

Demographic context

The population of South Sudan progressively increased from 10 million to 11 million between 2017 to 2022. Infants less than 12 months and children under five years old accounted for less than 7% and 18% of the entire population respectively.

Economic context

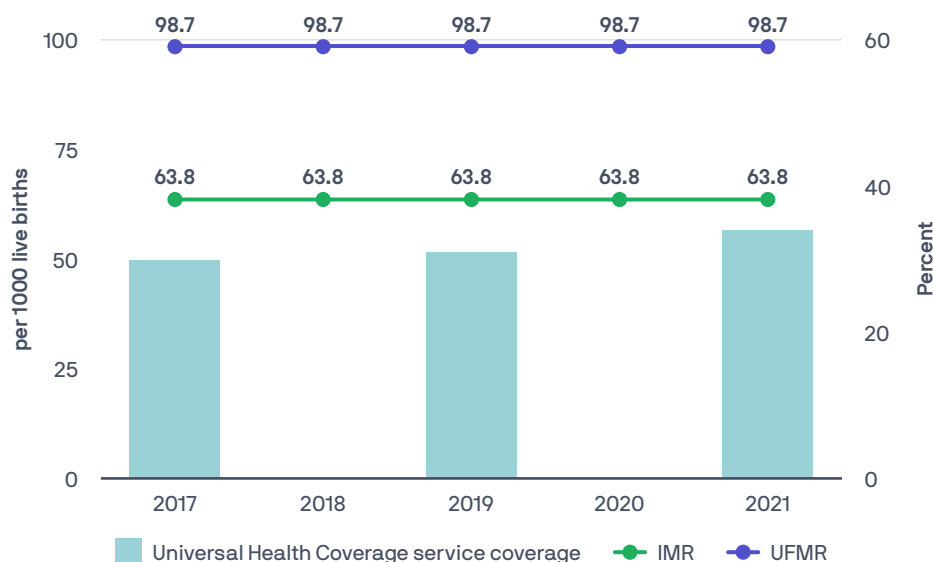
Extensive analysis of the economic context in South Sudan was limited by sparseness of data. However, latest available data (2017) had the Gross National Income per capita at USD 748. This matched the Initial self-financing phase for Gavi eligibility (Gavi, 2022).

Health system context

The top 3 causes of death amongst the general population were neonatal conditions, lower respiratory tract infections and HIV related infections. Malaria, pneumonia, and diarrhea were the main causes of under-five mortalities.

The Infant Mortality Rate (IMR) and Under-five Mortality Rate (UFMR) remained constant over the period of analysis. IMR stood at 64 deaths per 1000 live births, while UFMR was 99 deaths per 1000 live births as shown in figure 1.

FIGURE 1. Health system performance in South Sudan



The UHC Service Coverage Index in 2021 was 34%, the lowest within the cluster. This implied that only 34% of the population in South Sudan had access to quality essential services including reproductive, maternal, newborn and child health, infectious diseases, and non-communicable disease services.

HIGHLIGHT

The paucity of data on key Public Finance and Health system performance indicators e.g., economic indicators, poses a great threat to effective forecasting, planning, implementation and accountability for immunization financing. It thus necessitates strengthening of data management systems across all levels of governance (National and sub-national level).

The declining debt levels in South Sudan are commendable particularly in view of the ongoing transitions and the need for government to strengthen public debt sustainability options.

A strengthened tax administration in South Sudan would help mobilize more resources for public goods such as health and immunization.

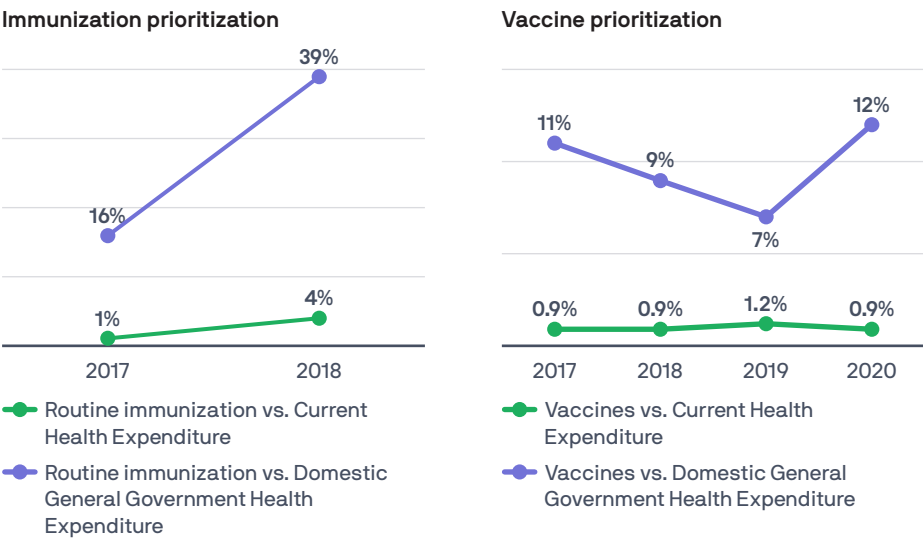
Immunization coverage

Overall, the national immunization coverage rates show a positive trend in performance between 2017-2022. Measles 2 vaccine is yet to be introduced into the Expanded Programme on Immunization (EPI) schedule in South Sudan.

Immunization financing

The analysis of Routine Immunization Financing in South Sudan was limited by insufficiency of data after 2019. However, available data between 2017 and 2018 suggests that Routine Immunization accounted for between 1% and 4% of the respective Current Health Expenditures (CHE); and between 16% and 39% of the domestic general government health expenditures between 2017 and 2020 (Figure 2). Vaccine related expenditures accounted for less than 2% of the CHE, and between 7% to 12% of the domestic general government expenditures.

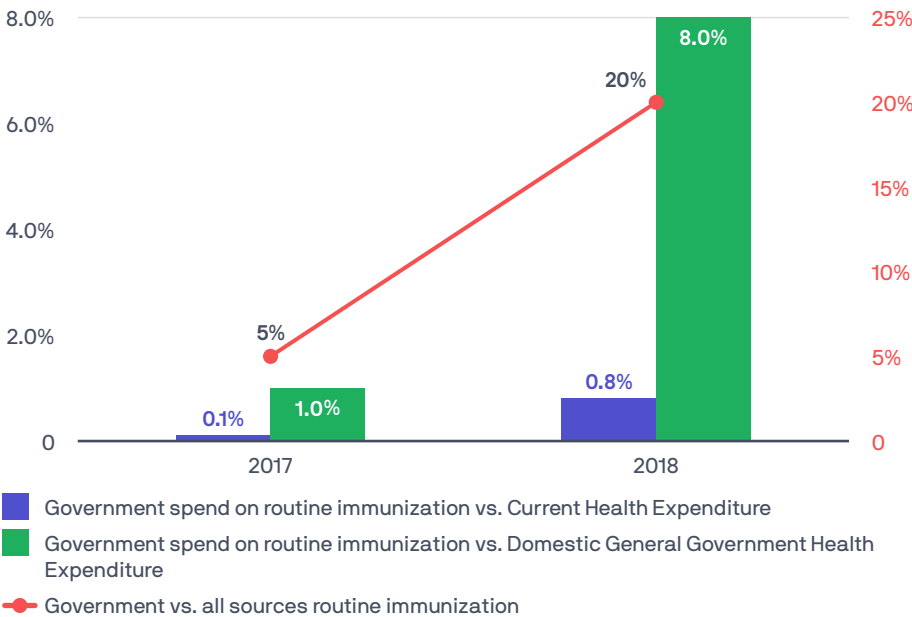
FIGURE 2. Prioritization of immunization and vaccines in South Sudan



Government funding as a source of immunization financing increased from 5% in 2017 to 20% in 2018. This accounted for less than 1% of current health expenditures and less than 10% of the domestic general government health expenditure (Figure 3).

Analysis of government funding as a source of vaccination financing in South Sudan was limited by insufficiency of data during the period of analysis.

FIGURE 3. Government prioritization of immunization in services



HIGHLIGHT

The available data suggests significant dependence on donors for funding of the immunization in South Sudan.

Increased Government investments in immunization are necessary to ensure sustainability and continuity of care post donor transitions.

Data availability and integrity are critical for proper planning, forecasting and accountability for immunization. Strengthening data management in South Sudan should thus be a priority.

Recommendations towards improving immunization services

1. **Vaccine supply and cold chain management:** Increase vaccine production and distribution, improve cold chain infrastructure, and implement effective waste management mechanisms.
2. **Access and geographic barriers:** Establish mobile immunization clinics, increase the number of healthcare workers, and improve transportation infrastructure.
3. **Vaccine hesitancy:** Increase public awareness through targeted campaigns, engage with community leaders, and provide accurate information about vaccines.
4. **Security challenges and political instability:** Increase security in conflict-prone areas, provide adequate protection for healthcare workers, and establish contingency plans for immunization services.
5. **Inadequate government funding:** Increase government funding for immunization programs, establish a predictable funding mechanism, and reduce dependence on external donors.

Recommendations towards improving immunization financing

1. **Inadequate government funding:** Increase budget allocation for immunization programs, prioritize immunization spending, and improve budget transparency.
2. **Dependency on donor funding:** Diversify funding sources, establish predictable long-term partnerships with donors and private sector, and develop contingency plans for funding fluctuations.
3. **Supply chain costs:** Increase budget allocation for supply chain logistics, improve cold chain infrastructure, and establish effective waste management mechanisms.
4. **Healthcare infrastructure costs:** Increase budget allocation for healthcare infrastructure, prioritize infrastructure development in underserved areas, and establish public-private partnerships for infrastructure development.
5. **Health insurance coverage:** Expand health insurance programs to cover immunization costs, establish public-private partnerships for health insurance, and increase awareness of health insurance benefits.
6. **Economic challenges:** Strengthen Public Finance Management systems, establish contingency plans for economic fluctuations, prioritize immunization spending during recessions, and increase public-private partnerships for immunization financing.
7. **Coordination and accountability:** Strengthen central and decentralized immunization coordination among government agencies, donors, and implementing partners, with stronger accountability mechanisms to ensure funds are used effectively.

References

GAVI. (2022). *Gavi Alliance Eligibility and Transition Policy Version 4*. <https://www.gavi.org/types-support/sustainability/eligibility>

McIntyre, D., Meheus, F., & Rottingen, J. A. (2017). What level of domestic government health expenditure should we aspire to for universal health coverage? *Health Economics, Policy and Law*, 12(2), 125–137. <https://doi.org/10.1017/S1744133116000414>