REPUBLIC OF SOUTH SUDAN

2025 HEALTH STATISTICS ABSTRACT

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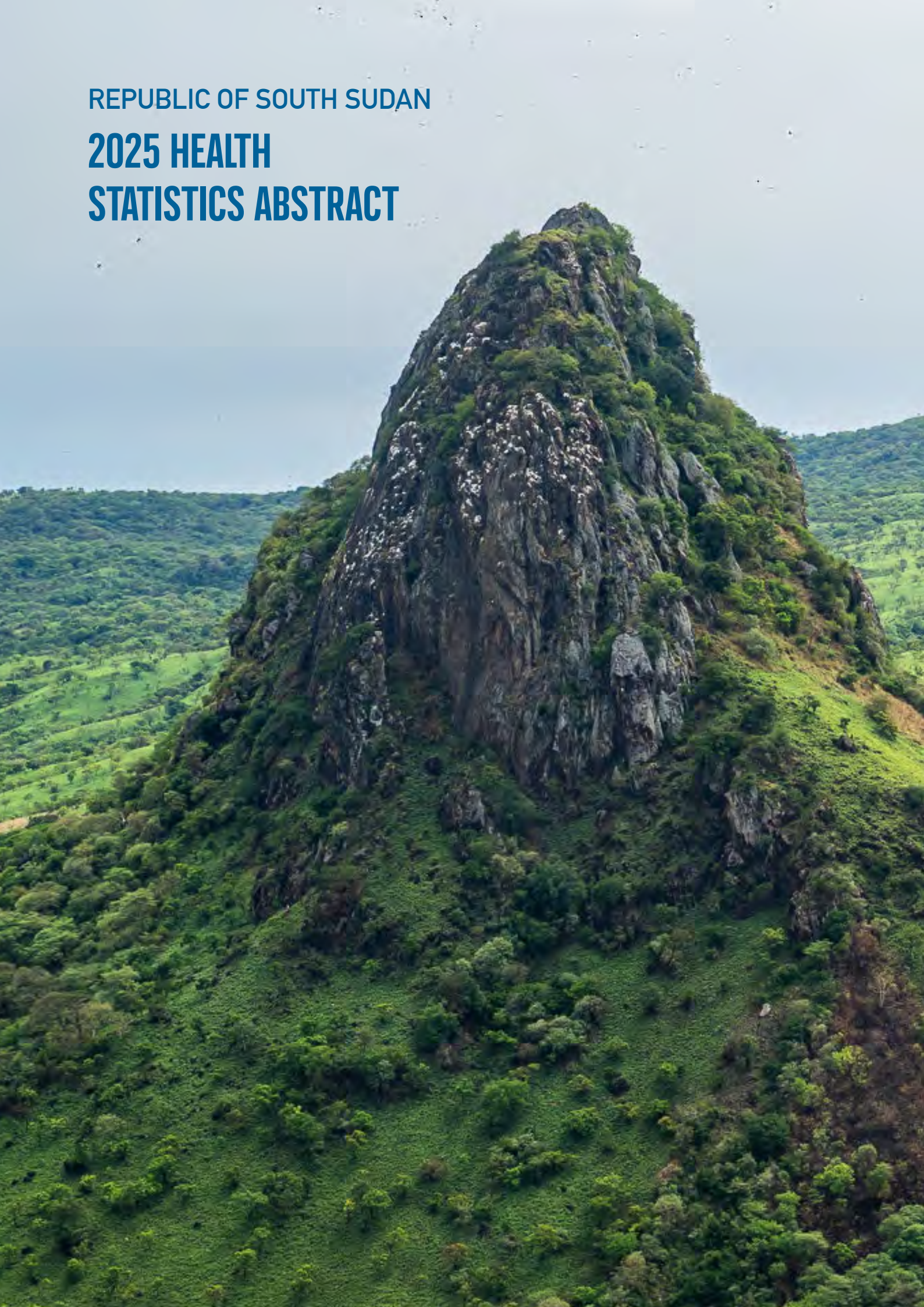

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MESSAGE FROM THE MINISTER

Honorable Sarah Cleto Rial
Minister of Health
Republic of South Sudan

As the Minister responsible for steering national development priorities, I am honored to present the latest Health Statistical Abstract for the Republic of South Sudan. This publication represents more than a compilation of figures–it is a cornerstone of evidence-based governance and a testament to our collective commitment to transparency, accountability, and progress.

Reliable statistics are the lifeblood of sound policy. They illuminate the realities of our population, economy, health, education, and infrastructure, enabling us to move beyond assumptions toward informed decision-making. In a context where resources are limited and needs are vast, data is our most powerful tool for targeting interventions, measuring impact, and ensuring equity across all states and administrative areas.

This abstract is not merely a technical document; it is a strategic instrument. It will guide national planning, shape budget allocations, and support the monitoring of our development agenda. I call upon all ministries, development partners, and stakeholders to embrace this evidence, integrate it into their strategies, and champion its use at every level of governance.

Together, let us transform data into action and action into results, building a South Sudan where every policy is grounded in truth, every investment delivers impact, and every citizen shares in the promise of sustainable development.

ACKNOWLEDGMENT

Hon. Dr. Kennedy Gaaniko Baime

Undersecretary, Ministry of Health
Republic of South Sudan

The Ministry of Health acknowledges the collaborative effort that made this Health Statistical Abstract possible. This publication is the product of strong partnerships across government institutions, development agencies, and technical experts who share a common vision: to build a robust national statistical system that informs policy and drives progress.

We extend our gratitude to the National Bureau of Statistics for leading the coordination of data across sectors, ensuring that this abstract reflects the realities of our nation. Appreciation also goes to all ministries, partners, and stakeholders whose contributions have enriched the quality and scope of this work.

This abstract is a key resource for planning, budgeting, and monitoring development outcomes. By using this evidence, we can ensure that decisions are equitable, resources are targeted, and progress is measurable.

To all contributors, thank you for your commitment to data-driven governance and for advancing South Sudan's journey toward sustainable development.

PREFACE MINISTRY OF HEALTH

Dr. John Pasquale Rumunu
Director General, Policy, Planning, Budget, Research, Monitoring and Evaluation
Ministry of Health
Republic of South Sudan

The Ministry of Health reaffirms its commitment to evidence-based decision-making as the foundation for health sector governance and accountability. This Health Statistical Abstract consolidates data from the national health information system (DHIS2), population-based surveys, and internationally validated estimates, applying standardized methodologies to ensure accuracy, comparability, and alignment with global reporting frameworks.

Health statistics are critical for monitoring progress toward Universal Health Coverage (UHC), the Sustainable Development Goals (SDGs), and national health priorities. Indicators presented in this abstract follow WHO-recommended definitions and computation protocols, enabling robust trend analysis across mortality, morbidity, service coverage, and health system performance. Where administrative data were incomplete, triangulation with survey and model-based estimates was applied to enhance reliability.

This abstract is designed as a technical reference for policymakers, program managers, and partners. It provides actionable insights for resource allocation, strategic planning, and performance monitoring at national and subnational levels. The Ministry of Health calls upon all stakeholders to integrate these findings into decision-making processes and to strengthen investments in health information systems, interoperability, and data quality assurance.

PREFACE NATIONAL BUREAU OF STATISTICS

Hon. Augustino Ting Mayai, Ph.D.
Director General of the National Bureau of Statistics
Republic of South Sudan

The National Bureau of Statistics (NBS), as the official custodian of statistical information in South Sudan, is mandated to collect, compile, analyze, and disseminate reliable data that informs national planning and development. Through its leadership in statistical coordination, NBS ensures that evidence-based decision-making remains central to governance and sectoral strategies.

This Health Statistical Abstract reflects NBS's commitment to strengthening the national statistical system and supporting the Ministry of Health in generating accurate, timely, and comprehensive health indicators. Data presented in this abstract are derived from administrative systems, population-based surveys, and internationally validated estimates, harmonized using standard methodologies to ensure comparability and adherence to global statistical norms.

The abstract serves as a technical reference for policymakers, planners, and researchers, providing a robust foundation for monitoring health outcomes, evaluating progress toward national targets, and aligning with global commitments such as the Sustainable Development Goals. NBS continues to prioritize data quality assurance, interoperability, and digital innovations to enhance the timeliness and usability of official statistics.

We invite all stakeholders to leverage this abstract for planning, resource allocation, and advocacy, transforming statistics into actionable insights that improve health and well-being for every citizen.

FOREWORD WHO

Dr. Humphrey Karamagi
WHO Representative
Republic of South Sudan

The World Health Organization (WHO) recognizes that robust health statistics are the foundation for effective policy formulation, resource allocation, and monitoring of progress toward Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). This Health Statistical Abstract provides a consolidated evidence base for South Sudan, integrating data from national health information systems and internationally validated sources.

WHO's technical mandate is to support Member States in strengthening health information systems, ensuring data quality, and promoting interoperability across platforms. In addition to applying standardized methodologies and triangulating data sources, WHO prioritizes capacity building and preparedness for health emergencies, ensuring that data systems remain resilient and responsive. This abstract reflects those principles by applying standardized methodologies for indicator computation, triangulating administrative data with survey and global estimates, and aligning with WHO's Global Health Observatory framework.

WHO remains committed to working with the Ministry of Health, the National Bureau of Statistics, and partners to enhance data governance, build analytical capacity, and leverage digital innovations for real-time decision-making.

We encourage policymakers, program managers, and development partners to use this abstract as a technical reference for planning and evaluation.


CERF
World Health Organization
South Sudan

INTRODUCTION

The inaugural Health Statistics Abstract for the Republic of South Sudan, spanning 2021 to 2024, marks a significant milestone in establishing evidence-based approaches to public health planning and evaluation. As the first comprehensive statistical abstract since independence, it provides an integrated overview of the nation's health landscape throughout a period characterized by substantial change and resilience. This publication is designed as a key reference for government ministries, development partners, researchers, and civil society stakeholders dedicated to advancing health outcomes in South Sudan.

This abstract is significant not only because of the data it provides, but also due to its capacity to stimulate dialogue, drive investment, and promote accountability. In a context where civil registration and vital statistics (CRVS) systems remain underdeveloped, most of the indicators included here are derived from modelled estimates produced by global institutions, namely the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the UN Inter-agency Group for Child Mortality Estimation (UN IGME), and the World Bank. These estimates, while not a substitute for routine national data systems, offer the best available evidence for tracking progress, identifying gaps, and guiding strategic action. But routine data from DHIS2 have been presented for selected indicators and disaggregated by state and administrative areas.

The abstract is organized into four major sections. The first, Health Status Indicators, presents core metrics on mortality, fertility, and morbidity, disaggregated by age and sex. It includes life expectancy trends and detailed mortality rates; adolescent, adult, under-five, infant, neonatal, and stillbirth, providing insight into population health dynamics and the burden of disease. Mortality by cause is also included to support prioritization of interventions and resource allocation.

The second section, Risk Factors, explores the underlying determinants of health. It covers nutritional status, environmental exposures such as unsafe water and air pollution, behavioural and metabolic risks associated with noncommunicable diseases, and injuries and harmful practices, including gender-based violence and early marriage. These indicators are essential for understanding the drivers of ill health and for designing preventive strategies.

The third section, Service Coverage Indicators, tracks progress in the delivery of essential health services. It includes coverage of reproductive, maternal, newborn, child, and adolescent health (RMNCAH) services; immunization rates; and indicators related to HIV/AIDS, tuberculosis, malaria, and neglected tropical diseases (NTDs). These metrics reflect both the reach and effectiveness of public health programs and are critical for evaluating equity and impact.

The final section, Health Systems Indicators, assesses the capacity, quality, and resilience of South Sudan's health system. It includes measures of care quality and safety, access and utilization, health workforce availability, health information systems, financing, governance, and health security. Together, these indicators provide a snapshot of system performance and readiness to respond to both routine needs and emergencies.

This abstract is both a snapshot and a starting point. It reflects the best available data in a context of limited surveillance and reporting infrastructure, and it underscores the urgent need to invest in national data systems. Future editions will benefit from strengthened CRVS, expanded surveys, and deeper national ownership. For now, this document stands as a testament to South Sudan's commitment to transparency, resilience, and the power of evidence to drive health transformation.

METHODOLOGY

This abstract integrates data from multiple sources to provide a comprehensive overview of health indicators in South Sudan from 2021 to 2024, and 2025 for service delivery indicators generated from DHIS2. The methodology combines routine health information system data, modeled estimates, and survey findings to ensure both breadth and reliability.

Data Sources

- **Routine Data:** Extracted from the District Health Information Software 2 (DHIS2), covering service delivery, morbidity, and mortality indicators. Data were disaggregated by State/Administrative Area, with adjustments made for completeness at the county level.

- **Surveys and Special Studies:** Includes data from MICS, FPET, the WHO Global Health Expenditure Database, and GLOBOCAN.

- **Global Estimates:** Used where country-specific data are unavailable. These sources include WHO, UNICEF, UN IGME, UNAIDS, and the World Bank.

Data Quality and Limitations

The quality of data presented in this abstract reflects both the strengths and the constraints of South Sudan's health information systems. On average, reporting completeness from DHIS2 was moderate across the reference period, with an estimated rate of 60%. To enhance the accuracy and reliability of the analysis, all DHIS2-based indicators were adjusted from the county level. While the ideal approach would involve correcting missing data at the facility level–where the highest accuracy can be achieved–county-level data proved to be the most complete and consistent. This adjustment was therefore necessary to ensure the integrity of the findings. Looking ahead, it is recommended that data entry be strengthened at the facility level. Doing so will allow for more precise estimation of missing data and improve the overall robustness of future analyses.

Additionally, population denominators used in calculating rates and proportions were based on estimates at the beginning of each calendar year. This approach ensures consistency across indicators.

As the first edition of this statistical abstract, it serves as a baseline for future publications. Subsequent reports will build upon this version by incorporating additional indicators and integrating feedback and lessons learned from its development and use.

Presentation of the data

A descriptive presentation accompanies all tables in this abstract. Indicators were disaggregated by sex, age, and geography wherever data permitted, ensuring that patterns and disparities across population groups and administrative areas are clearly reflected.

DYNAMIC POPULATION ESTIMATES

Estimation of population and sub-population denominators using service delivery data

This approach serves two main purposes: (i) to generate a rough estimate of the population denominators, and (ii) to assess the level of internal migration.

Estimating live births and population total using service utilization data (BCG coverage)

BCG vaccination data were used to estimate the expected number of live births. In addition to generating rough estimates, these values were used to cross-validate the other approaches applied in this assignment. The steps were as follows:

Using BCG data obtain data for five years

1 Adjustment data for reporting rate – that is adjust for completeness of reporting (this is obtained from the reporting registers - MOH F03 EPI Report in SSD).

2 Add 11% for the missed opportunities and data quality (cumulatively 1,218 health facilities (89 per cent) have 100 per cent solar direct-drive refrigerated storage capacity for vaccines (UNICEF, 2023). The difference 100-89% of the facilities without refrigeration facilities for vaccines is taken as the proxy for missed opportunities). The missed opportunities, could also be due to Socio cultural issues besides Access to services.

3 Factor in the coverage for the BCG vaccines in the 89% of the facilities, like in the case of BCG the vaccine coverage is at 80% (BCG coverage using the official government reporting (WHO 2024)).

4 This gives an estimate the surviving infants out of the live birth, for those who live to see their first birthday, we factor in the infant mortality rate (102/1000 (NBS))

5 These aged 0-1 constitute 4% of the total population (NBS) in South Sudan. Therefore, the total population is now estimated using this proportion.

The derived numbers are found in tables 1-5

***Table 1**: Base population accounting for internal and external migration in South Sudan*

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	1,838,174	2,065,008	2,197,041	1,999,404
Eastern Equatoria	1,355,371	1,602,157	1,739,628	1,668,782
Jonglei	1,109,613	1,174,012	1,173,509	1,174,945
Lakes	1,016,569	1,050,242	1,218,399	1,176,002
Northern Bhar El Ghazal	1,848,901	2,094,718	2,192,711	2,117,923
Unity	977,685	1,173,883	1,313,406	1,126,269
Upper Nile	1,079,542	1,266,897	1,500,499	1,595,968
Warrap	1,859,216	1,822,607	2,079,718	1,983,809
Western Bhar El Ghazal	788,644	704,392	683,850	636,998
Western Equatoria	1,232,002	1,375,929	1,328,046	1,208,808
Abyei Administrative Area	69,578	61,561	79,740	94,269
Greater Pibor Administrative Area	325,502	256,134	204,246	230,343
Ruweng Administrative Area	241,575	250,050	204,942	224,569
South Sudan	**13,742,373**	**14,897,590**	**15,915,736**	**15,238,091**

Table 2: Population under 1 (4% of the total population) in South Sudan

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	73,527	82,600	87,882	79,976
Eastern Equatoria	54,215	64,086	69,585	66,751
Jonglei	44,385	46,960	46,940	46,998
Lakes	40,663	42,010	48,736	47,040
Northern Bhar El Ghazal	73,956	83,789	87,708	84,717
Unity	39,107	46,955	52,536	45,051
Upper Nile	43,182	50,676	60,020	63,839
Warrap	74,369	72,904	83,189	79,352
Western Bhar El Ghazal	31,546	28,176	27,354	25,480
Western Equatoria	49,280	55,037	53,122	48,352
Abyei Administrative Area	2,783	2,462	3,190	3,771
Greater Pibor Administrative Area	13,020	10,245	8,170	9,214
Ruweng Administrative Area	9,663	10,002	8,198	8,983
South Sudan	**549,695**	**595,904**	**636,629**	**609,524**

Table 3: Estimated pregnant women (5.6% of population) in South Sudan

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	102,938	115,640	123,034	111,967
Eastern Equatoria	75,901	89,721	97,419	93,452
Jonglei	62,138	65,745	65,717	65,797
Lakes	56,928	58,814	68,230	65,856
Northern Bhar El Ghazal	103,538	117,304	122,792	118,604
Unity	54,750	65,737	73,551	63,071
Upper Nile	60,454	70,946	84,028	89,374
Warrap	104,116	102,066	116,464	111,093
Western Bhar El Ghazal	44,164	39,446	38,296	35,672
Western Equatoria	68,992	77,052	74,371	67,693
Abyei Administrative Area	3,896	3,447	4,465	5,279
Greater Pibor Administrative Area	18,228	14,343	11,438	12,899
Ruweng Administrative Area	13,528	14,003	11,477	12,576
South Sudan	**769,573**	**834,265**	**891,281**	**853,333**

***Table 4**: Estimated children 6-59 months (21% of population) in South Sudan*

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	386,017	433,652	461,379	419,875
Eastern Equatoria	284,628	336,453	365,322	350,444
Jonglei	233,019	246,542	246,437	246,739
Lakes	213,479	220,551	255,864	246,960
Northern Bhar El Ghazal	388,269	439,891	460,469	444,764
Unity	205,314	246,515	275,815	236,516
Upper Nile	226,704	266,048	315,105	335,153
Warrap	390,435	382,747	436,741	416,600
Western Bhar El Ghazal	165,615	147,922	143,609	133,770
Western Equatoria	258,720	288,945	278,890	253,850
Abyei Administrative Area	14,611	12,928	16,745	19,796
Greater Pibor Administrative Area	68,356	53,788	42,892	48,372
Ruweng Administrative Area	50,731	52,511	43,038	47,160
South Sudan	**2,885,898**	**3,128,494**	**3,342,305**	**3,199,999**

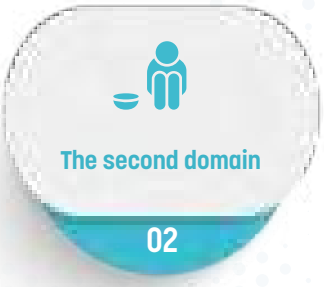
***Table 5**: Estimated number of women aged 15-49 (22% of the population) in South Sudan*

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	404,398	454,302	483,349	439,869
Eastern Equatoria	298,182	352,475	382,718	367,132
Jonglei	244,115	258,283	258,172	258,488
Lakes	223,645	231,053	268,048	258,720
Northern Bhar El Ghazal	406,758	460,838	482,396	465,943
Unity	215,091	258,254	288,949	247,779
Upper Nile	237,499	278,717	330,110	351,113
Warrap	409,028	400,974	457,538	436,438
Western Bhar El Ghazal	173,502	154,966	150,447	140,140
Western Equatoria	271,040	302,704	292,170	265,938
Abyei Administrative Area	15,307	13,543	17,543	20,739
Greater Pibor Administrative Area	71,611	56,349	44,934	50,675
Ruweng Administrative Area	53,146	55,011	45,087	49,405
South Sudan	**3,023,322**	**3,277,470**	**3,501,462**	**3,352,380**

RESULT AREAS

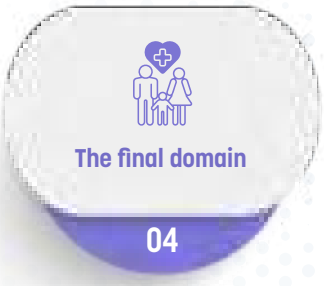
The results are organized into four thematic domains that collectively describe the health situation and the performance of the health system.

Health Status Indicators, presents patterns in mortality, morbidity, and fertility, disaggregated by age, sex, and cause. These metrics establish a foundational understanding of population health dynamics and the overall burden of disease.



Risk Factors, covers nutritional status, environmental exposures, and behavioral and metabolic determinants associated with noncommunicable diseases, alongside indicators related to injuries and harmful practices. This analysis highlights the underlying vulnerabilities that shape health outcomes and inform preventive interventions.

Service Coverage Indicators, assesses the availability and uptake of essential health services across the continuum of care. It includes reproductive, maternal, newborn, child, and adolescent health services; immunization; and disease-specific programs addressing HIV, tuberculosis, malaria, and neglected tropical diseases. These indicators provide a measure of progress toward universal health coverage and equity in service delivery.



Health Systems Indicators, evaluates the quality and safety of care, access and utilization, health workforce capacity, health information systems, financing, governance, and health security. This section offers insight into system functionality and resilience, informing priorities for strengthening service delivery, preparedness, and long-term sustainability.

01

HEALTH STATUS INDICATORS

This subsection synthesizes core measures of population health, including mortality, fertility, and morbidity, disaggregated by age, sex, and cause where data permit. Mortality indicators encompass life expectancy at birth and health-adjusted life expectancy, along with age-specific mortality rates for adolescents, adults, and children under five, as well as infant, neonatal, and stillbirth rates. Cause-specific mortality estimates integrate both facility-reported data and modeled population-level estimates to capture the leading contributors to premature death.

Fertility metrics include the adolescent birth rate, total fertility rate, and crude birth rate, providing insight into reproductive health dynamics and demographic trends. Morbidity indicators summarize the incidence and prevalence of priority conditions, including vaccine-preventable diseases, HIV, tuberculosis, malaria, and selected noncommunicable diseases such as cancer. These measures are complemented by facility-based diagnostic profiles to illustrate patterns of service utilization and disease burden across age cohorts.

1.1 EXPECTATION OF LIFE

Life expectancy at birth shows a gradual upward trend, increasing from 58.4 years in 2021 to 59.3 years in 2024. Females consistently exhibit higher longevity than males, with a gap of approximately three years across the period.

Health-adjusted life expectancy follows a similar trajectory, rising from 55.2 to 55.8 years, indicating incremental gains in the number of years lived in good health.

***Table 6**: South Sudan life expectancy at birth, by gender (2021-2024)*

Indicator		2022	2023	2024	2024
Life Expectancy at Birth (years)	National	58.4	58,7	59	59.3
	Male	57.1	57.4	57.7	58
	Female	59.7	60	60.3	60.6
Health Adjusted Life Expectancy (years)	National	55.2	55.4	55.6	55.8
	Male	54.1	54.3	54.5	54.7
	Female	56.3	56.5	56.7	56.9

Data source: WHO GHE

1.2 INCIDENCE BY CAUSE

Incidence data show the continued occurrence of major communicable diseases and a notable burden of noncommunicable conditions. Measles incidence varied substantially across the period, with peaks indicating recurrent outbreaks, while neonatal tetanus and pertussis declined gradually. HIV incidence decreased slightly year on year, and sexually transmitted infections remained consistently high, with chlamydia and trichomoniasis contributing the largest share.

Tuberculosis incidence remained stable at elevated levels, and malaria incidence persisted as the highest among infectious diseases.

Cancer incidence reflects a growing noncommunicable disease burden. Cervical cancer accounts for the largest estimated number of new cases nationally, followed by breast and prostate cancers, with additional contributions from liver, colorectal, and hematologic malignancies.

***Table 7**: Incidence of Vaccine-Preventable Diseases in South Sudan (2011-2024)*

	Year	2021	2022	2023	2024
IIncidence of Vaccine-Preventable Diseases. Denominator: Per 1,000,000 total population	Measles	120.6	327.4	692.9	260.7
	Neonatal Tetanus	1.9	1.6	1.3	1
	Diphtheria	0	0	0	0
	Pertussis	2	1.8	1.6	1.4
	Rubella	0	0	0	0
	Polio (AFP)	0.9	0.7	0.5	0.3
HIV Incidence	HIV (per 1,000 uni nfected population)	0.22	0.21	0.2	0.19
	Estimated New Infections	9,600	9,300	9,000	8,700
STI Incidence	Chlamydia	11	10.8	10.6	10.4
	Gonorrhoea	7	6.9	6.8	6.7
	Syphilis	0.7	0.7	0.7	0.7
	Trichomoniasi s	13	12.8	12.6	12.4
	Total STI Incidence (per 1,000 population)	31.7	31.2	30.7	30.2
TB Incidence	TB Incidence Ra te (per 100,000)	227	237	237	237
	TB Notification Rat e (per 100,000) all f orms	119	126	140	140
Malaria Incidence	Malaria Incidence Ra te (per 1,000 population at risk)	285	290	295	300

Data source: WHO Immunization Data Portal, JRF, and extrapolated estimates, WHO Global and regional STI estimates, WHO HIV Data and Statistics, WHO GHE, UNAIDS Spectrum Modelling

Table 8: Cancer cases and standardized incidence rates by type

Cancer Type	Estimated New Cases (2022)	Age-Standardized Incidencet Rate
Cervical Cancer	1,879	42.9
Breast Cancer	1,015	22.1
Prostate Cancer	614	17.3
Liver Cancer	472	10.2
Colorectal Cancer	354	7.8
Non-Hodgkin Lymphoma	289	6.5
Esophageal Cancer	228	5.1
Stomach Cancer	215	4.8
Leukemia	198	4.5
Ovarian Cancer	174	4
Other Cancers	1,436	

Data source: GLOBOCAN 2022

Table 9: Number of Cervical cancer cases reported in OPD

State/Admin area	2021	2022	2023	2024
Central Equatoria	8	72	6	4
Eastern Equatoria	2	3	20	1
Jonglei	4	1		14
Lakes	1	2		4
Northern Bahr El Ghazal	8	11	6	52
Unity	14	6	9	1
Upper Nile		6	15	4
Warrap	10	11	24	5
Western Bahr El Ghazal	8			2
Western Equatoria	5		14	22
Abyei Administrative Area				2
Greater Pibor Administrative Area				
Ruweng Administrative Area			1	
South Sudan	**59**	**112**	**95**	**112**

Data source: DHIS2

1.3 PREVALENCE BY CAUSE

Prevalence data indicate that HIV among adults aged 15-49 years remained between 2.3% and 2.0% across the reference period, with an estimated 175,000 people living with HIV in 2024. Hepatitis B surface antigen prevalence remained consistently reported at 8% of the population. Malaria parasite prevalence among children aged 6-59 months increased from 48% in 2021 to 53.5% in 2024, based on rapid diagnostic testing.

***Table 10**: Prevalence by cause in South Sudan (2021-2024)*

Year	2021	2022	2023	2024
HIV Prevalence (% adults 15-49)	2.30%	2.10%	2.00%	2.00%
Estimated PLHIV (all ages)	183,000	180,000	178,000	175,000
HBsAg Prevalence (% of population) *	8.00%	8.00%	8.00%	8.00%
Malaria Parasite Prevalence (% RDT positive, age 6-59 months)	48.00%	50.00%	52.60%	53.50%

* Survey based data may indicate higher prevalence

Data source: WHO HIV Data and Statistics, WHO GHE, UNAIDS Spectrum Modelling

1.4 MORBIDITY

Facility-based morbidity data indicate that malaria consistently accounted for the highest proportion of reported conditions across all age groups, followed by upper respiratory tract infections (excluding pneumonia) and acute diarrhea. Pneumonia, urinary tract infections, and skin diseases were also among the most frequently diagnosed conditions. Other notable conditions included typhoid fever, intestinal worms, severe acute respiratory infections, and various forms of malnutrition. Noncommunicable conditions such as other eye disorders, otitis media, and metabolic disorders appeared in lower proportions but were consistently present in the diagnostic profile. Patterns were similar across under-five and over-five age cohorts, with malaria remaining dominant in both groups.

***Table 11**: : Proportion of conditions seen at health facilities across all ages all gender*

2021			2022		
Pos	**Diagnosis**	**Proportion of conditions seen at H all ages all gender**	**Pos**	**Diagnosis**	**Proportion of conditions seen at HF all ages all gender**
1	Malaria	41.40%	1	Malaria	39.90%
2	URTI excluding pneumonia	13.00%	2	URTI excluding pneumonia	13.60%
3	Diarrhoea- Acute	7.80%	3	Diarrhoea- Acute	7.20%
4	Pneumonia	5.30%	4	Pneumonia	4.70%
5	Urinary Tract Infections (UTI)	3.90%	5	Urinary Tract Infections (UTI)	4.20%
6	Any other communicable diseases	3.00%	6	Skin diseases	3.50%
7	Skin diseases	3.00%	7	Typhoid Fever	2.60%
8	Intestinal worms	2.50%	8	Intestinal worms	2.50%
9	Typhoid Fever	2.50%	9	Any other communicable diseases	2.30%
10	Malnutrition (all forms)	2.20%	10	Malnutrition (all forms)	2.20%
11	Severe Acute Respiratory Infection (SARI)	2.20%	11	Severe Acute Respiratory Infection (SARI)	2.10%
12	Injuries / trauma due to other causes	1.60%	12	Injuries / trauma due to other causes	1.70%
13	Other eye conditions	1.10%	13	Other eye conditions	1.30%
14	Other Sexually Transmitted Infections	1.00%	14	Other Sexually Transmitted Infections	1.20%
15	Dysentery	1.00%	15	Dysentery	1.10%
16	Other NTDs	0.80%	16	Otitis media	1.00%
17	Otitis media	0.80%	17	Diarrhoea- Persistent	0.80%
18	Diarrhoea- Persistent	0.60%	18	Gastro-Intestinal Disorders (non-infective)	0.80%
19	Gastro-Intestinal Disorders (non-infective)	0.60%	19	Other NTDs	0.70%
20	Pain requiring palliative care (e.g. ulcers)	0.40%	20	Pain requiring palliative care (e.g. ulcers)	0.60%

2023			2024		
Pos	**Diagnosis**	**Proportion of conditions seen at H all ages all gender**	**Pos**	**Diagnosis**	**Proportion of conditions seen at HF all ages all gender**
1	Malaria	36.90%	1	Malaria	36.40%
2	URTI excluding pneumonia	14.90%	2	URTI excluding pneumonia	14.90%
3	Diarrhoea- Acute	7.20%	3	Diarrhoea- Acute	7.40%
4	Pneumonia	4.60%	4	Urinary Tract Infections (UTI)	4.60%
5	Urinary Tract Infections (UTI)	4.40%	5	Pneumonia	4.10%
6	Skin diseases	4.00%	6	Skin diseases	3.80%
7	Typhoid Fever	2.70%	7	Severe Acute Respiratory Infection (SARI)	2.90%
8	Intestinal worms	2.60%	8	Typhoid Fever	2.60%
9	Any other communicable diseases	2.50%	9	Intestinal worms	2.40%
10	Severe Acute Respiratory Infection (SARI)	2.40%	10	Any other communicable diseases	2.30%
11	Malnutrition (all forms)	2.10%	11	Injuries / trauma due to other causes	2.20%
12	Injuries / trauma due to other causes	1.80%	12	Malnutrition (all forms)	2.20%
13	Other eye conditions	1.60%	13	Other eye conditions	1.90%
14	Other Sexually Transmitted Infections	1.20%	14	Other Sexually Transmitted Infections	1.10%
15	Otitis media	1.00%	15	Dysentery	1.00%
16	Dysentery	0.90%	16	Otitis media	1.00%
17	Gastro-Intestinal Disorders (non-infective)	0.80%	17	Gastro-Intestinal Disorders (non-infective)	0.90%
18	Other NTDs	0.70%	18	Other NTDs	0.80%
19	Pain requiring palliative care (e.g. ulcers)	0.70%	19	Diarrhoea- Persistent	0.60%
20	Diarrhoea- Persistent	0.60%	20	Pain requiring palliative care (e.g. ulcers)	0.60%

Data source: DHIS2

***Table 12**: Proportion of conditions seen at health facilities for under 5 males*

2021			2022		
Pos	Diagnosis	Proportion of conditions for under 5 Males	Pos	Diagnosis	Proportion of conditions for under 5 Males
1	Malaria	39.90%	1	Malaria	38.80%
2	URTI excluding pneumonia	15.60%	2	URTI excluding pneumonia	16.40%
3	Diarrhoea- Acute	12.60%	3	Diarrhoea- Acute	11.80%
4	Pneumonia	7.60%	4	Pneumonia	7.00%
5	Malnutrition (all forms)	4.00%	5	Malnutrition (all forms)	4.10%
6	Skin diseases	3.30%	6	Skin diseases	3.90%
7	Severe Acute Respiratory Infection (SARI)	2.40%	7	Severe Acute Respiratory Infection (SARI)	2.40%
8	Any other communicable diseases	2.30%	8	Intestinal worms	2.00%
9	Intestinal worms	2.00%	9	Any other communicable diseases	1.80%
10	Other eye conditions	1.30%	10	Other eye conditions	1.70%
11	Otitis media	1.20%	11	Otitis media	1.40%
12	Urinary Tract Infections (UTI)	1.10%	12	Urinary Tract Infections (UTI)	1.10%
13	Dysentery	1.00%	13	Diarrhoea- Persistent	1.10%
14	Diarrhoea- Persistent	0.90%	14	Dysentery	1.10%
15	Other NTDs	0.60%	15	Injuries / trauma due to other causes	0.70%
16	Injuries / trauma due to other causes	0.60%	16	Gastro-Intestinal Disorders (non-infective)	0.50%
17	Typhoid Fever	0.50%	17	Other NTDs	0.50%
18	Gastro-Intestinal Disorders (non-infective)	0.40%	18	Other oral conditions	0.40%
19	Other metabolic conditions	0.30%	19	Burns	0.40%
20	Burns	0.30%	20	Other types of anaemia	0.30%

2023			2024		
Pos	Diagnosis	Proportion of conditions for under 5 Males	Pos	Diagnosis	Proportion of conditions for under 5 Males
1	Malaria	35.00%	1	Malaria	34.70%
2	URTI excluding pneumonia	18.10%	2	URTI excluding pneumonia	18.40%
3	Diarrhoea- Acute	12.00%	3	Diarrhoea- Acute	12.30%
4	Pneumonia	7.10%	4	Pneumonia	6.30%
5	Malnutrition (all forms)	4.70%	5	Malnutrition (all forms)	4.40%
6	Skin diseases	3.70%	6	Skin diseases	4.20%
7	Severe Acute Respiratory Infection (SARI)	2.80%	7	Severe Acute Respiratory Infection (SARI)	3.40%
8	Any other communicable diseases	2.20%	8	Intestinal worms	2.40%
9	Intestinal worms	2.20%	9	Any other communicable diseases	2.00%
10	Other eye conditions	1.90%	10	Other eye conditions	1.80%
11	Otitis media	1.50%	11	Otitis media	1.40%
12	Urinary Tract Infections (UTI)	1.10%	12	Urinary Tract Infections (UTI)	1.10%
13	Dysentery	1.00%	13	Diarrhoea- Persistent	1.00%
14	Diarrhoea- Persistent	0.90%	14	Dysentery	0.80%
15	Other NTDs	0.70%	15	Injuries / trauma due to other causes	0.70%
16	Injuries / trauma due to other causes	0.60%	16	Gastro-Intestinal Disorders (non-infective)	0.70%
17	Typhoid Fever	0.50%	17	Other NTDs	0.60%
18	Gastro-Intestinal Disorders (non-infective)	0.40%	18	Other oral conditions	0.40%
19	Other metabolic conditions	0.40%	19	Burns	0.40%
20	Burns	0.40%	20	Other types of anaemia	0.30%

Data source: DHIS2

***Table 13**: Proportion of conditions seen at health facilities for under 5 females*

2021			2022		
Pos	Diagnosis	Proportion of conditions for under 5 Females	Pos	Diagnosis	Proportion of conditions for under 5 Females
1	Malaria	40.20%	1	Malaria	38.80%
2	URTI excluding pneumonia	15.60%	2	URTI excluding pneumonia	16.40%
3	Diarrhoea- Acute	12.20%	3	Diarrhoea- Acute	11.50%
4	Pneumonia	7.60%	4	Pneumonia	7.00%
5	Malnutrition (all forms)	4.20%	5	Malnutrition (all forms)	4.30%
6	Skin diseases	3.30%	6	Skin diseases	3.90%
7	Severe Acute Respiratory Infection (SARI)	2.50%	7	Severe Acute Respiratory Infection (SARI)	2.60%
8	Any other communicable diseases	2.30%	8	Intestinal worms	2.10%
9	Intestinal worms	2.00%	9	Any other communicable diseases	1.80%
10	Other eye conditions	1.30%	10	Other eye conditions	1.60%
11	Otitis media	1.20%	11	Otitis media	1.40%
12	Urinary Tract Infections (UTI)	1.10%	12	Urinary Tract Infections (UTI)	1.30%
13	Dysentery	1.00%	13	Dysentery	1.10%
14	Diarrhoea- Persistent	0.90%	14	Diarrhoea- Persistent	1.10%
15	Other NTDs	0.60%	15	Injuries / trauma due to other causes	0.60%
16	Injuries / trauma due to other causes	0.50%	16	Other NTDs	0.50%
17	Typhoid Fever	0.40%	17	Gastro-Intestinal Disorders (non-infective)	0.40%
18	Gastro-Intestinal Disorders (non-infective)	0.30%	18	Other oral conditions	0.40%
19	Other metabolic conditions	0.30%	19	Burns	0.30%
20	Burns	0.30%	20	Other types of anaemia	0.30%

2023			2024		
Pos	Diagnosis	Proportion of conditions for under 5 Females	Pos	Diagnosis	Proportion of conditions for under 5 Females
1	Malaria	35.50%	1	Malaria	35.00%
2	URTI excluding pneumonia	18.10%	2	URTI excluding pneumonia	18.00%
3	Diarrhoea- Acute	11.70%	3	Diarrhoea- Acute	12.00%
4	Pneumonia	7.00%	4	Pneumonia	6.30%
5	Skin diseases	4.60%	5	Skin diseases	4.40%
6	Malnutrition (all forms)	3.90%	6	Malnutrition (all forms)	4.40%
7	Severe Acute Respiratory Infection (SARI)	2.90%	7	Severe Acute Respiratory Infection (SARI)	3.60%
8	Intestinal worms	2.20%	8	Other eye conditions	2.30%
9	Other eye conditions	2.10%	9	Intestinal worms	2.00%
10	Any other communicable diseases	1.90%	10	Any other communicable diseases	1.80%
11	Otitis media	1.40%	11	Otitis media	1.40%
12	Urinary Tract Infections (UTI)	1.10%	12	Urinary Tract Infections (UTI)	1.20%
13	Dysentery	1.00%	13	Dysentery	1.10%
14	Diarrhoea- Persistent	0.80%	14	Diarrhoea- Persistent	0.80%
15	Injuries / trauma due to other causes	0.70%	15	Injuries / trauma due to other causes	0.70%
16	Other NTDs	0.60%	16	Other NTDs	0.70%
17	Gastro-Intestinal Disorders (non-infective)	0.50%	17	Gastro-Intestinal Disorders (non-infective)	0.50%
18	Other oral conditions	0.40%	18	Other oral conditions	0.40%
19	Other types of anaemia	0.40%	19	Other types of anaemia	0.30%
20	Burns	0.30%	20	Burns	0.30%

Data source: DHIS2

***Table 14**: Proportion of conditions seen at health facilities for over 5 males*

2021			2022		
Pos	Diagnosis	Proportion of conditions for over 5 Males	Pos	Diagnosis	Proportion of conditions for over 5 Males
1	Malaria	41.90%	1	Malaria	39.70%
2	URTI excluding pneumonia	11.50%	2	URTI excluding pneumonia	11.90%
3	Diarrhoea- Acute	5.30%	3	Diarrhoea- Acute	4.90%
4	Urinary Tract Infections (UTI)	4.40%	4	Urinary Tract Infections (UTI)	4.70%
5	Pneumonia	4.10%	5	Typhoid Fever	3.90%
6	Any other communicable diseases	3.80%	6	Skin diseases	3.60%
7	Typhoid Fever	3.60%	7	Pneumonia	3.60%
8	Skin diseases	3.10%	8	Injuries / trauma due to other causes	3.20%
9	Injuries / trauma due to other causes	3.10%	9	Intestinal worms	2.90%
10	Intestinal worms	3.00%	10	Any other communicable diseases	2.70%
11	Severe Acute Respiratory Infection (SARI)	2.10%	11	Severe Acute Respiratory Infection (SARI)	2.00%
12	Other Sexually Transmitted Infections	1.40%	12	Other Sexually Transmitted Infections	1.70%
13	Dysentery	1.10%	13	Dysentery	1.30%
14	Other eye conditions	1.00%	14	Other eye conditions	1.20%
15	Other NTDs	1.00%	15	Gastro-Intestinal Disorders (non-infective)	0.90%
16	Gastro-Intestinal Disorders (non-infective)	0.70%	16	Other NTDs	0.80%
17	Otitis media	0.60%	17	Otitis media	0.70%
18	Dental caries	0.60%	18	Dental caries	0.70%
19	Injuries due to road traffic accidents	0.60%	19	Pain requiring palliative care (e.g. ulcers)	0.70%
20	Diarrhoea- Persistent	0.60%	20	Diarrhoea- Persistent	0.70%

2023			2024		
Pos	Diagnosis	Proportion of conditions for over 5 Males	Pos	Diagnosis	Proportion of conditions for over 5 Males
1	Malaria	38.20%	1	Malaria	37.30%
2	URTI excluding pneumonia	12.90%	2	URTI excluding pneumonia	13.20%
3	Urinary Tract Infections (UTI)	4.80%	3	Urinary Tract Infections (UTI)	5.00%
4	Diarrhoea- Acute	4.80%	4	Diarrhoea- Acute	4.90%
5	Skin diseases	4.20%	5	Skin diseases	3.90%
6	Typhoid Fever	3.70%	6	Typhoid Fever	3.80%
7	Pneumonia	3.30%	7	Injuries / trauma due to other causes	3.40%
8	Injuries / trauma due to other causes	3.30%	8	Pneumonia	2.90%
9	Intestinal worms	2.90%	9	Intestinal worms	2.80%
10	Any other communicable diseases	2.80%	10	Any other communicable diseases	2.70%
11	Severe Acute Respiratory Infection (SARI)	2.10%	11	Severe Acute Respiratory Infection (SARI)	2.70%
12	Other Sexually Transmitted Infections	1.90%	12	Other eye conditions	1.90%
13	Other eye conditions	1.40%	13	Other Sexually Transmitted Infections	1.80%
14	Dysentery	1.00%	14	Dysentery	1.10%
15	Gastro-Intestinal Disorders (non-infective)	1.00%	15	Gastro-Intestinal Disorders (non-infective)	1.00%
16	Other NTDs	0.80%	16	Other NTDs	0.90%
17	Pain requiring palliative care (e.g. ulcers)	0.80%	17	Otitis media	0.80%
18	Otitis media	0.80%	18	Pain requiring palliative care (e.g. ulcers)	0.70%
19	Dental caries	0.70%	19	Dental caries	0.70%
20	Injuries due to road traffic accidents	0.60%	20	Injuries due to road traffic accidents	0.70%

Data source: DHIS2

***Table 15**: : Proportion of conditions seen at health facilities for over 5 females*

2021			2022		
Pos	Diagnosis	Proportion of conditions for Over 5 Females	Pos	Diagnosis	Proportion of conditions for Over 5 Females
1	Malaria	42.50%	1	Malaria	41.20%
2	URTI excluding pneumonia	11.20%	2	URTI excluding pneumonia	11.60%
3	Urinary Tract Infections (UTI)	6.60%	3	Urinary Tract Infections (UTI)	7.10%
4	Diarrhoea- Acute	4.50%	4	Typhoid Fever	4.30%
5	Typhoid Fever	4.00%	5	Diarrhoea- Acute	4.00%
6	Pneumonia	3.50%	6	Skin diseases	3.00%
7	Any other communicable diseases	3.30%	7	Pneumonia	2.90%
8	Intestinal worms	2.80%	8	Intestinal worms	2.70%
9	Skin diseases	2.50%	9	Any other communicable diseases	2.60%
10	Severe Acute Respiratory Infection (SARI)	2.00%	10	Other Sexually Transmitted Infections	2.00%
11	Injuries / trauma due to other causes	1.80%	11	Injuries / trauma due to other causes	1.90%
12	Other Sexually Transmitted Infections	1.70%	12	Severe Acute Respiratory Infection (SARI)	1.80%
13	Malnutrition (all forms)	1.40%	13	Malnutrition (all forms)	1.20%
14	Pelvic inflammatory disease (PID)	1.10%	14	Pelvic inflammatory disease (PID)	1.10%
15	Other NTDs	1.00%	15	Pain requiring palliative care (e.g. ulcers)	1.10%
16	Dysentery	0.90%	16	Other eye conditions	1.00%
17	Other eye conditions	0.90%	17	Gastro-Intestinal Disorders (non-infective)	1.00%
18	Pain requiring palliative care (e.g. ulcers)	0.80%	18	Dysentery	0.90%
19	Gastro-Intestinal Disorders (non-infective)	0.70%	19	Other NTDs	0.80%
20	Dental caries	0.50%	20	Otitis media	0.70%

2023			2024		
Pos	Diagnosis	Proportion of conditions for Over 5 Females	Pos	Diagnosis	Proportion of conditions for Over 5 Females
1	Malaria	37.90%	1	Malaria	37.40%
2	URTI excluding pneumonia	12.70%	2	URTI excluding pneumonia	12.60%
3	Urinary Tract Infections (UTI)	7.50%	3	Urinary Tract Infections (UTI)	7.90%
4	Typhoid Fever	4.60%	4	Typhoid Fever	4.30%
5	Diarrhoea- Acute	3.90%	5	Diarrhoea- Acute	4.00%
6	Skin diseases	3.30%	6	Skin diseases	3.00%
7	Pneumonia	2.90%	7	Injuries / trauma due to other causes	3.00%
8	Any other communicable diseases	2.90%	8	Any other communicable diseases	2.60%
9	Intestinal worms	2.70%	9	Severe Acute Respiratory Infection (SARI)	2.50%
10	Severe Acute Respiratory Infection (SARI)	2.20%	10	Intestinal worms	2.50%
11	Other Sexually Transmitted Infections	1.90%	11	Pneumonia	2.50%
12	Injuries / trauma due to other causes	1.90%	12	Other Sexually Transmitted Infections	1.80%
13	Malnutrition (all forms)	1.50%	13	Other eye conditions	1.50%
14	Pain requiring palliative care (e.g. ulcers)	1.20%	14	Malnutrition (all forms)	1.20%
15	Other eye conditions	1.20%	15	Gastro-Intestinal Disorders (non-infective)	1.20%
16	Gastro-Intestinal Disorders (non-infective)	1.10%	16	Pain requiring palliative care (e.g. ulcers)	1.10%
17	Pelvic inflammatory disease (PID)	1.00%	17	Pelvic inflammatory disease (PID)	1.00%
18	Dysentery	0.90%	18	Dysentery	0.90%
19	Other NTDs	0.80%	19	Other NTDs	0.90%
20	Dental caries	0.70%	20	Otitis media	0.70%

Data source: DHIS2

1.5 MORTALITY

Mortality indicators show age-specific and cause-specific patterns across the reference period. Adult mortality rates were also elevated, exceeding 300 per 1,000 population, with a persistent gender gap favoring females.

Under-five mortality remained close to 99 per 1,000 live births, with infant mortality at approximately 73 per 1,000 and neonatal mortality around 40 per 1,000. Stillbirth rates were stable at about 27.6 per 1,000 births.

Cause-of-death data from health facilities indicate malaria as the leading reported cause, followed by acute diarrhoea, pneumonia, and injuries. Population-level estimates attribute the highest mortality burden to lower respiratory infections, diarrhoeal diseases, and malaria, with additional contributions from preterm birth complications, HIV/AIDS, and stroke.

Noncommunicable causes such as ischaemic heart disease, diabetes, and hypertensive disorders were present but accounted for smaller proportions compared to communicable diseases.

***Table 16**:Mortality rate across age cohorts*

Indicator		2021	2022	2023	2024
Adolescent Mortality Rate (per 1,000)	Total	15.5	15.5	15.5	15.5
	Male	14.8	14.8	14.8	14.8
	Female	16.2	16.2	16.2	16.2
Adult mortality rates (per 1,000 population)	Total	320	313	302	302
	Male	370	368	356	356
	Female	270	259	247	247
Under five mortality (per 1,000)	Total	98.7	98.7	98.7	98.7
	Male	104.5	104.7	104.3	104.3
	Female	93.5	93.6	93.4	93.4
Adolescent Mortality Rate (per 1,000)	Total	72.6	72.6	72.6	72.6
	Male	78.3	78.2	78.3	78.3
	Female	66.7	66.8	66.8	66.8
Neonatal mortality rate		40.3	40.3	40.2	40.2
Stillbirth rate		27.7	27.6	27.6	27.6

Data source: WHO GHE, WHO GHO, IGME

***Table 17**: Top 20 causes of death (estimated and health facility) 2021 for all ages and gender*

Health facility reported 2021				Estimated in the population 2021		
Pos	Cause of Death	Proportions of deaths from the listed condition over all the deaths	Number of deaths	Pos	Cause of Death	2021
1	Malaria	31.1%	1657	1	Lower respiratory infections	17,899
2	Diarrhoea- Acute	7.5%	398	2	Diarrhoeal diseases	14,363
3	Pneumonia	7.1%	379	3	Malaria	12,263
4	Skin diseases	6.8%	363	4	Preterm birth complications	9,535
5	Injuries / trauma due to other causes	5.8%	309	5	HIV/AIDS	9,212
6	Other types of anaemia	4.1%	216	6	Stroke	7,818
7	Injuries due to road traffic accidents	2.6%	139	7	Birth asphyxia and birth trauma	6,654
8	Tuberculosis	2.4%	130	8	Tuberculosis	5,784
9	Acute Flaccid Paralysis	2.1%	110	9	Digestive diseases	5,600
10	Urinary Tract Infections (UTI)	1.9%	100	10	Ischaemic heart disease	4,834
11	Hypertension	1.8%	95	11	Genitourinary diseases	4,390
12	Typhoid Fever	1.6%	85	12	Nutritional deficiencies	4,040
13	Any other communicable diseases	1.6%	84	13	Meningitis	3,552
14	Dysentery	1.5%	82	14	Diabetes mellitus	3,403
15	Malnutrition (all forms)	1.3%	69	15	Road injury	3,222
16	Pelvic inflammatory disease (PID)	1.2%	63	16	Respiratory diseases	3,207
17	Otitis media	1.2%	63	17	Maternal conditions	2,659
18	Asthma	1.1%	57	18	Hypertensive heart disease	2,415
19	HIV-Oral lesions	1.1%	57	19	Neurological conditions	2,032
20	Dental caries	0.9%	49	20	Interpersonal violence	1,925

Data source: DHIS2, Global burden of diseases

***Table 18**: Top 20 causes of death (estimated and health facility) 2022 for all ages and gender*

Health facility data				Estimated in the population		
Pos	Cause of Death	Proportions of deaths from the listed condition over all the deaths	Number of deaths	Pos	Cause of Death	2022
1	Malaria	40.1%	2870	1	Lower respiratory infections	19,029
2	Pneumonia	6.3%	450	2	Diarrhoeal diseases	15,591
3	Other types of anaemia	5.3%	380	3	Malaria	13,971
4	Injuries due to road traffic accidents	3.9%	280	4	Preterm birth complications	10,295
5	Injuries / trauma due to other causes	3.5%	249	5	HIV/AIDS	10,777
6	Diarrhoea- Acute	3.0%	216	6	Stroke	8,719
7	Malnutrition (all forms)	2.4%	175	7	Birth asphyxia and birth trauma	6,959
8	Urinary Tract Infections (UTI)	2.4%	170	8	Tuberculosis	7,135
9	Severe Acute Respiratory Infection (SARI)	2.2%	155	9	Digestive diseases	6,106
10	Typhoid Fever	2.1%	149	10	Ischaemic heart disease	5,360
11	URTI excluding pneumonia	2.0%	142	11	Genitourinary diseases	4,824
12	Tuberculosis	1.9%	139	12	Nutritional deficiencies	4,405
13	Pelvic inflammatory disease (PID)	1.6%	115	13	Meningitis	3,778
14	Measles	1.6%	112	14	Diabetes mellitus	3,770
15	Any other communicable diseases	1.4%	98	15	Road injury	3,212
16	Gastro-Intestinal Disorders (non-infective)	1.2%	89	16	Respiratory diseases	3,631
17	Other NTDs	1.2%	89	17	Maternal conditions	2,618
18	Other metabolic conditions	1.1%	79	18	Hypertensive heart disease	2,646
19	Thyroid disease	1.0%	72	19	Neurological conditions	2,210
20	Dysentery	0.9%	66	20	Interpersonal violence	2,087

Data source: DHIS2, Global burden of diseases

***Table 19**: Top 20 causes of death (estimated and health facility) 2023 for all ages and gender*

Health facility data				Estimated in the population		
Pos	Cause of Death	Proportions of deaths from the listed condition over all the deaths	Number of deaths	Pos	Cause of Death	2023
1	Malaria	25.0%	1883	1	Lower respiratory infections	20,330
2	Other types of anaemia	6.1%	462	2	Diarrhoeal diseases	16,656
3	Diarrhoea- Acute	6.1%	459	3	Malaria	14,925
4	Pneumonia	6.0%	452	4	Preterm birth complications	10,999
5	Malnutrition (all forms)	4.7%	357	5	HIV/AIDS	11,514
6	Injuries / trauma due to other causes	4.5%	339	6	Stroke	9,315
7	Typhoid Fever	3.5%	264	7	Birth asphyxia and birth trauma	7,434
8	Measles	2.6%	193	8	Tuberculosis	7,623
9	Injuries due to road traffic accidents	2.5%	187	9	Digestive diseases	6,523
10	Gastro-Intestinal Disorders (non-infective)	2.5%	185	10	Ischaemic heart disease	5,727
11	Urinary Tract Infections (UTI)	2.3%	175	11	Genitourinary diseases	5,154
12	Any other communicable diseases	2.2%	169	12	Nutritional deficiencies	4,706
13	URTI excluding pneumonia	2.2%	169	13	Meningitis	4,036
14	Pelvic inflammatory disease (PID)	1.9%	146	14	Diabetes mellitus	4,028
15	Asthma	1.8%	136	15	Road injury	3,432
16	Tuberculosis	1.7%	125	16	Respiratory diseases	3,879
17	Other NTDs	1.6%	119	17	Maternal conditions	2,797
18	Severe Acute Respiratory Infection (SARI)	1.4%	103	18	Hypertensive heart disease	2,826
19	Pain requiring palliative care (e.g. ulcers)	1.2%	87	19	Neurological conditions	2,361
20	Hypertension	1.1%	86	20	Interpersonal violence	2,230

Data source: DHIS2, Global burden of diseases

***Table 20**: Top 20 causes of death (estimated and health facility) 2024 for all ages and gender*

Health facility data				Estimated in the population		
Pos	Cause of Death	Proportions of deaths from the listed condition over all the deaths	Number of deaths	Pos	Cause of Death	2023
1	Malaria	32.1%	2413	1	Lower respiratory infections	19,464
2	Pneumonia	7.3%	547	2	Diarrhoeal diseases	15,947
3	Severe Acute Respiratory Infection (SARI)	6.9%	517	3	Malaria	14,290
4	Injuries due to road traffic accidents	5.1%	386	4	Preterm birth complications	10,531
5	Diarrhoea- Acute	4.9%	367	5	HIV/AIDS	11,023
6	Injuries / trauma due to other causes	4.6%	343	6	Stroke	8,918
7	Acute Flaccid Paralysis	4.2%	313	7	Birth asphyxia and birth trauma	7,118
8	Other types of anaemia	3.7%	281	8	Tuberculosis	7,298
9	Typhoid Fever	2.2%	166	9	Digestive diseases	6,245
10	Neonatal tetanus	2.1%	160	10	Ischaemic heart disease	5,483
11	Malnutrition (all forms)	2.0%	152	11	Genitourinary diseases	4,934
12	Any other communicable diseases	1.8%	134	12	Nutritional deficiencies	4,506
13	URTI excluding pneumonia	1.7%	128	13	Meningitis	3,864
14	Other NTDs	1.7%	126	14	Diabetes mellitus	3,857
15	Tuberculosis	1.6%	122	15	Road injury	3,286
16	Pelvic inflammatory disease (PID)	1.4%	104	16	Respiratory diseases	3,714
17	Oral Cancers	1.2%	91	17	Maternal conditions	2,678
18	Measles	1.2%	87	18	Hypertensive heart disease	2,706
19	Yellow fever	0.9%	66	19	Neurological conditions	2,261
20	Hypertension	0.8%	62	20	Interpersonal violence	2,135

Data source: DHIS2, Global burden of diseases

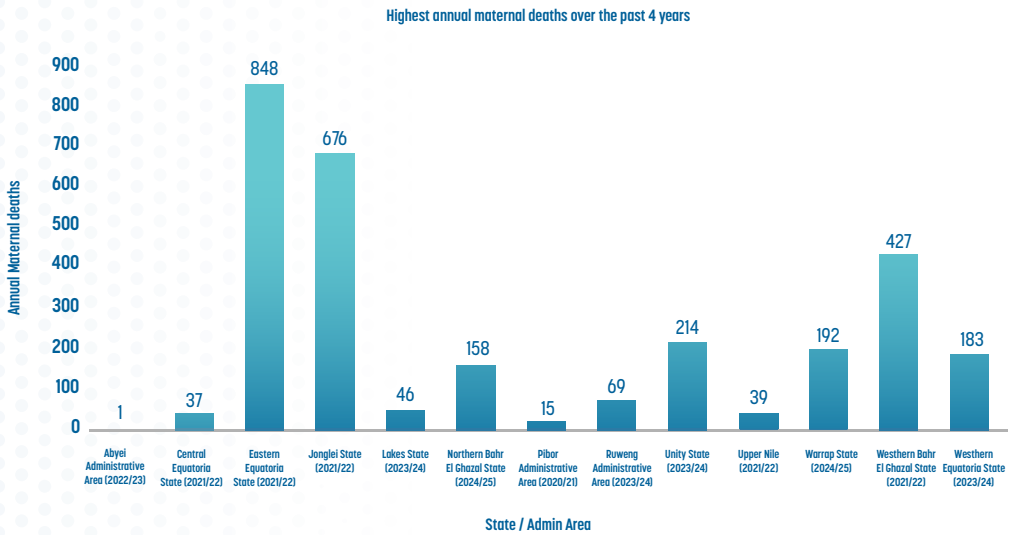


***Figure 1**: Highest Annual maternal deaths in health facilities by state*

Data source: DHIS2

***Table 21**: Number of Deaths per 100 discharges for Males under 5*

2021		
Pos	Diagnosis	Number of Deaths per 100 discharges for Males under 5
1	Chronic heart diseases	66.7
2	Genital ulcers	50.0
3	Intestinal schistosomiasis	50.0
4	Skin diseases	25.2
5	Tuberculosis	9.2
6	Bacterial meningitis	9.0
7	Otitis media	8.9
8	Other types of meningitis	7.5
9	Measles	7.1
10	Neonatal tetanus	6.5
11	Dysentery	3.9
12	Other Emerging Infectious Diseases	3.8
13	Asthma	3.7
14	Tumours (eye)	3.1
15	Urinary Tract Infections (UTI)	2.7
16	Other NTDs	2.6
17	Insect bites	2.6
18	Other types of anaemia	2.6
19	Animal bites (suspected rabies)	2.5
20	Other metabolic conditions	2.4

2022		
Pos	Diagnosis	Number of Deaths per 100 discharges for Males under 5
1	Moderate-Severe Depressive Disorder (DEP)	50.0
2	Stroke/Cardiovascular Accident (CVA)	50.0
3	Trachoma	50.0
4	Suicide (SUI)	42.9
5	Hearing loss	37.5
6	Leprosy	33.3
7	Neonatal tetanus	32.5
8	Urethral discharges	26.2
9	Chronic Obstructive Pulmonary Disease (COPD)	25.0
10	Hepatitis B	25.0
11	Urinary Tract Infections (UTI)	22.0
12	Chronic heart diseases	16.7
13	HIV-Oral lesions	15.3
14	Bacterial meningitis	15.0
15	Tetanus (over 28 days)	12.5
16	Tuberculosis	12.4
17	Acute Stress (ACU)	11.5
18	Rape and Gender based violence (GBV)	11.1
19	Hypertension	10.0
20	Gastro-Intestinal Disorders (non-infective)	8.9

2023		
Pos	Diagnosis	Number of Deaths per 100 discharges for Males under 5
1	Cancer Others	62.5
2	Chronic Obstructive Pulmonary Disease (COPD)	37.5
3	Cholera	33.3
4	Other Mental Health Conditions	33.3
5	Gingivitis	25.0
6	Dental caries	20.8
7	Chronic heart diseases	16.7
8	Asthma	13.6
9	Acute Flaccid Paralysis	12.5
10	Typhoid Fever	11.7
11	Pain requiring palliative care (e.g. ulcers)	11.4
12	Tetanus (over 28 days)	11.1
13	Animal bites (suspected rabies)	9.8
14	Tuberculosis	8.4
15	HIV-Oral lesions	8.3
16	Gastro-Intestinal Disorders (non-infective)	7.9
17	Urinary Tract Infections (UTI)	7.9
18	Malnutrition (all forms)	7.5
19	Other types of meningitis	6.8
20	Poisoning	6.7

2024		
Pos	Diagnosis	Number of Deaths per 100 discharges for Males under 5
1	Cancer Others	100.0
2	Chronic heart diseases	50.0
3	Ischemic heart diseases	50.0
4	Buruli ulcer	33.3
5	Rheumatic heart diseases	33.3
6	Yellow fever	28.3
7	Rape and Gender based violence (GBV)	25.0
8	Stroke/Cardiovascular Accident (CVA)	25.0
9	Neonatal tetanus	22.3
10	Tetanus (over 28 days)	20.8
11	Other Sexually Transmitted Infections	16.7
12	Acute Flaccid Paralysis	16.6
13	Injuries due to road traffic accidents	16.1
14	Diabetes mellitus	11.1
15	Severe Acute Respiratory Infection (SARI)	8.7
16	Hepatitis B	8.3
17	Any other communicable diseases	6.9
18	Sickle cell anaemia	5.2
19	Tuberculosis	4.8
20	Other metabolic conditions	4.8

Data source: DHIS2

***Table 22**: Number of Deaths per 100 discharges for Females under 5*

2021

Pos	Diagnosis	Number of Deaths per 100 discharges for Females under 5
1	Cancer Cervix	100.0
2	Plague	100.0
3	Chronic heart diseases	50.0
4	Heart failure	33.3
5	Bacterial meningitis	33.2
6	Asthma	25.0
7	Dental caries	25.0
8	Hearing loss	17.3
9	Neonatal tetanus	15.9
10	Otitis media	15.2
11	Harmful use of Alcohol and Drugs (SUB)	14.8
12	Genital ulcers	12.5
13	Animal bites (suspected rabies)	10.7
14	Tuberculosis	6.4
15	Leishmaniasis	6.3
16	Other metabolic conditions	5.3
17	Injuries due to road traffic accidents	4.2
18	Poisoning	4.2
19	Other types of anaemia	3.8
20	HIV-Oral lesions	3.6

2022

Pos	Diagnosis	Number of Deaths per 100 discharges for Females under 5
1	Hearing loss	55.6
2	Hepatitis E	25.0
3	HIV-Oral lesions	22.9
4	Dental caries	22.7
5	Heart failure	18.2
6	Stroke/Cardiovascular Accident (CVA)	16.7
7	Leprosy	16.7
8	Pain requiring palliative care (e.g. ulcers)	16.7
9	Hypertension	11.1
10	Pelvic inflammatory disease (PID)	11.0
11	Tuberculosis	10.5
12	Other metabolic conditions	8.9
13	Bacterial meningitis	8.5
14	Acute Flaccid Paralysis	7.5
15	Severe Acute Respiratory Infection (SARI)	6.3
16	Rheumatic heart diseases	6.3
17	Measles	5.1
18	Tumours (eye)	5.0
19	Other eye conditions	5.0
20	Other types of anaemia	4.5

2023

Pos	Diagnosis	Number of Deaths per 100 discharges for Females under 5
1	Acute Stress (ACU)	50.0
2	Cancer Breast	50.0
3	Cancer Others	50.0
4	Oral Cancers	37.5
5	Hearing loss	33.3
6	Injuries / trauma due to other causes	19.6
7	Hypertension	14.3
8	Chronic Obstructive Pulmonary Disease (COPD)	14.1
9	Animal bites (suspected rabies)	13.1
10	Bacterial meningitis	13.1
11	Asthma	12.5
12	Urethral discharges	12.5
13	Pelvic inflammatory disease (PID)	11.7
14	Cholera	11.1
15	Neonatal tetanus	9.2
16	Other types of meningitis	8.8
17	Gastro-Intestinal Disorders (non-infective)	6.6
18	Heart failure	6.3
19	Brucellosis	6.1
20	Other metabolic conditions	5.8

2024

Pos	Diagnosis	Number of Deaths per 100 discharges for Females under 5
1	Buruli ulcer	33.3
2	Pneumococcal meningitis	33.3
3	Yellow fever	29.8
4	Hepatitis B	26.2
5	Heart failure	25.0
6	Other Significant Mental Health Complaints (OTH)	25.0
7	Neonatal tetanus	24.7
8	Acute Flaccid Paralysis	18.8
9	Chronic heart diseases	16.7
10	Severe Acute Respiratory Infection (SARI)	14.0
11	Injuries due to road traffic accidents	11.8
12	Diabetes mellitus	10.0
13	Pelvic inflammatory disease (PID)	9.5
14	Tetanus (over 28 days)	9.1
15	Cholera	8.3
16	Other cardiovascular diseases	8.3
17	Typhoid Fever	7.2
18	Any other communicable diseases	6.1
19	Animal bites (suspected rabies)	6.1
20	Other Sexually Transmitted Infections	5.3

Data source: DHIS2

***Table 23** : Number of Deaths per 100 discharges for Males over 5*

2021			2022		
Pos	Diagnosis	Number of Deaths per 100 discharges for Males over 5	Pos	Diagnosis	Number of Deaths per 100 discharges for Males over 5
1	Cancer Colon	50.0	1	Kaposis Sarcoma	100.0
2	Cancer Liver	47.1	2	Oral Cancers	50.0
3	Bacterial meningitis	41.5	3	Ischemic heart diseases	45.8
4	Cancer Lung	33.3	4	Cancer Liver	31.6
5	Human African trypanosomiasis	33.3	5	Heart failure	21.3
6	Acute Flaccid Paralysis	27.1	6	Tetanus (over 28 days)	20.8
7	Heart failure	25.6	7	Stroke/Cardiovascular Accident (CVA)	19.4
8	Ischemic heart diseases	25.0	8	Other types of meningitis	16.7
9	Pneumococcal meningitis	25.0	9	Other eye conditions	15.7
10	Blindness	20.6	10	Other Significant Mental Health Complaints (OTH)	15.0
11	Stroke/Cardiovascular Accident (CVA)	18.6	11	HIV-Oral lesions	13.5
12	HIV-Oral lesions	18.3	12	Cancer Others	13.5
13	Other cardiovascular diseases	17.9	13	Hepatitis B	13.3
14	Diabetes mellitus	15.4	14	Chronic heart diseases	12.5
15	Other Significant Mental Health Complaints (OTH)	14.4	15	Cancer Lung	10.0
16	Cancer Others	14.2	16	Hepatitis C	9.0
17	Suicide (SUI)	13.7	17	Thyroid disease	8.8
18	Genital ulcers	13.6	18	Other cardiovascular diseases	8.8
19	Hepatitis B	12.1	19	Chronic Obstructive Pulmonary Disease (COPD)	8.4
20	Other types of anaemia	9.1	20	Other types of anaemia	8.4

2023			2024		
Pos	Diagnosis	Number of Deaths per 100 discharges for Males over 5	Pos	Diagnosis	Number of Deaths per 100 discharges for Males over 5
1	Cancer Breast	58.3	1	Neonatal tetanus	87.5
2	Cancer Liver	48.5	2	Cancer Colon	50.0
3	Oral Cancers	40.0	3	Chronic heart diseases	30.1
4	Hepatitis E	31.3	4	Acute Flaccid Paralysis	26.0
5	Cancer Others	28.7	5	Blindness	25.0
6	Diabetic retinopathy	25.0	6	Tetanus (over 28 days)	25.0
7	Tetanus (over 28 days)	25.0	7	Hepatitis C	24.3
8	Heart failure	24.5	8	Cancer Others	18.3
9	Malnutrition (all forms)	22.6	9	Diabetic retinopathy	18.0
10	HIV-Oral lesions	19.9	10	Heart failure	17.4
11	Other types of meningitis	18.8	11	Other cardiovascular diseases	16.1
12	Stroke/Cardiovascular Accident (CVA)	17.7	12	Hepatitis B	12.9
13	Human African trypanosomiasis	16.3	13	Buruli ulcer	12.7
14	Chronic Obstructive Pulmonary Disease (COPD)	14.8	14	Hepatitis E	12.5
15	Chronic heart diseases	14.3	15	Other Viral Haemorrhagic Fevers	12.5
16	Suicide (SUI)	13.9	16	Yellow fever	12.3
17	Other cardiovascular diseases	13.1	17	Leprosy	10.9
18	Other Endocrine and Metabolic Diseases	13.1	18	Cancer Liver	10.8
19	Acute Flaccid Paralysis	11.3	19	Diabetes mellitus	10.7
20	Lymphatic filariasis: lymphoedema	11.1	20	HIV-Oral lesions	10.5

Data source: DHIS2

***Table 24**: Number of Deaths per 100 discharges for Females over 5*

2021

Pos	Diagnosis	Number of Deaths per 100 discharges for Females over 5
1	Human African trypanosomiasis	100
2	Hepatitis E	52.9
3	Cancer Cervix	35.7
4	Acute Flaccid Paralysis	28.2
5	Cancer Liver	25.9
6	Bacterial meningitis	25
7	Blindness	25
8	Kaposis Sarcoma	25
9	Heart failure	22.4
10	Cancer Others	16.5
11	HIV-Oral lesions	14.4
12	Hypertension	13.9
13	Stroke/Cardiovascular Accident (CVA)	12.5
14	Diabetic retinopathy	12.5
15	Ischemic heart diseases	12.5
16	Hepatitis B	8.7
17	Other cardiovascular diseases	8.5
18	Genital ulcers	8.3
19	Diabetes mellitus	8
20	Tuberculosis	6.3

2022

Pos	Diagnosis	Number of Deaths per 100 discharges for Females over 5
1	Pneumococcal meningitis	33.3
2	Hepatitis C	27.6
3	Stroke/Cardiovascular Accident (CVA)	18.1
4	Cancer Liver	17.8
5	Heart failure	17.6
6	Other types of meningitis	16.5
7	Chronic heart diseases	12.5
8	Other eye conditions	9.4
9	Other types of anaemia	8.9
10	Animal bites (suspected rabies)	8.6
11	Cancer Others	8.3
12	Thyroid disease	8
13	Burns	7.6
14	Diabetes mellitus	7.4
15	HIV-Oral lesions	7.4
16	Hepatitis B	6.9
17	Injuries due to road traffic accidents	5.3
18	Psychosis (PSY)	5.2
19	Cancer Breast	5
20	Hepatitis E	5

2023

Pos	Diagnosis	Number of Deaths per 100 discharges for Males over 5
1	Cancer Breast	58.3
2	Cancer Liver	48.5
3	Oral Cancers	40
4	Hepatitis E	31.3
5	Cancer Others	28.7
6	Diabetic retinopathy	25
7	Tetanus (over 28 days)	25
8	Heart failure	24.5
9	Malnutrition (all forms)	22.6
10	HIV-Oral lesions	19.9
11	Other types of meningitis	18.8
12	Stroke/Cardiovascular Accident (CVA)	17.7
13	Human African trypanosomiasis	16.3
14	Chronic Obstructive Pulmonary Disease (COPD)	14.8
15	Chronic heart diseases	14.3
16	Suicide (SUI)	13.9
17	Other cardiovascular diseases	13.1
18	Other Endocrine and Metabolic Diseases	13.1
19	Acute Flaccid Paralysis	11.3
20	Lymphatic filariasis: lymphoedema	11.1

2024

PosD	iagnosis	Number of Deaths per 100 discharges for Females over 5
1	Cancer Colon	50
2	Neonatal tetanus	50
3	Oral Cancers	50
4	Heart failure	29.1
5	Chronic heart diseases	27.6
6	Blindness	15
7	Gingivitis	14.3
8	Pneumococcal meningitis	14.3
9	Other Endocrine and Metabolic Diseases	12.5
10	Other cardiovascular diseases	10.8
11	HIV-Oral lesions	10.5
12	Cancer Liver	10
13	Cancer Others	10
14	Suicide (SUI)	9.7
15	Hepatitis C	9.2
16	Stroke/Cardiovascular Accident (CVA)	9.1
17	Thyroid disease	8.7
18	Hepatitis B	7.3
19	Injuries due to road traffic accidents	6.4
20	Buruli ulcer	6.3

Data source: DHIS2

***Table 25**: Number of Deaths per 100 discharges for all ages, both gender*

2021		
Pos	Diagnosis	Number of Deaths per 100 discharges for all ages, both gender
1	Hepatitis E	52.1
2	Cancer Colon	50.0
3	Human African trypanosomiasis	50.0
4	Plague	50.0
5	Cancer Cervix	44.0
6	Cancer Liver	33.2
7	Cancer Lung	25.0
8	Cancer Prostate	25.0
9	Heart failure	22.3
10	Acute Flaccid Paralysis	21.9
11	Bacterial meningitis	20.3
12	Ischemic heart diseases	16.7
13	Blindness	16.0
14	Stroke/Cardiovascular Accident (CVA)	16.0
15	HIV-Oral lesions	14.8
16	Neonatal tetanus	13.1
17	Cancer Others	12.8
18	Hypertension	12.6
19	Skin diseases	12.5
20	Chronic heart diseases	11.8

2022		
Pos	Diagnosis	Number of Deaths per 100 discharges forall ages, both gender
1	Kaposis Sarcoma	100.0
2	Oral Cancers	50.0
3	Ischemic heart diseases	26.6
4	Cancer Liver	25.0
5	Hepatitis C	20.8
6	Stroke/Cardiovascular Accident (CVA)	18.6
7	Heart failure	18.5
8	Neonatal tetanus	18.5
9	Chronic heart diseases	12.6
10	Cataracts	12.5
11	HIV-Oral lesions	12.1
12	Cancer Others	10.6
13	Other types of meningitis	10.0
14	Hepatitis B	9.6
15	Suicide (SUI)	8.7
16	Other Significant Mental Health Complaints (OTH)	8.3
17	Bacterial meningitis	8.2
18	Other eye conditions	8.0
19	Trachoma	8.0
20	Urethral discharges	7.5

2023		
Pos	Diagnosis	Number of Deaths per 100 discharges for all ages, both gender
1	Cancer Liver	44.7
2	Cataracts	33.3
3	Oral Cancers	31.8
4	Cancer Others	30.3
5	Diabetic retinopathy	25.0
6	Heart failure	20.1
7	Stroke/Cardiovascular Accident (CVA)	16.4
8	HIV-Oral lesions	16.3
9	Chronic heart diseases	15.1
10	Hepatitis E	13.6
11	Cancer Cervix	12.5
12	Chronic Obstructive Pulmonary Disease (COPD)	11.3
13	Cancer Breast	10.6
14	Cholera	9.5
15	Lymphatic filariasis: hydrocele	9.4
16	Hepatitis B	8.9
17	Acute Flaccid Paralysis	8.7
18	Diabetes mellitus	8.3
19	Lymphatic filariasis: lymphoedema	8.3
20	Other cardiovascular diseases	7.7

2024		
PosD	iagnosis	Number of Deaths per 100 discharges for all ages, both gender
1	Cancer Colon	33.3
2	Chronic heart diseases	29.4
3	Neonatal tetanus	26.9
4	Heart failure	21.8
5	Pneumococcal meningitis	19.8
6	Blindness	17.9
7	Acute Flaccid Paralysis	17.1
8	Buruli ulcer	15.9
9	Gingivitis	15.6
10	Yellow fever	15.4
11	Cancer Others	14.0
12	Hepatitis C	13.6
13	Other cardiovascular diseases	12.6
14	Tetanus (over 28 days)	10.9
15	HIV-Oral lesions	9.7
16	Hepatitis B	9.6
17	Leprosy	9.3
18	Injuries due to road traffic accidents	9.2
19	Cancer Liver	9.1
20	Stroke/Cardiovascular Accident (CVA)	8.8

Data source: DHIS2

1.6 FERTILITY

Fertility indicators, based on internationally validated estimates, remained high throughout the reference period. The adolescent birth rate was approximately 69 births per 1,000 women aged 15-19 years in 2021 and declined slightly to 67.5 per 1,000 in 2024. The total fertility rate decreased from 4.7 births per woman in 2021 to 4.4 births per woman in 2024. Crude birth rates also showed a gradual reduction, from 34 births per 1,000 population in 2021 to 33.4 births per 1,000 in 2024.

***Table 26**: Selected fertility indicators over the years*

Year	2021	2022	2023	2024
Adolescent birth rate: Births per 1,000 women aged 15-19	69	68.5	68	67.5
Total Fertility Rate (births per woman)	4.7	4.6	4.5	4.4
Crude Birth Rate (births per 1,000 population)	34	33.8	33.6	33.4

Data source: WHO GHE, WHO GHO

02

RISK FACTORS

This section presents indicators describing the underlying determinants of health across four domains. The nutrition domain includes measures of infant feeding practices, birth weight, and child growth outcomes–such as stunting, wasting, and overweight–as well as anaemia prevalence among children and women of reproductive age. Environmental risk factors cover access to safely managed drinking water and sanitation services, availability of handwashing facilities, and related hygiene conditions.

Noncommunicable disease risk factors encompass alcohol consumption, tobacco use, raised blood pressure, overweight and obesity, raised blood glucose, salt intake, and insufficient physical activity. The final domain addresses injuries and harmful practices, including the prevalence of intimate partner violence, non-partner sexual violence, female genital mutilation/cutting, sexual violence against children, and early marriage.

2.1 NUTRITION

Nutrition indicators, based on survey and administrative data, show persistent challenges in child and maternal nutrition. Exclusive breastfeeding rates increased gradually from 57% in 2021 to 60% in 2024. Low birth weight prevalence remained stable at around 11%. Stunting among children under five ranged between 35% and 36.5%, while wasting increased slightly from 17.2% to 18%. Overweight prevalence in the same age group remained low, at approximately 3%. Anaemia prevalence among children aged 6-59 months rose from 57% to 60% over the period. Among women of reproductive age, total anaemia prevalence increased from 43% to 46%, with higher rates observed in pregnant women compared with non-pregnant women.

***Table 27**: Nutrition indicators*

Year		2021	2022	2023	2024
Exclusive Breastfeeding Rate (% of infants 0-5 months)		57.00%	58.00%	59.00%	60.00%
Low Birth Weight Prevalence (% of live births <2,500g)		11.80%	11.60%	11.40%	11.20%
Stunting Prevalence (% of children under 5)		35.00%	35.50%	36.10%	36.50%
Wasting Prevalence (% of children under 5)		17.20%	17.40%	17.80%	18.00%
Overweight Prevalence (% of children under 5)		3.10%	3.20%	3.30%	3.40%
Anaemia Prevalence (% of children 6-59 months)		57.00%	58.00%	59.20%	60.00%
Anaemia in Women of Reproductive Age (15-49 years)	Total Anaemia Prevalence (% of women 15-49)	43.00%	44.00%	45.30%	46.00%
	Severe Anaemia (% Hb <80 g/L)	3.60%	3.70%	3.80%	3.90%
	Pregnant Women	49.00%	50.00%	51.20%	52.00%
	Non-Pregnant Women	41.00%	42.00%	43.50%	44.00%

Data source: MICS, WHO

Table 28: Proportion of Children <5yrs who are wasted seen at the facilities

State/Administrative Area	2022	2023	2024
Central Equatoria	2.00	2.66	2.71
Eastern Equatoria	1.89	1.43	1.45
Jonglei	6.02	5.11	3.81
Lakes	1.64	1.42	2.23
Northern Bahr El Ghazal	6.06	6.26	6.65
Unity	3.11	4.11	5.96
Upper Nile	2.92	3.08	5.50
Warrap	4.12	4.13	3.97
Western Bahr El Ghazal	1.40	1.99	3.45
Western Equatoria	1.23	1.82	3.44
Abyei Administrative Area	.ND.	1.98	2.69
Pibor Administrative Area	7.07	4.63	3.88
Ruweng Administrative Area	1.85	2.93	4.39
National average	**3.28**	**3.19**	**3.86**

Data source: DHIS2

2.2 ENVIRONMENTAL RISK FACTORS

Indicators for environmental risk factors, based on global and survey estimates, show persistently limited access to basic services. The proportion of the population using safely managed drinking-water services remained below 10% nationally, with urban coverage consistently higher than rural areas. Access to safely managed sanitation services was even lower–less than 5% across the entire period–with minimal improvement over time. The availability of handwashing facilities with soap and water was approximately 11% in 2021 and increased only slightly to 12.5% in 2024.

Table 29: Environmental risk factors

	Year	2021	2022	2023	2024
Safely Managed Drinking-Water Services	Safely Managed Drinking-Water (% of population)	8.20%	8.50%	8.80%	9.10%
	Urban Coverage	17.00%	17.50%	18.00%	18.50%
	Rural Coverage	5.10%	5.30%	5.50%	5.70%
Safely Managed Sanitation Services	Safely Managed Sanitation (% of population)	4.10%	4.30%	4.50%	4.70%
	Urban Coverage	7.40%	7.70%	8.00%	8.30%
	Rural Coverage	2.20%	2.30%	2.40%	2.50%
	Handwashing Facilities (% with soap & water)	11.00%	11.50%	12.00%	12.50%

Data source: WHO/UNICEF JMP

2.3 NONCOMMUNICABLE DISEASE RISK FACTORS

Indicators for noncommunicable disease risk factors, based on global estimates, show stable but elevated levels across the reference period. Total alcohol consumption among adults aged 15 years and above was approximately 2.9 liters per capita in 2021 and increased slightly to 3.2 liters in 2024. Tobacco use among adults remained above 12%, with higher prevalence among males than females. Raised blood pressure affected more than one-quarter of adults, with prevalence increasing from 27.8% to 29.5%.

Overweight and obesity among adults showed gradual increases, with overweight prevalence exceeding 22% and obesity above 7.5%. Among school-age children and adolescents, overweight prevalence remained around 5% and obesity near 2%. Diabetes prevalence among adults aged 20–79 years was stable at approximately 4.5%. Average salt intake remained nearly double the WHO-recommended limit, at about 9.5 to 9.8 grams per day. Insufficient physical activity affected roughly one-fifth of adults, with higher prevalence among females than males.

Table 30: NCDs risk factors

Year		2021	2022	2023	2024
	Total Alcohol Consumption (litres per capita, age 15+)	2.9	3	3.1	3.2
Tobacco Use Among Adults (15+ Years)	Total Tobacco Use (% age 15+)	12.60%	12.80%	13.00%	13.20%
	Male (%)	21.20%	21.50%	21.80%	22.10%
	Female (%)	4.10%	4.20%	4.30%	4.40%
Raised Blood Pressure Among Adults (Age 18+)	Prevalence (% age-standardized)	27.80%	27.80%	28.90%	29.50%
	Male (%)	30.20%	30.20%	31.50%	32.00%
	Female (%)	25.40%	25.40%	26.30%	27.00%
Overweight and Obesity in Adults (Age 18+)	Overweight (% BMI 25)	22.10%	22.10%	23.40%	24.00%
	Obesity (% BMI 30)	7.50%	7.50%	8.20%	8.50%
	Male (%)	18.90%	18.90%	20.20%	20.80%
	Female (%)	25.40%	25.40%	26.30%	27.00%
Overweight and Obesity in School-Age Children and Adolescents (Age 5-19)	Overweight (% BMI-for-age >+1 SD)	5.10%	5.10%	5.40%	5.60%
	Obesity (% BMI-for-age >+2 SD)	1.70%	1.70%	1.90%	2.00%
Raised Blood Glucose / Diabetes Among Adults (Age 20-79)	Diabetes Prevalence (% of adults 20-79)	4.50%	4.50%	4.60%	4.60%
	Male (%)	4.80%	4.80%	4.90%	4.90%
	Female (%)	4.20%	4.20%	4.30%	4.30%
Salt Intake Per Capita	Salt Intake (grams/day per adult)	9.5 g	9.5 g	9.7 g	9.8 g
	WHO Recommended Limit	5 g/day	5 g/day	5 g/day	5 g/day
Insufficient Physical Activity in Adults (18+)	Total Prevalence (% age-standardized)	20.60%	20.80%	21.00%	21.20%
	Male (%)	17.20%	17.40%	17.60%	17.80%
	Female (%)	24.00%	24.20%	24.40%	24.60%

Data source: WHO

2.4 INJURIES AND HARMFUL PRACTICES

Indicators for injuries and harmful practices, based on survey and global estimates, show persistent exposure to gender-based and child-related violence. Intimate partner violence among ever-partnered women aged 15 years and above remained above 38%, with physical violence reported as the most common form. Non-partner sexual violence prevalence remained around 5%.

Female genital mutilation/cutting prevalence among women aged 15-49 years was approximately 2.4% in 2021 and rose slightly to 2.7% in 2024, with similar levels observed among adolescent girls. Sexual violence against children was reported at 4.5%, with higher prevalence among girls than boys.

Early marriage remained widespread, with nearly half of women aged 20-24 years married before age 18 and approximately 8% married before age 15.

***Table 31**: Injuries and harmful practices indicators*

	Year	2021	2022	2023	2024
Intimate Partner Violence Prevalence	IPV Prevalence (% of ever-partnered women 15+)	38.50%	38.90%	39.40%	40.00%
	Physical Violence (%)	32.60%	33.00%	33.50%	34.00%
	Sexual Violence (%)	13.60%	13.80%	14.10%	14.50%
	Psychological Violence (%)	22.30%	22.50%	22.80%	23.20%
	NPSV Prevalence (% of women 15+ in past 12 months)	5.10%	5.20%	5.30%	5.40%
Female Genital Mutilation/ Cutting Prevalence	FGM/C Prevalence (% of women aged 15-49)	2.40%	2.50%	2.60%	2.70%
	Adolescent Girls (15-19)	2.20%	2.30%	2.40%	2.50%
Sexual Violence Against Children	Total Prevalence (% of children 0-17)	4.50%	4.50%	4.50%	4.50%
	Girls (%)	5.80%	5.80%	5.80%	5.80%
	Boys (%)	3.20%	3.20%	3.20%	3.20%
Early Marriage Prevalence	% of Women Aged 20-24 Married Before Age 18	49.50%	49.30%	49.10%	48.90%
	% Married Before Age 15	7.90%	7.80%	7.70%	7.60%

Data source: WHO, UNICEF

03

SERVICE COVERAGE INDICATORS

Service coverage indicators provide an overview of access to and utilization of essential health services across five programmatic domains. The reproductive, maternal, newborn, child, and adolescent health domain includes measures of family planning, antenatal care, skilled birth attendance, postnatal care, nutrition screening, and treatment for common childhood illnesses.

Immunization coverage is presented by antigen, including vaccines such as measles, the pentavalent (Penta) series, BCG, IPV, MCV, OPV, rotavirus, and tetanus-diphtheria for pregnant women. HIV/AIDS and tuberculosis indicators capture HIV testing, antiretroviral therapy initiation, prevention of mother-to-child transmission, viral load suppression, and TB case notification rates.

Malaria service coverage reflects case management and preventive interventions, including insecticide-treated net use among children under five and intermittent preventive treatment during pregnancy. The section concludes with neglected tropical disease indicators, reporting coverage and cases for conditions such as leprosy, animal bites, and snake bites.

3.1 REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

Reproductive, Maternal, Newborn, Child and Adolescent Health indicators provide an overview of service coverage trends between 2021 and 2024. Modern contraceptive prevalence increased nationally from 6.8% in 2021 to 9.3% in 2024, with notable variation across states. Western Equatoria and Unity reported the highest coverage, while Jonglei and the Greater Pibor Administrative Area recorded the lowest. These figures are based on routine DHIS2 data.

Antenatal care coverage for four or more visits improved from 24.6% in 2021 to 31.8% in 2024, with Northern Bahr el Ghazal and Unity showing relatively higher levels compared to other states. Skilled birth attendance rose from 15.6% in 2021 to 19.5% in 2024, with Western Equatoria and the Ruweng Administrative Area consistently above the national average. Postnatal care within two days of delivery increased significantly from 14.5% in 2021 to 34.2% in 2024, with Western Equatoria and Ruweng achieving the highest coverage.

Child health and nutrition indicators show that the proportion of children under five who were wasted at health facilities ranged between 3.2% and 3.9% nationally, with higher levels observed in Jonglei, Northern Bahr el Ghazal, and Unity. Vitamin A supplementation coverage varied across the period. These indicators are derived from routine DHIS2 data.

Global estimates indicate that demand satisfied by modern methods of contraception remains below 7%, and adolescent birth rates were estimated at 69 births per 1,000 women aged 15–19 in 2021, declining slightly to 67.5 in 2024. The total fertility rate is estimated at 4.4 births per woman in 2024, down from 4.7 in 2021. These estimates are sourced from WHO and UNFPA modelling.

Table 32: Summary of RMNCAH indicators

Year	2021	2022	2023	2024
% of Women (15-49) with Demand Satisfied by Modern Methods	5.70%	5.90%	6.10%	6.30%
Modern CPR (% of women 15-49)	5.80%	6.00%	6.20%	6.40%
Total CPR (Any method)	6.50%	6.70%	6.90%	7.10%
ANC Coverage (4 visits)	24.6%	25.1%	29.6%	31.8%
% of Live Births Attended by Skilled Personnel (SBA)	15.6%	17.3%	18.2%	19.5%
First PNC visit within 2 days	14.5%	25.7%	36.1%	34.2%
Number of Children under 5 screened at nutrition points	779,980	849,191	793,800	869,145
% of Under-5 Children with Pneumonia Symptoms Taken to Health Provider	42.20%	42.50%	42.80%	43.10%
Proportion of Children <5yrs who are wasted	4.43	3.40	3.63	4.24
Vitamin A Coverage (% children 6-59 months)	3.30	4.50	2.81	7.09
Diarrhoea Treatment Coverage (% under-5)	40.10%	40.60%	41.10%	41.60%

Data source: WHO, UNFPA, MICS, FPET, DHIS2

Table 33: Antenatal Coverage- 4th visit by State/Administrative Areas

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	12.9	12.7	13.4	12.6
Eastern Equatoria	12.0	12.8	17.0	13.5
Jonglei	9.4	9.6	14.8	16.9
Lakes	21.1	17.1	25.9	25.8
Northern Bahr El Ghazal	69.7	53.8	49.7	64.8
Unity	29.9	34.1	46.9	55.7
Upper Nile	17.6	23.0	32.3	27.7
Warrap	25.1	28.5	29.2	26.4
Western Bahr El Ghazal	28.6	30.0	22.8	21.1
Western Equatoria	34.7	41.3	44.8	45.4
Abyei Administrative Area	25.9	29.4	38.1	48.8
Greater Pibor Administrative Area	7.3	8.2	11.7	17.4
Ruweng Administrative Area	25.3	26.3	37.6	37.9
National Average	**24.6**	**25.1**	**29.6**	**31.8**

Data source: DHIS2

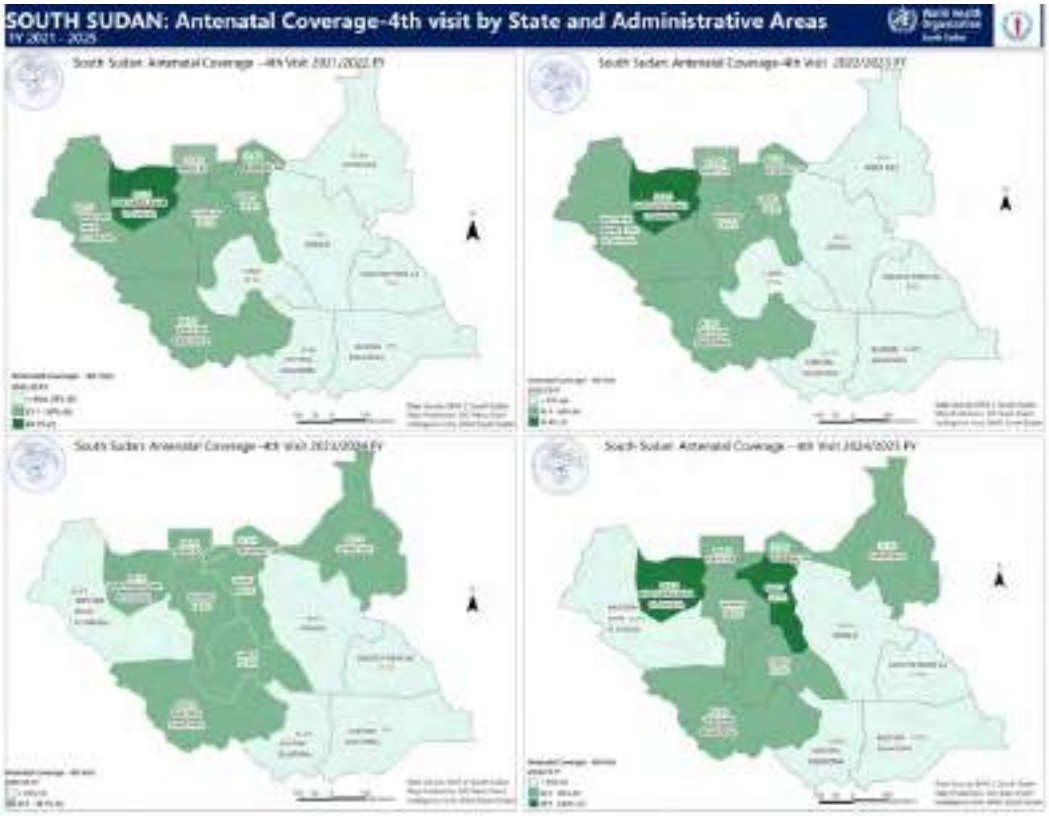


Figure 2: Antenatal coverage 4th visit

Table 34: Contraceptive prevalence Rate

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	6.37	8.5	7.16	7.34
Eastern Equatoria	5.36	6.0	6.86	5.7
Jonglei	0.42	0.59	5.33	2.31
Lakes	3.63	4.57	5.84	9.86
Northern Bahr El Ghazal	5.0	3.21	4.86	12.45
Unity	11.89	10.86	17.66	25.68
Upper Nile	2.79	5.39	5.93	4.42
Warrap	3.46	3.67	4.37	4.12
Western Bahr El Ghazal	14.39	15.33	11.7	12.37
Western Equatoria	23.88	24.44	30.81	23.15
Abyei Administrative Area	1.0	6.09	0.41	2.65
Pibor Administrative Area	.53	1.66	2.13	0.54
Ruweng Administrative Area	9.76	8.39	12.05	9.62
South Sudan	**6.81**	**7.59**	**8.85**	**9.25**

Data source:DHIS2

Table 35: Percent of mothers who attended 1st ANC tested for Syphilis

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	40.1%	60.2%	62.5%	57.9%
Eastern Equatoria	21.7%	36.6%	58.0%	59.8%
Jonglei	15.0%	14.5%	24.8%	38.6%
Lakes	24.6%	35.6%	26.3%	16.6%
Northern Bahr El Ghazal	14.1%	29.3%	29.1%	36.1%
Unity	10.8%	19.1%	29.1%	23.7%
Upper Nile	7.8%	26.0%	40.9%	37.3%
Warrap	5.1%	5.7%	13.6%	17.1%
Western Bahr El Ghazal	41.6%	42.0%	56.3%	64.9%
Western Equatoria	26.8%	37.5%	42.5%	47.4%
Abyei Administrative Area	ND	ND	ND	ND
Greater Pibor Administrative Area	3.6%	3.2%	26.7%	21.9%
Ruweng Administrative Area	51.3%	86.7%	73.8%	80.7%
South Sudan	**21.9%**	**33.0%**	**40.3%**	**41.8%**

Data source: DHIS2

Table 36: Number of Hepatitis B cases recorded in OPD

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	1513	893	792	1203
Eastern Equatoria	231	436	303	180
Jonglei	64	54	78	133
Lakes	173	191	96	262
Northern Bahr El Ghazal	54	15	140	56
Unity	248	346	108	72
Upper Nile	45	166	48	54
Warrap	196	280	422	503
Western Bahr El Ghazal	189	55	173	460
Western Equatoria	136	119	158	68
Abyei Administrative Area	ND	2	1	17
Greater Pibor Administrative Area	ND	4	2	ND
Ruweng Administrative Area	75	151	38	75
South Sudan	**2924**	**2712**	**2359**	**3083**

Data source: DHIS2

Table 37: Number of Hepatitis C cases recorded in OPD

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	36	12	34	42
Eastern Equatoria	32	21	16	39
Jonglei	ND	82	28	92
Lakes	65	1	59	36
Northern Bahr El Ghazal	160	100	11	3
Unity	27	23	6	9
Upper Nile	10	7	4	4
Warrap	3	41	4	11
Western Bahr El Ghazal	1	2	11	19
Western Equatoria	12	33	23	18
Abyei Administrative Area	ND	ND	ND	ND
Greater Pibor Administrative Area	ND	ND	ND	ND
Ruweng Administrative Area	3	ND	61	3
South Sudan	**351**	**323**	**257**	**274**

Data source: DHIS2

Table 38: Skilled Birth Attendance

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	17.3%	16.8%	17.1%	21.2%
Eastern Equatoria	13.6%	13.9%	14.7%	15.1%
Jonglei	10.2%	9.9%	13.5%	18.4%
Lakes	19.3%	21.1%	20.8%	24.9%
Northern Bhar El Ghazal	14.5%	13.4%	11.7%	16.0%
Unity	17.3%	17.8%	18.2%	22.9%
Upper Nile	10.4%	17.9%	20.9%	17.1%
Warrap	11.3%	14.9%	15.1%	13.8%
Western Bhar El Ghazal	19.3%	25.8%	24.1%	22.0%
Western Equatoria	27.7%	29.7%	34.8%	30.8%
Abyei Administrative Area	2.8%	7.5%	15.3%	14.9%
Greater Pibor Administrative Area	5.1%	8.2%	17.0%	15.1%
Ruweng Administrative Area	26.1%	25.5%	32.9%	32.7%
South Sudan	**15.6%**	**17.3%**	**18.2%**	**19.5%**

Data source: DHIS2

Table 39: Post Natal Coverage (visit within 2 days)

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	5.9%	16.1%	25.0%	26.9%
Eastern Equatoria	21.9%	30.1%	36.0%	36.1%
Jonglei	15.0%	13.8%	22.1%	20.9%
Lakes	9.7%	26.7%	44.2%	58.0%
Northern Bhar El Ghazal	5.7%	10.2%	15.6%	13.0%
Unity	19.5%	24.2%	29.5%	29.4%
Upper Nile	31.7%	46.7%	51.3%	32.7%
Warrap	3.3%	13.4%	24.8%	19.2%
Western Bhar El Ghazal	5.8%	14.3%	32.1%	42.6%
Western Equatoria	35.0%	70.7%	99.6%	93.0%
Abyei Administrative Area	5.8%	5.5%	6.2%	13.2%
Greater Pibor Administrative Area	18.8%	19.4%	27.1%	21.9%
Ruweng Administrative Area	35.0%	47.6%	74.7%	78.1%
South Sudan	**14.5%**	**25.7%**	**36.1%**	**34.2%**

Data source: DHIS2

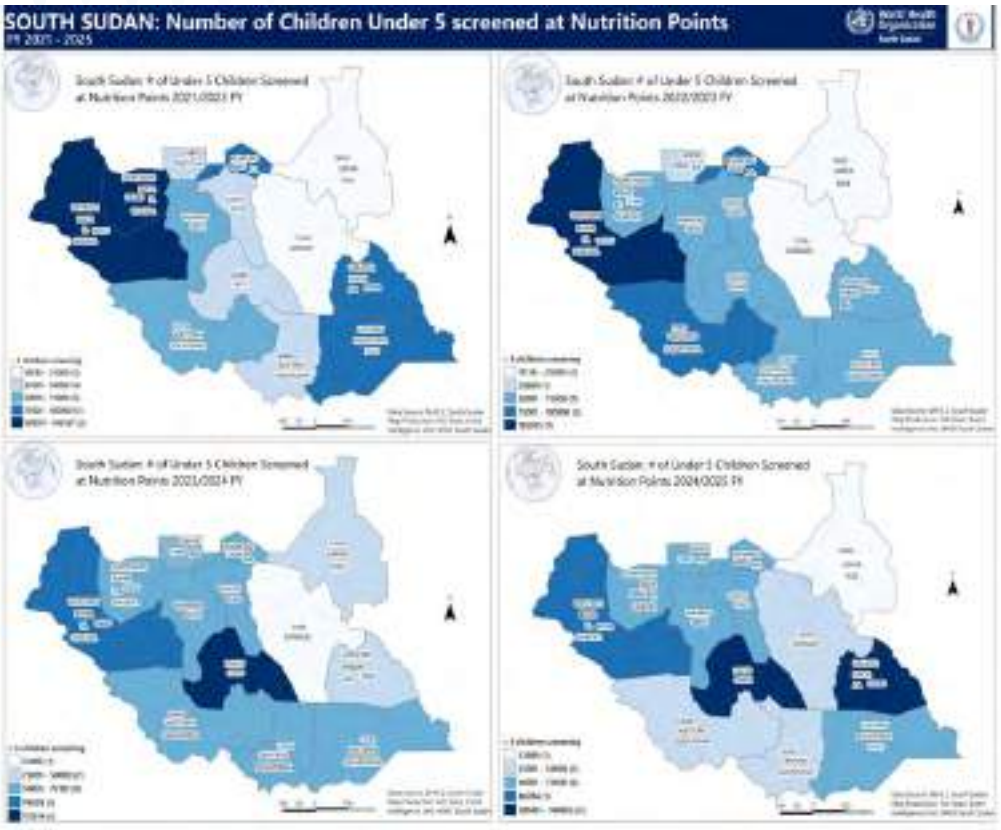


Figure 3: Number of children under 5 screened for malnutrition

Table 40: Number of Children under 5 screened at nutrition points

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	40,688	57,080	57,940	39,355
Eastern Equatoria	75,613	65,522	73,161	73,425
Jonglei	17,500	11,726	12,406	28,959
Lakes	39,271	60,344	112,814	140,803
Northern Bahr El Ghazal	106,243	71,396	55,896	58,402
Unity	34,720	55,822	63,505	51,421
Upper Nile	10,033	19,222	33,693	23,888
Warrap	66,691	64,270	59,712	66,845
Western Bahr El Ghazal	106,537	195,955	99,095	80,784
Western Equatoria	62,716	75,871	63,868	43,505
Abyei Administrative Area	43,687	29,699	51,986	72,455
Greater Pibor Administrative Area	95,860	51,027	37,655	122,356
Ruweng Administrative Area	80,423	91,257	72,069	66,950
National total	**779,980**	**849,191**	**793,800**	**869,145**

Data source: DHIS2

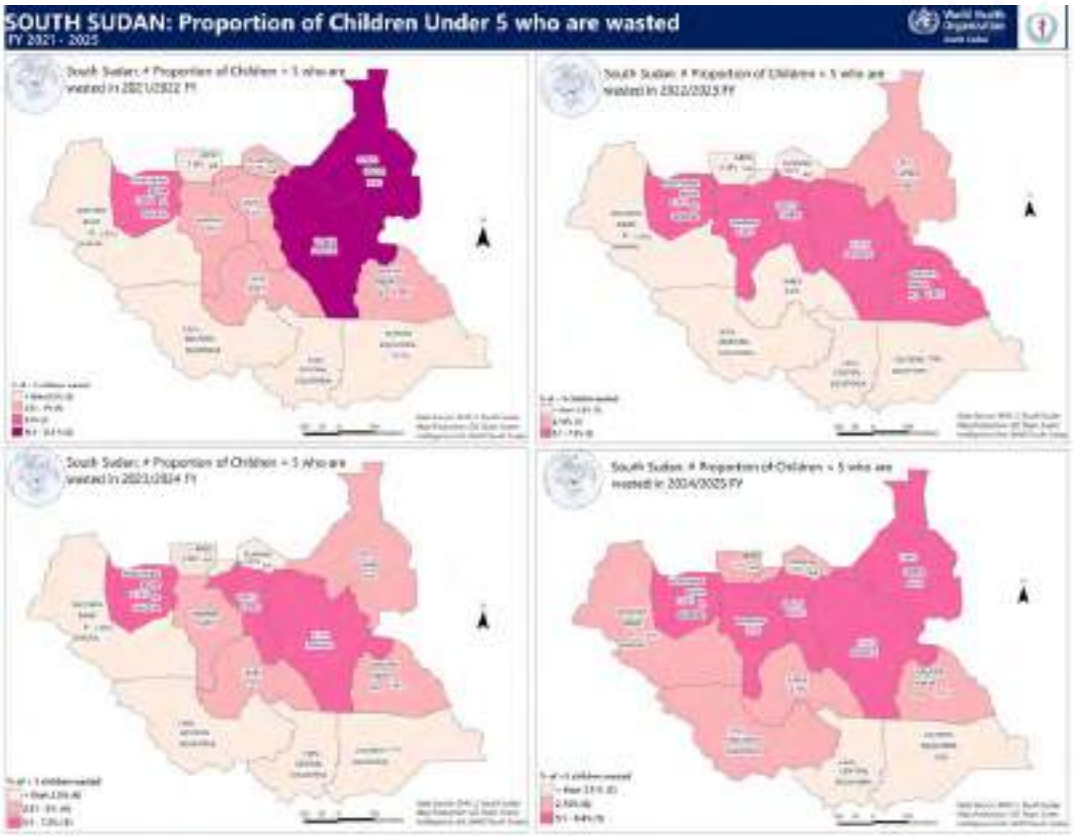


Figure 4: Proportion of children under 5 who are wasted

Table 41: Proportion of Children <5yrs who are wasted

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	41.36	1.23	1.59	2.44
Eastern Equatoria	1.77	1.90	1.70	2.01
Jonglei	12.44	7.27	7.17	5.43
Lakes	3.92	2.20	2.51	2.73
Northern Bahr El Ghazal	5.06	6.12	6.75	6.29
Unity	4.25	5.49	5.93	8.42
Upper Nile	11.95	2.74	3.95	5.09
Warrap	4.49	5.01	5.02	5.30
Western Bahr El Ghazal	2.17	1.39	1.99	3.53
Western Equatoria	1.97	1.47	1.99	3.78
Abyei Administrative Area	1.14	0.78	1.89	2.70
Greater Pibor Administrative Area	4.39	6.88	4.35	3.90
Ruweng Administrative Area	2.73	1.67	2.37	3.49
National total	**4.43**	**3.40**	**3.63**	**4.24**

Data source: DHIS2

Table 42: Percentage of children aged <59 months receiving Vitamin A supplements twice a year

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	0.53	0.92	0.64	0.71
Eastern Equatoria	1.59	0.33	0.28	0.40
Jonglei	2.81	0.51	18.94	37.75
Lakes	5.38	10.27	1.88	1.67
Northern Bahr El Ghazal	0.06	0.02	0.03	0.01
Unity	4.43	0.54	0.33	1.89
Upper Nile	7.41	3.58	4.88	6.38
Warrap	6.09	7.99	1.60	1.04
Western Bahr El Ghazal	6.20	0.69	0.07	3.55
Western Equatoria	3.14	1.74	0.27	2.65
Abyei Administrative Area	1.06	11.11	2.48	3.19
Greater Pibor Administrative Area	0.67	5.58	4.44	12.69
Ruweng Administrative Area	3.57	15.22	0.64	20.29
National total	**3.30**	**4.50**	**2.81**	**7.09**

Data source: DHIS2

3.2 IMMUNIZATION COVERAGE

Immunization coverage indicators present trends in routine vaccine uptake for children under one year and pregnant women between 2021 and 2024. Coverage for key antigens–including BCG, the Penta series, measles, and polio–varied across years and states. National measles coverage for children under one year ranged from 68% to 83%, while Penta 3 coverage fluctuated between 71.9% and 76.4%. BCG coverage remained above 80% nationally, though several states reported lower levels.

Oral polio vaccine at birth and subsequent doses maintained high coverage in most states, with gaps noted in specific administrative areas. Coverage for maternal tetanus-diphtheria vaccination (Td1-Td3) also varied across states, with Td1 consistently higher than Td3. These indicators are derived from routine DHIS2 data and reflect performance as reported by health facilities.

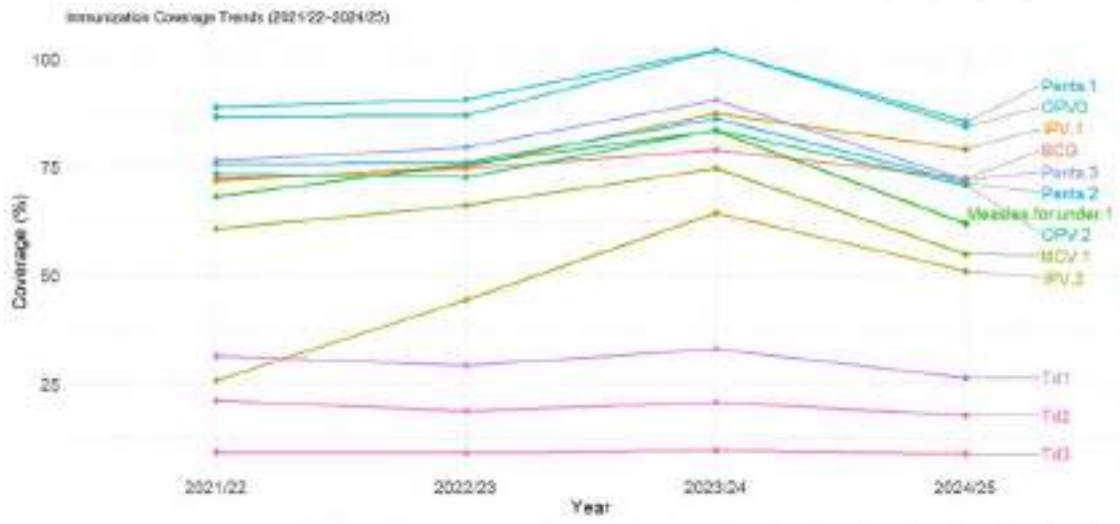


***Figure 5**: Immunization coverage trends*

Table 43: Measles coverage for under 1

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	73.3%	72.5%	80.1%	70.9%
Eastern Equatoria	94.2%	97.2%	118.0%	67.1%
Jonglei	68.7%	56.9%	70.7%	61.8%
Lakes	74.0%	67.2%	82.6%	80.2%
Northern Bhar El Ghazal	53.2%	61.5%	81.1%	51.2%
Unity	70.9%	71.9%	81.2%	64.8%
Upper Nile	91.7%	94.8%	89.0%	70.4%
Warrap	53.2%	94.2%	73.9%	43.0%
Western Bhar El Ghazal	52.4%	58.1%	62.6%	45.9%
Western Equatoria	69.9%	67.9%	88.4%	70.9%
Abyei Administrative Area	28.6%	48.0%	57.2%	56.3%
Greater Pibor Administrative Area	47.0%	131.0%	93.0%	37.5%
Ruweng Administrative Area	57.8%	47.5%	71.0%	67.3%
South Sudan	**68.1%**	**75.6%**	**83.2%**	**61.8%**

Data source: DHIS2

Table 44: Penta 1 coverage

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	75.0%	73.7%	88.5%	87.9%
Eastern Equatoria	100.2%	96.7%	111.6%	86.5%
Jonglei	81.6%	84.5%	102.3%	86.6%
Lakes	153.7%	130.0%	134.7%	134.0%
Northern Bhar El Ghazal	71.4%	69.2%	73.0%	62.0%
Unity	95.0%	98.1%	108.3%	94.4%
Upper Nile	91.2%	109.9%	117.2%	91.0%
Warrap	84.2%	94.8%	100.6%	76.2%
Western Bhar El Ghazal	77.7%	78.9%	81.0%	67.7%
Western Equatoria	92.6%	95.0%	108.6%	83.1%
Abyei Administrative Area	59.9%	68.2%	91.5%	73.5%
Greater Pibor Administrative Area	60.6%	81.0%	146.4%	76.3%
Ruweng Administrative Area	87.6%	87.2%	111.3%	91.6%
South Sudan	**88.8%**	**90.5%**	**101.8%**	**85.4%**

Data source: DHIS2

Table 45: Penta 2 coverage

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	67.8%	64.7%	78.2%	75.7%
Eastern Equatoria	85.1%	79.8%	91.8%	71.2%
Jonglei	66.5%	66.1%	82.6%	68.7%
Lakes	128.6%	107.7%	116.9%	120.9%
Northern Bhar El Ghazal	65.9%	61.9%	66.7%	53.8%
Unity	76.4%	81.9%	92.2%	81.5%
Upper Nile	75.9%	94.5%	97.0%	71.9%
Warrap	67.3%	75.0%	79.4%	59.1%
Western Bhar El Ghazal	66.2%	67.6%	68.5%	54.8%
Western Equatoria	80.3%	80.9%	95.1%	69.5%
Abyei Administrative Area	48.8%	59.1%	71.7%	61.9%
Greater Pibor Administrative Area	48.3%	61.7%	106.6%	55.8%
Ruweng Administrative Area	78.5%	70.5%	94.1%	82.8%
South Sudan	**75.5%**	**75.9%**	**86.0%**	**71.3%**

Data source: DHIS2

Table 46: Penta 3 coverage

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	68.6%	65.6%	78.7%	78.2%
Eastern Equatoria	94.4%	89.4%	105.8%	75.6%
Jonglei	67.7%	66.0%	82.5%	67.0%
Lakes	116.6%	104.3%	116.3%	116.2%
Northern Bhar El Ghazal	65.1%	66.7%	72.1%	52.9%
Unity	77.0%	84.7%	92.5%	79.3%
Upper Nile	81.3%	100.4%	104.3%	76.0%
Warrap	70.4%	86.8%	88.0%	61.2%
Western Bhar El Ghazal	66.5%	69.6%	67.7%	52.6%
Western Equatoria	78.2%	78.3%	97.9%	69.8%
Abyei Administrative Area	44.2%	55.7%	70.0%	62.7%
Greater Pibor Administrative Area	52.4%	58.0%	98.8%	52.3%
Ruweng Administrative Area	79.7%	75.6%	97.6%	81.5%
South Sudan	76.4%	**79.5%**	**90.3%**	**71.9%**

Data source: DHIS2

Table 47: BCG coverage

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	69.6%	66.2%	73.8%	78.8%
Eastern Equatoria	84.8%	80.4%	86.7%	73.6%
Jonglei	81.3%	75.5%	93.5%	75.3%
Lakes	91.4%	84.5%	86.4%	91.1%
Northern Bhar El Ghazal	60.1%	59.4%	51.8%	58.4%
Unity	82.1%	84.8%	88.0%	82.6%
Upper Nile	69.2%	84.3%	87.3%	73.4%
Warrap	66.0%	82.2%	80.2%	68.7%
Western Bhar El Ghazal	61.3%	69.6%	76.2%	59.7%
Western Equatoria	74.0%	71.6%	72.4%	66.1%
Abyei Administrative Area	42.2%	65.8%	100.4%	64.8%
Greater Pibor Administrative Area	46.6%	61.1%	122.3%	63.1%
Ruweng Administrative Area	83.5%	74.9%	93.7%	74.2%
South Sudan	**72.2%**	**74.5%**	**78.9%**	**72.3%**

Data source: DHIS2

Table 48: Inactivated Polio Vaccine (IPV 1) coverage

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	68.2%	62.4%	76.9%	77.5%
Eastern Equatoria	88.7%	84.2%	105.6%	76.1%
Jonglei	49.3%	59.6%	81.4%	66.8%
Lakes	108.5%	97.0%	105.9%	112.2%
Northern Bhar El Ghazal	62.8%	66.4%	73.3%	53.0%
Unity	76.0%	79.3%	87.5%	80.9%
Upper Nile	74.8%	92.8%	96.8%	144.1%
Warrap	66.7%	76.8%	83.3%	64.0%
Western Bhar El Ghazal	63.3%	66.8%	66.9%	50.3%
Western Equatoria	74.0%	76.1%	93.4%	68.8%
Abyei Administrative Area	46.8%	57.2%	68.6%	63.5%
Greater Pibor Administrative Area	46.3%	60.6%	114.4%	57.8%
Ruweng Administrative Area	80.8%	76.2%	95.1%	82.3%
South Sudan	**71.7%**	**74.9%**	**87.3%**	**79.1%**

Data source: DHIS2

Table 49: Inactivated Polio Vaccine (IPV 2) coverage

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	23.4%	48.0%	64.8%	58.5%
Eastern Equatoria	34.9%	71.4%	101.8%	59.9%
Jonglei	18.7%	26.6%	45.3%	46.2%
Lakes	27.1%	39.4%	58.3%	64.0%
Northern Bhar El Ghazal	28.8%	36.8%	57.0%	39.7%
Unity	26.8%	53.7%	68.1%	57.9%
Upper Nile	18.9%	33.1%	59.3%	52.8%
Warrap	19.9%	40.7%	56.9%	39.0%
Western Bhar El Ghazal	24.9%	42.7%	48.3%	35.6%
Western Equatoria	34.4%	47.0%	69.5%	56.2%
Abyei Administrative Area	13.2%	48.1%	56.0%	57.2%
Greater Pibor Administrative Area	14.5%	27.1%	69.7%	36.0%
Ruweng Administrative Area	42.3%	51.0%	69.0%	67.9%
South Sudan	**25.7%**	**44.3%**	**64.3%**	**51.0%**

Data source: DHIS2

Table 50: Meningococcal Vaccine 1 (MCV1) Coverage

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	60.0%	56.3%	67.8%	61.3%
Eastern Equatoria	88.6%	87.0%	108.9%	61.1%
Jonglei	60.8%	51.8%	65.2%	57.5%
Lakes	73.0%	61.4%	76.6%	75.0%
Northern Bhar El Ghazal	43.3%	45.1%	59.0%	39.0%
Unity	63.9%	66.9%	78.8%	60.3%
Upper Nile	75.9%	82.0%	80.1%	61.6%
Warrap	50.3%	89.1%	71.1%	40.0%
Western Bhar El Ghazal	46.3%	51.2%	54.6%	39.4%
Western Equatoria	63.4%	59.8%	77.3%	61.4%
Abyei Administrative Area	25.7%	48.0%	57.2%	56.3%
Greater Pibor Administrative Area	44.4%	127.4%	93.0%	37.1%
Ruweng Administrative Area	55.5%	46.6%	69.4%	65.9%
South Sudan	**60.7%**	**66.2%**	**74.6%**	**54.9%**

Data source: DHIS2

Table 51: Meningococcal Vaccine 2 (MCV2) Coverage

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	0.8%	0.5%	0.3%	2.2%
Eastern Equatoria	1.5%	1.0%	0.7%	1.0%
Jonglei	7.8%	3.6%	2.3%	10.0%
Lakes	0.8%	0.5%	0.4%	0.5%
Northern Bhar El Ghazal	0.1%	0.0%	0.5%	1.1%
Unity	0.6%	0.8%	2.0%	1.3%
Upper Nile	1.4%	5.5%	166.6%	1.7%
Warrap	1.2%	0.3%	0.4%	1.6%
Western Bhar El Ghazal	0.0%	0.4%	0.8%	0.4%
Western Equatoria	0.5%	0.5%	0.2%	0.5%
Abyei Administrative Area				
Greater Pibor Administrative Area	0.2%	4.9%	0.8%	3.2%
Ruweng Administrative Area	7.5%	3.4%	2.1%	1.0%
South Sudan	**1.5%**	**1.3%**	**16.4%**	**2.0%**

Data source: DHIS2

Table 52: Oral Polio Vaccine at birth

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	72.4%	73.1%	88.2%	85.5%
Eastern Equatoria	99.7%	93.6%	109.5%	83.9%
Jonglei	79.4%	73.9%	97.8%	79.3%
Lakes	151.9%	126.6%	133.1%	130.6%
Northern Bhar El Ghazal	70.8%	68.4%	72.6%	63.5%
Unity	89.1%	88.0%	101.6%	95.0%
Upper Nile	83.9%	96.8%	136.2%	92.4%
Warrap	82.2%	94.6%	99.6%	76.6%
Western Bhar El Ghazal	77.7%	78.8%	83.8%	65.2%
Western Equatoria	91.5%	95.7%	106.9%	81.5%
Abyei Administrative Area	57.2%	69.1%	86.8%	71.5%
Greater Pibor Administrative Area	55.7%	76.8%	132.3%	70.4%
Ruweng Administrative Area	82.2%	80.4%	108.4%	92.1%
South Sudan	**86.5%**	**86.8%**	**101.8%**	**84.2%**

Data source: DHIS2

Table 53: Oral Polio Vaccine 2nd dose coverage

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	64.9%	64.2%	77.8%	73.9%
Eastern Equatoria	83.2%	75.4%	90.7%	68.9%
Jonglei	64.5%	59.5%	78.8%	65.2%
Lakes	125.9%	103.4%	115.8%	117.0%
Northern Bhar El Ghazal	65.5%	61.7%	66.1%	56.9%
Unity	74.7%	74.3%	88.0%	82.4%
Upper Nile	70.3%	82.1%	82.7%	72.1%
Warrap	65.8%	75.3%	79.0%	59.2%
Western Bhar El Ghazal	66.1%	67.1%	70.1%	55.8%
Western Equatoria	78.6%	80.0%	94.0%	68.6%
Abyei Administrative Area	47.1%	55.0%	69.6%	61.3%
Greater Pibor Administrative Area	46.4%	56.8%	98.2%	51.5%
Ruweng Administrative Area	71.5%	64.0%	91.1%	82.4%
South Sudan	**73.4%**	**72.6%**	**83.4%**	**70.7%**

Data source: DHIS2

Table 54: Rotavirus 1 coverage

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	0.0%	0.0%	0.0%	12.6%
Eastern Equatoria	0.0%	0.0%	0.0%	0.0%
Jonglei	0.0%	0.4%	4.1%	2.4%
Lakes	0.0%	0.0%	0.0%	1.2%
Northern Bhar El Ghazal	0.0%	0.0%	0.0%	1.8%
Unity	0.1%	0.0%	0.0%	0.6%
Upper Nile	0.6%	0.1%	3.8%	0.0%
Warrap	0.0%	0.0%	0.0%	2.3%
Western Bhar El Ghazal	0.0%	0.0%	0.0%	0.0%
Western Equatoria	0.5%	0.0%	0.1%	0.0%
Abyei Administrative Area	0.0%	0.3%	0.0%	0.0%
Greater Pibor Administrative Area	0.0%	0.0%	0.0%	0.8%
Ruweng Administrative Area	0.0%	0.0%	0.0%	0.0%
South Sudan	**0.1%**	**0.0%**	**0.7%**	**2.5%**

Data source: DHIS2

Table 55: Rotavirus 2 coverage

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	0.01%	0.00%	0.06%	1.36%
Eastern Equatoria	0.13%	0.01%	0.05%	0.02%
Jonglei	0.01%	0.07%	0.32%	0.05%
Lakes	0.0%	0.0%	0.0%	0.14%
Northern Bhar El Ghazal	0.0%	0.04%	0.0%	0.0%
Unity	0.0%	0.20%	0.0%	0.00%
Upper Nile	0.04%	0.01%	0.01%	0.31%
Warrap	0.03%	0.08%	0.0%	0.01%
Western Bhar El Ghazal	0.0%	0.0%	0.01%	0.0%
Western Equatoria	0.01%	0.0%	0.03%	0.0%
Abyei Administrative Area	0.11%	0.0%	0.0%	0.0%
Greater Pibor Administrative Area	0.0%	0.0%	0.0%	0.50%
Ruweng Administrative Area	0.0%	0.0%	0.12%	0.0%
South Sudan	**0.02%**	**0.04%**	**0.04%**	**0.24%**

Data source: DHIS2

Table 56: Tetanus-Diphtheria 1 Vaccine (Td1) for pregnant mothers (coverage)

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	20.1%	19.2%	19.0%	21.5%
Eastern Equatoria	40.4%	38.8%	40.2%	33.8%
Jonglei	41.7%	36.1%	45.1%	35.9%
Lakes	44.7%	39.7%	36.5%	35.0%
Northern Bhar El Ghazal	27.7%	23.5%	22.8%	19.9%
Unity	45.6%	33.3%	35.1%	30.0%
Upper Nile	27.5%	28.0%	33.3%	24.2%
Warrap	26.9%	27.1%	27.2%	21.2%
Western Bhar El Ghazal	34.1%	35.0%	33.2%	29.5%
Western Equatoria	27.4%	27.2%	55.3%	23.9%
Abyei Administrative Area	16.9%	20.5%	25.4%	28.5%
Greater Pibor Administrative Area	13.4%	23.3%	42.5%	30.5%
Ruweng Administrative Area	26.2%	21.5%	29.0%	23.2%
South Sudan	**31.4%**	**29.1%**	**33.0%**	**26.4%**

Data source: DHIS2

Table 57: Tetanus-Diphtheria 2 Vaccine (Td2) for pregnant mothers (coverage)

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	14.1%	13.1%	113.1%	15.0%
Eastern Equatoria	24.0%	22.7%	24.4%	20.2%
Jonglei	22.0%	20.5%	28.5%	22.6%
Lakes	31.5%	26.7%	26.6%	24.8%
Northern Bhar El Ghazal	24.4%	16.0%	17.2%	14.2%
Unity	22.3%	19.3%	22.1%	19.7%
Upper Nile	18.5%	17.7%	21.9%	16.5%
Warrap	19.7%	19.5%	18.2%	15.0%
Western Bhar El Ghazal	24.3%	21.8%	21.5%	18.1%
Western Equatoria	19.6%	18.4%	21.0%	16.6%
Abyei Administrative Area	12.0%	13.3%	16.8%	15.8%
Greater Pibor Administrative Area	9.2%	13.5%	32.8%	19.5%
Ruweng Administrative Area	19.3%	16.0%	20.1%	16.6%
South Sudan	**21.1%**	**18.7%**	**20.7%**	**17.7%**

Data source: DHIS2

Table 58: Tetanus-Diphtheria 3 Vaccine (Td3) for pregnant mothers (coverage)

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	7.0%	6.7%	6.8%	8.4%
Eastern Equatoria	11.5%	15.7%	12.5%	10.1%
Jonglei	10.4%	8.4%	12.0%	9.3%
Lakes	18.1%	13.9%	13.2%	13.8%
Northern Bhar El Ghazal	8.7%	6.6%	8.1%	6.5%
Unity	6.2%	6.8%	8.8%	9.3%
Upper Nile	7.4%	7.5%	8.3%	8.0%
Warrap	10.0%	11.3%	11.3%	9.9%
Western Bhar El Ghazal	6.0%	6.8%	6.1%	4.6%
Western Equatoria	7.3%	6.0%	6.7%	5.6%
Abyei Administrative Area	7.4%	8.2%	8.6%	11.3%
Greater Pibor Administrative Area	5.8%	8.1%	19.5%	13.7%
Ruweng Administrative Area	8.7%	9.5%	12.5%	10.7%
South Sudan	**9.1%**	**9.0%**	**9.6%**	**8.8%**

Data source: DHIS2

3.3 HIV/AIDS AND TB

HIV/AIDS and tuberculosis indicators summarize trends in testing, treatment, and disease burden between 2021 and 2024. The proportion of individuals tested for HIV and those initiating antiretroviral therapy (ART) increased over the period, with ART initiation rising from 58.6% to 84.7%. Viral load suppression remained above 80% nationally. Mother-to-child transmission rates and PMTCT coverage improved gradually across the years.

Tuberculosis case notification rates for all forms increased from 108 per 100,000 population in 2021 to 186 per 100,000 in 2024, while estimated TB incidence remained stable at 237 per 100,000 population. These indicators are derived from routine DHIS2 data and reflect reported performance at health facilities. Global estimates for HIV prevalence and TB incidence are included in the health status section.

***Table 59**: Total Clients Tested for HIV positive by State/Administrative Areas*

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	5,888	5,756	4,825	4,201
Eastern Equatoria	1,347	1,402	1,402	1,186
Jonglei	1,879	1,042	860	724
Lakes	4,437	3,091	2,836	2,843
Northern Bhar El Ghazal	394	270	363	325
Unity	3,385	5,131	2,024	1,899
Upper Nile	633	1,742	1,642	1,571
Warrap	683	668	319	347
Western Bhar El Ghazal	489	385	324	398
Western Equatoria	1,655	1,461	1,274	1,473
Abyei Administrative Area	9	25	43	62
Greater Pibor Administrative Area	338	194	108	83
Ruweng Administrative Area	317	714	266	257
South Sudan	**21,453**	**21,882**	**16,287**	**15,370**

Data source: DHIS2

Table 60: Proportion of individuals who started newly on ART by State/Administrative Areas

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	91.0	94.3	95.4	98.0
Eastern Equatoria	100.0	90.4	94.3	95.2
Jonglei	39.7	70.4	94.1	96.4
Lakes	70.5	55.2	80.2	95.4
Northern Bahr El Ghazal	65.4	64.6	72.5	88.5
Unity	50.0	64.7	97.1	88.2
Upper Nile	47.8	63.8	76.1	85.3
Warrap	37.2	58.9	105.7	53.0
Western Bahr El Ghazal	43.8	61.3	67.3	34.4
Western Equatoria	81.3	97.0	94.9	97.0
Abyei Administrative Area	92.1	63.2	18.6	83.9
Pibor Administrative Area	15.0	33.1	99.4	94.4
Ruweng Administrative Area	27.6	43.1	88.2	91.7
South Sudan	**58.6**	**66.2**	**83.4**	**84.7**

Data source: DHIS2

Table 61: HIV - ART - Clients on 1st-line ARV regimen

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	187,267	224,954	267,216	302,038
Eastern Equatoria	77,370	79,741	86,369	98,327
Jonglei	16,751	18,037	24,298	33,350
Lakes	102,700	128,654	147,964	160,493
Northern Bahr El Ghazal	9,992	12,036	15,680	18,574
Unity	25,933	35,240	44,400	62,932
Upper Nile	8,654	11,975	16,249	21,121
Warrap	5,579	9,910	16,584	18,146
Western Bahr El Ghazal	19,909	20,775	25,341	22,775
Western Equatoria	164,631	178,578	193,708	196,819
Abyei Administrative Area	241	407	446	610
Greater Pibor Administrative Area	1,617	2,535	3,335	3,760
Ruweng Administrative Area	2,828	5,828	6,438	8,896
South Sudan	**623,471**	**728,670**	**848,027**	**947,843**

Data source: DHIS2

Table 62: HIV Viral load suppression (PVLS)

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	91.34	86.12	85.87	84.64
Eastern Equatoria	82.58	91.24	83.54	86.08
Jonglei	75.66	91.63	84.14	88.21
Lakes	69.01	60.78	72.40	66.55
Northern Bahr El Ghazal	60.19	92.54	73.92	93.54
Unity	75.42	69.09	72.12	80.50
Upper Nile	53.90	78.95	82.47	70.42
Warrap	81.26	100.00	93.18	89.72
Western Bahr El Ghazal	92.33	84.94	82.21	69.51
Western Equatoria	82.07	84.59	82.63	79.52
Abyei Administrative Area	69.78	75.25	85.85	77.78
Greater Pibor Administrative Area	80.53	78.99	75.50	90.98
Ruweng Administrative Area	100.00	63.64	78.05	79.52
South Sudan	**78.01**	**81.37**	**80.91**	**81.30**

Data source: DHIS2

Table 63: PMTCT_ART Coverage (%) - % of Positives who started or continued ART

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	40.94	57.79	32.48	43.71
Eastern Equatoria	56.85	76.49	16.45	81.27
Jonglei	36.77	179.28	126.12	44.41
Lakes	62.98	49.36	62.93	110.20
Northern Bahr El Ghazal	172.02	246.97	179.06	128.00
Unity	44.96	71.03	103.05	81.24
Upper Nile	61.75	137.77	139.84	112.53
Warrap	53.83	4.52	2.66	42.41
Western Bahr El Ghazal	52.63	35.35	23.70	32.57
Western Equatoria	23.84	38.89	25.56	12.24
Abyei Administrative Area	42.75	35.76	80.15	51.40
Greater Pibor Administrative Area	312.50	713.96	10.71	30.30
Ruweng Administrative Area	23.33	28.96	32.60	19.38
South Sudan	**75.78**	**128.93**	**64.25**	**60.74**

Data source: DHIS2

***Table 64**: Mother to child transmission rate*

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	2.24	2.79	0.98	12.92
Eastern Equatoria	4.76	35.50	7.55	10.00
Jonglei	19.02	11.95	12.00	79.17
Lakes	1.96	17.61	2.33	0.37
Northern Bahr El Ghazal	7.77	2.44	4.08	6.82
Unity	13.20	10.44	23.57	0.45
Upper Nile	15.58	14.11	13.73	16.90
Warrap	9.74	10.59	9.54	12.13
Western Bahr El Ghazal	2.47	10.45	17.87	11.38
Western Equatoria	0.59	26.91	6.25	8.31
Abyei Administrative Area	5.67	22.98	5.81	4.07
Greater Pibor Administrative Area	6.32	15.07	21.57	24.73
Ruweng Administrative Area	4.20	6.67	2.86	3.94
South Sudan	**7.19**	**14.42**	**9.86**	**14.71**

Data source: DHIS2

***Table 65**: TB indicators*

	Year	2021	2022	2023	2024
	Drug Susceptibility Testing Coverage	64%	66%	68%	70%
TB Treatment Coverage	Estimated TB Cases	25,000	25,000	25,000	25,000
	Cases Treated	19,400	17,468	19,659	20,000
	Treatment Coverage (%)	78%	70%	79%	80%
DR-TB Treatment Coverage	Estimated MDR/RR-TB Cases	300	310	320	330
	Cases Treated	120	125	130	135
	Treatment Coverage (%)	40%	40%	41%	41%

Data source: WHO Health Observatory

Table 66: TB-Case notification rate of all forms of TB per 100,000 population

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	191	262	298	296
Eastern Equatoria	112	133	166	196
Jonglei	39	46	87	91
Lakes	148	141	134	145
Northern Bahr El Ghazal	171	154	229	240
Unity	134	135	327	259
Upper Nile	65	176	338	172
Warrap	116	113	134	133
Western Bahr El Ghazal	117	129	150	141
Western Equatoria	33	68	130	115
Abyei Administrative Area	180	248	274	463
Greater Pibor Administrative Area	20	59	55	53
Ruweng Administrative Area	84	108	141	118
South Sudan	**108**	**136**	**190**	**186**

Data source: DHIS2

3.4 MALARIA

Malaria service coverage indicators show trends in preventive and curative interventions between 2021 and 2024. The proportion of children under five who slept under insecticide-treated nets (ITNs) remained above 50% nationally, with variations across states. Coverage of intermittent preventive treatment in pregnancy (IPTp3) during antenatal visits was approximately 50% in most states.

Reported malaria cases for children under five and those aged five years and above indicate a high burden across all states, with total cases increasing slightly over the period. Treatment coverage for confirmed malaria cases remained above 70% nationally. These indicators are derived from routine DHIS2 data.

Table 67: Malaria service coverage indicators

Year	2021	2022	2023	2024
IPTp2 Coverage (% of pregnant women)	44%	46%	48%	50%
ITN Use (% of children under 5)	50%	52%	54%	56%
Treatment Coverage (% of confirmed cases)	70%	72%	74%	76%
IRS Coverage (% of households)	11%	12%	13%	14%

Data source: DHIS2

***Table 68**: Malaria cases for under 5 years*

State/Administrative Area	2020	2021	2022	2023	2024
Central Equatoria	197,205	244,053	237,225	237,225	220,686
Eastern Equatoria	178,050	226,337	171,712	171,712	200,621
Jonglei	84,090	62,370	100,037	100,037	103,026
Lakes	125,244	164,297	124,464	124,464	112,049
Northern Bahr El Ghazal	305,535	401,324	200,314	200,314	260,789
Unity	114,743	115,612	211,691	211,691	159,397
Upper Nile	121,227	122,866	183,777	183,777	197,572
Warrap	219,243	282,795	272,534	272,534	265,295
Western Bahr El Ghazal	133,614	174,305	142,561	142,561	161,891
Western Equatoria	217,713	248,289	235,150	235,150	205,659
Abyei Administrative Area	2,921	19,534	25,427	25,427	25,322
Greater Pibor Administrative Area	26,303	27,888	31,950	31,950	40,269
Ruweng Administrative Area	31,313	35,482	62,533	62,533	47,035
South Sudan	**1,757,201**	**2,125,152**	**1,977,039**	**1,999,376**	**1,999,610**

Data source: DHIS2

***Table 69**: Malaria cases for over 5 years*

State/Administrative Area	2020	2021	2022	2023	2024
Central Equatoria	310,672	404,289	423,719	426,122	384,745
Eastern Equatoria	246,167	284,769	255,341	232,258	281,041
Jonglei	143,664	113,720	202,385	188,985	187,214
Lakes	201,972	219,834	205,582	170,059	159,980
Northern Bahr El Ghazal	521,161	652,426	375,640	324,809	437,999
Unity	241,813	223,433	254,882	332,347	284,688
Upper Nile	221,660	208,170	221,262	447,994	420,455
Warrap	363,578	457,846	429,968	401,946	367,642
Western Bahr El Ghazal	266,948	306,499	298,422	263,564	304,892
Western Equatoria	272,916	302,958	267,142	284,286	250,081
Abyei Administrative Area	10,370	51,266	44,937	60,315	58,057
Greater Pibor Administrative Area	35,095	37,748	37,042	37,350	42,742
Ruweng Administrative Area	62,979	78,562	109,303	154,051	116,579
South Sudan	**2,898,996**	**3,341,521**	**3,125,626**	**3,324,087**	**3,296,113**

Data source: DHIS2

***Table 70**: Total Malaria cases*

State/Administrative Area	2020	2021	2022	2023	2024
Central Equatoria	507,877	648,342	670,478	663,347	605,431
Eastern Equatoria	424,217	511,106	459,103	403,970	481,662
Jonglei	227,754	176,090	304,978	289,022	290,240
Lakes	327,216	384,131	353,483	294,523	272,029
Northern Bahr El Ghazal	826,696	1,053,751	623,212	525,123	698,787
Unity	356,556	339,044	396,886	544,038	444,085
Upper Nile	342,887	331,036	341,414	631,771	618,026
Warrap	582,821	740,641	719,256	674,480	632,937
Western Bahr El Ghazal	400,562	480,804	458,235	406,126	466,783
Western Equatoria	490,629	551,247	490,514	519,437	455,740
Abyei Administrative Area	13,292	70,800	60,012	85,741	83,379
Greater Pibor Administrative Area	61,398	65,636	65,805	69,300	83,011
Ruweng Administrative Area	94,292	114,045	159,289	216,584	163,613
South Sudan	**4,656,197**	**5,466,673**	**5,102,665**	**5,323,463**	**5,295,723**

Data source: DHIS2

***Table 71**: Total malaria cases treated*

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	423,801	509,067	518,814	552,625
Eastern Equatoria	421,295	415,459	403,430	449,741
Jonglei	179,100	349,287	475,484	399,334
Lakes	271,372	412,474	348,249	382,908
Northern Bhar El Ghazal	809,175	555,547	530,121	603,529
Unity	213,042	365,667	475,368	369,765
Upper Nile	298,630	305,535	573,050	549,628
Warrap	817,960	813,424	775,169	776,517
Western Bhar El Ghazal	254,547	337,466	370,637	376,000
Western Equatoria	332,162	410,912	440,205	414,783
Abyei Administrative Area	28,121	33,736	73,121	81,491
Greater Pibor Administrative Area	52,018	50,687	82,505	95,170
Ruweng Administrative Area	6,819	67,438	96,000	87,514
South Sudan	**4,108,042**	**4,626,701**	**5,162,151**	**5,139,004**

Data source: DHIS2

***Table 72**: Percent of Children under age 5 in all households who slept under ITN*

State/Administrative Area	% of children under age 5 who slept under ITN (2023)
Central Equatoria	61.7
Eastern Equatoria	59.5
Jonglei	54.52
Lakes	63.45
Northern Bahr El Ghazal	88.25
Unity	99.71
Upper Nile	80.02
Warrap	92.89
Western Bahr El Ghazal	71.24
Western Equatoria	23.43
Abyei Administrative Area	97.96
Greater Pibor Administrative Area	ND
Ruweng Administrative Area	99.23

Data source: MIS 2023

***Table 73**: Proportion of pregnant women who received 3 or more doses of IPTp during the ANC visit*

State	2021	2022	2023	2024
Central Equatoria	24.53	35.68	49.07	39.68
Eastern Equatoria	28.13	44.04	33.93	37.44
Jonglei	14.19	16.65	16.63	12.80
Lakes	15.44	19.02	24.39	21.47
Northern Bahr El Ghazal	9.96	16.49	13.02	16.32
Unity	13.55	14.06	23.90	16.34
Upper Nile	18.82	20.89	21.73	15.30
Warrap	14.54	19.25	15.52	17.22
Western Bahr El Ghazal	17.66	25.51	23.86	23.17
Western Equatoria	31.41	76.23	62.25	52.30
Abyei Administrative Area	27.12	7.53	9.40	7.32
Pibor Administrative Area	37.16	25.31	13.72	11.59
Ruweng Administrative Area	0.34	6.98	10.33	17.18
South Sudan	**19.45**	**25.20**	**24.44**	**22.16**

Data source: DHIS2

3.5 NEGLECTED TROPICAL DISEASES (NTDS)

In South Sudan, the burden of NTDs remains a significant public health challenge, perpetuating cycles of poverty and hindering socio-economic development. Nationally, the population requiring interventions against NTDs has been steadily increasing, from 9.1 million in 2020 to an estimated 9.8 million in 2024. This growing at-risk population underscores the persistent and escalating nature of the threat. Data from the national health management system (DHIS2) reveals a concerning upward trend in overall NTD cases reported in outpatient departments (OPD), with cases rising from 80,783 in the 2021-2022 period to a projected 103,421 in 2024-2025.

The epidemiological profile is characterized by several key conditions. Snakebite envenoming and suspected rabies from animal bites are major concerns, with both showing high and increasing national case numbers. Similarly, leprosy continues to be reported across the country, indicating ongoing transmission.

The impact of NTDs is not uniform across the nation. Certain states bear a disproportionately high burden: Jonglei State consistently reports the highest number of overall NTD cases, showing a dramatic increase, and is also a significant hotspot for snakebites. Central Equatoria State shows a steady and sharp rise in overall NTD cases and is a leading state for reported animal bites.

Warrap State and Northern Bahr El Ghazal State are notable for recording the highest numbers of animal bites (suspected rabies). States like Central Equatoria, Eastern Equatoria, and Northern Bahr El Ghazal have historically reported high numbers of leprosy cases, although recent data shows a national decline.

The following section provides a detailed analysis of the burden of these conditions, highlighting the national trends and the specific states where focused interventions are most critically needed.

***Table 74**: Population requiring NTD interventions*

Year	2020	2023	2024
Population Requiring NTD Interventions	9,100,000	9,622,332	9,800,000

Data source: UN SDG, WHO GHO

Table 75: Number of NTD cases in the OPD

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	9,304	13,764	15,542	16,973
Eastern Equatoria	3,401	4,177	4,329	2,697
Jonglei	22,117	19,487	33,250	42,185
Lakes	3,560	1,037	1,484	4,958
Northern Bhar El Ghazal	2,647	2,829	3,972	2,583
Unity	16,909	7,937	12,177	10,347
Upper Nile	3,934	5,593	7,524	5,622
Warrap	2,549	2,870	2,914	2,249
Western Bhar El Ghazal	1,577	1,478	1,178	1,739
Western Equatoria	3,861	6,366	4,519	7,829
Abyei Administrative Area	670	1,776	429	654
Greater Pibor Administrative Area	87	296	1,471	1,544
Ruweng Administrative Area	10,167	4,427	5,662	4,041
South Sudan	**80,783**	**72,036**	**94,452**	**103,421**

Data source: DHIS2

Table 76: Animal bites (suspected rabies) recorded in the OPD

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	298	419	711	975
Eastern Equatoria	442	490	554	426
Jonglei	77	160	172	530
Lakes	187	228	351	280
Northern Bahr El Ghazal	755	725	1350	1461
Unity	723	1138	922	1100
Upper Nile	200	701	860	1014
Warrap	766	1186	1308	1642
Western Bahr El Ghazal	486	440	396	564
Western Equatoria	225	243	384	334
Abyei Administrative Area	73	80	111	97
Pibor Administrative Area	23	46	71	36
Ruweng Administrative Area	395	258	139	153
South Sudan	**4,649**	**6,112**	**7,329**	**8,611**

Data source: DHIS2

Table 77: Number of Snake bites recorded in the OPD

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	250	291	347	319
Eastern Equatoria	384	395	397	416
Jonglei	531	505	777	1,171
Lakes	419	477	485	380
Northern Bahr El Ghazal	1,294	1,090	1,082	1,071
Unity	1,853	1,220	727	666
Upper Nile	850	1,486	1,599	1,519
Warrap	1,268	1,452	942	1,297
Western Bahr El Ghazal	341	345	339	468
Western Equatoria	486	414	398	463
Abyei Administrative Area	34	38	69	52
Pibor Administrative Area	2	35	60	24
Ruweng Administrative Area	309	213	200	219
South Sudan	**8,019**	**7,963**	**7,423**	**8,065**

Data source: DHIS2

Table 78: Number of Leprosy cases reported in OPD

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	170	454	159	112
Eastern Equatoria	167	231	269	143
Jonglei	7	20	80	24
Lakes	30	97	21	22
Northern Bahr El Ghazal	503	285	223	127
Unity	22	24	5	10
Upper Nile	45	202	290	118
Warrap	47	122	32	158
Western Bahr El Ghazal	95	94	65	127
Western Equatoria	108	180	112	46
Abyei Administrative Area	3		9	4
Pibor Administrative Area				
Ruweng Administrative Area	9	13	7	2
South Sudan	**1,205**	**1,722**	**1,274**	**892**

Data source: DHIS2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3.6 NON-COMMUNICABLE DISEASES (NCDS)

Non-communicable diseases (NCDs) represent a significant and growing public health burden in South Sudan, encompassing a range of conditions from chronic cardiovascular and metabolic diseases to mental health disorders and physical impairments. Outpatient data from July 2021 to June 2025 reveals a clear upward trajectory in the utilization of services for many NCDs, including asthma, diabetes, and hypertension, indicating both increasing prevalence and a slowly expanding capacity for detection and management. This burden is compounded by a high incidence of injuries, which have risen steadily nationwide, reflecting the dual challenges of a shifting disease profile and a context of persistent trauma.

***Table 79**: The number of Dental, eye and ear services*

State/Administrative Area	2021	2022	2023	2024
Central Equatoria State	31,449	27,560	30,449	32,869
Eastern Equatoria State	26,703	24,836	38,236	25,521
Jonglei State	11,577	12,802	15,890	13,384
Lakes State	10,016	11,932	12,214	9,614
Northern Bahr El Ghazal State	12,886	9,709	13,455	13,543
Unity State	30,272	40,040	48,196	39,636
Upper Nile State	12,612	37,030	59,144	43,586
Warrap State	12,017	14,157	17,628	17,351
Western Bahr El Ghazal State	10,462	13,519	10,321	10,700
Western Equatoria State	25,054	32,892	39,596	31,129
Abyei Administrative Area		1,811	4,449	9,054
Pibor Administrative Area	1,415	3,205	2,645	3,297
Ruweng Administrative Area	8,224	10,055	18,186	13,919
South Sudan	**193,631**	**241,122**	**316,841**	**267,453**

Data source: DHIS2

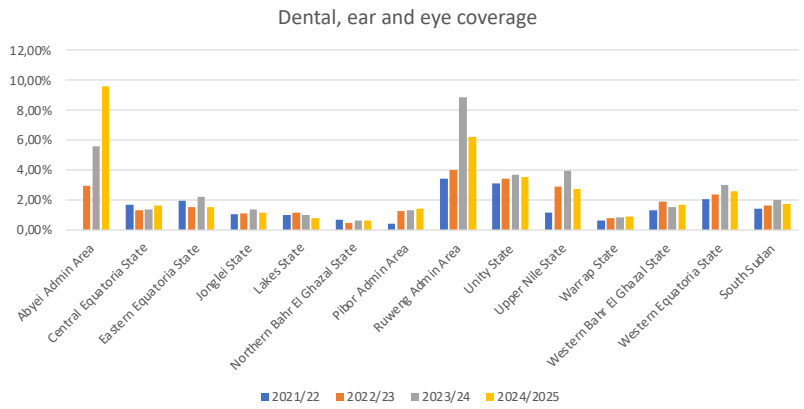

***Figure 6**: Coverage of Dental, eye and ear services*

***Table 80**: Trend and distribution of injuries*

State/Administrative Area	2021	2022	2023	2024
Central Equatoria State	29,429	33,916	34,139	35,921
Eastern Equatoria State	31,465	30,990	32,709	28,535
Jonglei State	6,151	7,509	11,434	12,665
Lakes State	15,920	18,801	17,020	17,540
Northern Bahr El Ghazal State	17,322	15,404	23,930	25,500
Unity State	18,157	24,477	31,678	30,627
Upper Nile State	24,190	38,792	41,052	87,068
Warrap State	21,658	21,574	23,196	23,715
Western Bahr El Ghazal State	10,572	13,718	12,741	14,041
Western Equatoria State	17,241	20,939	24,061	21,020
Abyei Administrative Area		9,002	9,122	11,071
Pibor Administrative Area	829	2,068	2,024	4,001
Ruweng Administrative Area	7,205	8,560	10,124	8,665
South Sudan	**204,698**	**244,383**	**274,933**	**318,725**

Data source: DHIS2

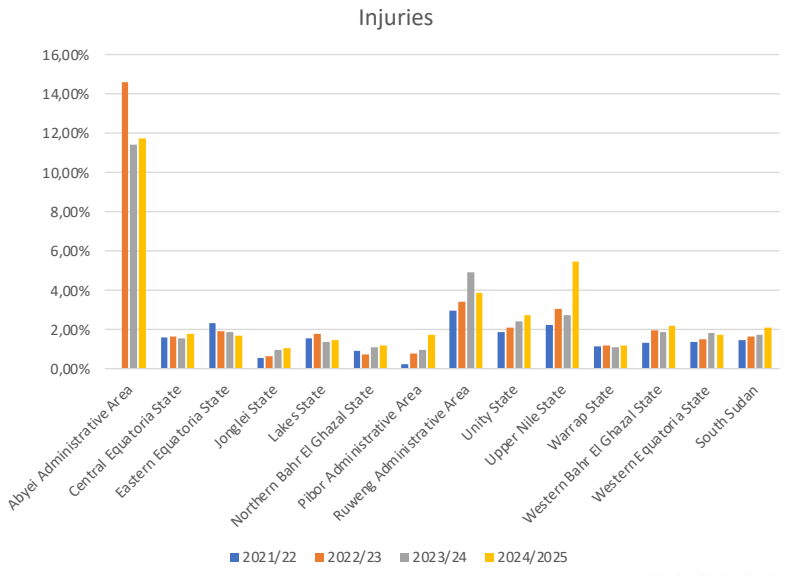

***Figure 7**: Trends and distribution of injuries*

Data source: DHIS2

Table 81: Cardiovascular Diseases (CVDs)

State/Administrative Area	2021	2022	2023	2024
Central Equatoria State	282	591	459	906
Eastern Equatoria State	134	239	138	127
Jonglei State	81	122	99	275
Lakes State	126	224	170	211
Northern Bahr El Ghazal State	212	215	101	71
Unity State	267	637	1595	113
Upper Nile State	258	759	388	558
Warrap State	77	113	144	131
Western Bahr El Ghazal State	490	260	575	134
Western Equatoria State	493	400	750	273
Abyei Administrative Area		10	84	57
Pibor Administrative Area	1	1	8	9
Ruweng Administrative Area	211	232	80	40
South Sudan	**2630**	**3767**	**4722**	**2829**

Data source: DHIS2

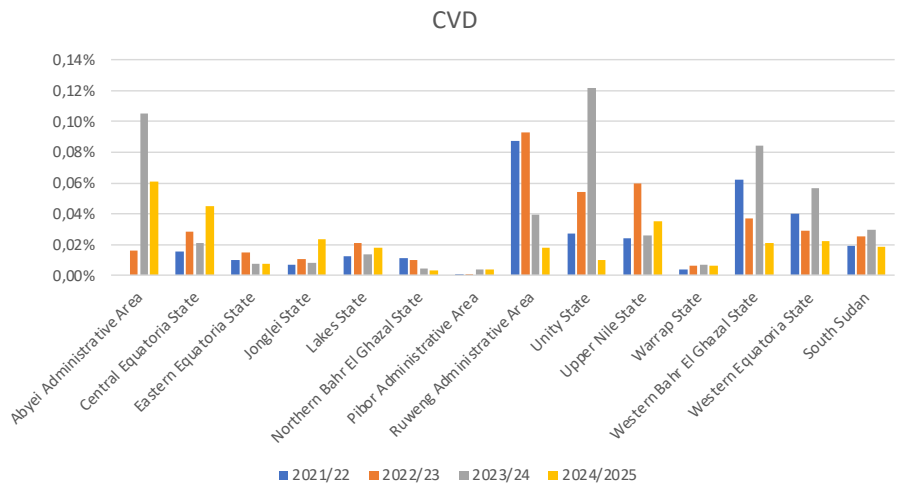

Figure 8: Trends of cardiovascular disease (CVD) conditions

***Table 82**: Trends of the Asthma services*

State/Administrative Area	2021	2022	2023	2024
Central Equatoria State	2,536	3,114	3,096	3,403
Eastern Equatoria State	2,125	2,070	2,430	2,465
Jonglei State	2,308	2,374	2,626	3,615
Lakes State	1,023	1,192	1,333	1,346
Northern Bahr El Ghazal State	2,162	1,596	2,097	2,797
Unity State	4,413	5,548	5,912	5,479
Upper Nile State	2,515	5,740	8,482	8,695
Warrap State	1,219	1,762	1,599	1,857
Western Bahr El Ghazal State	1,885	2,674	1,751	1,688
Western Equatoria State	2,976	3,629	4,016	4,250
Abyei Administrative Area		37	92	201
Pibor Administrative Area	84	267	261	2,301
Ruweng Administrative Area	847	1,216	1,486	1,281
South Sudan	**23,810**	**31,222**	**35,480**	**39,558**

Data source: DHIS2

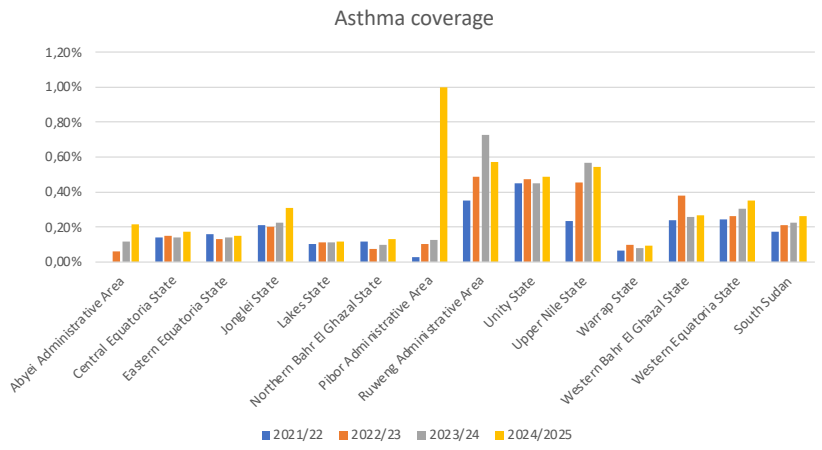

***Figure 9**: Asthma service coverage across*

Table 83: Trends of Diabetes mellitus services

State/Administrative Area	2021	2022	2023	2024
Central Equatoria State	7,265	6,538	10,848	12,109
Eastern Equatoria State	98	183	174	137
Jonglei State	21	94	104	137
Lakes State	270	367	373	435
Northern Bahr El Ghazal State	207	235	127	152
Unity State	91	136	437	420
Upper Nile State	33	309	654	518
Warrap State	87	320	345	102
Western Bahr El Ghazal State	1,329	1,798	1,634	848
Western Equatoria State	179	337	419	405
Abyei Administrative Area		2	347	75
Pibor Administrative Area	6	22	8	3
Ruweng Administrative Area	182	242	315	355
South Sudan	**9,191**	**9,917**	**14,647**	**14,627**

Data source: DHIS2

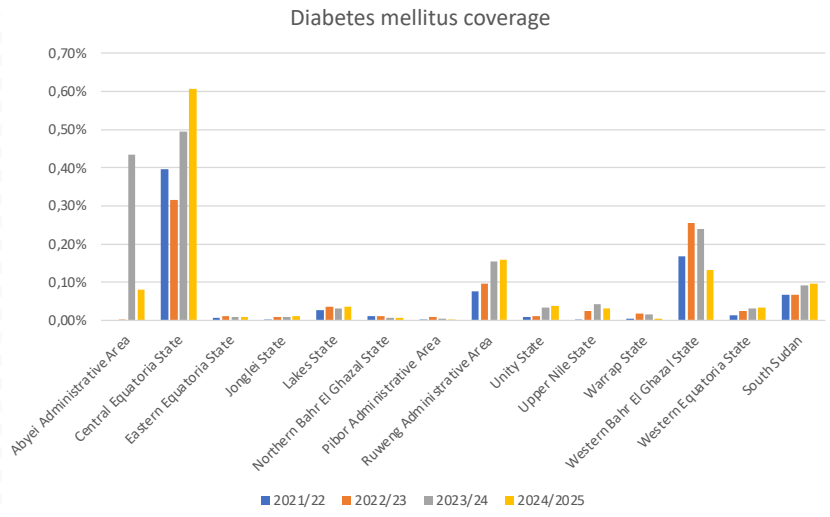

Figure 10: Trends and distribution of diabetes mellitus service coverage

***Table 84**: Trends and distribution of the hypertension services*

State/Administrative Area	2021	2022	2023	2024
Central Equatoria State	3,028	4,335	3,520	4,169
Eastern Equatoria State	843	1,047	1,151	1,030
Jonglei State	176	319	453	398
Lakes State	528	451	537	677
Northern Bahr El Ghazal State	462	430	354	350
Unity State	1,006	1,964	1,960	1,806
Upper Nile State	1,764	1,798	2,639	2,810
Warrap State	320	386	493	374
Western Bahr El Ghazal State	2,348	3,595	4,385	4,244
Western Equatoria State	1,934	2,964	2,782	2,177
Abyei Administrative Area		90	541	466
Pibor Administrative Area	14	17	1	2
Ruweng Administrative Area	413	465	866	1,038
South Sudan	**12,614**	**17,663**	**19,670**	**19,599**

Data source: DHIS2

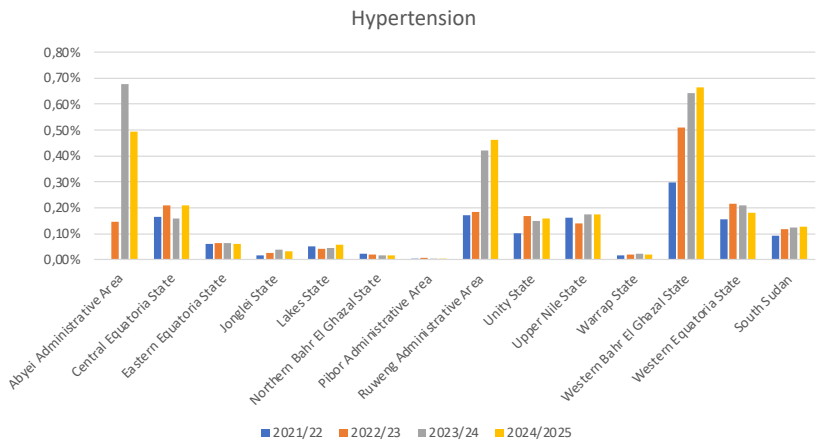

***Figure 11**: The trends and distribution of hypertension services*

Table 85: Trends and distribution of mental health services

State/Administrative Area	2021	2022	2023	2024
Central Equatoria State	5,773	5,870	4,344	4,996
Eastern Equatoria State	8,496	12,573	12,138	10,617
Jonglei State	1,355	1,629	2,021	1,789
Lakes State	2,809	2,282	2,461	1,705
Northern Bahr El Ghazal State	7,279	7,040	4,468	2,845
Unity State	3,452	3,803	3,625	2,811
Upper Nile State	1,075	2,435	3,576	4,100
Warrap State	3,337	2,779	4,127	5,190
Western Bahr El Ghazal State	5,286	7,363	7,003	6,165
Western Equatoria State	21,422	23,729	25,433	23,068
Abyei Administrative Area		32	211	53
Pibor Administrative Area	13	169	49	45
Ruweng Administrative Area	370	562	1,075	461
South Sudan	**63,034**	**71,753**	**71,549**	**65,492**

Data source: DHIS2

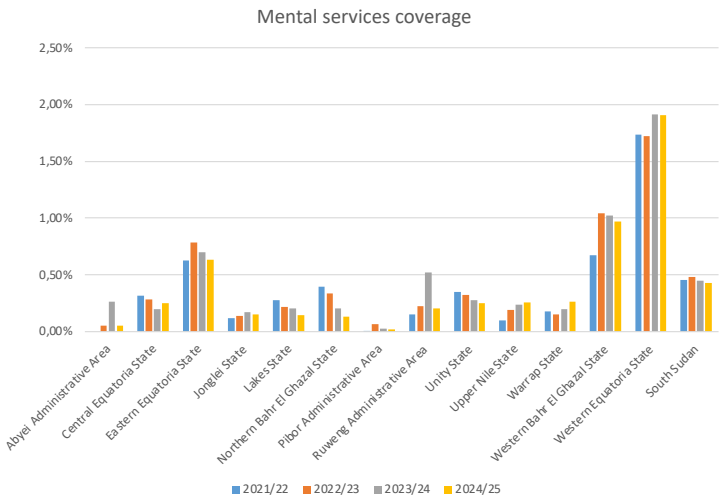

Figure 12: The trends and distribution of mental health services distribution

04

HEALTH SYSTEMS INDICATORS

Health systems indicators provide an overview of the structural and operational capacity of the health sector, focusing on service quality, infrastructure, workforce, information systems, financing, and health security. Measures of quality and safety include outpatient visits per capita and hospital admissions per 1,000 population, which reflect patterns of service utilization.

Access and infrastructure indicators capture health facility density by state, bed availability, occupancy rates, and turnover, offering insight into physical capacity and service readiness. Workforce data describe the distribution of health personnel by cadre, highlighting availability across states and administrative areas. Health information system indicators track reporting rates and timeliness for routine forms, underscoring system performance in data management. Financing indicators summarize expenditure trends and resource allocation based on global health expenditure standards.

The section concludes with health security metrics, including outbreak response and vaccination campaigns for diseases such as cholera, measles, and polio.

4.1 QUALITY AND SAFETY OF CARE

Quality and safety of care indicators highlight improvements in maternal health, tuberculosis treatment, and HIV services. Tuberculosis treatment success rates showed gradual progress over the period, maternal mortality declined, and coverage of maternal death reviews increased. HIV programme performance also strengthened, with retention on antiretroviral therapy improving consistently. Together, these trends reflect steady gains in service quality and continuity of care across priority programmes.

***Table 86**: Quality and safety of care indicators*

Year	2021	2022	2023	2024
TB Success Rate (%)	82%	82%	83%	84%
Maternal Mortality Ratio (per 100,000 live births)	749	704	692	692
Maternal Death Reviews (MDR) Coverage (%)	38%	42%	45%	48%
ART Retention Rate (12-month)	74%	76%	78%	80%

Data source: WHO Global Health Observatory

4.2 ACCESS AND UTILIZATION

Access and utilization indicators show changes over time in service use and infrastructure. Outpatient visits per capita and hospital admissions per 1,000 population increased gradually across the reporting period. Health facility density remained uneven across states, with some states consistently reporting higher numbers of facilities per 10,000 population than others. Bed occupancy and turnover rates rose over the years, alongside an increase in the total number of beds. The number of health facilities also grew, with changes observed in functionality, ownership, and facility type distribution between 2021 and 2024.

Table 87: Outpatient visits per capita

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	0.4	0.41	0.41	0.28
Eastern Equatoria	0.46	0.39	0.43	0.27
Jonglei	0.28	0.33	0.43	0.25
Lakes	0.54	0.48	0.43	0.26
Northern Bahr El Ghazal	0.84	0.6	0.58	0.41
Unity	0.89	1.06	1.15	0.71
Upper Nile	0.42	0.55	0.93	0.52
Warrap	0.65	0.58	0.59	0.34
Western Bahr El Ghazal	1.31	1.15	0.97	0.53
Western Equatoria	0.76	0.77	0.76	0.44
Abyei Administrative Area	1.14	1.43	1.7	1.18
Pibor Administrative Area	0.35	0.43	0.5	0.35
Ruweng Administrative Area	1.67	1.98	2.47	1.52
South Sudan	**0.58**	**0.57**	**0.64**	**0.39**

Data source: DHIS2

Table 88: Hospital admission per 1000

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	25.99	25.22	34.82	39.11
Eastern Equatoria	39.61	44.3	48.87	59.8
Jonglei	11.15	23.5	29.66	41.08
Lakes	67.58	60.68	50.79	67.89
Northern Bahr El Ghazal	47.92	43.49	50.35	75.12
Unity	37.46	51.77	43.61	51.86
Upper Nile	2.84	10.26	21.97	20.67
Warrap	44.27	40.44	40.21	50.3
Western Bahr El Ghazal	44.33	53.13	49.32	47.4
Western Equatoria	48.7	59.03	64.82	71.31
Abyei Administrative Area	3.47	1.92	11.43	22.14
Pibor Administrative Area	1.35	10.51	24.79	66.37
Ruweng Administrative Area	85.53	82.94	129.27	278.57
South Sudan	**33.37**	**37.15**	**41.4**	**53.07**

Data source: DHIS2

Table 89: Health facility density by state -area and population one off

State/Administrative Area	Facilities per 10k pop.
Central Equatoria	1.4
Eastern Equatoria	1.2
Jonglei	0.9
Lakes	0.8
Northern Bahr El Ghazal	1.4
Unity	1.6
Upper Nile	1.2
Warrap	1.0
Western Bahr El Ghazal	1.9
Western Equatoria	2.7
Abyei Administrative Area	3.6
Greater Pibor Administrative Area	ND
Ruweng Administrative Area	ND
South Sudan	1.3

Data source: DHIS2

Table 90: Bed Occupancy Rate

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	14.84	14.28	11.96	18.9
Eastern Equatoria	40.	48.38	59.13	74.94
Jonglei	1.13	1.75	6.62	4.94
Lakes	81.45	70.31	52.82	47.26
Northern Bahr El Ghazal	29.85	25.56	15.03	23.84
Unity	22.48	23.48	14.84	19.33
Upper Nile	2.5	6.55	23.32	11.31
Warrap	28.38	27.7	15.14	14.24
Western Bahr El Ghazal	0.11	7.25	3.26	3.99
Western Equatoria	27.45	20.88	23.88	24.
Abyei Administrative Area	0.25	0.76	3.7	29.23
Pibor Administrative Area	31.46	7.82	2.81	.55
Ruweng Administrative Area	33.01	52.19	33.07	19.05
South Sudan	**27.58**	**25.66**	**22.75**	**24.17**

Data source: DHIS2

Table 91: Bed turn-over rate

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	4.79	4.08	4.64	6.47
Eastern Equatoria	5.39	5.69	6.82	8.09
Jonglei	3.31	5.38	7.54	3.72
Lakes	10.99	9.15	7.69	7.91
Northern Bahr El Ghazal	9.83	7.42	8.11	4.46
Unity	6.38	9.74	8.68	9.76
Upper Nile	2.57	2.74	6.72	5.11
Warrap	8.7	6.96	5.39	7.45
Western Bahr El Ghazal	4.15	2.65	1.72	2.99
Western Equatoria	4.81	5.23	5.06	5.75
Abyei Administrative Area	0.51	0.55	3.68	9.01
Pibor Administrative Area	3.13	2.86	4.21	11.66
Ruweng Administrative Area	6.81	7.01	7.2	5.2
South Sudan	**6.14**	**5.6**	**5.72**	**5.86**

Data source: DHIS2

Table 92: Number of beds

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	10,307	10,878	9,025	10,179
Eastern Equatoria	12,958	13,899	12,772	13,177
Jonglei	6,690	8,790	8,071	21,697
Lakes	7,689	8,631	8,544	11,208
Northern Bahr El Ghazal	6,425	7,207	7,681	19,493
Unity	5,699	4,955	4,853	5,380
Upper Nile	3,468	7,111	5,921	6,681
Warrap	7,452	8,582	11,466	10,086
Western Bahr El Ghazal	6,083	11,118	15,974	8,589
Western Equatoria	9,290	10,073	11,422	11,536
Abyei Administrative Area	537	264	252	204
Pibor Administrative Area	132	1,205	1,978	1,813
Ruweng Administrative Area	2,030	1,665	2,915	4,201
South Sudan	78,760	94,378	100,874	124,244

Data source: DHIS2

Table 93: Number of health facilities by functionality 2025

State/Administrative Area	Functional	Non Functional	Total
Upper Nile	169	27	196
Lakes	114	7	121
Warrap	106	43	149
Central Equatoria	209	93	302
Western Equatoria	197	65	262
Northern Bahr El Ghazal	131	24	155
Eastern Equatoria	177	31	208
Jonglei	131	40	171
Western Bahr El Ghazal	95	35	130
Unity	83	56	139
Abyei Administrative Area	18	14	32
Pibor Administrative Area	13	13	26
Ruweng Administrative Area	19	13	32
South Sudan	**1,462**	**461**	**1923**

Data source: DHIS2

Table 94: Number of health facilities by ownership

State/Administrative Area	Public	Faith Based	Organized Forces	Facilities	Private	Total
Upper Nile	218	0	0	1	0	219
Lakes	119	1	1	2	0	122
Warrap	150	2	2	2	0	154
Central Equatoria	286	1	1	5	14	306
Western Equatoria	284	0	0	3	0	287
Northern Bahr El Ghazal	202	0	0	1	0	203
Eastern Equatoria	222	1	1	3	0	226
Jonglei	168	1	1	1	1	171
Western Bahr El Ghazal	120	3	3	6	0	129
Unity	137	0	0	1	0	138
Abyei Administrative Area	32	0	0	0	0	32
Greater Pibor Administrative Area	27	0	0	0	0	27
Ruweng Administrative Area	33	0	0	0	0	33
South Sudan	**1,998**	**9**	**9**	**25**	**15**	**2047**

Data source: DHIS2

Table 95: Number of health facilities by type

State/Administrative Area	Hospital	PHCC	PHCU	Total
Upper Nile	11	61	150	222
Lakes	6	32	84	122
Warrap	5	43	106	154
Central Equatoria	24	85	197	306
Western Equatoria	8	50	229	287
Northern Bahr El Ghazal	3	37	163	203
Eastern Equatoria	8	50	168	226
Jonglei	8	48	115	171
Western Bahr El Ghazal	7	34	88	129
Unity	8	28	102	138
Abyei Administrative Area	3	11	18	32
Greater Pibor Administrative Area	4	2	21	27
Ruweng Administrative Area	2	12	19	33
South Sudan	**97**	**493**	**1,460**	**2050**

Data source: DHIS2

4.3 HEALTH WORKFORCE

Health workforce indicators for 2022 present the composition and density of personnel across different cadres. Community health workers form one of the largest groups, with over 2,800 individuals and a density of 2.59 per 10,000 population. Personal care workers in health services represent the largest category numerically, exceeding 5,800 and accounting for a density of 5.38 per 10,000 population. Nursing and midwifery personnel together constitute a significant share of the workforce, with nursing personnel numbering more than 4,500 and midwifery personnel over 3,000. Within these categories, associate professionals outnumber professionals in both nursing and midwifery.

Medical doctors total 456, with generalist practitioners forming the majority and specialists accounting for a smaller proportion. Pharmacists and pharmaceutical technicians combined number more than 650, while dentists and dental assistants remain limited, with fewer than 200 individuals in total. Laboratory professionals include 635 scientists and 272 technicians, supported by paramedical practitioners and medical assistants. Other technical roles–such as imaging technicians, optometrists, and dietitians–are present in very small numbers, each below 50 nationally.

Several categories, including psychologists, social workers, audiologists, and traditional medicine practitioners, are not reported in the data. Overall, workforce density varies widely by cadre, with personal care workers and nursing personnel showing the highest ratios, while specialized roles such as dietitians, physiotherapists, and dental professionals remain minimal.

***Table 96**: Number of health workforce by cadre*

Cadre	Number of health workers 2022	Density per 10,000 (2022)
Community Health Workers	2,826	2.59
Dieticians and nutritionists	22	0.02
Environmental and occupational health & hygiene workers	250	0.23
Personal care workers in health service	5,870	5.38
Managerial staff	20	0.02
Medical and dental Prosthetic Technicians	21	0.02
Medical and Pathology Laboratory scientists	635	0.58
Medical Assistants	1,306	1.20
Medical Imaging and Therapeutic Equipment Technicians	16	0.01
Medical Records and Health Information Technicians	1,006	0.92
Optometrists and Ophthalmic Opticians	24	0.02
Other non-medical professional staff	-	0.00
Other non-medical support staff	-	0.00
Medical and Pathology Laboratory Technicians	272	0.25
Paramedical Practitioners	623	0.57
Physiotherapists and physiotherapy assistants	17	0.02
Social workers	-	0.00
Audiologists and Speech Therapists	-	0.00
Traditional and complementary medicine practitioners	-	0.00
Medical Doctors	456	0.42
Generalist Medical Practitioners	383	0.35
Specialist Medical Practitioners	73	0.07
Nursing Personnel	4,530	4.15
Nursing Professionals	2,014	0.63
Nursing Associate Professionals	3,934	3.60
Midwifery personnel	3,020	2.77
Midwifery Professionals	1,112	0.48
Midwifery Associate Professionals	2,564	2.35
Pharmacists	360	0.15
Pharmaceutical Technicians and Assistants	291	0.27
Dentists	32	0.03
Dental Assistants and Therapists	128	0.12
Psychologists	-	0.00

Data source: State of the health workforce in the WHO African Region: decade review of progress and opportunities for policy reforms and investments, 2024

4.4 HEALTH INFORMATION SYSTEMS

Health information system indicators show changes in reporting performance over time. National reporting rates fluctuated slightly across the four-year period, remaining in the mid-60 percent range, while on-time reporting stayed lower, averaging in the low-50 percent range. State-level data show variation across the years, with Pibor Administrative Area consistently recording the highest reporting and on-time rates, while Northern Bahr el Ghazal and Upper Nile reported lower values. Several states, including Warrap and Lakes, maintained relatively high reporting rates throughout the period.

***Table 97**: Reporting rate and reporting rate on time for MOH F01A OPD & Inpatient Statistics form*

State/Administrative Area	2021		2022		2023		2024	
	Reporting rate	Reporting rate on time	Reporting rate	Reporting rate on time	Reporting rate	Reporting rate on time	Reporting rate	Reporting rate on time
Central Equatoria	49	47.31	43.29	37.83	45.72	38.46	47.57	37.94
Eastern Equatoria	85.55	81.91	69.09	63.71	68.46	65.4	69.46	55.17
Jonglei	58.71	45.68	66.6	52.01	64.97	60.71	69.74	58.08
Lakes	89.02	77.8	70.87	64.8	71.26	69.08	70.25	68.69
Northern Bahr El Ghazal	47.58	43.99	41.71	36.08	39.2	36.31	40.5	30.73
Unity	58.17	56.33	61.17	55.25	71.08	65.75	73.67	70
Upper Nile	47.4	40.06	51.6	44.67	58.05	53.45	54.89	42.87
Warrap	84.02	80.43	83.87	78.59	88.38	76.53	84.25	64.45
Western Bahr El Ghazal	83.53	81.65	83.33	69.94	78.77	65.77	70.83	50.1
Western Equatoria	74.91	73.39	67.8	65.1	62.26	59.9	69.41	60.84
Abyei Administrative Area	55.26	27.63	63.16	38.16	72.37	60.53	82.46	81.58
Greater Pibor Administrative Area	92.78	63.33	94.44	74.44	100	89.44	96.11	85.56
Ruweng Administrative Area	61.11	59.52	67.46	61.11	78.17	69.84	82.54	71.03
South Sudan	**64.63**	**59.38**	**60.96**	**53.92**	**62.15**	**56.71**	**62.96**	**52.15**

Data source: DHIS2

4.5 HEALTH FINANCING

Health financing indicators show an increase in current health expenditure as a share of GDP and in per capita spending between 2021 and 2022. Total current health expenditure in national currency units rose substantially over the period, accompanied by growth in both domestic and external contributions. Domestic private health expenditure increased markedly, while domestic general government health expenditure showed a more modest rise. External health expenditure also expanded, accounting for nearly half of total current health expenditure in 2022. Out-of-pocket spending as a proportion of current health expenditure grew slightly, and voluntary prepayments remained stable. Per capita spending from government, private sources, and external contributions all increased compared with 2021.

***Table 98**: Health financing indicators*

Year	2021	2022
Current Health Expenditure (CHE) as % Gross Domestic Product (GDP)	6.26	6.76
Current Health Expenditure (CHE) per Capita in US$	34.54	49.41
Current Health Expenditure (CHE), in million current NCU	114971.42	291087.28
Domestic General Government Health Expenditure (GGHE-D), in million current NCU	17075.45	24985.55
Domestic Private Health Expenditure (PVT-D), in million current NCU	44267.75	123033.26
External Health Expenditure (EXT), in million current NCU	53628.22	143068.47
Domestic Health Expenditure (DOM) as % of Current Health Expenditure (CHE)	53.36	50.85
Domestic General Government Health Expenditure (GGHE-D) as % Current Health Expenditure (CHE)	14.85	8.58
Domestic Private Health Expenditure (PVT-D) as % Current Health Expenditure (CHE)	38.50	42.27
Out-of-pocket (OOPS) as % of Current Health Expenditure (CHE)	31.09	34.40
Voluntary Prepayments as % of Current Health Expenditure (CHE)	4.34	4.80
External Health Expenditure (EXT) as % of Current Health Expenditure (CHE)	46.64	49.15
Domestic General Government Health Expenditure (GGHE-D) as % Gross Domestic Product (GDP)	0.93	0.58
Domestic General Government Health Expenditure (GGHE-D) as % General Government Expenditure (GGE)	2.11	2.11
Domestic General Government Health Expenditure (GGHE-D) per Capita in US$	5.13	4.24
Domestic Private Health Expenditure (PVT-D) per Capita in US$	13.30	20.89
Out-of-Pocket Expenditure (OOPS) per Capita in US$	10.74	17.00
External Health Expenditure (EXT) per Capita in US$	16.11	24.29

Data source: WHO Global Health Expenditure Database

4.6 HEALTH SECURITY

South Sudan has seen major changes in outbreak patterns over the past five years. Cholera became the most significant concern, starting with no reported cases in 2021, then appearing in 2022 and increasing steadily through 2023. By 2024, cases had surged into the tens of thousands, and in 2025 the outbreak reached its highest level, affecting nearly all states. Unity, Jonglei, Northern Bahr el Ghazal, and Central Equatoria were among the most affected areas. A large-scale oral cholera vaccination campaign was conducted in 2025, reaching millions of people and achieving high coverage nationally.

Measles outbreaks fluctuated during this period. Cases were relatively low in 2021, rose sharply in 2022 and 2023, and then declined in 2024. Northern Bahr el Ghazal consistently reported the highest numbers, with Unity and Upper Nile also affected. Vaccination campaigns were carried out regularly and maintained strong coverage across most states.

Polio remained largely under control, with only a few cases detected in scattered years, mainly in Upper Nile, Jonglei, and Unity. National vaccination campaigns continued to achieve high coverage, helping to prevent wider transmission.

***Table 99**: Number of cases by outbreak*

Outbreak	2021	2022	2023	2024	2025
Cholera	0	424	1471	16849	77810
Measles	296	4099	7840	3504	277
Polio	9	0	3	10	0

Data source: DHIS2/WHO Database

Table 100: Number of cholera cases

State/Administrative Area	2021	2022	2023	2024	2025 (Jan - Oct)
Central Equatoria	0	0	0	2753	9365
Eastern Equatoria	00	0	0	12	5223
Jonglei	00	0	0	1570	12456
Lakes	0	0	0	62	675
Northern Bahr el Ghazal	0	0	0	2196	8585
Unity	0	424	0	8410	21861
Upper Nile	0	0	1471	1843	4966
Warrap	0	0	0		7911
Western Bahr el Ghazal	0	0	0		1859
Abyei Administrative Area	0	0	0		3041
Greater Pibor Administrative Area	0	0	0		1712
Ruweng Administrative Area	0	0	0	3	156
South Sudan	**0**	**424**	**1471**	**16849**	**77810**

Data source: DHIS2/WHO Database

Table 101: Number of Cholera vaccines administered and coverage

State	2025 (Jan - Oct) Coverage	Coverage %
CES	912,380	101.6
UNS	491,261	81
Jonglei	1,287,012	74.3
Unity	950,346	85.6
NBG	1,486,562	107.3
Lakes	391,513	92.6
EES	1,146,807	71.6
Warrap	1,322,513	99.8
WBG	397,775	79.4
Abyei Administrative Area	84,196	89.2
Greater Pibor Administrative Area	155,933	58.2
South Sudan	**8,623,298**	**86.8**

Data source: DHIS2

***Table 102**: Number of Measles cases*

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	20	959	748	100
Eastern Equatoria	1	61	617	14
Jonglei	3	34	799	137
Lakes	21	398	485	36
Northern Bahr El Ghazal	1	1128	2012	1619
Unity	2	607	967	4
Upper Nile		358	1551	19
Warrap	55	146	202	967
Western Bahr El Ghazal	29	267	102	96
Western Equatoria	141	123	200	481
Abyei Administrative Area	14	13	16	3
Greater Pibor Administrative Area	9		26	1
Ruweng Administrative Area		5	115	27
South Sudan	**296**	**4099**	**7840**	**3504**

Data source: MOH case-based database

***Table 103**: Number of Measles vaccine administered through campaigns*

State/Administrative Area	2021	2023	2024
Central Equatoria	92	67	83
Eastern Equatoria	81	92	
Jonglei	92	86	123
Lakes	98	111	82
Northern Bahr El Ghazal	90	83	86
Unity	92	103	
Upper Nile	73	87	
Warrap	102	113	107
Western Bahr El Ghazal	79	89	95
Western Equatoria	101	87	99
Abyei Administrative Area	86	49	
Greater Pibor Administrative Area	79	98	
Ruweng Administrative Area	88	97	
South Sudan	**90**	**92**	**92**

Data source: DHIS2

Table 104: : Number of Polio cases

State/Administrative Area	2021	2022	2023	2024
Central Equatoria	1	0	1	1
Eastern Equatoria	1	0	0	0
Jonglei	2	0	0	3
Lakes	0	0	0	0
Northern Bahr El Ghazal	0	0	0	0
Unity	2	0	0	1
Upper Nile	2	0	1	4
Warrap	1	0	0	0
Western Bahr El Ghazal	0	0	0	0
Western Equatoria	0	0	1	1
Abyei Administrative Area	0	0	0	0
Greater Pibor Administrative Area	0	0	0	0
Ruweng Administrative Area	0	0	0	0
South Sudan	**9**	**0**	**3**	**10**

Data source: MOH case-based database

Table 105: Number of Polio vaccines administered through campaigns

State/Administrative Area	2021	2024
Central Equatoria	75	107
Eastern Equatoria	90	104
Jonglei	93	113
Lakes	110	100
Northern Bahr El Ghazal	113	101
Unity	113	102
Upper Nile	86	107
Warrap	132	108
Western Bahr El Ghazal	89	102
Western Equatoria	93	106
Abyei Administrative Area	113	112
Greater Pibor Administrative Area	106	101
Ruweng Administrative Area	93	110
South Sudan	**101**	**99**

Data source:MOH case-based database


World Health
Organization

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