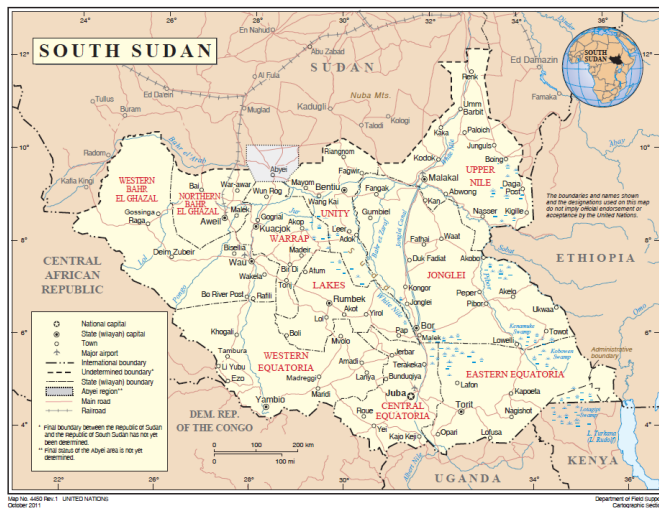


### Scorecard for Accountability and Action



#### Metrics

Financing	
LLIN financing (2024-2026) projection (% of need)	26
Public sector ACTs and RTDs financing (2024-2026) projection (% of need)	100
% of National Malaria Strategic Plan Financed (2024-2026)	40
Policy	
Signed, ratified and deposited the AMA instrument at the AUC	
Malaria activities targeting refugees in Malaria Strategic Plan	
Malaria activities targeting IDPs in Malaria Strategic Plan	
Zero Malaria Starts With Me Launched	
End Malaria Council and Fund Launched	
Resistance Monitoring, Implementation and Impact	
Drug efficacy studies conducted since 2019 and data reported to WHO	
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	0
Insecticide resistance monitored since 2015 and data reported to WHO	
RTDs in stock (>6 months stock)	
ACTs in stock (>6 months stock)	
LLIN/IRS campaign on track	
% of vector control in the last year with next generation materials	17
On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)	
On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)	
Tracer Indicators for Maternal and Child Health and NTDs	
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2022)	15
% of Neglected Tropical Disease MDAs Achieving WHO Targets	20
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2022)	18
Vitamin A Coverage 2022 (2 doses)	89
DPT3 coverage 2022 (vaccination among 0-11 month olds)	73

#### Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data
	Not applicable

Malaria transmission in South Sudan is generally perennial, with moderate to high intensity. The annual reported number of malaria cases in 2022 was 5,538,588 and 4,429 deaths

## Malaria

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. We must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. AU Member States face a \$1.5 billion gap just to sustain existing, yet inadequate, levels of malaria-related services between now and 2026. To get back on track and eliminate malaria, we will need to mobilise another \$5.2 billion dollars annually to fully finance our national malaria plans. Climate change presents a significant threat to the progress that we have made. Africa is disproportionately exposed to the risks of climate change and by the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Climate disasters displace millions and destroy roads and health facilities, reducing access to health services. There is urgency to decarbonise and reduce our carbon footprint. We must implement integrated and multisectoral solutions, and adapt our health systems to the threats of both climate change and pandemics. We must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. The good news is that the malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. The scaling up of these interventions will help us achieve our goal of eliminating malaria. This will require integrated approaches with malaria as a pathfinder for pandemic preparedness, climate change and health, Primary Health Care and Universal Health Coverage. We must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD councils and Funds, which have raised over US\$50 million.

### Progress

South Sudan secured the resources needed to achieve universal coverage of RDTs in 2024-2026 but has significant gaps in LLINs and in fully financing the national strategic plan. South Sudan has completed the insecticide resistance monitoring and management plan. The country has also recently launched the Zero Malaria Starts with Me campaign. The country should consider establishing an End Malaria Council and Fund to enhance domestic resource mobilization and multi-sectoral action.

### Impact

The annual reported number of malaria cases in 2022 was 5,538,588 and 4,429 deaths.

### Key Challenge

- Insufficient resources to fully implement the malaria national strategic plan.

### Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Policy	Sign, ratify and deposit the AMA instrument at the AUC	Q1 2023		No progress reported

South Sudan has responded positively to the recommended action on drug and insecticide resistance monitoring and continues to track progress as these actions are implemented.

# Reproductive, Maternal, Newborn, Adolescent and Child Health

## Progress

South Sudan has achieved high coverage of the tracer RMNCAH indicator, vitamin A.

## Previous Key Recommended Actions

South Sudan has responded positively to the recommended actions addressing low coverage of ARTs in children, with small increases in coverage recorded over the last year, and continues to track progress as these actions are implemented.

## Neglected Tropical Diseases

### Progress

Progress in addressing Neglected Tropical Diseases (NTDs) in South Sudan is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma. In 2022, preventive chemotherapy coverage was 67% for onchocerciasis, 61% for lymphatic filariasis, 58% for soil transmitted helminthiasis, 31% for trachoma and 0% for schistosomiasis. Overall, the NTD preventive chemotherapy coverage index for South Sudan in 2022 is 15 which represents a decrease compared with the 2021 index value (19). The country did not reach any WHO MDA target in 2022.

### Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Work to increase preventive chemotherapy coverage for all targeted NTDs and reach WHO targets.	Q3 2024		In 2023, the country organized Mass Drug Administration (MDA) for schistosomiasis with a low coverage of 2.77%; for Soil Transmitted Helminthiasis (STH) with a coverage of 72.60%, for onchocerciasis with a coverage of 53.83%, for trachoma with a coverage of 40% and for lymphatic filariasis with a coverage of 48.09%. The country is working to secure an adequate quantity of medicines needed for the next rounds of MDAs on time and to mobilize the population in advance to achieve better coverages in 2024.

### Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due