

The dire situation of South Sudan: millions pushed into catastrophe

by Mamman Mustapha

10 February 2026



The Nyapuk family in an Internally Displaced People's camp in Abyei, South Sudan.

Photo Credit: Panos Pictures/Sean Sutton

A convergence of conflict, climate events ranging from droughts to floods, and malnutrition amid humanitarian aid cuts have plunged South Sudan into the worst conditions people have seen since a 2018 peace agreement gave a glimmer of hope following a five-year-long civil war. Despite soaring hopes from independence in 2011, South Sudanese people are facing the worst conditions the nation has seen since 2018.

When South Sudan emerged as the world's newest nation in 2011, hope soared for a fresh start. But just two years later, the country plunged into a brutal civil war. The 2018 peace deal offered a fragile chance at recovery, but in 2025 that hope has been shattered.

Last year witnessed the most **severe escalation in violence** since the peace agreement. More than 300,000 people have been uprooted from their homes, and at least 2,000 killed, as fighting spreads from one state to the next. In the first half of 2025, Médecins Sans Frontières (MSF) alone treated over 740 people for violence-related injuries in Jonglei and Upper Nile, including gunshot wounds and burns.

The surge in conflict is unfolding precisely as international aid, particularly support for health services, falls to its lowest level since independence. Across the areas where MSF works, health facilities are barely functioning or have shut down entirely. **The Health Sector Transformation Project** — the multi-donor initiative launched in July 2024 to support 1,158 facilities — is faltering with roughly 30% of the targeted facilities receiving no support at all. Many of those that do, remain crippled by stock-outs and understaffing. Compounding this, the government allocates less than 2% of its national budget to health, far below its own 15% commitment.

The result is a perfect storm. Armed clashes now converge with flooding, acute malnutrition, disease outbreaks and the near collapse of basic services. Millions of South Sudanese are being pushed into a catastrophe at a scale not seen since

2018.

It is not only a lack of resources or a poorly functional aid system that has led to the closure of facilities. Violence has involved direct and indiscriminate attacks on civilians and health facilities, in violation of international humanitarian law. MSF has suffered nine attacks on its hospitals or staff this year, resulting in the **forced closure of two hospitals** in Greater Upper Nile, as well as the suspension of essential primary care activities in Jonglei, Upper Nile and Central Equatoria. None of this can become the “new normal”.

In many conflict-affected and hard-to-reach areas, medical humanitarian actors like MSF are the only ones providing lifesaving services. When facilities are destroyed, communities are left with nowhere to turn. The closure of the two hospitals and suspension of services left more than 400,000 people without access to essential health care. When **an MSF hospital in Ulang** was attacked and looted, more than 100 patients — pregnant women, children and survivors of violence — were receiving critical treatment at the time.

One MSF colleague describes fleeing Ulang and temporarily sheltering in a health centre in Nasir County. He witnessed a mother arrive in labour, but her baby died. When the mother developed a postpartum infection, staff struggled to deliver care due to a lack of essential equipment and drugs, including antibiotics. Displaced again by aerial bombardments, the MSF team took the mother to the Ethiopian border — the closest place she could receive treatment.

The current health system is already unable to cope, and unacceptably high numbers of people, largely women and children, continue dying from treatable and preventable diseases. People arrive at facilities to find there are no drugs. On top of that, since the beginning of the war in Sudan, more than one million **returnees and refugees have entered South Sudan** seeking safety, adding further strain to an already fragile medical and humanitarian system.

Donor support to the health system has dwindled in recent years. **Major aid cuts by the UK government** in 2022 left around 200 facilities — including eight major hospitals — unsupported. In early 2025, the United States, which funded 55% of South Sudan’s humanitarian appeal, **announced a suspension** and subsequent termination of many humanitarian contracts.

What is needed now is a shift in response and a renewed commitment from donors, not a turning away. The scale of suffering is growing, and no single organisation can fill the gaps alone. The international community must renew its commitment: funding cannot falter and donor fatigue cannot define 2026.

At the same time, the country's health system needs urgent, tangible support. Programs like the Health Sector Transformation Project are vital lifelines, but they cannot function on paper alone. Medicines must reach those who need them, facilities must be staffed and equipped, and care must extend beyond the basics to meet urgent, life-saving needs.

The children, families and communities of South Sudan deserve more than plans and promises — the world must deliver. For this to happen, humanitarian access, protection of civilians and respect for health facilities must be guaranteed. The Government of South Sudan must also scale up its national budget allocations for health, in line with its [Abuja Declaration](#) commitment of allocating 15% to health. Without action, another crisis — worsening day by day — is taking shape in East Africa; a region already burdened by multiple emergencies.

A version of this article was first published in [Sudans Post](#).

Disclosures:

This article is published as part of [a partnership](#) between the Development Policy Centre and Médecins Sans Frontières / Doctors Without Borders (MSF) Australia. MSF provides medical assistance to people affected by conflict, epidemics, disasters or exclusion from healthcare. Their actions are guided by medical ethics and the principles of impartiality, independence and neutrality. MSF Australia does not receive public institutional funding.

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