AFRICA

THE COUNTRY PHARMACY PROFILE SERIES

SOUTH SUDAN

A country profile of pharmacy practice
in the context of the national healthcare system

Informed by FIP Member Organisation
PHARMACEUTICAL SOCIETY OF SOUTH SUDAN



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1. OVERVIEW OF THE HEALTHCARE SYSTEM

South Sudan's healthcare system is a mixed economy of public facilities, private clinics, international aid organisations, and traditional community practice, although provision remains wholly insufficient for the population.[1] The Ministry of Health (MoH) formally governs the system under a decentralised structure spanning national, state, county, payam, and boma levels,* but international actors have largely taken the lead in health sector delivery.[2] The MoH operates within the decentralisation framework of the interim constitution and the Local Government Act, with national health policies in place including the Health Sector Development Plan and the National Health Policy 2016–2026.[3] Government health budget allocations averaged only 1–2% of the national budget from 2011 to 2019, rising to 9.6% in 2021–2022 partly due to COVID-19, yet still falling far short of the 15% target set by the Abuja Declaration.[2]

The health system is organised into three tiers: primary care comprising Boma Health Teams, Primary Health Care Units (PHCUs), and Primary Health Care Centres (PHCCs); secondary care at county and state hospitals; and tertiary care at national teaching, specialist and referral hospitals.[4] The Basic Package of Health and Nutrition Services is delivered through contracted NGOs financed by pooled donor mechanisms including the Health Pooled Fund and the World Bank. NGOs and faith-based organisations provide approximately 80% of all health services, making the system heavily dependent on external funding.[4]

Despite systemic fragility, South Sudan has achieved important public health gains, including polio-free certification and reductions in Guinea Worm and other neglected tropical diseases.[5] Its COVID-19 response also demonstrated effective risk communication and community engagement.[5,6] Improvements in health worker retention and health data management have also been reported at the local level.[7]

Healthcare financing model

MODEL TYPE

Donor-dependent mixed model**

PRIMARY SOURCES OF FUNDING

Government	Domestic public financing is very limited, with health receiving less than 6% of the national budget in recent years.[8]
Donors/developments	External partners remain the dominant source of financing for essential primary healthcare, funding more than 80% of services through mechanisms such as pooled funds and donor-supported programmes.[8]
Out-of-pocket (OOP) payments	Household payments remain an important source of financing and contribute to financial barriers to accessing care.[9]
Private insurance	Private insurance remains very limited.[10]

*In South Sudan, a payam and a boma are lower-level administrative divisions used to organise local government, manage communities, and deliver public services like healthcare and education.
**A hybrid healthcare financing model is described as a system that combines multiple funding sources, such as public funds, private investment, donor contributions, and out-of-pocket payments, to finance healthcare infrastructure and services. Available at: http://bit.ly/4mFQNL2

2. SERVICES PROVIDED BY PHARMACISTS IN THE COUNTRY

Types of services provided in community and hospital pharmacies

This section outlines the range of professional services provided by pharmacists in South Sudan across community and hospital settings.

Services provided by community pharmacies beyond dispensing[11]	
Therapeutic substitution (changing dose, formulation, etc)	✓
Adjustment of prescribed treatments	✓
Complementary prescribing	✗
Independent prescribing	✗
Prescribing in an emergency	✗
Providing medicines and services in care homes (nursing homes)	✗
Services to hospital and other facilities without a pharmacy	✗
Home deliveries	✗
Home care	✗
Medication reviews/medicines use reviews	✓
Dispensing emergency contraceptive	✓
Applying first aid and arranging follow-up care	✗
HIV testing	✗
Counselling on HIV self-test products	✗
COVID-19 testing	✗
Dispensing prescription renewals for patients with long term conditions authorised with the original prescription	✓

Services and activities provided by hospital pharmacies[11]	
Validation of prescriptions	✗
Preparing non-sterile medicines	✓
Preparing sterile medicines	✗
Preparing cytotoxic medicines	✗
Preparing nutrition mixtures	✗
Dispensing to outpatients	✓
Pharmacy and therapeutics committees	✓
Multidisciplinary therapeutic decision making	✓
Identifying and reporting non-quality medicines	✓
Managing medication history	✗
Pharmacogenomics testing	✗
Medicines reconciliation	✗
Monitoring medicines use	✗
Pharmacokinetic monitoring	✗
Clinical trials	✗
Managing medicines-related waste	✓
Antibiotic stewardship	✓
Support to emergency departments	✓

Extended scope of practice[11]	
Is **pharmacy-based vaccination available** in the country?	Yes
Are pharmacists authorised to **administer** vaccines in pharmacies?	Yes
Are pharmacists authorised to **prescribe** vaccines in pharmacies?	No
Do pharmacists receive vaccination **training**?	Yes, some pharmacists do
At what career stage(s) do pharmacists receive vaccination training?	Post-registration / Post-graduate/ Continuous professional development
Is the training **mandatory**?	No

3. PHARMACY HUMAN RESOURCES: EDUCATION AND ENTRY INTO PRACTICE

Education and training of the pharmacy workforce (year 2026)[11]

2 accredited pharmacy schools/faculties

3-5 years minimum of full-time undergraduate education

Continuing professional development (CPD) **IS NOT YET** mandatory for pharmacists' licence renewal (under development by the South Sudan General Medical Council, SSGMC)

The renewal of pharmacist licensing or registration **IS NOT YET** based on gaining CPD 'credits' or 'points' or similar credentials (under development by the South Sudan General Medical Council, SSGMC)

6 months minimum duration of experiential/practical training for registration

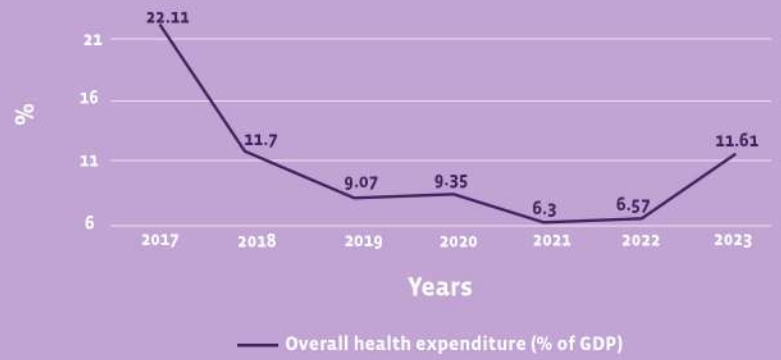
CPD **IS NOT YET** linked with an annual portfolio-type submission (for example, reflective diary entries or reflective cases) (under development by the South Sudan General Medical Council, SSGMC)

4. COUNTRY'S HEALTHCARE ECONOMIC SNAPSHOT

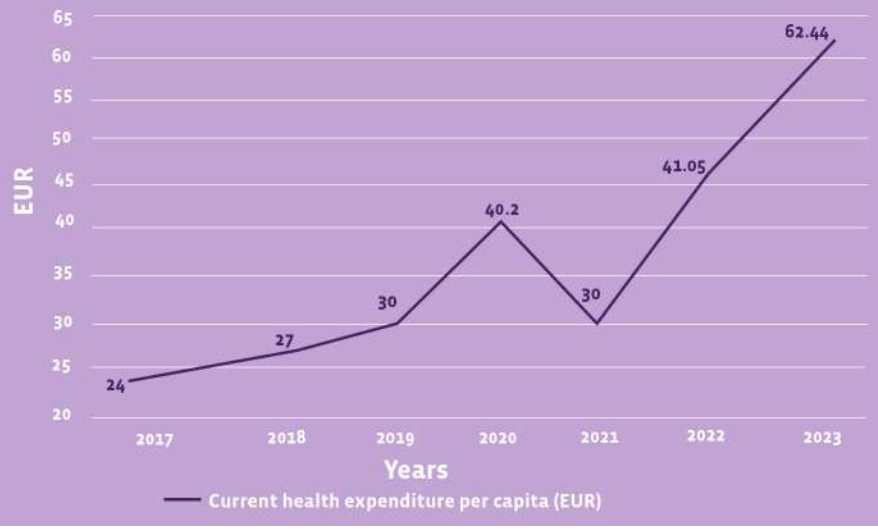
This section provides a macro-level overview of South Sudan's health financing indicators and outcomes, including GDP spending, life expectancy, and workforce employment.

World Bank income level category[12]
South Sudan: Low-income economy

Overall healthcare expenditure as a percentage of GDP
Overall health expenditure as a share of GDP declined markedly between 2017 and 2021, before increasing to 11.61% in 2023.[13] Despite the recent increase, health financing remains constrained by limited domestic government funding and continued reliance on external support.[14]



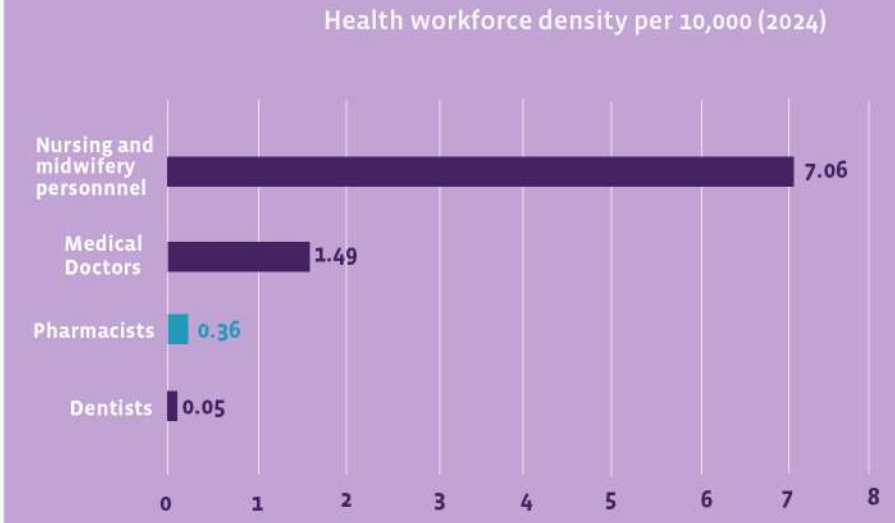
Health expenditure per capita
Health expenditure per capita generally increased from EUR 24 in 2017 to EUR 62.44 in 2023, despite fluctuations over the period.[15] The recent rise reflects increased health spending from both domestic and external sources.[14]



Life expectancy (male/female)[16,17]
Life expectancy was consistently higher among females than males. Both increased between 2005 and 2010, declined sharply in 2015, and then recovered by 2020. By 2024, life expectancy reached 61 years for females and 55 years for males.



The employment in the healthcare sector[18]



5. HEALTH SERVICE STATUS

1. Coverage rates for essential health services

In South Sudan, the UHC service coverage index increased from 26 in 2011 to 41 in 2023, reflecting gradual improvements in access to essential health services. However, it remained below the African regional average of 51 and the global average of 71 in 2023.[19] Access remains constrained by workforce shortages, inadequate infrastructure, insecurity and geographical barriers, particularly in rural and conflict-affected areas. The Health Sector Transformation Project is supporting the delivery of essential health and nutrition services, particularly to underserved populations.[20]

South Sudan's health sector also remains highly aid-dependent, with more than 80% of essential primary healthcare services financed by external partners, creating risks to continuity and long-term sustainability.[8] The Boma Health Initiative, a community-based platform that brings essential health services closer to communities, represents a foundational step towards expanding service delivery in hard-to-reach areas.[5] Despite persistent system constraints, progress has been recorded in specific services, including 92% TB treatment coverage in 2024, and expansion of antiretroviral treatment and vaccination programmes, including the introduction and expansion of the malaria vaccine.[20]

2. Availability and accessibility of health insurance options

South Sudan reports the lowest health insurance coverage among eight sub-Saharan African countries studied, at only 7.7% of households.[21] Financial protection therefore remains very limited, and households continue to rely substantially on direct payments for healthcare. In 2022, out-of-pocket payments accounted for 34.4% of current health expenditure, while external financing accounted for 49.15%, highlighting both the burden on households and the continued dependence on donors.[14]

The Domestic Health Financing Strategy 2025–2035 aims to improve financial protection by developing community-based financing mechanisms, including local insurance schemes, community contributions and revolving funds. The proposed model includes tiered contributions and exemptions for the poorest households to improve affordability and equity, although these mechanisms are still in the early stages of implementation.[8]

3. Pharmacy policies and strategies implemented for health promotion and disease prevention

Pharmacists in South Sudan contribute primarily through ensuring access to essential medicines, appropriate dispensing, medicine supply and stock management, and promoting the safe and rational use of medicines. The 2022 Pharmaceutical Policy and Strategy seeks to strengthen these functions through improved pharmaceutical governance, regulation, access to medicines and quality pharmaceutical services.[22] More recent initiatives have reinforced this direction through revision of the national Essential Medicines List and Standard Treatment Guidelines, improvements in the pharmaceutical supply chain, and measures to promote appropriate medicine use and address antimicrobial resistance.[20] In practice, pharmacists may also support medicine selection, advise on dosage or alternative formulations, monitor medicine availability and expiry, and help identify substandard or falsified medical products. A 2025 study in a rural health centre also documented pharmacists' involvement in pharmaceutical management and staff training, while highlighting continuing gaps in areas such as prescription review, patient counselling, pharmacovigilance and systematic follow-up.[23] Overall, the pharmacist's role remains centred on medicines management and safe use, with scope for further expansion into broader health promotion and disease prevention activities.

4. Availability and accessibility of patient medical records (including pharmacy access)

Patient records in South Sudan are still largely on paper. Facilities work from paper registers, and patients carry their own treatment card, which makes it hard to retrieve a treatment history or follow up with those who miss appointments.[24] The national platform, District Health Information System 2 (DHIS2), collects summary data rather than individual patient records, and reports are often entered at county level rather than at the point of care.[25] Electronic records exist only in pockets, mainly through donor-supported programmes such as the first electronic antiretroviral therapy register, introduced in five facilities in 2024 and covering around 17 per cent of the treatment caseload.[24] Pharmacists have no access to a shared patient record; dispensing is documented by hand; and digital prescription records are limited to individual projects, such as the Pharmaceutical Information Management System used in the Juba displacement camp clinics.[26]

6. PHARMACY WORKFORCE CAPACITY AND DISTRIBUTION

Pharmacy workforce capacity (Year 2026)[11]

350 (Approximately) licensed pharmacists in the country

0.04 pharmacists' per 10,000 population

20 (Approximately) new registrants

20 (Approximately) pharmacy graduates

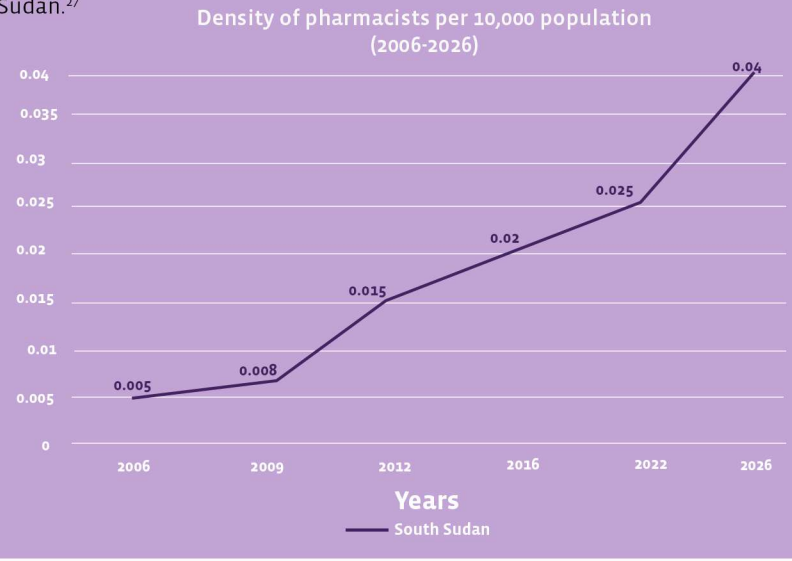
75 (Approximately) female pharmacists in the country

1:5 Proportion of female pharmacists in the workforce

250 (Approximately) pharmacy technicians in the country

Distribution across the area of practice

Pharmacist density in South Sudan rose steadily between 2006 and 2026, increasing from 0.005 to 0.040 pharmacists per 10,000 population, with the sharpest growth occurring after 2022.[11] Overall, the trend indicates a gradual expansion in the availability of pharmacists relative to the population, although the absolute density remains very low. For comparison, the global pharmacist density was 9.4 per 10,000 population in 2022, compared with 0.025 per 10,000 in South Sudan.[27]



Number of pharmacists per practice setting (2026)[11]

100 pharmacists working in community settings

20 pharmacists working in hospitals

90 pharmacists working in wholesaling

15 pharmacists working in academia

20 pharmacists working in regulatory

7. CURRENT POLICIES, URGENCIES AND PRIORITIES WITH PHARMACEUTICAL SERVICES PROVISION

Key insights from the Pharmaceutical Society of South Sudan on:

1. Innovative practices that have successfully improved health outcomes and addressed inefficiencies within South Sudan's healthcare system

South Sudan has piloted innovative, integrated health campaigns to address systemic inefficiencies and improve health outcomes in its challenging context.

a. **Integrated health campaigns:**
A "One Campaign, Two Wins" approach: In 2025, the Ministry of Health's immunisation and neglected tropical disease teams, with technical support from WHO and with UNICEF and the CORE Group as members of the campaign's technical working group, piloted a campaign combining polio vaccination with preventive chemotherapy for schistosomiasis in three high-burden counties, providing praziquantel to 129,205 of the 403,694 people targeted, a target population that included 170,758 school-aged children. This model efficiently leveraged the resources of the polio campaign to deliver neglected tropical disease (NTD) treatment. This initiative was particularly notable as it prevented more than one million praziquantel tablets from expiring and restored treatment access that had been unavailable for three years.

Scaling the integrated model: The campaign's success in reducing costs and improving efficiency has led to plans for scaling the integrated model nationwide, which is seen as a key strategy for accelerating progress toward universal health coverage.

Integrated eye health outreach: Another example of this integration is the "TT+" campaign model, which combines surgical services for cataract and trachomatous trichiasis (TT) in one outreach effort. By bringing together surgical teams and supplies, this approach maximises the use of scarce resources and addresses the country's high burden of preventable blindness in a single patient visit, a critical factor when patients travel long distances.

b. **Digital mapping for health planning:**
Use of GIS technology: UNICEF and the Ministry of Health are using Geographic Information Systems (GIS) to replace hand-drawn maps and plan health campaigns with unprecedented precision. This digital tool helps health workers delineate facility catchment areas, identify hard-to-reach communities, and optimally locate temporary vaccination sites. As of October 2025, this initiative had delivered GIS microplanning maps to 740 health facilities across 20 counties and trained 438 health workers in its use. The project has inspired the Ministry of Health to expand the use of GIS mapping to other campaigns, such as polio vaccination.

Tele-mentoring for chronic disease: To address a critical shortage of trained healthcare providers and high rates of hypertension (affecting over 25% of the adult population), a project in Jonglei State proposes implementing a tele-mentoring ECHO platform. This digital solution aims to provide continuous medical education and support to healthcare workers in low-resource settings, offering a scalable model to manage non-communicable diseases.

2. Significant challenges currently facing the pharmacy profession in South Sudan

Recent reports from local pharmacists and national stakeholders highlight three primary challenges for the profession:



Systemic inequity and poor remuneration: Pharmacists in South Sudan face significant disparities in employment status and pay. The Chairperson of the Pharmaceutical Society of South Sudan has stated that pharmacists are "classified alongside non-medical staff" in the Health System Transformation Project, leading to much lower wages compared to other health professionals. For example, pharmacy technicians reportedly earn only USD 56 (EUR 49) a month, while clinical officers take home USD 300 (EUR 260). This inequity is a major barrier to retention and motivation within the profession.

Exclusion from policy and decision-making: Despite their critical expertise in drug quantification, supply chain management, and patient safety, pharmacists are often excluded from decision-making processes. This marginalisation undermines the effectiveness of the healthcare system, as their specialised knowledge is not being fully utilised in policy and planning.

Underdeveloped and under-capitalised private sector: The pharmaceutical sector, which is essential for access to medicines, is significantly underdeveloped and is private. A survey of registered private pharmaceutical firms, conducted in 2021 and published in 2025, found that they employ, on average, only 10.3 workers, fewer than other businesses in South Sudan (12.3) and around a third of the sub-Saharan African average (32.1), and that none manufactures medicines, leaving the country reliant on imports through a sector with little capacity to invest or scale up. They also face structural constraints, such as a lack of skilled personnel and limited foreign investment, which threaten their sustainability and capacity to support the health system.

3. Reimbursed pharmacy services beyond dispensing

There are no specific pharmacy services beyond dispensing that are reimbursed by third-party payers in South Sudan.

4. Current projects and priorities aligned with FIP Developmental Goals

The priorities of the Pharmaceutical Society of South Sudan and projects mentioned strongly align with core FIP goals, particularly those focused on health systems strengthening and workforce development.

Alignment with DG5 (Competency development), DG13 (Policy development), DG18 (Access to medicines, devices and services) and DG20 (Digital health):
The projects discussed clearly aim to build a more resilient and effective health system. For instance, the GIS mapping initiative aims to reach hard-to-reach populations and improve immunisation coverage, a foundational aspect of public health. Directly addressing workforce challenges, the proposed tele-mentoring project for hypertension care and various pharmaceutical management training initiatives align with efforts to strengthen the skills and effectiveness of the health workforce. The public advocacy by the Pharmaceutical Society of South Sudan also directly targets the systemic issues related to the workforce, such as fair pay and recognition, which are central to these goals.



DATA SOURCES AND VALIDATION

The data and information presented in FIP case studies are derived primarily from analysis of publicly available sources and relevant documents, complemented by in-house data that FIP has collated. The sources and methods underlying these data are fully cited and referenced to ensure transparency and traceability. Additional data were obtained directly from the respective FIP member organisation (MO). All data were subsequently reviewed and validated by the FIP MO to ensure accuracy, completeness, and reliability.

REFERENCES

1. Bregazzi R. Developing healthcare in South Sudan. South Sudan Medical Journal. 2015;8:38-9. Available at: https://www.southsudanmedicaljournal.com/assets/files/Journals/vol_8_iss_2_may_15/SSMJ_Vol_8_2_Developing_Health_Care.pdf
2.Qaddour A, Yan L, Wendo D, Elisama L, Lindahl C, Spiegel P. Leadership and governance, financing, and coordination and their impact on the operationalization of health interventions in the humanitarian-development nexus in South Sudan. PLoS One. 2025;20(5):e0312788. Available at: https://pubmed.ncbi.nlm.nih.gov/40408510/
3. Mugo N, Zwi A, Botfield J, Steiner C. Maternal and Child Health in South Sudan. SAGE Open. 2015;5. Available at: https://journals.sagepub.com/doi/pdf/10.1177/2158244015581190?utm_source
4. Lutwama GW, Sartison LJ, Yugi JO, Nehemiah TN, Gwang ZM, Kibos BA, et al. Health services supervision in a protracted crisis: a qualitative study into supportive supervision practices in South Sudan. BMC Health Serv Res. 2022;22(1):1249. Available at: https://pubmed.ncbi.nlm.nih.gov/36242016/
5. Anib VA, Achiek MM, Ndenzako F, Olu OO. South Sudan's road to universal health coverage: a slow but steady journey. Pan Afr Med J. 2022;42(Suppl 1):1. Available at: https://pubmed.ncbi.nlm.nih.gov/36158928/
6. Schots MAS, Coleman HLS, Lutwama GW, Straetemans M, Jacobs E. The impact of the COVID-19 pandemic on healthcare access and utilisation in South Sudan: a cross-sectional mixed methods study. BMC Health Serv Res. 2022;22(1):1559. Available at: https://pubmed.ncbi.nlm.nih.gov/36539823/
7. Jones A, Howard N, Legido-Quigley H. Feasibility of health systems strengthening in South Sudan: a qualitative study of international practitioner perspectives. BMJ Open. 2015;5(12):e009296. Available at: https://pubmed.ncbi.nlm.nih.gov/26700280/
8. So A. Advancing Domestic Health Financing for Community Health System Sustainability in South Sudan: The Boma Health Initiative Model (2025–2035). Public Health Open Access. 2025. Available at: https://medwinpublishers.com/PHOA/advancing-domestic-health-financing-for-community-health-system-sustainability-in-south-sudan-the-boma-health-initiative-model-2025%E2%80%932035.pdf
9. World Bank Group. Out-of-pocket expenditure (% of current health expenditure) - South Sudan: World Bank Group; 2026. Available at: https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS?locations=SS&utm_source.
10. Basaza R, Alier PK, Kirabira P, Ogubi D, Lako RLL. Willingness to pay for National Health Insurance Fund among public servants in Juba City, South Sudan: a contingent evaluation. Int J Equity Health. 2017;16(1):158. Available at: https://pubmed.ncbi.nlm.nih.gov/28854972/
11. Pharmaceutical Society of South Sudan. Pharmacy workforce, regulation and practice data submitted to FIP. 2026.
12. The World Bank. World Bank Country and Lending Groups 2026. Available at: https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups.
13. World Bank Group. Current health expenditure (% of GDP) - South Sudan: World Bank Group; 2026. Available at: https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?end=2023&locations=SS&start=2017.
14. Ministry of Health RoSS. 2025 Health Statistics Abstract: South Sudan. 2025. Available at: https://www.afro.who.int/sites/default/files/2025-12/2025%20Health%20Statistical%20Abstract_A4%20revised_0.pdf?utm_source
15. World Bank Group. Current health expenditure per capita (current US$) - South Sudan: World Bank Group; 2026. Available at: https://data.worldbank.org/indicator/SH.XPD.CHEX.PC.CD?locations=SS.
16. World Bank Group. Life expectancy at birth, female (years) - South Sudan: World Bank Group; 2026. Available at: https://data.worldbank.org/indicator/SP.DYN.LE00.FE.IN?locations=SS.
17. World Bank Group. Life expectancy at birth, male (years) - South Sudan: World Bank Group; 2026. Available at: https://data.worldbank.org/indicator/SP.DYN.LE00.MA.IN?locations=SS.
18. World Health Organization. The Global Health Observatory-Explore a world of health data: World Health Organization; 2026. Available at: https://www.who.int/data/gho/data/themes/topics/indicator-groups/indicator-group-details/GHO/sdg-target-3.c-health-workforce?utm_source.
19. World Health Organisation. UHC service coverage index - South Sudan: World Health Organisation; 2024. Available at: https://data.who.int/indicators/i/3805B1E/9A706FD.
20. Brazzaville: WHO African Region. Investing in health development amid multiple protracted crises: South Sudan annual report 2024. 2025. Available at: https://www.afro.who.int/sites/default/files/2025-05/WHO%20South%20Sudan%202024%20Annual%20Report.pdf
21. Nyawira L, Opanga Y, Mbuthia B, Odeny L, Kiplimo R, Kassim S, et al. Patterns of Health Insurance Coverage, Determinants, and User Satisfaction in Eight Sub-Saharan African Countries: Implications for Health Financing Policy and Equity. medRxiv. 2026:2026.01.02.26343335. Available at: http://medrxiv.org/content/early/2026/01/03/2026.01.02.26343335.abstract
22. WHO Regional Office for Africa. South Sudan launched Pharmacy Policy and Strategy 2022. Available at: https://www.afro.who.int/countries/south-sudan/news/south-sudan-launched-pharmacy-policy-and-strategy.
23. Le Bloc'h F, von Grünigen S, Schumacher L, Berger C, Bonnabry P, Widmer N. Strengthening pharmaceutical management in a health centre in South Sudan through e-learning. Médecine de Catastrophe - Urgences Collectives. 2025;9(2):132-8. Available at: https://www.sciencedirect.com/science/article/pii/S2279847925000023
24. ICAP at Columbia University. With ICAP Support, South Sudan Launches Its First Electronic ART Register to Strengthen HIV Care 2026. Available at: https://icap.columbia.edu/news-events/with-icap-support-south-sudan-launches-its-first-electronic-art-register-to-strengthen-hiv-care/.
25. World Bank Group. Health service monitoring in South Sudan: routine health information systems. 2021. Available at: https://documents1.worldbank.org/curated/en/399871623734227498/pdf/Routine-Health-Information-Systems.pdf
26. International Medical Corps. Pharmaceutical Innovation Is Making a Difference in South Sudan 2022. Available at: https://internationalmedicalcorps.org/story/pims-south-sudan/.
27. International Pharmaceutical Federation. Workforce surveillance data. Unpublished data. 2024.