South Sudan turns its health security plan into a platform for action

Summary

South Sudan had a plan to fight epidemics. What it lacked was a clear picture of who was funding it, or proof it was working. With support from RTSL's PMEP program, the Multisectoral Coordination Mechanism (MCM) Secretariat closed that gap. It strengthened its own coordination and leadership practices, then turned the national health security plan (NAPHS) into more than a planning document: a platform to align partners around shared priorities. Through REMAP, it mapped 32 partners' investments. The verdict: barely 14% of the plan was funded – the first time anyone in South Sudan could say so with evidence. The Secretariat then built the country's first routine monitoring system, tracking delivery rather than intentions. The NAPHS is no longer only a technical plan. It is a mechanism – true to the Secretariat's name – for national leadership, visibility and accountability.

Introduction

South Sudan's health system continues to operate under significant strain, shaped by ongoing conflict, recurring shocks and multiple concurrent disease outbreaks, including cholera, malaria, measles, hepatitis E and diphtheria. Responding to overlapping health threats of this scale requires government institutions, sectors and partners to coordinate around shared priorities.

To bring these actors together, the Government of South Sudan developed its 2025–2030 National Action Plan for Health Security (NAPHS), led by the MCM Secretariat — but turning the plan into implementation required stronger systems for coordinating resources and monitoring progress.

Through the Program Management for Epidemic Preparedness (PMEP), RTSL's leadership and management program for health security leaders, a team from the MCM Secretariat has been driving progress on both fronts: using the NAPHS as a platform to strengthen partner alignment and financing visibility, while building South Sudan's first functional system for routine NAPHS implementation monitoring.

The challenge

Dozens of donors and partners fund South Sudan's health security agenda, each with separate funding, planning and reporting systems. This left two connected barriers to NAPHS implementation:

Fragmented health security financing. Partners managed separate grants, workplans and reporting systems, which left funding information dispersed across organizations. Without a consolidated financing overview, the Secretariat could not easily determine which priorities were funded, where gaps or overlaps existed, or where advocacy was most needed.

No routine implementation monitoring. The previous NAPHS had no systematic mechanism to track progress or measure results. Government and partners therefore lacked a common evidence base to assess delivery, identify bottlenecks, review whether resources were supporting agreed priorities, or adjust implementation.

How the Secretariat took the lead

After the PMEP regional convening in Addis Ababa in June 2025, the MCM Secretariat reframed the 2025–2030 NAPHS as an implementation platform, not only a planning document. Sessions on resource mobilization and data use helped sharpen a practical agenda: use national leadership to bring actors into one process, REMAP to clarify the investment landscape, and e-NAPHS to make progress monitoring routine.

The Republic of South Sudan PMEP team, members of the MCM Secretariat with members of RTSL team during the PMEP regional meeting, July 2025, Addis Ababa, Ethiopia.

From fragmented partner activity to coordinated national leadership

For years, partners in South Sudan worked in parallel, each with its own funding, planning and reporting system. The second NAPHS became the Secretariat's chance to break that pattern — and put the government, not the donors, in the driver's seat

This shift required the **Secretariat to strengthen its own position** before engaging partners more broadly. The team aligned across ministries, clarified roles, responsibilities and timelines, and built a shared understanding of REMAP. This internal alignment brought greater coherence to partner engagement and helped the Secretariat approach partners around one set of national priorities, rather than multiple disconnected requests.

PMEP helped strengthen the leadership practices behind this shift. By applying systems thinking, more intentional partner engagement, clearer timelines, consistent documentation and regular sharing of meeting minutes, the Secretariat improved transparency and trust, making it easier to bring national leaders and partners into the process, including some who were initially hesitant to engage or share information.

The Secretariat also became **more intentional in how it exercised influence**. Instead of relying on outdated partner lists or generic invitations, the team mapped who was currently active, funded and relevant. It then applied a core adaptive leadership principle reinforced through PMEP: influence is not uniform, and neither should engagement be. The Secretariat differentiated how partners were approached based on their influence, interests and proximity to the process, using careful sequencing, tailored messaging and sustained follow-up to build momentum. This turned partner engagement from a one-off invitation into a managed process of relationship-building and alignment.

REMAP turned scattered financing information into a shared investment picture

Before the REMAP exercise, the Secretariat did not have a consolidated view of which health security priorities were funded, where resources were concentrated, or which critical areas remained unsupported. REMAP helped transform dispersed financing information into a more usable picture of investment and gaps.

The team supported this shift by **combining formal coordination with informal trust-building**. Alongside formal invitations, concept notes and coordination meetings, Secretariat members reached out directly to partner counterparts through calls and personal messages to explain why REMAP mattered and encourage participation. These existing relationships helped create a more open environment, making partners more comfortable sharing information that could be considered sensitive. The experience showed the team that consistent, personal engagement was essential to building trust and increasing partners' engagement in a shared national process.

Existing coordination platforms were instrumental. Bodies such as the Health Cluster and the One Health Secretariat gave the team ready-made forums to reach partners across sectors. The conversation changed. Instead of pointing to general resource scarcity, partners could see exactly where money was going — and where it wasn't. The Secretariat and partners could see that areas such as health service provision, surveillance, routine immunization and workforce incentives were receiving significant support, while points of entry, emergency preparedness and response, logistics, and IHR coordination had fewer investments. This shared visibility created a stronger basis for aligning future funding, including potential Pandemic Fund investments, with the areas of greatest need.

From no accountability mechanism to routine multisectoral implementation monitoring

The previous NAPHS had no functioning mechanism to track implementation, making it difficult for government and partners to know what had been delivered, where bottlenecks were emerging, or where course correction was needed. South Sudan has now moved toward a more institutionalized monitoring approach, with clearer ownership, an operational platform, and a process for using implementation data.

Peer learning played an important role in helping the MCM Secretariat develop a context-specific monitoring system for South Sudan. Through PMEP's peer-to-peer support system, the Secretariat connected with counterparts in countries that had already navigated the challenge of building monitoring systems for NAPHS implementation. Rather than starting from scratch, the team was able to make an informed decision about the right tools and systems for its context.

After designating an M&E lead, the Secretariat took part in a virtual exchange with South Africa's secretariat, which explored the use of e-NAPHS and Excel-based tracking tools. This exchange proved particularly valuable and helped South Sudan confidently adopt e-NAPHS as its primary monitoring platform.

"Having a buddy system has helped a lot — Team South Africa, for example, was able to share their experience on e-NAPHS." – PMEP Participant from South Sudan

After designating an M&E lead, the Secretariat took part in a virtual exchange with South Africa's secretariat, which explored the use of e-NAPHS and Excel-based tracking tools. This exchange proved particularly valuable and helped South Sudan confidently adopt e-NAPHS as its primary monitoring platform.

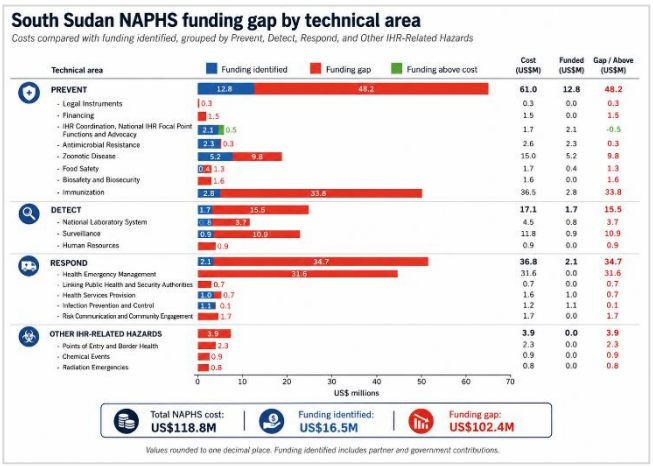
The Secretariat subsequently developed an SOP for monitoring and began using implementation data to inform decision-making. This represents a significant shift: monitoring is no longer an afterthought, but a routine function linked to planning, review and accountability. Just as importantly, South Sudan arrived at this approach through shared experience, strengthening ownership and confidence in the path forward.

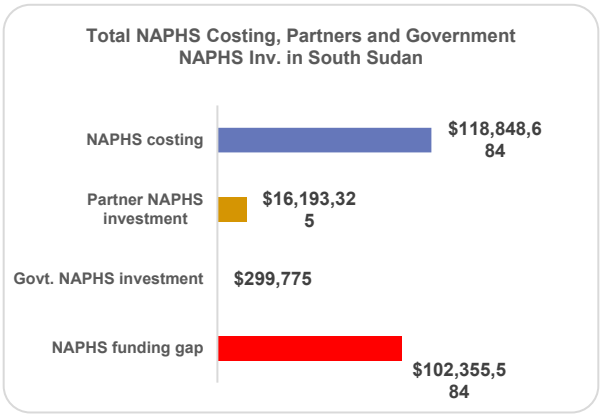
Members of the South Sudan MCM, South Africa National Department of Health and RTSL discuss the NAPHS monitoring approach during the PMEP regional meeting, July 2025, Addis Ababa, Ethiopia.

Emerging results

- **32 partners engaged** in the REMAP resource-mapping exercise
- **Barely 14%** of the NAPHS currently identified as funded
- **Routine monitoring established** through an M&E lead, the e-NAPHS platform and a new SOP where none existed before
- **2026 Annual Operational Plan** already being informed by implementation data

A clearer and shared picture of investment and gaps: As partners gathered for REMAP discussions, the team could see side by side where organizations were investing and where important gaps remained. Some partners disclosed specific funding amounts, while others were more reluctant. The mapping revealed that just under 14% of the NAPHS was currently funded. Of the 32 partners engaged in REMAP, many were investing in health facilities, workforce incentives, routine immunization and capacity-building, suggesting stronger implementation prospects in those areas. At the same time, critical functions such as points of entry, emergency preparedness and response, logistics and IHR coordination had far fewer investments. This clearer picture allowed the Secretariat and partners to discuss how future funding, including upcoming Pandemic Fund investments, could be directed toward the areas of greatest need.





REMAP illustration of the initial mapped funding gap in South Sudan's NAPHS, November 2025.

Improved visibility for better-aligned financing: That clarity created the conditions for a more ambitious step: using the NAPHS budget as a common reference point for donor alignment. With a shared understanding of the financing landscape, the Secretariat began aligning the NAPHS budget with the Health Sector Transformation Project, the Pandemic Fund, and major donor frameworks including UNICEF and WHO. This brings health security financing closer to one national framework — full alignment remains a multi-year effort, but this gives South Sudan a shared reference point it didn't have before.

From monitoring set-up to planning decisions: South Sudan moved from having no NAPHS monitoring mechanism to having an M&E lead, e-NAPHS platform to track progress and bottlenecks and developed a standard operating procedure to clarify roles, processes and expectations. This has helped make monitoring a routine part of NAPHS implementation, rather than an ad hoc activity. The Secretariat has already begun using this system to inform the 2026 Annual Operational Plan, reviewing previous AOP progress and bottlenecks to adjust priorities based on available evidence.

> Our first NAPHS had expired and had no monitoring tool. Now NAPHS 2 is developed, its monitoring tool and team are selected, and timeliness information is shared for timely decision-making. **– PMEP Participant from South Sudan**

South Sudan M&E cross-sectoral focal points at the e-NAPHS AOP review workshop, March 2026, Juba

Areas of ongoing growth: sustaining partner participation and financing transparency

Coordinating partners in a humanitarian setting is hard. To address this, the Secretariat worked through existing government leadership structures to engage partners in these NAPHS processes. In some cases, senior officials within the Ministry of Health, supported by WHO, engaged directly with partners to emphasize the importance of sharing information and aligning with national priorities. These interventions helped increase participation and reinforced the government's coordinating role.

South Sudan hosts hundreds of humanitarian and development partners, yet fewer than 20% ultimately engaged in the mapping exercise. Some organizations did not respond to invitations or submit information about their activities and funding. Others were hesitant to disclose financial details, particularly where partners operate under strict donor reporting requirements. As a result, not all investments could be captured during the initial mapping process.

Why this matters

No single partner could have done this alone. The MCM Secretariat used the NAPHS process to build the connective infrastructure needed for implementation: relationships, shared data, clearer investment visibility and routine monitoring. The most important shift was not the adoption of REMAP or e-NAPHS alone, but the way national leadership used these tools to bring partners around common priorities and create the basis for shared accountability.

Lessons learned for other countries

The South Sudan experience points to several strategic lessons for other countries seeking to use NAPHS implementation to strengthen partner alignment, financing visibility and accountability:

1. **NAPHS can be an alignment platform, not only a technical plan**: Designing the NAPHS as an engagement process, not only a technical plan, can strengthen partners' engagement, resource mobilization and collective accountability for implementation. This kind of alignment is a long-term process, rarely achieved through one exercise. It requires continued engagement, senior-level support and repeated use of mapping and monitoring data in planning, review and financing discussions.
2. **Partner coordination improves when engagement is mapped, sequenced and managed:** Understanding partner incentives, relationships, information flows and power dynamics can help coordination bodies move beyond meetings and design engagement strategies that actually reduce fragmentation. Trust is a precondition for this kind of transparency — investing in personal

follow-up, informal engagement and clear communication makes partners more willing to share sensitive financing information and participate meaningfully in resource mapping.

3. **Resource mapping has strategic value only when it informs investment choices:** REMAP became useful because it moved the conversation from general resource scarcity to specific choices about which priorities were funded, which were neglected and where future investments should be directed. Resource mapping should therefore be designed to support financing decisions, not only to collect data.
4. **Accountability becomes real when monitoring is institutionalized as a management routine:** Indicators alone are not enough; countries need assigned responsibility, practical tools and regular review processes that turn implementation data into decisions and course correction.

Practical tips for applying these lessons

1. **Start early.** Begin partner engagement at least four months before resource mapping. Data collection, follow-up and validation take longer than expected.
2. **Explain the value**. Make clear that the exercise is not an audit. It helps align investments, reduce duplication, identify gaps and support future funding decisions.
3. **Build trust deliberately**. Use formal invitations and meetings, but also follow up through calls, messages and one-on-one conversations, especially when requesting sensitive financing data**.**
4. **Clarify data safeguards**. Tell partners what data will be collected, who will see it, and how it will be presented or aggregated.
5. **Use government leadership strategically**. When partners are hesitant, senior Ministry leadership can reinforce the importance of participation and national ownership.
6. **Close the loop**. Share findings back with partners so they see how their inputs shaped the investment picture and implementation priorities.

Useful definitions

The **International Health Regulations (IHR)** are a legally binding framework adopted by 196 countries under the World Health Organization, designed to prevent, detect, and respond to public health events that could cross borders and threaten global health security. Countries track progress on building the capacities required under the IHR, through two tools: the **Joint External Evaluation (JEE)**, carried out every 4-5 years, and the **State Party Annual Report (SPAR)**, a self-assessment to monitor year-on-year progress. Together, these tools help identify gaps and prioritize investments.

A **National Action Plan for Health Security (NAPHS)** translates the findings from these and other assessments into a costed, time-bound roadmap that guides a country's efforts to strengthen its health security capacities.

REMAP is a strategic tool designed by WHO to help countries identify resource gaps, mobilize funding, and align technical and financial investments to build national health security and emergency preparedness. The REMAP tool and process provide a clear, localized picture of health security investments in a country.

Central to all of this is **multisectoral coordination** — the recognition that health security cannot be achieved by the health sector alone. Effective prevention, detection, and response to health threats requires sustained collaboration across human health, animal health, environment, finance, defense, and other sectors, making multi-sectoral collaboration essential.