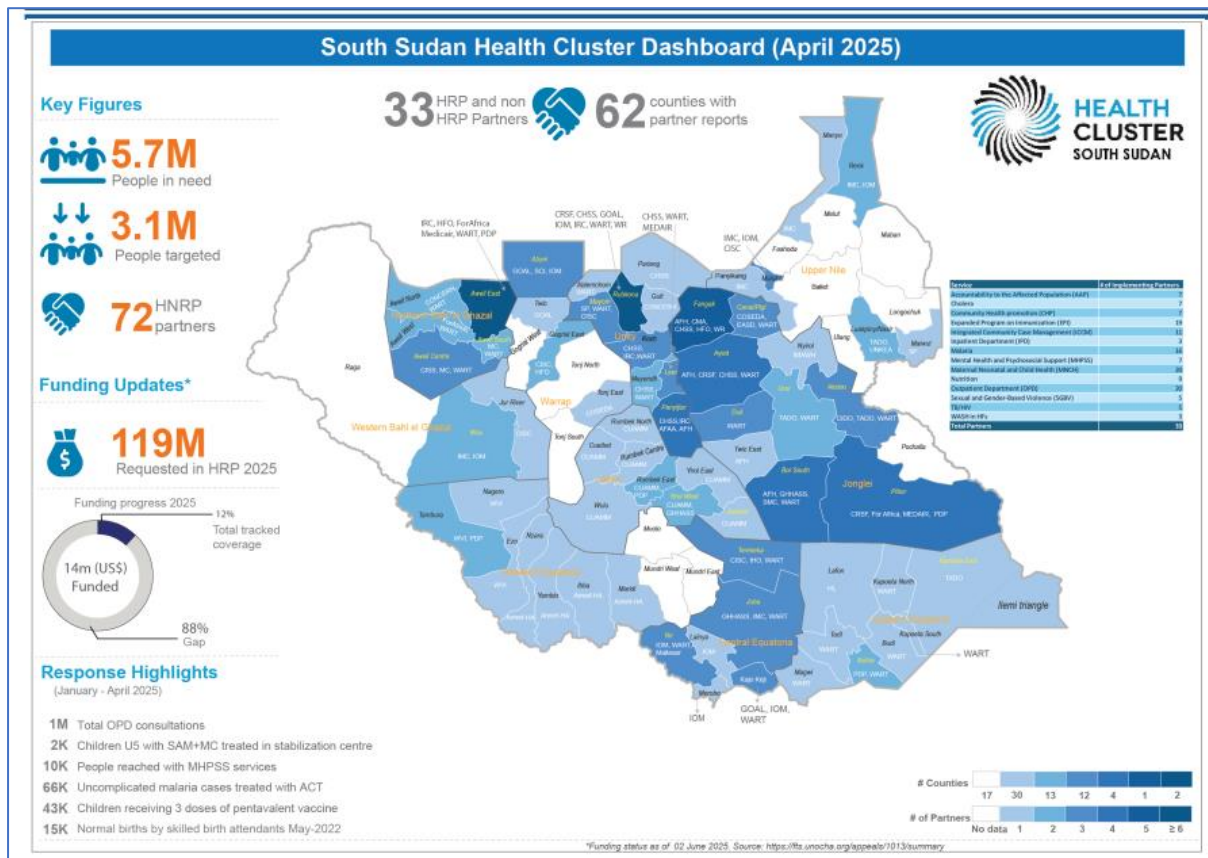


Figure 2- Health Cluster Dashboard (April 2025)

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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