



World Health
Organization
South Sudan

Knowledge
Management
Series for Health

Malaria Ends with Us

Reinvesting, Reimagining, Reigniting the fight in South Sudan

Malaria is a major public health challenge in South Sudan, accounting for 64% of all reported disease cases from 2021 to 2024. Despite increased testing coverage—which rose from 2 million tests in 2021 to 5 million in 2024, primarily using Rapid Diagnostic Tests (89%)—malaria incidence climbed from 162 to 212 cases per 1,000 population (with adjusted estimates suggesting a true incidence of 810 cases per 1,000). Facility reporting rates improved from 46% to 76%, yet malaria consistently led inpatient deaths (45% in 2021 and 2024), with high-burden states like Western Bahr el Ghazal (61%), Northern Bahr el Ghazal (56%), and Warrap (54%) exceeding the national average (DHIS 2 Malaria analysis for SNT).

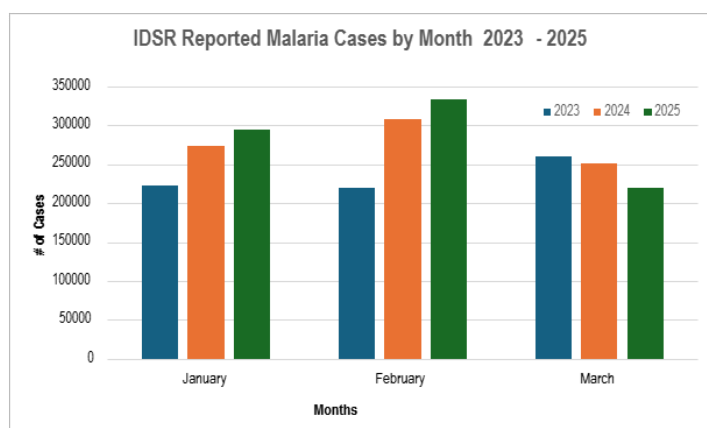


The country's vulnerability to malaria is exacerbated by flooding, conflict-induced displacement, and weak health infrastructure, which create conditions for transmission. In 2023–2024, extreme weather events and population movements led to a 20% surge in cases, with children under five and pregnant women disproportionately affected.

Despite efforts to scale up interventions—such as insecticide-treated nets (ITNs) and malaria vaccines—progress remains uneven due to logistical gaps, low community awareness, and systemic bottlenecks like supply chain disruptions (SNT, 2025). The 2025 outlook suggests these risk factors will persist, particularly in flood-prone states like Jonglei and Unity, where access to healthcare is limited. Without urgent action, malaria will continue to strain South Sudan's fragile health system and hinder socioeconomic development.

This factsheet outlines key epidemiological trends, intervention performance, and system challenges shaping the malaria response in 2025.

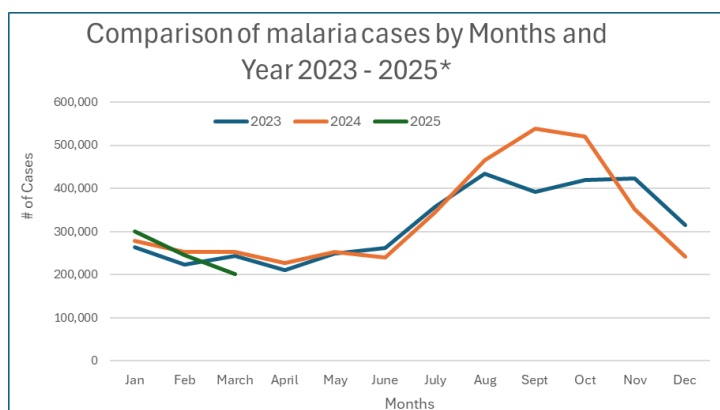
Context



Data source: IDSR

Malaria cases in South Sudan remained high in the first quarter of each year, driven by seasonal transmission patterns following the end of the rainy season. In 2025, the number of reported cases in January and February surpassed those from the same period in 2023 and 2024, aligning with projections made in the 2024 malaria factsheet, which anticipated an intensification of Q1 transmission across all age groups.

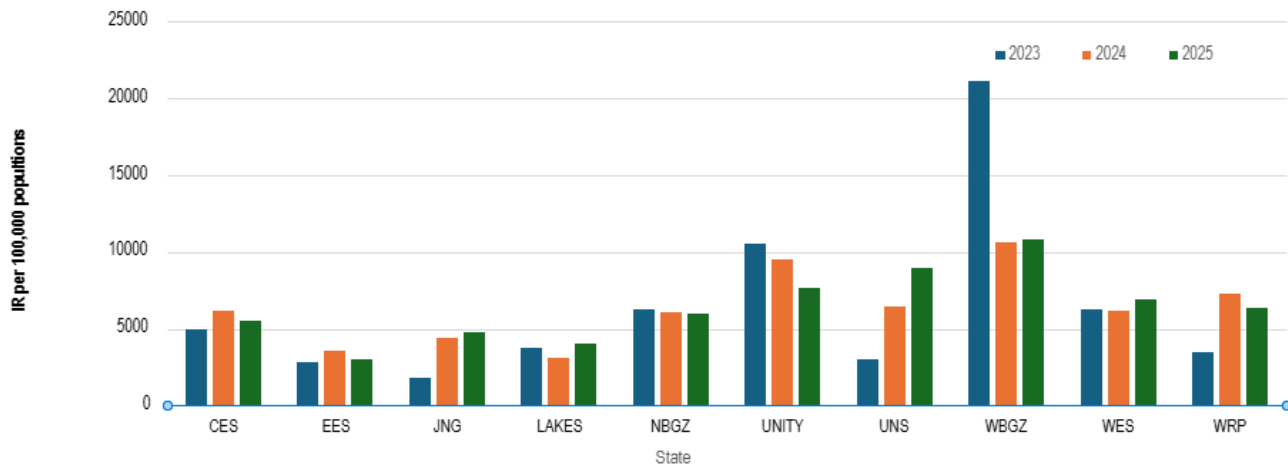
The early-year surge underscores the need for sustained preparedness and subnational surveillance. These patterns reflect the seasonal burden trajectory forecasted for high-transmission states and confirm the continuing challenge of year-on-year intensification.



Source: IDSR



IDSR reported Malaria Incidence rate by State 2023 - 2025



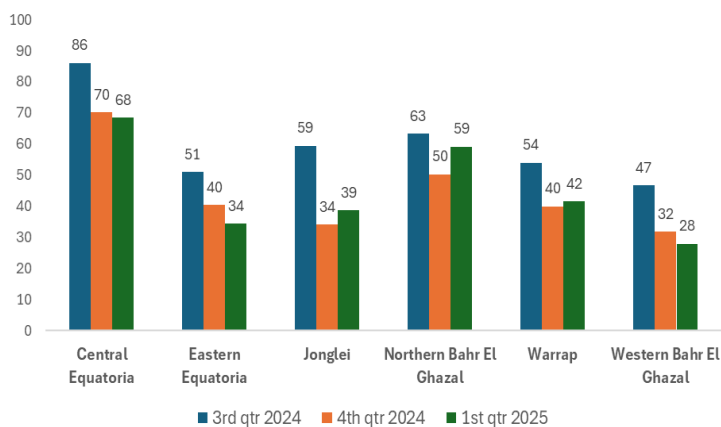
Source: IDSR

Western Bahr el Ghazal, Upper Nile, and Unity states reported the highest incidence in Q1 2025, mirroring the forecasted hotspots outlined in the 2024 projections. These states continue to face compounding risk factors, including seasonal flooding, population displacement, and limited access to health services. In contrast, Eastern Equatoria reported the lowest burden, consistent with its historical trend.

Malaria Vaccine Rollout and Uptake

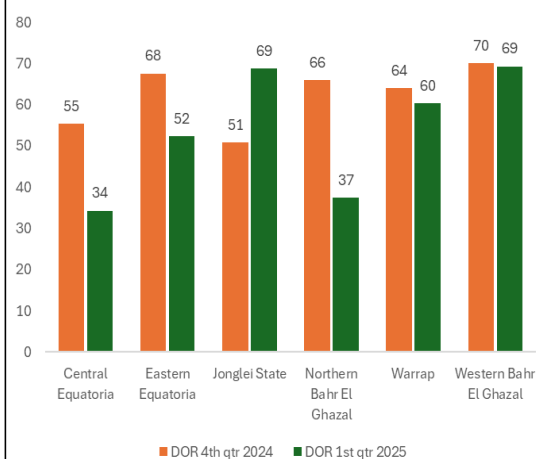
The malaria vaccine was introduced in South Sudan in July 2024, targeting 6 states with the highest malaria burden: Central Equatoria, Eastern Equatoria, Jonglei, Northern Bahr el Ghazal, Warrap, and Western Bahr el Ghazal. Initial uptake varied across states. Northern Bahr el Ghazal and Jonglei showed improvements. In contrast, Central and Eastern Equatoria recorded declines in coverage between the third and first quarters.

Malaria Vaccine annualized Coverages by State comparing the last three quarters (3rd and 4th qrs 2024 & the 1st qtr 2025)



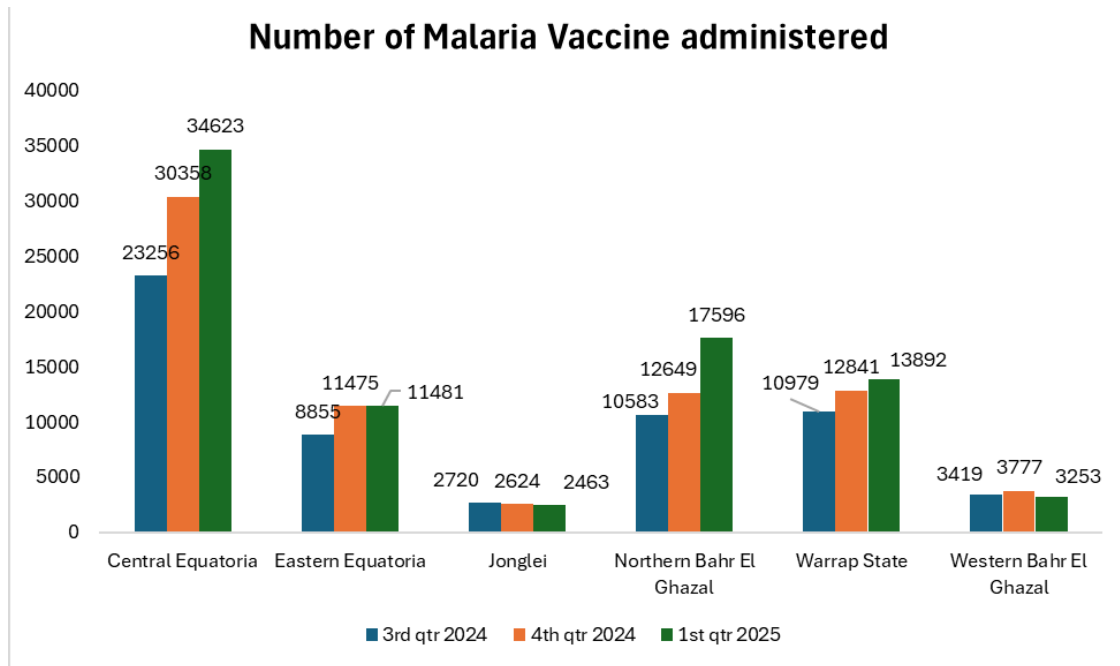
Malaria Vaccine (MV1 - MV3) Dropout Rates

Note: The DOR for 3rd qtr 2024 has not been included because by then the children have just started the 3rd dose



Data source: DHIS2

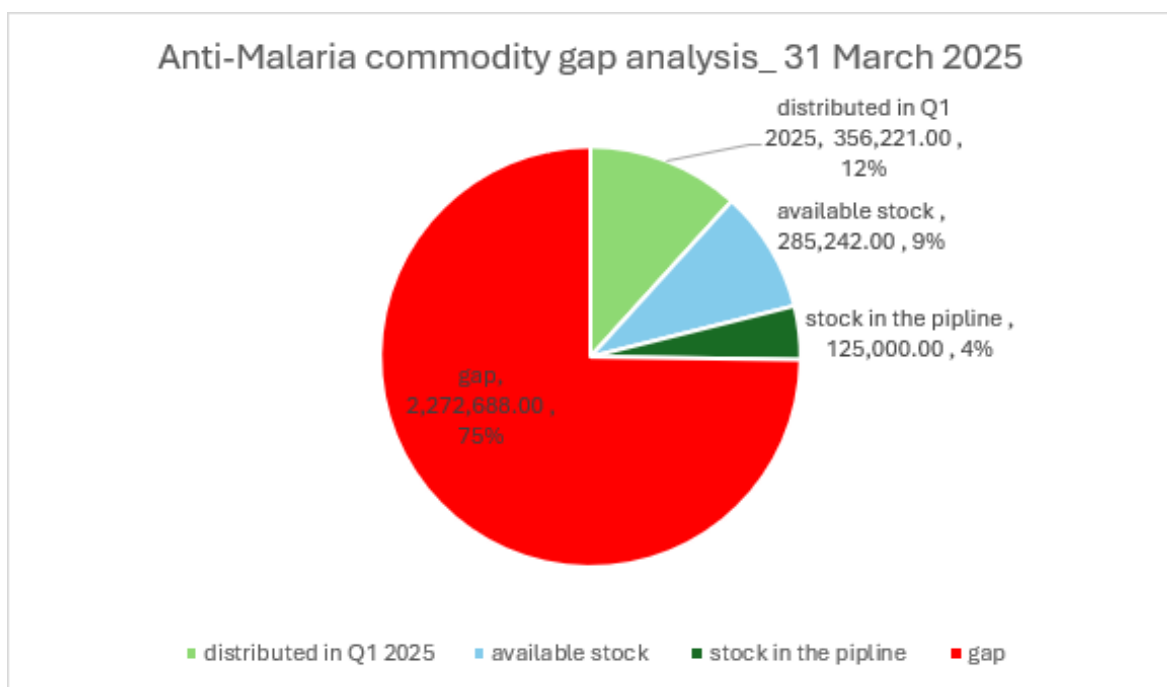
Despite ongoing delivery, completion of the three-dose vaccine schedule remains a major challenge. Dropout rates between the first and third doses during the first quarter of 2025 ranged from thirty-four percent in Central Equatoria to sixty-nine percent in Western Bahr el Ghazal. The highest dropout levels were recorded in Warrap and Western Bahr el Ghazal. Notably, Central Equatoria, Northern Bahr el Ghazal, and Warrap had the highest number of doses administered, yet two of these—Warrap and Western Bahr el Ghazal—also reported the highest dropout rates, indicating that high initial uptake does not necessarily translate into full series completion.



Data source: DHIS2

Funding Gaps

- In Q1 2025, WHO supported delivery of malaria commodities valued at **USD 356,221**, sufficient to treat approximately **193,828** cases. The estimated funding required for malaria commodities in 2025 is USD 3,039,151, based on a 28.6% malaria prevalence among 3.6 million people targeted under the Humanitarian Response Plan.
- As of March 2025, only USD 766,463 (equivalent to 25% of the total requirement) had been secured, leaving a substantial gap in operational capacity.





Analysis

This analysis draws on the 2023 Malaria Indicator Survey, operational evidence from 2024 and 2025, and the April 2025 flood vulnerability assessment. It evaluates access, quality, demand, and resilience of malaria control efforts in South Sudan, drawing from both epidemiological trends and implementation challenges.

Access to malaria prevention and treatment remains uneven, particularly in underserved and high-transmission states. Fourteen percent of households require more than 30 minutes to access water, suggesting similar barriers to reaching health facilities. This is consistent with geographic delays reported in remote counties such as Akobo in Jonglei and reflects early 2025 malaria surges in Western Bahr el Ghazal, Unity, and Upper Nile. These states face layered risks, including population displacement, weak infrastructure, and seasonal flooding. A flood vulnerability assessment conducted in April 2025 identified 383 health facilities located within one kilometer of inundated areas, placing large portions of Jonglei, Unity, Upper Nile, and Lakes at operational risk during the rainy season. These access constraints have directly limited outreach coverage and vaccine delivery.

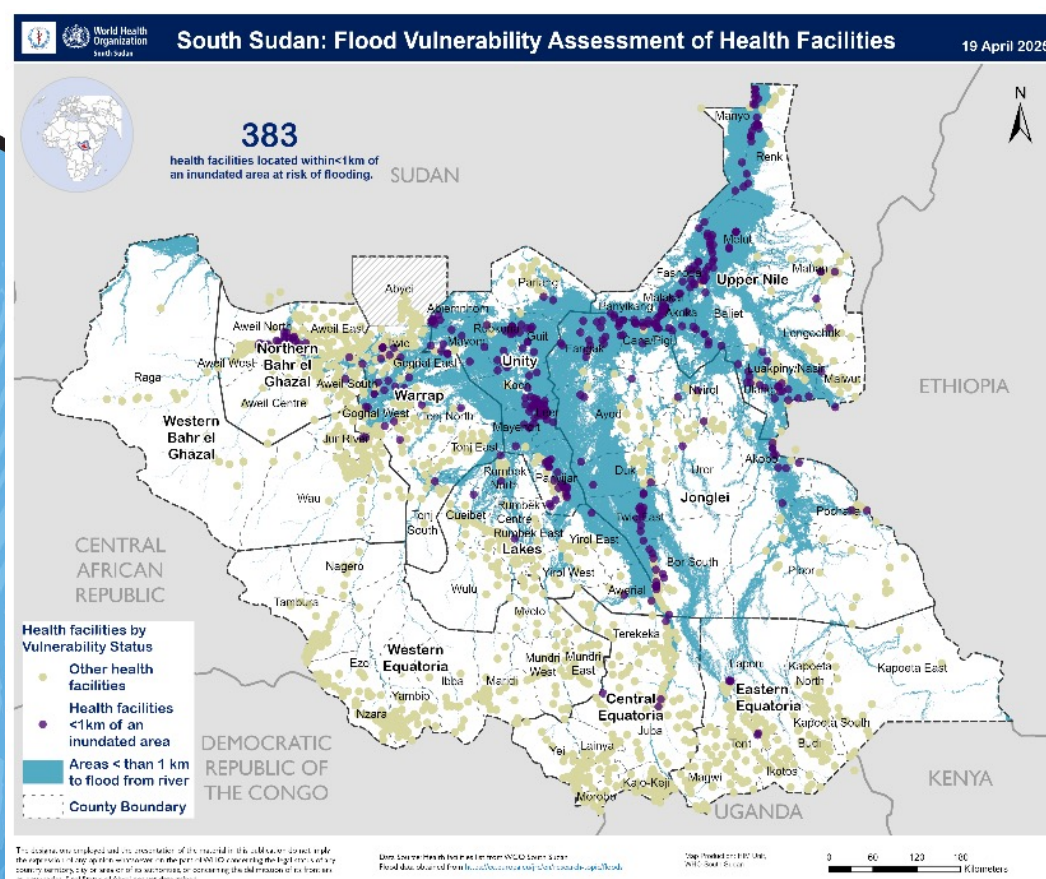
Every minute, malaria claims another life



95% of these deaths occur in the African Region

Quality of malaria services is constrained by limited infrastructure, environmental health risks, and poor integration with maternal and child health platforms. Only 19 percent of households use improved sanitation, and 62 percent practice open defecation. These conditions increase the risk of infection at facilities. IPTp3 coverage remains low at 16.7 percent, reflecting missed opportunities for prevention in pregnancy. Quality has also been undermined by delays in the payment of health worker incentives, which has affected service delivery performance during vaccine rollout. Health worker capacity, stockout patterns, and coordination gaps continue to undermine service quality, especially at peripheral facilities.

Demand for malaria services is low and inconsistent across states. Only 52 percent of febrile children are taken for care, and 42 percent are tested, with even lower figures in Unity and Jonglei. Among those treated, fewer than half received ACT, indicating weak adherence to national treatment guidelines. The malaria vaccine program has experienced high dropout rates, ranging from 34 to 69 percent in implementing states. This has been driven by insufficient outreach sessions, low social mobilization, and gaps in provider knowledge on age eligibility for vaccination. Low public awareness and limited access to health information remain barriers, particularly in counties with high illiteracy and poor media reach. Only 30.5 percent of women reported recent exposure to malaria messages.



Resilience of the malaria response remains limited by recurrent emergencies and system-level gaps in coordination and adaptability. While 7.5 million insecticide-treated nets and 645,000 R21 vaccine doses were received by mid-2024, routine service continuity remains fragile. Northern Bahr el Ghazal reported a 160 percent increase in malaria cases in Q1 2025 compared to the same period in 2024, underscoring the limited durability of campaign-based gains. Ongoing outbreaks of other vaccine-preventable diseases such as yellow fever, cholera, and measles have further stretched available resources, diverting staff and commodities from malaria programs. Surveillance systems do not currently support real-time tracking of vaccine dropout or timely subnational targeting. The transition from HPF to HSTP disrupted service planning and funding flow, weakening coordination, supervision and implementation at subnational level. These challenges are compounded by the funding shortfall of over 2.27 million US dollars for malaria commodities (HRP 2025), limiting the ability to preposition supplies and sustain response capacity ahead of the rainy season.

Call to action

In South Sudan, while ongoing efforts have helped scale up malaria testing and vaccination, the early 2025 surge in cases, combined with limited treatment coverage and high vaccine dropout, signals elevated transmission risks ahead of the rainy season. Without targeted reinforcement, there is a risk of sustained transmission and preventable mortality in high-burden counties. To mitigate this, immediate investments are needed in the following areas to strengthen prevention, treatment continuity, and outbreak readiness in the coming months:

Access

- Strengthen follow-up systems to reduce vaccine dropout and ensure children complete the three-dose malaria vaccine schedule.
- Prioritize high-volume but high-dropout states such as Warrap and Western Bahr el Ghazal.
- Expand outreach and mobile sessions in remote and flood-prone areas, including the 383 health facilities located within one kilometer of inundation zones.

Quality

- Improve adherence to malaria case management and IPTp protocols through integration with antenatal and child health services.
- Address operational gaps by prioritizing facilities with frequent stockouts and low treatment rates.
- Support frontline health workers through regular supervision, on-site mentorship, and timely payment of incentives.

Demand

- Increase community-level demand through consistent and targeted malaria messaging.
- Focus on counties with low care-seeking, low ITN use, and high vaccine dropout.
- Strengthen interpersonal communication strategies and link them to service delivery.

Resilience

- Mobilize resources to close the USD 2.27 million gap for malaria commodities under the 2025 Humanitarian Response Plan.
- Preposition supplies in high-burden, flood-prone counties with known access challenges.
- Improve real-time surveillance of vaccine coverage, commodity availability, and treatment uptake using DHIS2

Reference

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For additional context and initial analysis, refer to the previous factsheet [Malaria in South Sudan: Past, present and future](#)