South Sudan at the Crossroads: Cross-Border Ebola Risk from DRC and the Case for Immediate Preparedness

A Mercy Corps rapid analysis examining Ebola transmission and preparedness risks to South Sudan

AUGUST 2026

Executive Summary

The current Ebola outbreak in eastern Democratic Republic of Congo (DRC), centered in Ituri Province and expanding into adjacent provinces, presents a credible and growing threat to South Sudan. The outbreak has moved geographically closer to South Sudan's borders, including confirmed cases in Haut-Uélé Province near South Sudan, while regional health agencies continue to classify South Sudan as a high-risk country for importation due to extensive cross-border movement, weak surveillance systems, and limited public health capacity. As of 11 August 2026, the outbreak had reached 4,381 confirmed cases and 2,011 confirmed deaths, and transmission continues to outpace response efforts, with cumulative case counts continuing to rise rapidly rather than showing clear signs of plateauing.

Despite the increasing risk, Ebola preparedness remains insufficiently prioritized within much of the humanitarian community in South Sudan. Discussions with Government authorities, partners, and frontline responders indicate significant concerns regarding funding, operational readiness, coordination, staffing, community awareness, and border surveillance. While the Government of South Sudan and selected partners have activated preparedness measures, the overall level of readiness remains heavily dependent on external support and remains vulnerable to rapid deterioration should an imported case occur.

An Ebola outbreak in South Sudan would have significant consequences beyond national borders. South Sudan sits at the center of multiple regional migration and trade corridors linking DRC, Uganda, Sudan, Ethiopia, Kenya, and the Central African Republic. Regular movements of traders, refugees, returnees, transport workers, and pastoralist communities create pathways for onward transmission if an imported case is not detected rapidly. The concern is not only Ebola reaching South Sudan, but South Sudan becoming an amplification point for wider regional spread if surveillance and containment measures fail during the early stages of transmission.

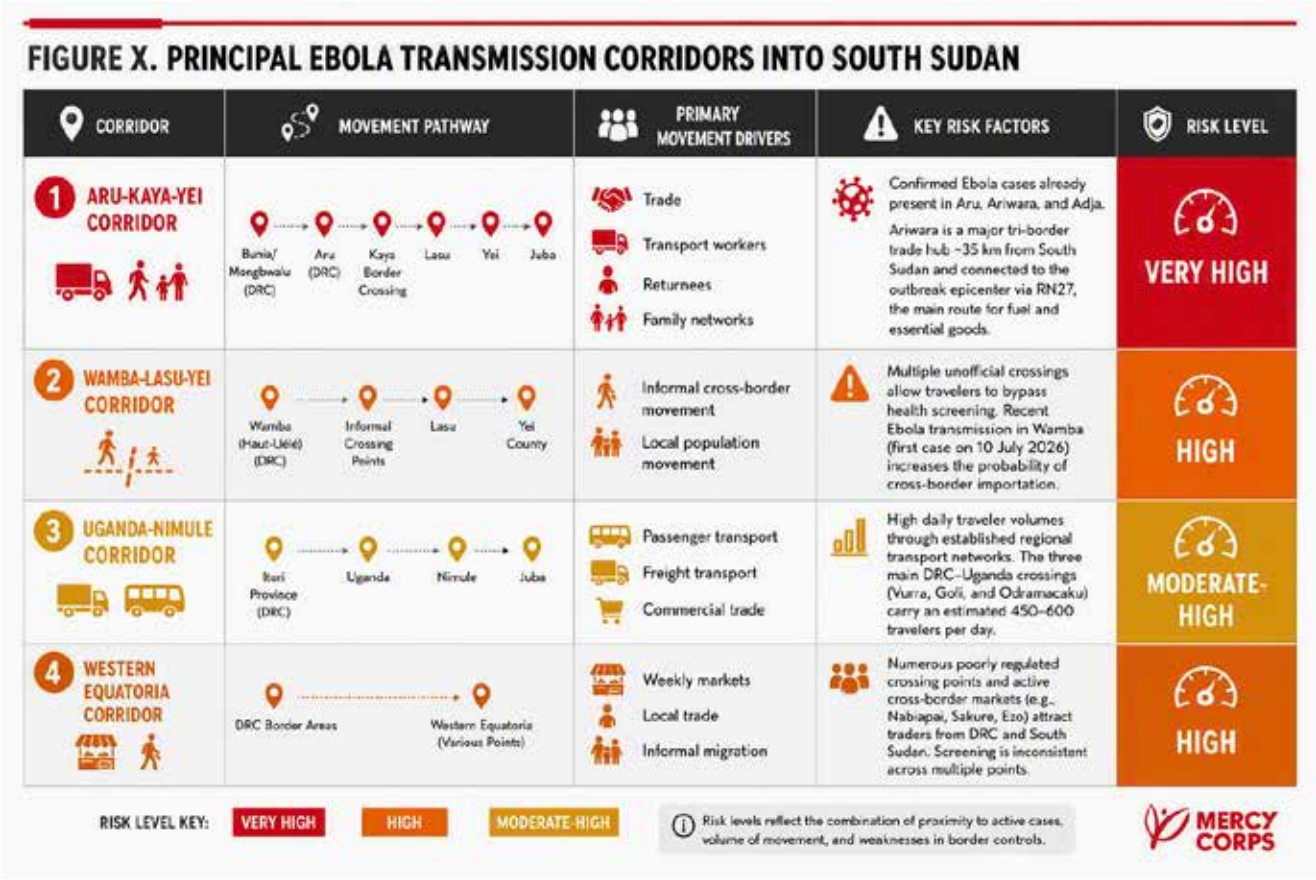
How Ebola Could Reach South Sudan

Ebola Transmission Pattern in DRC Toward South Sudan

The current Ebola outbreak originated in central Ituri in Rwampara and Bunia, where confirmed cases were first recorded on May 15 and May 18, 2026, respectively. In the three months since, the outbreak has not simply expanded outward in every direction but has moved along identifiable travel and trade corridors, along the same routes that connect communities, traders, and families across various parts of eastern DRC. While Ituri Province still accounts for approximately 88 percent of all confirmed cases within DRC (Nord-Kivu at roughly 10 percent and Haut-Uélé and Tshopo together under 2 percent), this concentration understates how far the outbreak's reach has already extended. Health zones in Haut-Uélé province, which borders South Sudan (Wamba, Isiro, Rungu, Pawa, Boma-Mangbetu), and in the northernmost part of Ituri bordering both Uganda and South Sudan (Aru, Ariwara, Adja, Mahagi), have all recorded their first confirmed cases since

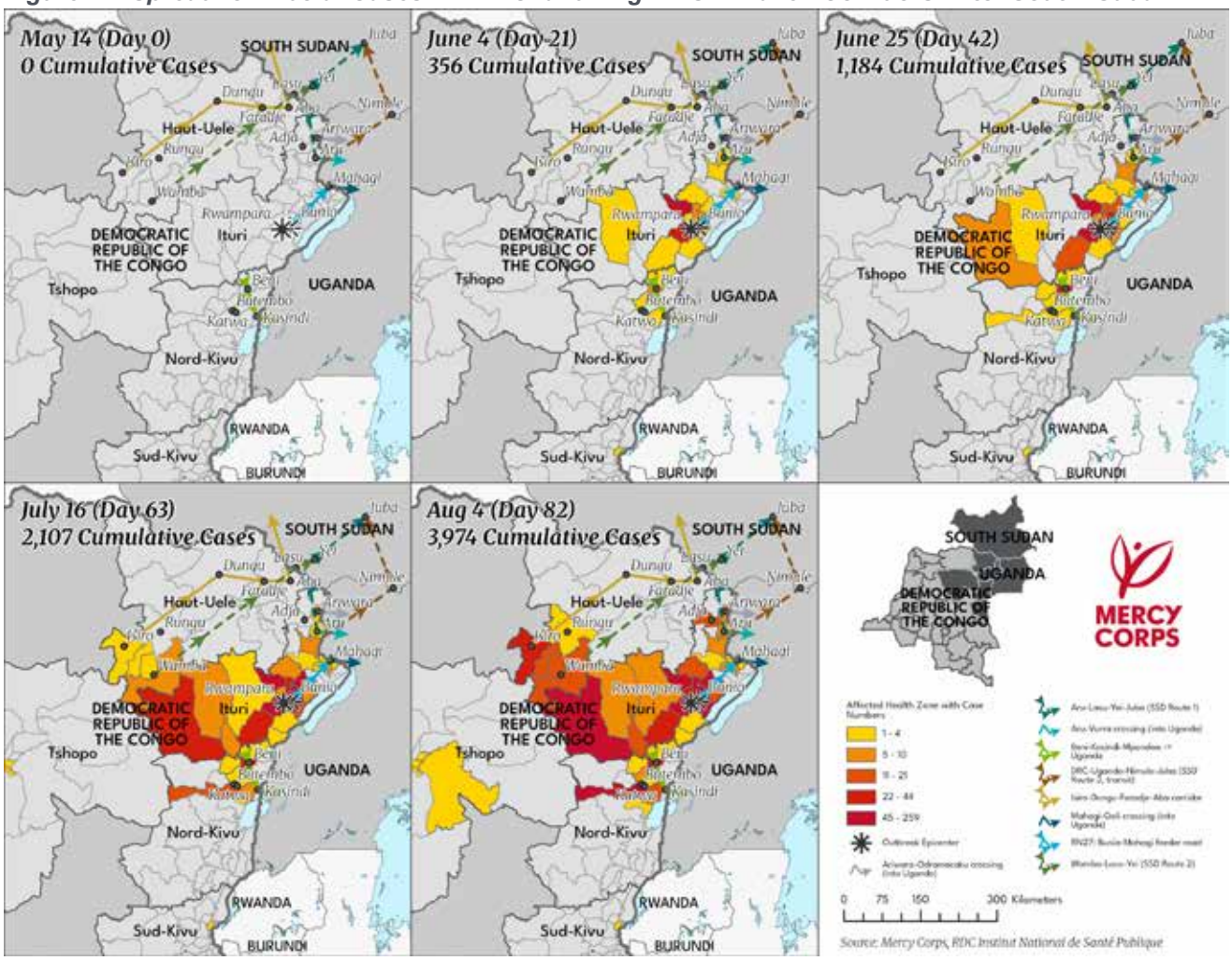
early July and are showing signs of potential sustained transmission. Key towns within these northern health zones are the starting points and anchors of the main travel corridors into South Sudan, and the towns anchoring them are becoming transmission clusters in their own right. Isiro and Wamba, the two towns anchoring the principal routes toward South Sudan, have each moved from a handful of cases to real clusters within a matter of weeks. The more that active transmission takes hold within these key areas, the more likely a case is to spread further along these travel corridors and into South Sudan. This shift from corridors as transit routes to corridors as active transmission zones at their own starting points elevates the risk of cross-border spread from theoretical to immediate. ***Mercy Corps has identified 4 primary travel corridors of which Ebola could reach South Sudan.***

Figure 1. Principal Ebola Transmission Corridors into South Sudan



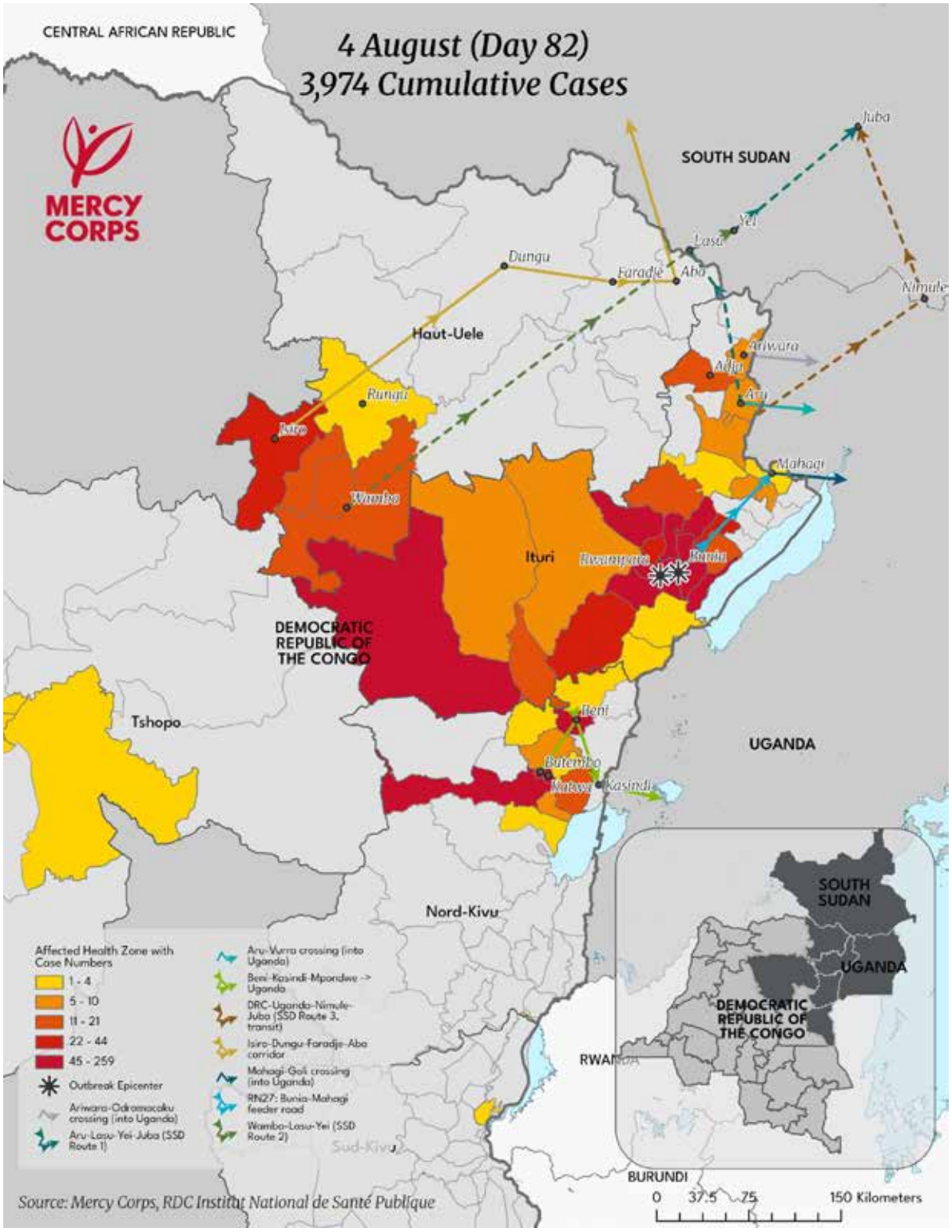
A recent Mercy Corps geospatial analysis (Figure 2 below) shows Ebola transmission (snapshot every 21 days through to 4 August/Day 82 of the outbreak) that shows the rapid spread of Ebola across key travel corridors. Our analysis shows a growing number of Ebola cases being recently detected within key towns (Isiro, Wamba, Aru, Ariwara, Mahagi) that anchor these key travel corridors. Potentially as more transmission happens in these areas, we could see onward travel along these corridors through to South Sudan.

Figure 2. Spread of Ebola Cases in DRC and High-Risk Travel Corridors into South Sudan



Population movement along these identified corridors remains the principal driver of Ebola importation risk into South Sudan. Western and Central Equatoria states experience regular cross-border movement with northeastern DRC through both formal and informal routes. Many travelers move through areas with little or no health screening. Displacement associated with conflict, economic pressures, and return movements further complicates disease surveillance and contact tracing efforts. Therefore, South Sudan has a narrow but critical window to strengthen preparedness before Ebola reaches its borders. Current gaps in surveillance, community engagement, workforce capacity, logistics, and funding increase the likelihood that an imported case could be detected late. Immediate donor investment and coordinated preparedness action are required to reduce the risk of both national transmission and wider regional spillovers. The cost of preparedness today will be significantly lower than the cost of emergency response tomorrow.

Figure 3. Ebola Transmission Within DRC and Identified Travel Corridors



Key Findings

Preparedness Is Not Being Prioritized

Despite the growing outbreak in DRC, Ebola preparedness does not appear to be a major operational priority for many humanitarian actors currently operating in South Sudan. Several stakeholders describe Ebola as receiving substantially less attention than conflict response, displacement, food insecurity, cholera, and flooding preparedness. As a result, planning, contingency discussions, and operational investments remain limited in many organizations despite increasing epidemiological risk.

This perception is reinforced by repeated comments from humanitarian partners that Ebola is "not on the radar" of many humanitarian agencies, creating concerns that preparedness actions may begin only after importation rather than before. Several factors help explain this gap. Humanitarian actors in South Sudan are already stretched thin responding to a complex emergency amid a deteriorating security situation, with needs consistently outpacing available resources. In this environment, there is little organizational capacity left to plan for a crisis that has not yet arrived. There is also an element of complacency: because the outbreak is still unfolding in DRC, some actors reportedly perceive it as a problem for DRC to manage rather than an imminent risk to South Sudan itself, a framing that allows preparedness to be deferred rather than addressed now.

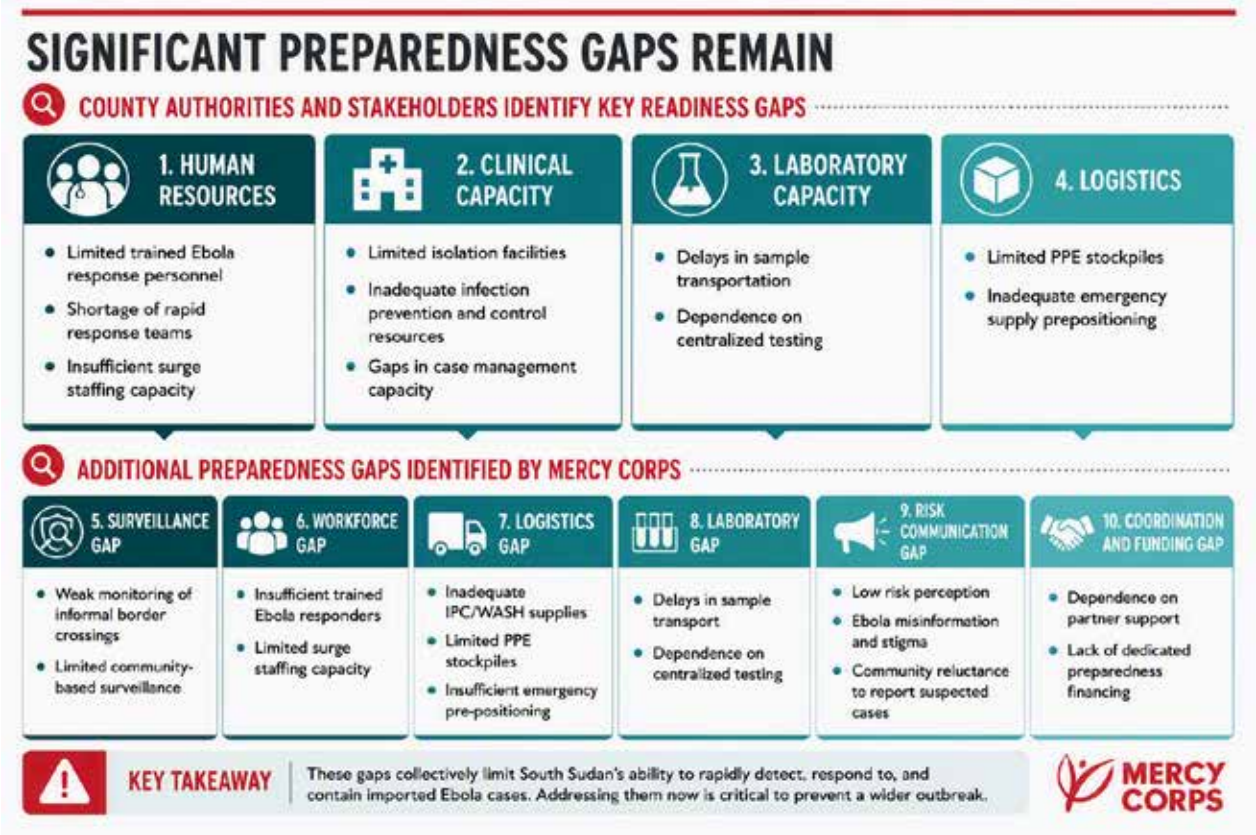
Limited Donor Attention and Funding

Interviews and stakeholder discussions suggest that dedicated Ebola preparedness funding remains scarce. While NPHI, WHO, IOM, and selected health partners have mobilized preparedness support, the broader humanitarian community has not received significant funding allocations specifically for Ebola preparedness. UNOCHA has no Ebola preparedness funding. The practical impact is that preparedness activities are often implemented through existing health programming rather than dedicated Ebola funding streams. Part of this funding gap appears linked to broader donor fatigue with South Sudan more generally. Several institutional donors are reported to view the transitional government as insufficiently committed to the peace process, with some perceiving deliberate obstruction of the peace agreement, a dynamic that has led some donors to scale back their presence in the country and others to reduce funding levels overall. This broader pullback constrains the resources available for Ebola preparedness specifically, even as the epidemiological case for investing in it grows stronger.

Significant Preparedness Gaps Remain

Although national readiness has improved, it remains far below the level required for a large-scale Ebola response. South Sudan County authorities and stakeholders and Mercy Corps consistently identify important readiness gaps that need to be urgently addressed.

Figure 4. Identified Preparedness Gaps



Porous Borders and Population Movement Remain the Biggest Risk

South Sudan's borders with DRC and Uganda are highly porous. Even with screening at major entry points such as Nimule, Kaya, Lasu, and Juba Airport, many travelers move through unofficial crossings where surveillance is minimal or absent. This creates a realistic possibility that an Ebola case could enter South Sudan and remain undetected during the early stages of illness. This pattern is well documented in the broader cross-border literature for this specific border area: travelers moving between DRC, South Sudan, and Uganda are described as commonly using informal bush paths ("panya roads") and crossing at night specifically to avoid checkpoints and taxation. The people involved are overwhelmingly local and civilian rather than long-distance commercial traffic: traders, farmers with land or family on both sides of the border, students, patients seeking care, and IDPs, refugees, and returnees. The goods moving with them are ordinary household and agricultural commodities — maize, flour, groundnuts, dried fish, locally-brewed alcohol, and soap — rather than anything inherently higher-risk, which is precisely why this movement is so difficult to screen for. Even at recognized points of entry, preparedness remains inconsistent. Given the large number of informal crossing points, border preparedness alone cannot eliminate risk. Community surveillance remains equally important.

Community Awareness and Risk Communication Gaps

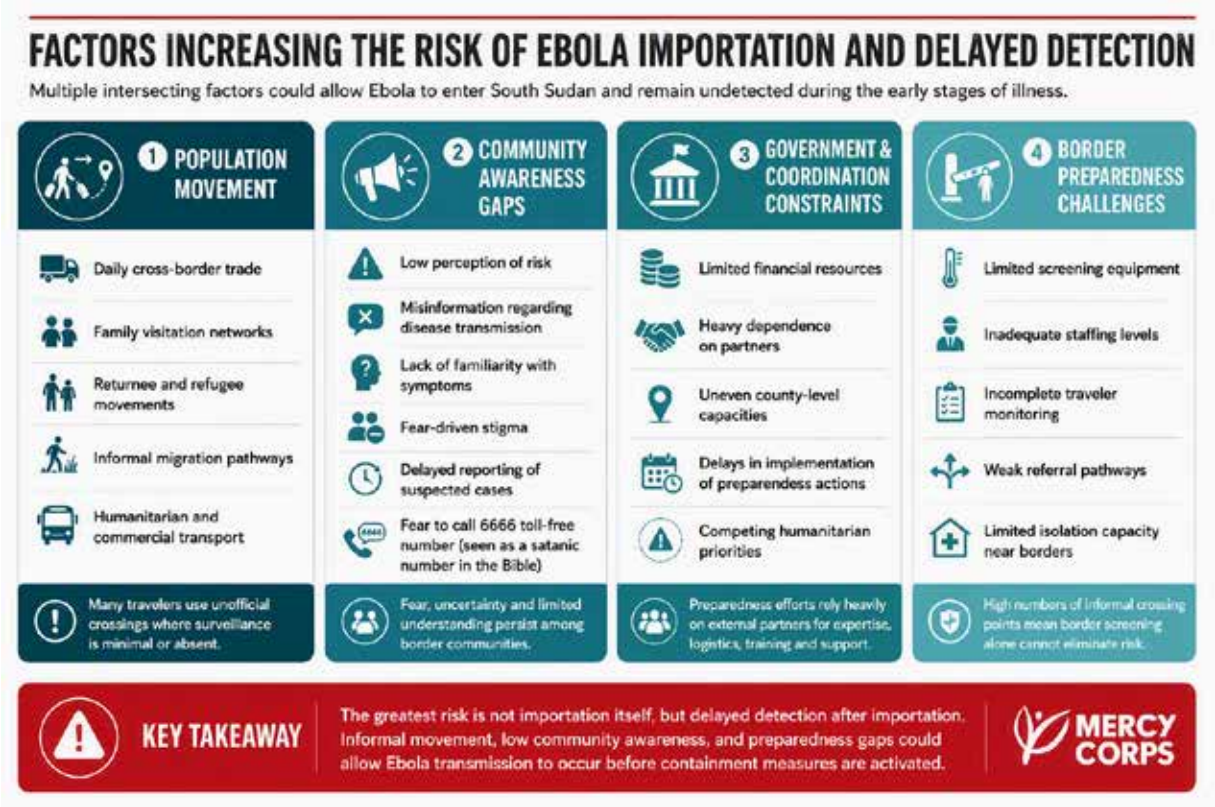
Stakeholders report uneven knowledge about Ebola within communities and local leadership structures. IOM field teams reported that fear, uncertainty, and limited understanding of Ebola remain common among border communities. Without sustained community engagement, surveillance efforts are unlikely to identify cases quickly.

Strong Concern Among Stakeholders

Across interviews and preparedness discussions, stakeholders increasingly recognize the seriousness of the threat. County governments, health officials, WHO, IOM, and NGOs operating in high-risk areas have expressed concern that South Sudan's vulnerabilities could allow rapid transmission if an imported case were missed. The primary concern is not merely importation itself, but delayed detection following importation. WHO has reported an estimated 70 percent probability of Ebola spreading into South Sudan from the current outbreak, a figure consistent with the concentration of new case activity in health zones near both the Uganda and South Sudan borders.

The Government of South Sudan has activated preparedness mechanisms and strengthened surveillance in border counties. However, major challenges remain. Many preparedness activities rely on external partners to provide technical expertise, logistics, training, and operational support.

Figure 5. Compounding factors leading to increased Ebola Risk



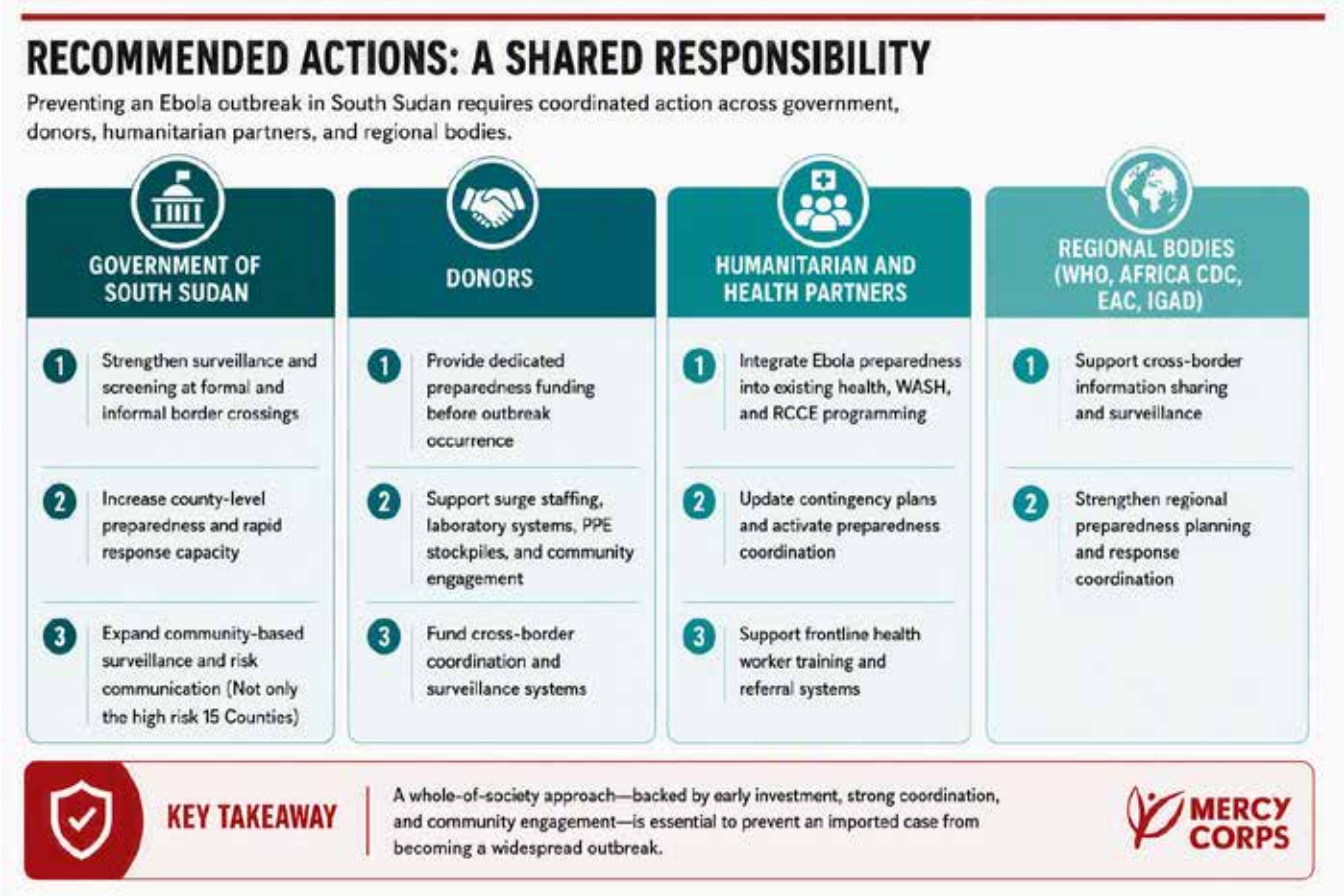
Mercy Corps' recommendations

Why are we raising these concerns?

The purpose of this analysis is to highlight the growing risk of Ebola importation into South Sudan and the consequences of insufficient preparedness. Early investment in preparedness is significantly less costly than emergency outbreak response. The analysis aims to inform decision-makers, donors, humanitarian agencies, government authorities, and regional partners about the urgent need to close preparedness gaps before an imported case occurs.

What are our recommendations and who are they for?

Figure 6. Recommendations for Stakeholders



Mercy Corps South Sudan's Operational Capacity and Ongoing Preparedness Efforts

Mercy Corps South Sudan is well positioned to support Ebola preparedness and rapid response, drawing on a long-standing operational presence in South Sudan, established community networks, and experience delivering adaptive programming in fragile and high-risk environments. Mercy Corps has been operational in South Sudan since 2011, with a country platform that includes programming across the humanitarian, development, and peacebuilding nexus, a national team presence, and prior experience mobilizing community-based structures, crisis analytics, and locally driven engagement approaches during public health emergencies. The team is already active in high-risk areas through community preparedness work, including risk communication, community-based awareness, perception tracking, stakeholder engagement, and coordination with county authorities and national response structures.

Mercy Corps South Sudan is also taking concrete steps to strengthen operational readiness and enable scale-up if the risk of Ebola importation increases or dedicated funding becomes available. Current preparedness actions include advancing RCCE activities in Mundri East and Mundri West, engaging local authorities and task forces, pursuing WASH/IPC assessments in coordination with the WASH Cluster. Mercy Corps is ready to expand from initial RCCE and community preparedness activities into a broader package of WASH/IPC, surveillance support, health facility preparedness, and cross-border coordination if response needs escalate.

Immediate Preparedness Priorities

An immediate investment in Ebola preparedness would enable the scale-up of surveillance, risk communication, frontline health worker preparedness, rapid response teams, and cross-border coordination in the highest-risk counties of Central and Western Equatoria. Without dedicated preparedness funding, South Sudan remains vulnerable to delayed detection and rapid outbreak escalation. Mercy Corps advocates for further support in the following critical areas:

Figure 7. Identified Priority Areas for Ebola Preparedness

Conclusion

The Ebola outbreak's continued expansion through eastern DRC and toward areas bordering South Sudan has significantly increased the risk of importation. Notably, this risk has not increased at a steady pace — it has moved in sudden jumps followed by long pauses. The outbreak reached its closest documented point to the Uganda border within the first week of confirmed transmission, then advanced no further for roughly seven weeks, before a second jump in mid-July brought it markedly closer to both the Uganda and South Sudan borders simultaneously. This pattern means the window for preparedness can close abruptly rather than gradually, reinforcing the case for readiness now rather than a response calibrated to a slower-moving threat. Population mobility, porous borders, and weak health system capacity create favorable conditions for cross-border spread. While government and selected partners have strengthened preparedness efforts, significant gaps remain in funding, operational readiness, surveillance, coordination, and community awareness. The situation warrants immediate increased attention from humanitarian actors and donors, as preparedness investments made now are likely to be substantially more effective and less costly than responding after Ebola enters South Sudan.

About Mercy Corps
Mercy Corps is a leading global organization powered by the belief that a better world is possible. In disaster, in hardship, in more than 40 countries around the world, we partner to put bold solutions into action — helping people triumph over adversity and build stronger communities from within. Now, and for the future.

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