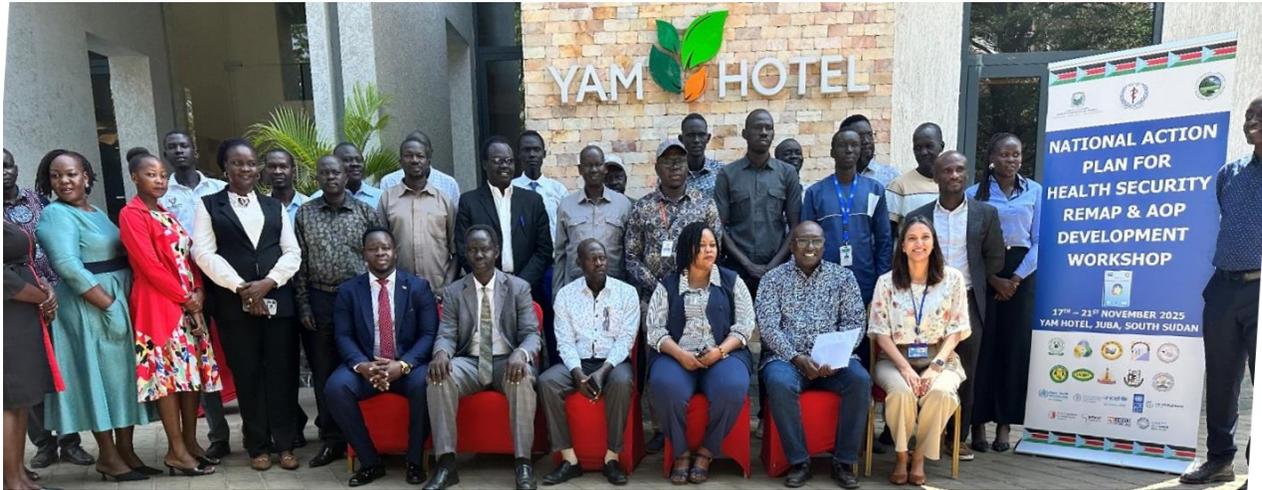


## TECHNICAL REPORT

# South Sudan National Action Plan for Health Security (NAPHS) Resource Mapping (REMAP) and Annual Operational Plan (AOP) Development Workshop



17-21 November 2025, Yam Hotel, Juba, Republic of South Sudan

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## Abbreviations

IHR 2005	INTERNATIONAL HEALTH REGULATIONS 2005
<b>SCD</b>	Surge Capacity Development
<b>PHEIC</b>	Public Health Emergency of International Concern
<b>SCD</b>	Surge Capacity Development
<b>POE</b>	Point of Entry
<b>NAPHS</b>	National Action Plan for Health Security
<b>NOHSP</b>	National One Health Strategic Plan
<b>OH-MCM</b>	One Health Multisectoral Coordination Mechanism
<b>SOP</b>	Standard Operating Procedure
<b>AOP</b>	Annual Operational Plan
<b>RRT</b>	Rapid Response Team
<b>IPC</b>	Infection Prevention and Control
<b>UN</b>	United Nations
<b>IDSR</b>	Integrated Disease Surveillance and Response
<b>REMAP</b>	Resources Mapping and prioritization
<b>NGO</b>	Non-Governmental Organization
<b>FAO</b>	Food and Agriculture Organization
<b>MOH</b>	Ministry of Health
<b>RTSL</b>	Resolve to Save Lives
<b>RCCE</b>	Risk Communication and Community Engagement
<b>PHE</b>	Public Health Event
<b>PHSM</b>	Public Health and Social Measures
<b>EBS</b>	Event-Based Surveillance
<b>IBS</b>	Indicator-Based Surveillance
<b>RSS</b>	Republic of South Sudan
<b>WHO</b>	World Health Organization
<b>OH</b>	One Health

## EXECUTIVE SUMMARY

The Ministry of Health of the Republic of South Sudan, with technical and financial support from the World Health Organization (WHO) and Resolve to Save Lives (RTSL), convened a critical five-day workshop from **17–21 November 2025** in Juba.

The workshop integrated two essential processes: a comprehensive **Resource Mapping (REMAP)** exercise and the development of the **NAPHS Operational Plan, which prioritized activities from the five-year Strategic National Action Plan for Health Security (2025-2029) to be implemented by July 2027.**

This integrated approach aimed to translate the strategic objectives of the NAPHS into an actionable, costed, and resourced implementation roadmap.

The workshop successfully brought together **49 participants** from key multisectoral ministries (Health, Livestock and Fisheries, Environment and Forestry, Water, Wildlife), UN agencies (WHO, UNICEF), and a wide array of national and international implementing partners. This collaboration underlines a firm commitment to a **One Health approach.**

The REMAP tool and process was used to map the health security projects that partners and the government are supporting in the country at national and subnational levels, allowing policymakers, donors, and partners to see where gaps exist and where more investment of financial and technical resources is needed.

The resource mapping demonstrated that **\$16.49 million in committed direct investments exist for the NAPHS (2025-2029)**, which has been costed at \$118.85 million. This represents an initial funding gap of \$102.36 million – baseline information which is vital for the country to understand which NAPHS activities have funding, and which require resource mobilization and re-allocation as the plan implementation proceeds.

The average implementation rate of NAPHS activities to date was mapped at 8 percent, demonstrating that significant progress is being made particularly in technical areas such as Health Services Provision (where 43 percent of the activities have been implemented), IHR Coordination (26 percent) and Surveillance (22 percent).

The workshop also included mapping of **more than \$72.6 million in overall health security investments in South Sudan (not limited to the NAPHS)** from 32 partners and government ministries. This provides an assessment of the totality of the existing health security resources available to South Sudan, identifies key stakeholders and their funding priorities by technical areas, and includes planned and ongoing projects (2025-2029) with the potential to be **leveraged/reallocated to support NAPHS implementation through cross-cutting activities.**

This overall health security investment mapping includes a **\$21.6 million Pandemic Fund grant awarded to South Sudan** in late November 2025. The grant, which primarily focuses on the areas of Surveillance, Laboratory and Human Resources, closely tracks the priorities of the NAPHS and the funding can be predominately applied to shrinking the \$102 million NAPHS funding gap that was identified through the resource mapping.

The implementation of health security actions requires technical resources as well as funding and workshop participants also mapped needs for expert technical support. The participants identified whether technical

(expert) assistance was needed to complete each NAPHS activity and, if so, what specific assistance was required.

Critical technical gaps were identified across key IHR capacities, highlighting the need for external expert support. These included: training healthcare providers on specific outbreak and case management SOPs, developing Terms of Reference (TORs) for a multisectoral AMR coordination committee, strengthening laboratory capacities (e.g., testing kit production), enhancing foodborne disease surveillance, and supporting the development of Healthcare-Associated Infection (HCAI) surveillance and reporting protocols.

The workshop also included the development of a comprehensive, multisectoral Operational Plan for the NAPHS, translating the NAPHS 2nd Edition (2025-2029) strategic objectives into strategic objectives into actionable activities with clear timelines, indicators, and responsible institutions. In all 520 activities were prioritized to be implemented by the end of July 2027 with a total two-year costing of \$45,137,901 with Immunization being the highest costed technical area and Zoonotic Disease with the highest number of activities.

Key workshop outcomes include: 1) A validated, multisectoral Operational Plan; 2) A dynamic country-owned REMAP dashboard for real-time tracking of resources and gaps; 3) A set of identified critical technical support needs; and 4) A clear set of strategic recommendations focused on resource mobilization, institutionalizing the REMAP tool, and strengthening coordination. The workshop created foundational tools and aligned partnerships necessary to systematically close the implementation and financing gap for health security in South Sudan.

The developed NAPHS Operational Plan provides the operational structure, while the REMAP platform offers the essential monitoring tool to track resourcing progress, assess funding gaps in real-time, and strategically advocate for sustained investments.

## **INTRODUCTION AND BACKGROUND**

### **Country Context**

South Sudan continues to face significant vulnerability to public health emergencies driven by fragile health systems, recurrent disease outbreaks, environmental hazards, population displacement, porous borders, and limited resources for preparedness and response. Over the past decade, the country has experienced multiple epidemic-prone diseases including cholera, measles, Rift Valley fever, anthrax, yellow fever, viral hemorrhagic fever alerts, and frequent zoonotic spillovers highlighting the need for strong, coordinated, and sustainable health security systems.

### **Strategic Framework: The NAPHS 2nd Edition**

In response to these challenges, the Ministry of Health, in collaboration with One Health line ministries and partners, developed the Second Edition of the National Action Plan for Health Security (NAPHS) through a systematic, multi-step process. This included a comprehensive Joint External Evaluation (JEE), State Party Self-Assessment Annual Reporting (SPAR), Performance of Veterinary Services (PVS) analysis, national risk profiling, stakeholder consultations, and prioritization exercises. The NAPHS 2nd Edition, covering the years 2025-2029, provides a strategic roadmap for strengthening International

Health Regulations (IHR 2005) core capacities across prevention, detection, response, points of entry, and One Health coordination.

To operationalize this strategic framework, the NAPHS is translated into a costed and prioritized Operational Plan supported by a Resource Mapping (REMAP) process. These mechanisms seek to ensure that planned activities are evidence-based, aligned with national priorities, and adequately resourced for implementation. The Operational Plan and REMAP are essential tools for monitoring progress, guiding partner investments, and strengthening accountability within the health security system. In line with this, the Ministry of Health convened the 5-day REMAP and NAPHS Operational Plan development workshop held from 17–21 November 2025 in Juba. This workshop brought together multisectoral stakeholders to review progress, identify gaps, define priorities, and strengthen coordination for the forthcoming operational cycle.

The justification for convening the 5-day national workshop is based on the following critical needs:

### **1. Strengthening National Preparedness and Readiness**

South Sudan continues to experience outbreaks of cholera, measles, anthrax, viral hemorrhagic fevers (e.g., Rift Valley Fever and Yellow Fever), food-borne diseases, and cross-border threats. To ensure timely and effective preparedness, the country must operationalize NAPHS interventions annually. The workshop provides a platform to identify priority risks, align interventions with current epidemiological trends, and strengthen capabilities for early detection, rapid response, and containment.

### **2. Multisectoral Coordination under the One Health Framework**

Public health threats in South Sudan frequently originate from animal, environmental, and human interfaces. Effective preparedness therefore requires coordinated planning between the Ministry of Health, Ministry of Livestock and Fisheries, Ministry of Wildlife Conservation & Tourism, Ministry of Environment and Forest and key security institutions.

The workshop enables these sectors to jointly develop multisectoral actions, shared responsibilities, and harmonized workflows, thereby reinforcing the One Health approach.

### **3. Addressing Critical Gaps Identified in JEE, SPAR, and PVS Assessments**

South Sudan's recent Joint External Evaluation (JEE), State Party Self-Assessment (SPAR), and Performance of Veterinary Services (PVS) assessments revealed persistent gaps in surveillance, laboratory systems, workforce development, emergency coordination, risk communication, logistics, and specimen referral. This workshop is necessary to translate these assessments into actionable, funded, and prioritized activities that directly address compliance gaps and build IHR core capacities.

### **4. Ensuring Partner Alignment and Resource Optimization**

Multiple partners support health security in South Sudan. However, the absence of a common, costed and prioritized plan often leads to duplication, fragmentation, and inefficient use of resources. Through REMAP, the workshop aimed to:

- identify who is funding what
- determine unfunded priority gaps
- align partner contributions with national priorities
- support effective resource mobilization and donor coordination

This ensures accountability, transparency, and efficient utilization of both domestic and partner resources.

### **5. Enhancing National Ownership and Sustainability**

The government of South Sudan is committed to strengthening national health security systems. Conducting this workshop in-country reinforces government ownership in planning, costing, and priority-setting. It also builds technical capacity within national institutions to independently lead future NAPHS planning and monitoring processes, contributing to long-term sustainability of health security interventions.

### **6. Improving Monitoring, Accountability, and Performance Tracking**

A well-developed Annual Operational Plan (AOP) enables clear performance indicators, targets, responsible institutions, and timelines. This strengthens quarterly monitoring, reporting, after-action reviews and mid-term assessments.

### **7. Responding to Increasing Regional and Cross-Border Threats**

South Sudan's borders with Uganda, Kenya, Ethiopia, Sudan, and the Central African Republic present continuous risks of cross-border transmission of VHF, cholera, and livestock diseases. Prioritizing Points of Entry (PoE) preparedness, cross-border surveillance, and information sharing requires dedicated planning, which the workshop facilitates.

## **Objectives for the Integrated AOP & REMAP Workshop**

Operationalizing the strategic NAPHS requires annual prioritization, costing, and resource alignment. The integrated AOP and REMAP workshop was essential to:

1. Resource Visibility and Prioritization (REMAP): To provide better visibility of available and potential resources for health security by mapping both overall health security investments and direct committed investments to the NAPHS.
2. Create a financing baseline: Systematically map existing partner commitments and identify critical funding gaps.
3. Gap Identification: To identify critical financial and technical support needs required for the implementation of unfunded NAPHS activities.
4. Optimize resources: Align partner investments with national priorities to avoid duplication and fragmentation.
5. Strengthen ownership and monitoring: Reinforce government leadership and establish tools for continuous tracking of progress and resources.
6. AOP Development: To develop a comprehensive multisectoral Operational Plan that translates the NAPHS 2nd Edition strategic objectives into actionable activities.
7. Coordination and Synergy: To encourage collaboration, alignment, and harmonization of efforts among the government, partners, and donors to prepare for the strengthening of national capacities for prevention, detection, and response.

8. **Monitoring Platform:** To establish a sustainable platform for monitoring and tracking resources for NAPHS implementation.

## WORKSHOP PARTICIPANTS

The workshop engaged **49 participants** (38 male, 11 female) from:

- **Government:** Ministry of Health (IHC, PHCU, DHR, EPR, Laboratory, SCD, One Health Coordination Unit), Ministry of Livestock and Fisheries, Ministry of Environment & Forestry, Ministry of Water, Ministry of Wildlife Conservation & Tourism, and others.
- **UN Agencies:** WHO, UNICEF.
- **Partners:** A diverse group including Resolve to Save Lives, the CORE Group Partners Project (CGPP), Rise and Shine International, Africa Women and Children, African Women & International Children Organization (AWICO) and others including academia and the private health sector.

## METHODOLOGY

The workshop employed a participatory, technical methodology:

- a. **Working Groups:** Participants divided into technical areas (e.g., Zoonoses, Laboratory, Surveillance, Points of Entry) to detail Operational Plan activities and conduct resource mapping.
- b. **REMAP Tool:** Utilization of the WHO-developed REMAP data sheets to categorize investments as:
  - i. Direct, committed funding for specific NAPHS activities.
  - ii. Overall health security investments (broader projects with potential alignment to NAPHS).
  - iii. Technical assistance needs required for NAPHS implementation.
- c. **Prioritization:** Operational Plan activities were prioritized using standardized templates. Activities were prioritized based on risk, impact, and urgency, linked to the REMAP funding analysis.



**Plenary Validation:** Daily presentations and consolidated results were validated in plenary sessions to ensure consensus and accuracy

## Challenges

- Some participants required additional orientation on AOP and REMAP concepts, indicating the need for pre-workshop introductory sessions.
- Time allocation for certain tasks (e.g., risk prioritization, and activity sequencing) was insufficient, leading to rushed discussions.
- Limited availability of some key technical officers from some UN agencies delayed consensus in a few workstreams.

- Coordination of group outputs could be improved by assigning dedicated rapporteurs to ensure uniform quality across thematic areas.
- Internet connectivity and power interruptions (if applicable) occasionally slowed digital tool use.
- Some tools required further simplification to better suit participants with limited financial or M&E backgrounds.

## OUTPUTS OF THE WORKSHOP

- NAPHS Operational Plan (full document)
- Country-owned Resource Mapping (REMAP) dashboard
- Partner commitments map
- Monitoring and Evaluation Framework
- Narrative workshop report and analysis
- Executive summary for submission to the Undersecretary and partners

## KEY RESOURCE MAPPING FINDINGS AND FINANCIAL ANALYSIS

### Direct Committed Funding for the NAPHS

The resource mapping resulted in the mapping of **\$16.49 million in committed investment in activities within the National Action Plan for Health Security (NAPHS)** of South Sudan (2025-2029), which has been costed at \$118.85 million.

This represents a funding gap of \$102.36 million. This baseline identifies which funding already exists, and for which technical areas, to facilitate targeted domestic and external resource mobilization based on the identified gaps.



**FIGURE 1: ILLUSTRATION OF THE NOVEMBER 2025 MAPPED INITIAL FUNDING GAP IN THE SOUTH SUDAN NAPHS (2025-2029)**

The baseline NAPHS investment mapped in South Sudan included \$12.2 million from the World Health Organization and \$2.5 million from UNICEF, as well as investments from World Bank, FAO, the government of South Sudan, Resolve to Save Lives and others. The totals represent funding specifically committed to activities in the NAPHS and will increase as additional resources are allocated/reallocated to the plan.

IHR Coordination, Antimicrobial Resistance and Infection Prevention and Control represent areas that are already well funded in the NAPHS. However, major funding gaps exist in other technical areas (see tables below).

The tables illustrate the costs of the activities in each of the 19 technical areas in the NAPHS and the amount of baseline funding committed for the activities identified during the November 2025 resource mapping.

TECHNICAL AREAS <sup>11</sup>	NAPHS COSTS <sup>11</sup>	PLEGDED PARTNERS CONTRIBUTION TO NAPHS <sup>11</sup>	PLEGDED GOVERNMENT CONTRIBUTION TO NAPHS
P.1 Legal Instruments	\$346,270	\$0	\$0
P.2 Financing	\$1,522,815	\$0	\$0
P.3 IHR Coordination, National IHR Focal Point Functions And Advocacy	\$1,670,628	\$2,139,136	\$0
P.4 Antimicrobial Resistance	\$2,636,409	\$2,333,229	\$0
P.5 Zoonotic Disease	\$15,003,287	\$5,175,283	\$0
P.6 Food Safety	\$1,668,965	\$372,736	\$0
P.7 Biosafety and Biosecurity	\$1,613,051	\$0	\$0
P.8 Immunization	\$36,539,951	\$2,756,266	\$0

**Table 1:** Illustration of committed funding mapped for the NAPHS (2025-2029) by technical area in the Prevent Category as of November 2025

TECHNICAL AREAS <sup>11</sup>	NAPHS COSTS <sup>11</sup>	PLEGDED PARTNERS CONTRIBUTION TO NAPHS <sup>11</sup>	PLEGDED GOVERNMENT CONTRIBUTION TO NAPHS <sup>11</sup>
D.1 National Laboratory System	\$4,453,044	\$780,000	\$0
D.2 Surveillance	\$11,806,789	\$886,350	\$0
D.3 Human Resources	\$874,341	\$0	\$0

**Table 2:** Illustration of committed funding mapped for the NAPHS (2025-2029) by technical area in the Detect Category as of November 2025

TECHNICAL AREAS <sup>11</sup>	NAPHS COSTS <sup>11</sup>	PLEGDED PARTNERS CONTRIBUTION TO NAPHS <sup>11</sup>	PLEGDED GOVERNMENT CONTRIBUTION TO NAPHS <sup>11</sup>
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R.1 Health Emergency Management	\$31,594,399	\$0	\$0
R.2 Linking Public Health and Security Authorities	\$666,761	\$0	\$0
R.3 Health Services Provision	\$1,623,981	\$956,700	\$0
R.4 Infection Prevention and Control	\$1,199,005	\$793,625	\$295,776
R.5 Risk Communication and Community Engagement	\$1,704,639	\$0	\$0

**Table 3:** Illustration of committed funding mapped for the NAPHS (2025-2029) by technical area in the Respond Category as of November 2025

TECHNICAL AREAS <sup>11</sup>	NAPHS COSTS <sup>11</sup>	PLEGDED PARTNERS CONTRIBUTION TO NAPHS <sup>11</sup>	PLEGDED GOVERNMENT CONTRIBUTION TO NAPHS <sup>11</sup>
CE. Chemical Events	\$872,253	\$0	\$0
RE. Radiation Emergencies	\$783,421	\$0	\$0
RE. Points of Entry and Border Health	\$2,268,675	\$0	\$0

**Table 4:** Illustration of committed funding mapped for the NAPHS (2025-2029) by technical area in the Other IHR Category as of November 2025

## Technical Needs for Support

The workshop participants identified whether technical assistance was needed to complete each NAPHS activity and, if so, what specific assistance was required. Participants identified 50 activities in the plan that require the mobilization of technical support.

Some examples of the needs identified are below, with the full listing included in the REMAP dashboard provided to South Sudan.

- a. Human Resources: Training of healthcare providers on specific outbreak and case management Standard Operating Procedures (SOPs).
- b. Surveillance: Conducting a Training Needs Assessment (TNA) for Integrated Disease Surveillance and Response (IDSR) at all levels and strengthening foodborne disease surveillance protocols.
- c. Laboratory Systems: Training health workers on the production of testing kits and the management of online platforms for case reporting and tracking.
- d. Antimicrobial Resistance (AMR): Development of Terms of Reference (TORs) for a multisectoral coordination committee for AMR.

- e. Infection Prevention and Control (IPC): Support for the development of Healthcare-Associated Infection (HCAI) surveillance and reporting protocols.
- f. Emergency Response: Provision of an international consultant to revise case management SOPs aligned with the national risk calendar.
- g. Coordination: Strengthening coordination and building capacity for the management of digital platforms for surveillance and response.

## Initial NAPHS Implementation

The participants further used the REMAP tool to identify initial progress in implementation of the NAPHS (2025-2029). The average implementation rate of NAPHS activities to date was mapped at 8 percent, demonstrating that significant progress is being made particularly in technical areas such as Health Services Provision (where 43 percent of the activities have been implemented), IHR Coordination (26 percent) and Surveillance (22 percent).



Figure 2: Illustration of initial South Sudan NAPHS implementation progress mapped as of November 2025

## Overall Health Security Investments (not limited to the NAPHS)

In addition to the committed funding for the NAPHS described in the previous section, the **resource mapping identified more than \$72.6 million in overall health security investments in the country (not limited to the NAPHS)**. These mapped investments (2025-2029) represent the overall health security resource landscape for South Sudan, demonstrating key stakeholders and their funding priorities, and investments with the potential to be leveraged/reallocated to support NAPHS through cross-cutting activities.

This overall health security investment mapping includes a **\$21.6 million Pandemic Fund grant awarded to South Sudan** in late November 2025. The grant, which primarily focuses on the areas of Surveillance, Laboratory and Human Resources, closely tracks the priorities of the NAPHS and the funding can be predominately applied to shrinking the \$102 million NAPHS funding gap that was identified through the resource mapping.

Overall health security investments (not limited to the NAPHS) were mapped from a total of 32 funding sources, with the top overall health security donors mapped including the Pandemic Fund, WHO, GAVI, the European Union, the UN Central Emergency Response Fund (CERF) and the United Nations Children’s Fund (UNICEF).



**Figure 3: Illustration of the top donors to Health Security (not limited to NAPHS) mapped in South Sudan**

Pandemic Fund	\$ 21,611,521
GAVI, The Vaccine Alliance	\$ 14,725,668
World Health Organization (WHO)	\$ 12,920,189
European Union	\$ 4,233,892
UN Central Emergency Response Fund (CERF)	\$ 3,669,789
U.S. Department of State (DoS)	\$ 3,430,000
United Nations Children's Fund (UNICEF)	\$ 3,000,000
Japan	\$ 1,320,000
World Bank	\$ 1,293,055
Japan, Ministry of Foreign Affairs (MoFA)	\$ 1,047,768
African Development Bank (AfDB)	\$ 1,005,000
African Member States	\$ 747,713
UN Multi-Partners Trust Fund Office (MPTF)	\$ 528,300
Irish Aid	\$ 378,627
Government of South Sudan (GOSS)	\$ 350,871
East African Community (EAC)	\$ 350,000
Global Fund	\$ 265,000
United States Centers for Disease Control and Prevention (U.S. CDC)	\$ 236,000
Germany	\$ 220,000
Africa Centres for Disease Control and Prevention (Africa CDC)	\$ 207,887
Health Sector Transformation Project (HSTP)	\$ 200,000
International Disaster Assistant Fund (IDAF)	\$ 200,000
African Public Health Emergency Fund (APHEP)	\$ 184,112
International Development Association (IDA)	\$ 150,000
ECHO	\$ 109,272
AMREF	\$ 81,500
Resolve to Save Lives	\$ 75,000
World Organisation for Animal Health (WOAH)	\$ 48,500
South Sudan Humanitarian Fund	\$ 25,000
United States of America	\$ 15,200
UN Development Programme (UNDP)	\$ 10,000
Wellcome Trust	\$ 5,000

**Table 5:** Overall Health Security donors (not limited to NAPHS) mapped in South Sudan as of November 2025

The largest amount of overall health security investments (not limited to NAPHS) mapped was in the technical area of Immunization, with nearly \$17 million. Much of this funding is coming from GAVI, the Vaccine Alliance, along with substantial contributions from the U.S. Department of State and Japan's Ministry of Foreign Affairs.

Other major areas of overall health security support mapped include more than \$11 million for Surveillance, and more than \$9 million each in the areas of Human Resources and Health Emergency Management, which benefit from the Pandemic Fund grant as well as the European Union, African Development Bank, WHO, UNICEF and others.

While the overall health security investment is substantial (\$72.6 million, with major contributions from key donors), only a small percentage is currently aligned directly to the NAPHS. This pool of broader investment represents a crucial opportunity to be leveraged and reallocated to support cross-cutting NAPHS priorities through coordinated planning.

The table below shows the overall health security investments (not limited to NAPHS) mapped by technical area.

Technical Areas	Amount Invested
P8. Immunization	\$ 16,825,109
D2. Surveillance	\$ 11,157,892
D3. Human Resources	\$ 9,170,811
R1. Health Emergency Management	\$ 9,008,728
P5. Zoonotic Disease	\$ 6,175,283
D1. National Laboratory System	\$ 5,782,228
R4. Infection Prevention and Control	\$ 4,017,903
P3. IHR Coordination, National IHR Focal Point Functions And Advocacy	\$ 3,908,980
P4. Antimicrobial Resistance	\$ 3,001,729
R5. Risk Communication and Community Engagement	\$ 1,334,970
R3. Health Services Provision	\$ 759,358
PoE. Points of Entry and Border Health	\$ 636,430
P2. Financing	\$ 350,345
P1. Legal Instruments	\$ 263,501
P7. Biosafety and Biosecurity	\$ 158,500
RE1. Radiation Emergencies	\$ 51,096
P6. Food Safety	\$ 42,000

**Table 6:** Investments in overall health security (not limited to NAPHS) mapped by technical area

## Financial Landscape and Funding Gap

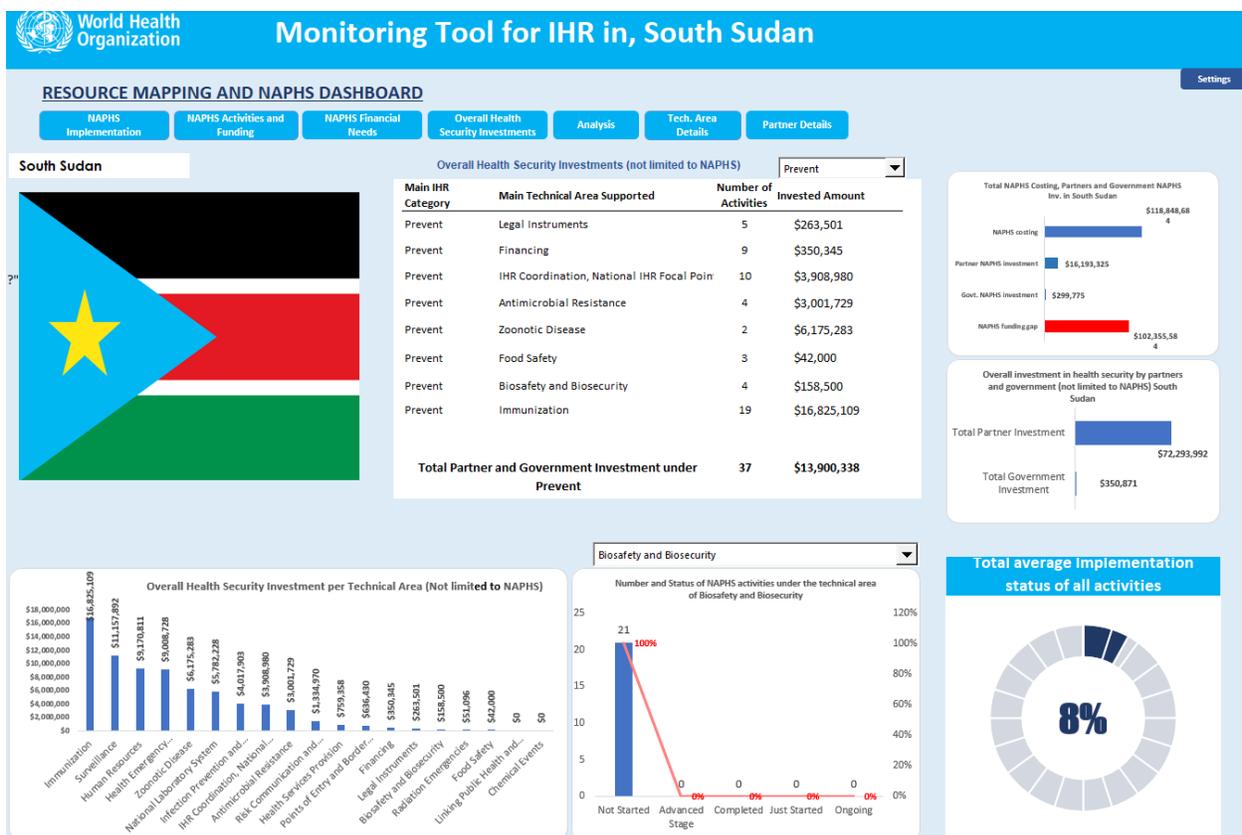
The resource mapping established a definitive financial baseline:

Financial Indicator	Amount (USD)	Implication
Total Overall Health Security Investments Mapped	\$72.64 million	Ongoing and planned investments (2025-2029) mapped from 32 partners and the government for overall health security (not limited to NAPHS)
Total Overall Health Security Investment Mapped Total Cost of South Sudan NAPHS (2025–2029)	\$118.85 million	The full budget required to achieve national priority health security actions as outlined in the NAPHS

Direct Committed Support to NAPHS Activities	\$16.49 million	Explicit funding confirmed as allocated to the NAPHS as of November 2025
CRITICAL NAPHS FUNDING GAP	\$102.36 million	<b>86%</b> of the NAPHS remains unfunded by direct commitments.

**Table 7:** Summary of REMAP data for NAPHS and overall health security

The technical support provided by WHO for the workshop include building a country-owned REMAP dashboard based on the workshop results that can be used by South Sudan moving forward. The dashboard provides a platform for the country to monitor, coordinate and update resources for NAPHS and overall health security, providing visualizations to inform country discussions on available funding as well as needs for targeted resource allocation. The dashboard includes both online and Excel versions to allow maximum flexibility.



**Figure 4:** Screenshot of the Excel REMAP dashboard created for South Sudan

## NAPHS Operational Plan Development

The workshop also included the development of a comprehensive, multisectoral Operational Plan for the NAPHS, translating the NAPHS 2nd Edition (2025-2029) strategic objectives into prioritized and actionable activities with clear timelines, indicators, and responsible institutions. Through this process, 520 of the 792 NAPHS activities were **prioritized to be implemented by the end of July 2027** with a total two-year costing of **\$45,137,901**.

A review of the data highlights the following:

1. **Immunization (P8)** represents the highest cost area, followed by Health Emergency Management (R1).
2. **Zoonotic Disease (P5) and National Laboratory Systems (D1)** contain the highest number of detailed planned activities.

Technical Area	Cost of Operational NAPHS activities prioritized for implementation by end of July 2027	Number of Operational NAPHS activities prioritized for implementation by end of July 2027
P8. Immunization	\$13,666,782	27
R1. Health emergency management	\$12,197,212	48
P5. Zoonotic disease	\$6,175,457	70
D2. Surveillance	\$4,455,468	44
D1. National laboratory systems	\$2,332,724	68
P4. Antimicrobial resistance (AMR)	\$1,152,955	59
PoE. PoEs and border health	\$1,050,550	15
P6. Food safety	\$726,263	22
R5. Risk communication and community engagement (RCCE)	\$527,398	33
D3. Human resources	\$480,374	19
P3. IHR coordination, National IHR Focal Point functions and advocacy	\$459,918	16
CE. Chemical events	\$373,039	14
R2. Linking public health and security authorities	\$370,907	11
P7. Biosafety and biosecurity	\$347,799	17
R3. Health services provision	\$260,267	14
P2. Financing	\$220,874	15

RE. Radiation emergencies	\$189,814	13
R4. Infection prevention and control (IPC)	\$104,440	7
P1. Legal instruments	\$45,660	8
<b>Grand Total</b>	<b>\$45,137,901</b>	<b>520</b>

**Table 8:** Summary of NAPHS Operational Plan for activities prioritized to be implemented by end of July 2027.

## Conclusion

The integrated REMAP Workshop and NAPHS Operational Plan Development marks a pivotal shift from planning to implemented, resourced action in South Sudan's health security journey. By establishing a clear, data-driven baseline of funding and needs, and by creating the tools for ongoing management, the workshop has empowered South Sudan to strategically navigate its path toward IHR compliance.

Through the process, the Ministry of Health reaffirmed its commitment to IHR 2005 implementation, One Health collaboration, and reinforcing South Sudan’s capacity to prevent, detect, and respond to emergencies.

The workshop directly contributes to IHR 2005 compliance, operationalizes One Health coordination, enhances resource mobilization, and enables efficient implementation of high-impact interventions that safeguard the population from existing and emerging public health threats, The process not only strengthens technical capacity but also ensures aligned multisectoral action, which is critical for protecting the health and livelihoods of South Sudanese communities.

## KEY WORKSHOP RECOMMENDATIONS AND NEXT STEPS

### Recommendations

- South Sudan to use the REMAP data to inform domestic and international resource mobilization strategies to accelerate health security strengthening in the country;
- South Sudan to convene a donor coordination forum to discuss the identified financial needs and gaps and the benefits of collaboration and alignment, using the NAPHS framework as an opportunity for resource mobilization
- South Sudan NAPHS Coordination team to use the resource mapping tool as a platform to update and monitor the data on financial and technical resources for NAPHS and discuss the results during regular meetings;
- WHO to support South Sudan to periodically update the resource mapping data, providing any technical assistance necessary to assist country focal points in continuing use of the tool
- South Sudan to identify within the REMAP tool which NAPHS activities will be financed through the Pandemic Fund grant, enabling clearer tracking of committed resources and the remaining financial gaps in the country plan.

## Next Steps

- WHO to support the development of REMAP narrative report for country clearance to be shared on the WHO Strategic Partnership for Health Security and Emergency Preparedness Portal as a platform for strengthened collaboration and advocacy for the NAPHS
- Nomination of South Sudan REMAP focal points by the country to join a WHO orientation session on the use of the REMAP platform and provided with the country dashboard
- South Sudan recommended to periodically update the tool with the assistance of WHO to reflect changes in NAPHS and the resource landscape for health security in the country
- Focal persons to be given orientation to start using e-NAPHS to monitor the implementation of both the Annual Operational Plan (AOP) and the Strategic Plan of South Sudan

## ANNEXES:

### Annex 1: Workshop Photos

### Annex (1): Workshop Photos



