

POLICY BRIEF

BACKGROUND

South Sudan suffers some of the world's highest rates of maternal and newborn mortality. Recent UN reports estimate there are 1,223 maternal deaths per 100,000 live births (2020);¹ 39 newborn deaths per 1000 live births (2022);² and 26 stillbirths per 1000 births (2021).³ With only 3.5 health workers per 10,000 people and more than 56% of the population living more than 5 kilometers from a health facility, quality care remains inaccessible to many.^{4,5} The latest national household health survey (conducted in 2010) indicated that less than 20% of deliveries occur with a skilled birth attendant.⁶

These factors – and many others – contribute to the country's persistently high rates of MNH complications, morbidities, and mortality. This brief outlines a recent qualitative research study conducted by the International Rescue Committee (IRC) – a partner in the EQUAL research consortium – which examined the diverse political, economic, and health system factors that influence MNH decision-making and prioritization in the country, in order to address these poor indicators.

SUMMARY

- ➔ EQUAL conducted a qualitative research study guided by the health policy triangle framework to understand contextual factors, policy content and processes, as well as actor interests and motivations in MNH policies and programs in South Sudan.
- ➔ Protracted and complex crises including conflict, disease outbreaks, and environmental disasters are a barrier to attention and investment in the prioritization and provision of MNH services.
- ➔ MNH is prioritized through policies and programs like the Boma Health Initiative, yet implementation is hindered by budget constraints, insufficient human resources, and MNH supply shortages. While these policies often align with international guidelines, they lack the operational guidance tailored to the complicated context.
- ➔ Donors and other development and humanitarian actors exert considerable influence over MNH in South Sudan due to the substantial financial and technical resources they contribute.
- ➔ Cultural norms and gender dynamics impact MNH services, resource allocation, and women's representation in decision-making. Women often lack agency and voice in the health system.

STUDY OVERVIEW

This study was conducted to unpack the political, economic, and health system factors that influence the prioritization of MNH in South Sudan, including political will, allocation of resources, and delivery of services. This included the examination of how stakeholders in MNH decision-making influence the implementation of policies and strategies, while also assessing the impact of crisis and conflict on prioritization.

Study design

This was a descriptive case study designed to understand factors influencing the prioritization of MNH in South Sudan. The study relied on evidence from literature including academic, policy, and operational documents and data captured during key informant interviews with 20 stakeholders including government policymakers, public health providers, development partners, private health practitioners, members of professional associations, and representatives from both national and international NGOs.

The study utilized the [Health Policy Triangle framework](#), a conceptual framework used to assess policy content, policy-making processes, the overall institutional, political, economic, and social context, and the role of policy actors – including their values and interests, social networks, and power dynamics – in shaping policy outcomes.⁷ Data was coded descriptively, categorized and analyzed according to themes and subthemes related to the framework.



Health Policy Triangle, Walter & Gilson (1994)⁷

EQUAL PROJECT OVERVIEW

Funder: UK International Development from the UK government

Length: July 2021 – April 2026

Locations: DRC, Nigeria, Somalia, and South Sudan

Partners: Institute of Human Virology Nigeria, International Rescue Committee, Johns Hopkins Center for Humanitarian Health, Somali Research and Development Institute, and Université Catholique de Bukavu.

Results

The following represents the key findings emerging from this study.

Protracted and recurrent crises in South Sudan including civil war, intercommunal conflict, disease outbreaks, and climate change have had a profound impact on the prioritization and provision of MNH services, with resources and attention often diverted from MNH to address these complex emergencies.

- Complex crises often lead to a redirection of focus and funding from development and resilience to emergency response. This results in the disruption of basic services and diminished investment in critical health system building blocks.
- The compounding effects of the strained health system due to COVID-19, flooding, and the ongoing conflict in neighbouring Sudan, including an influx of refugees and returnees, have significantly hampered health service delivery and adversely impacted MNH outcomes in the region.
- Political stabilization, peace, and conflict resolution efforts consume a significant portion of domestic revenue, creating a gap for humanitarian and development actors to invest in health and social programs.

Cultural norms, beliefs, and attitudes towards women and girls affect the delivery of MNH services, fostering inadequate health-seeking behaviors, resource allocation, and restricting women's involvement in MNH decision-making.

- Gendered power dynamics in the health system constrain women's agency and voice in receiving care, with some women enduring labor pains in silence due to fear of reprisals or judgment, leading to delayed access to appropriate care.
- A perception that childbirth, including maternal and newborn death, is a natural process contributes to the belief among actors that MNH is not an emergency or urgent priority, thereby influencing its prioritization and resource allocation.
- The government's gender equality mandate falls short in addressing the inadequate representation and power of women in decision-making spaces, exacerbated by disparities in educational opportunities for girls and career advancement for women in the health sector.

MNH is prioritized on paper with numerous policies, guidelines, and programs like the Boma Health Initiative, yet an under-resourced health system impedes implementation.

- Since the 2011 referendum, the Ministry of Health (MoH) has prioritized MNH through policies and plans, guided by the theme 'one maternal death is one too many,' with the goal of enhancing the delivery of accessible and acceptable interventions.
- South Sudan's MNH policies are often aligned with international guidelines yet these frameworks typically describe ideal scenarios and lack the guidance need to be operationalized within the constraints of South Sudan's health system. This includes inadequate human resources, insufficient MNH supplies and commodities, and lack of motivation among existing health workers.

A dependence on external partners for funding sustains power dynamics that shape MNH policymaking and programming.

- Political will and support are prerequisites for improving MNH services because government ownership of programs and coordination of partners is imperative to sustainability.
- Donors and other development and humanitarian actors exert considerable influence over MNH in South Sudan due to the substantial financial and technical resources they contribute. Actors believe MNH is prioritized by partners via the Boma Health Initiative and the Health Pooled Fund.

RECOMMENDATIONS

RESEARCHERS & ACADEMIA:

- 1 Unpack how stakeholders handle implementation and accountability challenges for access to good quality MNH services and potential ways to address these challenges.
- 2 Further examine what compels lawmakers to deprioritize the health sector during priority setting and budgetary debates.
- 3 Assess the efficiency and effectiveness of various collaboration and reporting mechanisms including the DHIS2 and technical working groups which are used for stakeholder accountability to MNH services and resources.

GOVERNMENT:

- 1 Commit to the sustained implementation of the 35% gender representation, coupled with more targeted efforts to educate girls and address gender disparities across South Sudan.
- 2 Increase budget allocation for MNH by directing more resources to the Maternal Mortality Reduction Fund and to the implementation of the Boma Health Initiative's Safe Motherhood module.
- 3 Prioritize investments in strengthening the national health workforce, including for midwives, by assuring adequate remuneration and improving training facilities and opportunities.

CIVIL SOCIETY:

- 1 Design and implement behavior change communications and sensitization campaigns aimed at addressing cultural and gender barriers affecting MNH and fostering greater voice and agency for women in their health decisions.
- 2 Continuously mobilize resources for MNH as an integral component of both humanitarian response and development programming.

DONORS:

- 1 Encourage sustained investment in health system strengthening and MNH service delivery, even during periods of heightened insecurity, emphasizing that MNH needs persist and should not face resource diversion.
- 2 Integrate MNH in other health sector investments to leverage resources and then track the progress of investments in MNH across the sector.
- 3 Promote rigorous monitoring and accountability mechanisms for MNH ensuring that commitments made by the government, donors, and partners are consistently delivered upon with gaps elevated as a political priority for urgent action and investment.

For more information visit www.EQUALresearch.org and contact Mamothena Mothupi (mamothena.mothupi@rescue.org) or Equal@rescue.org

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References

- ¹ Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.
- ² United Nations Inter-agency Group for Child Mortality Estimation (2024).
- ³ United Nations Inter-agency Group for Child Mortality Estimation (2023).
- ⁴ WHO. (2021), South Sudan – Strengthening primary health care in fragile settings.
- ⁵ OCHA. (2021) Humanitarian Needs Overview South Sudan.
- ⁶ Joint UNICEF-WHO Database on Skilled Birth Attendance 2022 (SDG inclusion=1)
- ⁷ Walt, G., & Gilson, L. (1994). Reforming the health sector in developing countries: the central role of policy analysis. *Health policy and planning*, 9(4), 353-370. Chicago

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