

# ARKANGELO ALI ASSOCIATION



**Fighting  
Diseases  
and Poverty  
in South Sudan**

**AAA ANNUAL REPORT 2025**

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## Key 2025 Tuberculosis Achievements

According to the WHO Global Tuberculosis Report 2025, TB incidence fell by nearly 2% and deaths dropped by 3% between 2023 and 2024, signaling continued recovery from COVID-19 disruptions. A record 8.3 million people were diagnosed and treated, with a 71% success rate for drug-resistant cases. Despite progress, funding gaps and 18 vaccine candidates in development remain key challenges.

### Key 2025 Tuberculosis Achievements

- **Reduction in Disease Burden:** Global TB incidence rate decreased by nearly 2%, while deaths fell by 3% between 2023 and 2024.
- **Highest Diagnosis Rates:** An unprecedented 8.3 million people were diagnosed and initiated on treatment, up from 8.2 million in 2023, showcasing strengthened health services.
- **Treatment Success:** Success rates remained high at 88% for drug-sensitive TB and 71% for drug-resistant cases.
- **Vaccine Pipeline Growth:** As of August 2025, 18 TB vaccine candidates are in clinical development, an increase from 15 in 2024.
- **Preventive Treatment Coverage:** 5.3 million people at high risk received TB preventive treatment in 2024, including 3.5 million household contacts.
- **Progress on Targets:** Over 100 countries have achieved at least a 20% reduction in TB incidence rates.

### Challenges and Focus Areas

- **Funding Stagnation:** Global funding for TB has stagnated since 2020, threatening to derail further progress toward 2030 targets.
- **Inequality in Protection:** Social protection coverage among the 30 high-burden countries varies widely, from 3.1% to 94%.
- **Regional Disparities:** While some regions improved, others saw increases in mortality (e.g., 39% increase in Kuwait, 22% in the UAE).



Dear Friends and Partners,

Arkangelo Ali Association (AAA) - South Sudan extends its sincere appreciation to all our benefactors, partners, donors, and friends for the invaluable support provided throughout 2025. Your financial, in-kind, technical, and partnership contributions have been critical in enabling AAA to continue delivering essential health and humanitarian services to vulnerable communities across South Sudan.

We are deeply grateful to our institutional donors, UN agencies, national and local authorities, non-governmental, faith-based and community-based partners, and individual supporters who stood with us in implementing our core programmes, including TBHIV, Nutrition, Primary Health Care, Leprosy, and Emergency Response interventions. Through your support, AAA reached communities in five out of the ten states of South Sudan, delivering life-saving services in some of the most fragile and underserved settings. In 2025, AAA directly supported over 40,000 people, including the treatment of more than 27,000 primary health care patients, screening of over 12,600 children for malnutrition, and provision of TB and HIV services to over 8,000 clients.

The ongoing war in Sudan has had a major spillover effect on South Sudan, with over one million refugees and returnees registered since 2023, placing immense pressure on already strained social services. The influx has significantly increased demand for health care, nutrition, shelter, water, sanitation, and disease prevention services, particularly in border and host communities with limited infrastructure. These pressures have been further compounded by internal conflict and reductions in humanitarian funding, particularly following budget cuts by the United States Government through USAID, limiting the ability of humanitarian actors to respond at scale.

Despite these challenges, AAA demonstrated resilience and accountability, remaining firmly committed to delivering equitable, quality, and life-saving services.

We also thank the communities of South Sudan for the trust they have placed in AAA by welcoming us and embracing our services. As we look ahead to 2026, we recognize that the humanitarian context will remain complex, but your continued partnership gives hope to thousands of people in times of crisis.

With sincere appreciation,  
AAA Management

|  |                                       |
|--|---------------------------------------|
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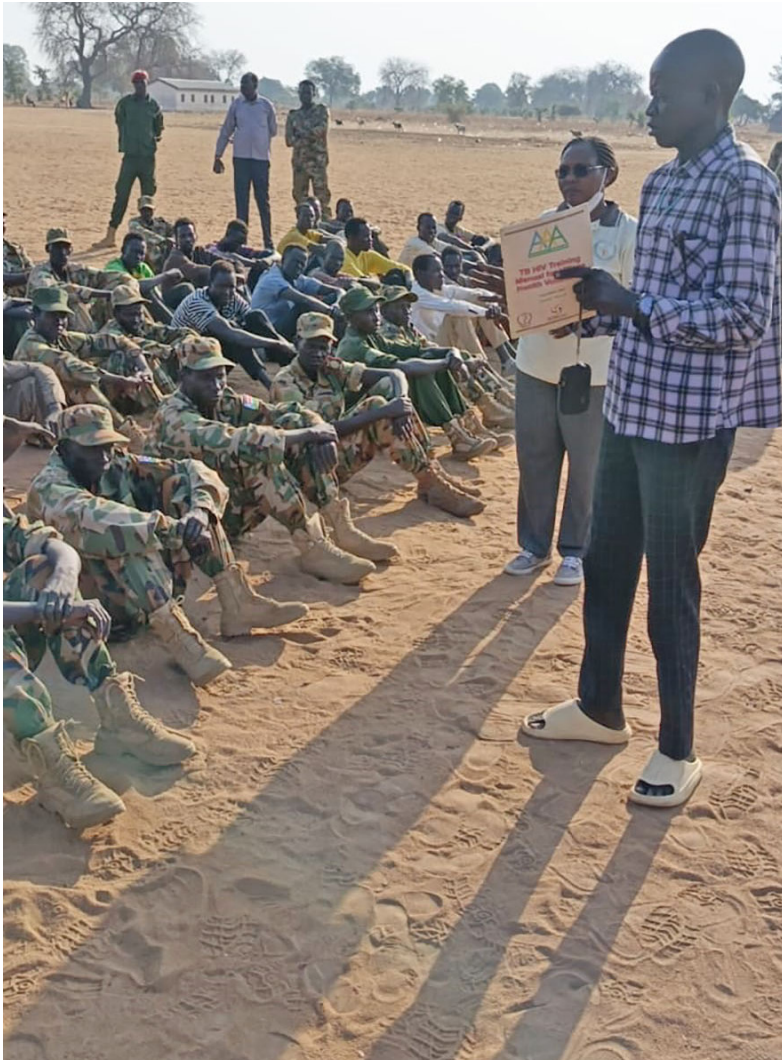
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# PROGRAMS

## TUBERCULOSIS



### Tuberculosis (TB) situation in South Sudan in 2025

WHO's 2025 Global Tuberculosis Report estimates the incidence of all forms of TB in South Sudan at 320 per 100,000 people, or approximately 38,000 cases, up from 227 per 100,000 (with approximately 26,000 cases) in 2024. Mortality rates stand at 42 per 100,000 for HIV-negative cases and 8.7 per 100,000 for HIV-positive cases, compared with 13 per 100,000 and 3.7 per 100,000 in 2024.

No recent TB prevalence survey exists, so these estimates have remained relatively stable since 2011, with modest upward adjustments for 2024. The true TB burden may be higher, with the upper bound of current estimates at 605 per 100,000, up from 332 per 100,000 in 2024. In 2024, 26,000 new TB cases were estimated, of which 27,133 (104%) were detected, reflecting improved case detection and highlighting the need for strengthened national TB programme data quality and potential prevalence surveys.

Among detected cases in 2024, the treatment success rate was 92%. Only 61% of new and relapsed TB cases were bacteriologically confirmed, indicating limited access to diagnostic technology such as GeneXpert. In the same year, 297 DR-TB cases were notified, all of whom (297/297, 100%) were enrolled on second-line treatment. Additionally, 92% of new and relapse TB patients (24,595/27,045) were screened for HIV; 13% (2,304/24,595) were HIV-positive, of whom 97% (2,233/2,304) were subsequently initiated on ART.

### Health System Challenges and TB Achievements in 2025

In 2025, South Sudan's health system faced unprecedented challenges, shaped by conflict, economic deterioration, and disease outbreaks. The massive influx of over 1.1 million refugees fleeing Sudan's war since 2023, with roughly 1,000 people crossing the border daily

in late 2025, placed extraordinary pressure on an already fragile healthcare infrastructure.

Refugee transit centers, such as the facility near Renk, operated at nearly double their intended capacity, stretching resources and limiting access to essential care. Internal conflict between government forces and opposition groups intensified in December 2025, displacing over 100,000 people, further undermining the delivery of health services.

These compounded pressures created conditions that fueled the spread of tuberculosis (TB), making timely detection and treatment more critical than ever. Despite this, AAA remained at the forefront, delivering life-saving TB services and safeguarding the health of vulnerable communities.

### KEY ACHIEVEMENTS 2025

- New and relapse TB patients notified: 8,190
- Successfully treated new and relapse TB patients: 7,180/7,861 (91%)
- TB/HIV collaboration: 8,038/8,190 (98%)
- TB/HIV co-infection: 599/634 (94%)
- MDR-TB patients notified: 167
- MDR-TB patients enrolled on second-line treatment: 167/167 (100%)
- MDR-TB patients enrolled in 2023 successfully treated with second-line drugs: 97/97 (100%)

## HIVAIDS



### HIV Response in 2025

HIV prevalence in South Sudan is modelled, as there are no recent population-level data. The epidemic is continuing to improve, with estimated new infections declining from 17,000 in 2021 to 7,500 in 2024. While progress has been made toward the 95-95-

95 commitments, the country remains some distance from achieving these goals by 2030.

By December 2024, 55% of people living with HIV (PLHIV) knew their HIV status, and 50% of all PLHIV were on antiretroviral therapy (ART), equivalent to 90% of those who knew their status. Coverage of prevention of mother-to-child transmission (PMTCT) and paediatric HIV interventions, including early infant diagnosis (EID), has improved but remains well below what is minimally required to

achieve durable public health benefits and prevent vertical transmission. Rapid dual HIV and syphilis testing has been introduced to strengthen early diagnosis.

Although the number of PLHIV who know their status and who take up ART continues to increase, the year-to-year rate of change has

remained constant. Since 2017, the number of PLHIV enrolled on ART has increased by 4,000–6,000 each year, suggesting that, at this rate, 95% coverage may be obtainable by 2035, if the number of PLHIV in need of ART remains stable. This incremental progress has occurred despite increases in investment for the national HIV response and changes in service delivery models, particularly by PEPFAR-supported implementers, who have expanded the number and scope of community-level actors to improve engagement and retention in care.

Similarly, Global Fund-supported ART facilities increased from 82 in 2019 to 245 in 2024, an 80% increase. Despite these expansions, gains in ART coverage and retention remain modest. Data from the last cohort analysis (2023) indicate a retention rate of 67% or less at 12 months in some facilities, with most individuals lost to follow-up during the first three months after treatment initiation.

Among individuals aged 15–49, HIV prevalence is estimated at 2.4%, with

approximately 194,000 PLHIV. Women and girls account for 64% of new infections, highlighting a significant gender disparity. Ongoing displacement and limited health access continue to challenge retention in care, particularly for women and children.

Despite these challenges, AAA has actively strengthened HIV services in South Sudan, reaching communities through peer educators, mobile clinics, and home-based testing, and providing testing, care, and treatment support. In 2025, AAA's HIV programme reached 139,513 individuals with counselling and testing, identifying 927 HIV-positive patients, linking 743 to care, and enrolling 773 newly on ART (including 30 through proxy). By the end of December, 4,343 patients were currently on treatment (Male: 1,635; Female: 2,708), while 76% of pregnant women received ART for PMTCT.

Despite these achievements, the annual number of new infections remains high at around 8,100, and the national strategic plan for 2024/2025 requires \$360 million to achieve its goals.

## KEY ACHIEVEMENTS 2025

- Persons counselled and offered HIV testing services (HTS): 139,513
- HIV-positive patients identified: 927
- HIV-positive patients linked to care: 743
- Newly enrolled on ART in 2025: 773 (including 30 linked through proxy)
- Treatment current by end of December: 4,343 (Male: 1,635; Female: 2,708)

Each person tested, linked to care, or maintained on treatment represents a life supported and a potential HIV transmission prevented. Looking ahead to 2026, AAA aims to expand community-based testing, strengthen ART retention, and enhance PMTCT services, further reducing new infections and improving health outcomes for the most vulnerable populations.

## NUTRITION

South Sudan continued to face a severe nutrition emergency in 2025, with malnutrition rates reaching critical levels among children and vulnerable populations. An estimated 2.08 million children under five were at risk of acute malnutrition, representing a 26% increase from 2024, while 2.3 million children experienced life-threatening acute malnutrition. The broader food security situation was equally concerning, with approximately 7.7 million people (57% of the analyzed population) facing high levels of acute food insecurity between April and July, and 5.97 million people (42%) facing crisis-level food insecurity or worse between September and November, including 1.3 million in emergency conditions. The nutrition crisis was fueled by multiple interconnected factors.

Escalating armed conflict, particularly in Upper Nile state, and mass displacement of returnees from Sudan placed enormous strain on communities and health services. Severe flooding since June disrupted livelihoods and agricultural production, while disease outbreaks, including cholera, further compounded malnutrition risks.

Economic decline, restricted humanitarian access, and cuts in foreign aid intensified these challenges, creating one of the most difficult operating environments for health and nutrition interventions.



Despite these hurdles, AAA continued to deliver lifesaving nutrition support, reaching children in some of the hardest-to-reach communities.

**KEY ACHIEVEMENTS 2025**

- Children under five screened for malnutrition: 12,636
- Children identified as suffering from malnutrition: 4,618
- Children who benefited from nutrition support: 3,446

Each child screened, treated, or supported represents a life protected and a community strengthened.

Looking ahead to 2026, AAA plans to expand nutrition outreach, strengthen early detection programs, and scale up emergency food support through continued fundraising, ensuring that vulnerable children and families continue to receive timely and effective care. These efforts remain crucial to reducing malnutrition and promoting the long-term health and wellbeing of South Sudan's most at-risk populations.

## PRIMARY HEALTH CARE

In 2025, South Sudan's health system faced a perfect storm of crises, putting immense pressure on an already fragile infrastructure. Despite these challenges, AAA remained committed, ensuring essential primary health care services continued to reach the country's most vulnerable communities.

### Key Health Challenges

- **Humanitarian System Collapse:** Major funding cuts severely undermined health services. UK Aid Direct reductions in 2022 left around 200 health facilities, including eight major hospitals, unsupported. In early 2025, the United States, which funds 55% of South Sudan's humanitarian appeal, suspended and later terminated many humanitarian contracts.
- **Refugee Crisis:** Since the outbreak of war in Sudan in April 2023, over one million returnees and refugees entered South Sudan, with approximately 1,000 people crossing daily by late 2025. Many arrived in areas with minimal water, sanitation, and health services,



sharply increasing the risk of disease outbreaks.

- **Facility Attacks and Disruptions:** At least seven aid facilities in Jonglei state were looted or damaged, with assets confiscated and staff intimidated, forcing suspension of operations in multiple locations. UN food aid convoys were also suspended after attacks.

- **Overall Conditions:** The convergence of conflict, extreme weather events -including floods and droughts and malnutrition, compounded by funding cuts, created the worst health conditions since the 2018 peace agreement.

### AAA'S RESPONSE AND ACHIEVEMENTS

Amid these challenges, AAA ensured continuity of critical health services, providing lifesaving care to thousands of individuals.

- Patients treated: 27,087
- Pregnant mothers attended at ANC clinics: 3,737
- Mothers delivered at health facilities: 547
- Children vaccinated: 2,659

Through dedicated health teams, mobile clinics, and community outreach, AAA maintained access to essential services, supporting maternal and child health, vaccination, and general medical care. Each consultation, vaccination, and facility-based delivery represents a life supported and a community strengthened despite adversity.

Looking ahead, AAA will continue to expand reach, strengthen service delivery, and build resilience in primary health care across South Sudan, ensuring even the most vulnerable populations receive the care they need.

## LEPROSY

Leprosy continues to affect some of South Sudan's most isolated and vulnerable communities. People living with leprosy often face severe hardship, including lack of food, medicine, and access to healthcare, while also experiencing stigma and social exclusion. Families and children are particularly vulnerable, relying on the generosity of churches and well-wishers to meet basic needs.

Amid these challenges, AAA has been a lifeline, providing medical care, welfare support, and community-based interventions. By reaching patients where they live, AAA not only treats the disease but also restores dignity, hope, and a sense of belonging, helping affected individuals reintegrate into their communities.



## KEY ACHIEVEMENTS 2025

- New leprosy cases detected: 120
- People affected by leprosy who benefited from welfare support: 245  
(These individuals received essential support such as food, basic healthcare, and social assistance, helping to improve their quality of life and reduce isolation.)

## AID and RELIEF



## Emergency situation in Aweil East County, Northern Bahr el Ghazal State

Families in Aweil East County in Northern Bahr el Ghazal State, faced one of the most critical nutrition crises in the region in 2025. With a projected population of 584,743 in 2024, the county is classified under IPC Acute Malnutrition Phase 4 (Critical), and nutrition surveys conducted in late 2024 and 2025 revealed Global Acute Malnutrition (GAM) rates far exceeding the WHO emergency threshold of 15%, particularly among children aged 6–23 months. The crisis was intensified by

recurrent flooding, rising food prices, and the arrival of over 7,000 returnees and refugees fleeing the conflict in Sudan, many of whom are now settled in Buothyar Returnees Camp. These factors severely strained already limited health and nutrition services, increasing the vulnerability of children and families.

Amid these challenges, the AAA deployed health and nutrition interventions to support both refugees and host communities, ensuring essential services reached those most in need.

### KEY ACHIEVEMENTS 2025

- People who benefitted from medical care services: 559
- People reached with health education: 1,781
- Children under five screened for malnutrition: 2,105
- Children identified as malnourished: 1,000
- Children who benefited from nutrition support: 504

Through these targeted interventions, AAA helped protect the health and wellbeing of vulnerable populations, particularly young children at highest risk.

Continued support and fundraising will allow AAA to scale up these interventions in 2026, reaching even more families and children in urgent need.

## CHALLENGES



- Insecurity across the country, limiting access to remote communities
- Economic hardship, exacerbating vulnerability and reducing local support
- Staff turnover, impacting continuity of care
- Limited access to health services in remote areas, delaying diagnosis and treatment
- Stigma and social exclusion, discouraging patients from seeking care
- Displacement due to conflict or floods, disrupting continuity of care

AAA remains committed to standing with people affected by leprosy, ensuring they receive both treatment and essential support. With continued donor engagement and fundraising, AAA aims in 2026 to expand outreach, strengthen community-based care, and help more people affected by leprosy live with dignity and improved health.

## INCOME RECEIVED FROM DONORS 2025

| INCOME from Donors as at 31/12/2025 |  | Total USD           | %             |
|-------------------------------------|--|---------------------|---------------|
| 1                                   | Excess income over expenditure 2023 b/f  | 69,050.89           | 3.48          |
| 2                                   | Associazione Arcali Africa Onlus (Italy) | 34,000.00           | 1.71          |
| 3                                   | Bondeko Onlus (Italy)                    | 1,000.00            | 0.05          |
| 4                                   | CESAR Onlus (Italy)                      | 12,800.00           | 0.65          |
| 5                                   | Genova con L'Africa Onlus (Italy)        | 2,868.54            | 0.14          |
| 6                                   | Global Fund/UNDP TBHIV Programme         | 1,680,374.88        | 84.72         |
| 7                                   | Global Fund/UNDP C19PO Programme         | 98,233.49           | 4.95          |
| 8                                   | Leonore Kuester (Germany)                | 500.00              | 0.03          |
| 9                                   | PCPM (Poland)                            | 84,699.00           | 4.27          |
| <b>TOTAL</b>                        |  | <b>1,983,526.80</b> | <b>100.00</b> |

**Average Exchange rate used for Euro to US\$ =1.16 (for Funds Utilized directly in the Currency received-EURO)**

### In Kind support

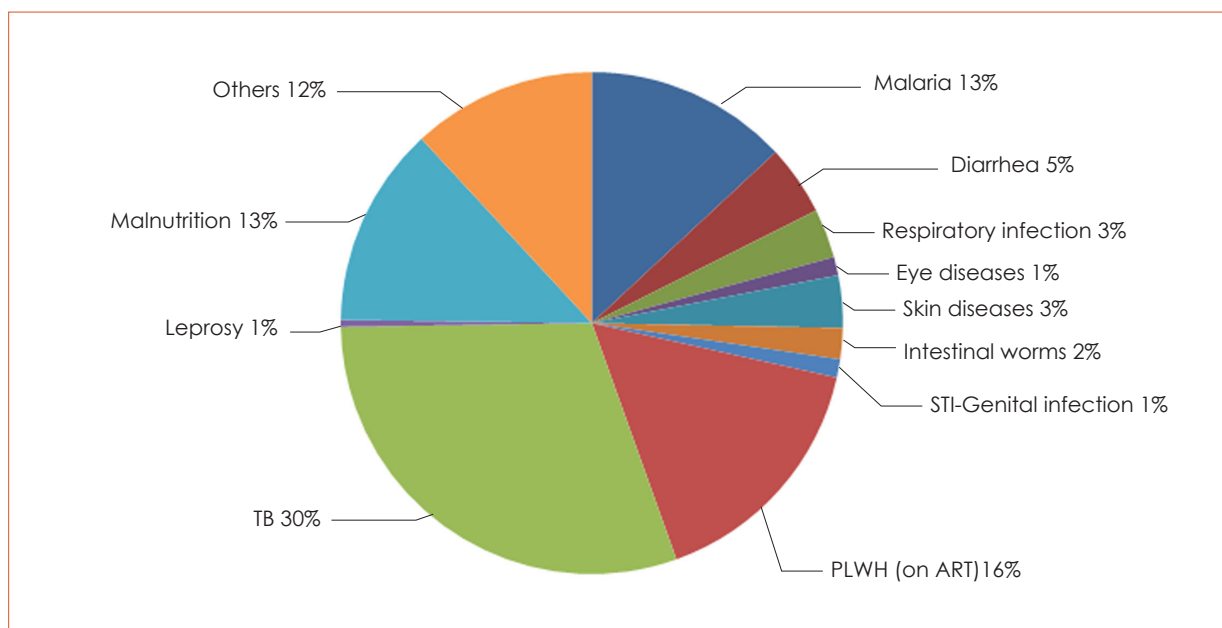
1. RoSS NTLP/HIV/STI Directorate for donation of TB/LEPROSY, ARV Drugs, HIV Testing Kits and Reporting & Recording Tools
2. RoSS MOH for donation of General drugs and Lab Reagents
3. World Food Programme for the donation of food for patients

## OUR FRIENDS, PARTNERS AND SUPPORTERS

|  |
|--|
| Verona Fathers Comboni - Kenya                             |
| CESAR Onlus (Coordinamento Enti Solidali a Rumbek) - Italy |
| Diocese of Rumbek (DoR) - South Sudan                      |
| Bondeko Onlus - Italy                                      |
| Global Fund/UNDP (TBHIV and C19PO Programme)               |
| RoSS Ministry of Health                                    |
| RoSS NTLP  |
| World Food Programme - South Sudan                         |

|   |
|---|
| Genova Con L'Africa Onlus- Italy                    |
| Teresa Pileri - Italy                               |
| Associazione Arcali Africa Onlus - Italy            |
| Polish Centre for International Aid (PCPM) - Poland |
| Amici Di Padre Mattia (Lucia) - Italy               |
| Leonore Kuester - Germany                           |
| Caterina Corrado - Italy                            |
| Angela Stucchi - Italy                              |
| Famiglia Perin - Italy                              |

# AAA EPIDEMIOLOGICAL REPORT 2025



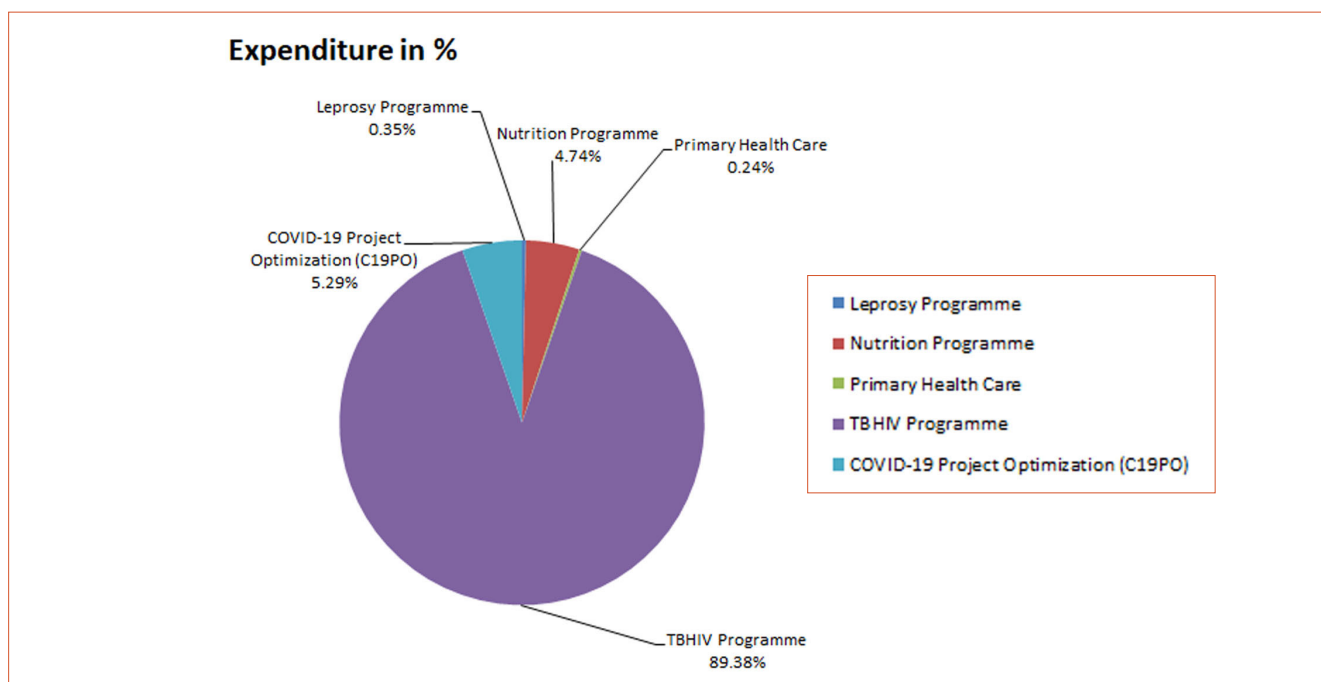
| Malaria | Diarrhea | Respiratory infection | Eye diseases | Skin diseases | Intestinal worms | STI-Genital infection | PLWH (on ART) | TB   | Leprosy | Malnutrition | Others |
|---------|----------|-----------------------|--------------|---------------|------------------|-----------------------|---------------|------|---------|--------------|--------|
| 3542    | 1225     | 856                   | 321          | 912           | 542              | 320                   | 4343          | 8190 | 120     | 3500         | 3216   |

| ACRONYMS   |   |
|--|---|
| AAA - Arkangelo Ali Association                      | NTLP - National Tuberculosis and Leprosy Program        |
| ART - Antiretroviral Therapy                         | PLHIV - People Living with HIV                          |
| HIV - Human Immunodeficiency Virus                   | PMTCT - Prevention Mother-to-Child Transmission         |
| HTS - HIV Testing Services                           | PEPFAR - U.S President's Emergency Plan for AIDS Relief |
| DR - TB-Drug Resistance Tuberculosis                 | TB - Tuberculosis                                       |
| MDR - TB-Multi Drug Resistance Tuberculosis          | GF - The Global Fund                                    |
| IPC - Integration Food Security Phase Classification | UNDP - United Nations Development Programme             |
| MoH - Ministry Of Health                             | UN-WFP - United Nations - World Food Programme          |
| RoSS - Republic of South Sudan                       | WHO - World Health Organization                         |

## FINANCIAL REPORT (PROGRAMMES) 2025

| AAA Income according to Programmes |   |                     |                     |
|------------------------------------|---|---------------------|---------------------|
| INCOME                             | Description                             | Total USD           | % of all programmes |
|                                    | Excess income over expenditure 2024 b/f | 69,050.89           | 3.48                |
|                                    | Leprosy Program                         | 2,500.00            | 0.13                |
|                                    | Nutrition Program                       | 98,499.00           | 4.97                |
|                                    | Primary Healthcare                      | 2,868.54            | 0.14                |
|                                    | TBHIV Programme                         | 1,712,374.88        | 86.33               |
|                                    | COVID-19 Project Optimization (C19PO)   | 98,233.49           | 4.95                |
| <b>Total Income</b>                |   | <b>1,983,526.80</b> | <b>100.00</b>       |

| AAA Expenditure according to Programmes |                                       |                     |                     |
|---|---------------------------------------|---------------------|---------------------|
| EXPENDITURE                             | Description                           | Total USD           | % of all programmes |
|   | Leprosy Program                       | 6,769.00            | 0.35                |
|   | Nutrition Program                     | 91,965.80           | 4.74                |
|   | Primary Health Care                   | 4,730.00            | 0.24                |
|   | TBHIV Programme                       | 1,735,916.65        | 89.38               |
|   | COVID-19 Project Optimization (C19PO) | 102,745.66          | 5.29                |
| <b>Total Expenditure</b>                |                                       | <b>1,942,127.11</b> | <b>100.00</b>       |



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## Key 2025 HIV/AIDS Achievements

As of late 2025, the global HIV response is facing a critical juncture, with significant progress threatened by a major funding crisis, yet key, long-term achievements remain. While approaching the 95-95-95 targets, the world missed key 2025 goals for reducing infections, as 10 million people with HIV still lack access to antiretroviral therapy.

### Key 2025 Achievements and Status

- **Treatment Access:** As of 2024-2025, over 31 million people (roughly 77% of those living with HIV) are on antiretroviral therapy (ART).
- **95-95-95 Targets:** While some nations reached these, global progress showed roughly 87% of people know their status, 89% are on treatment, and 94% of those on treatment are suppressed, falling just short of the 95% targets.
- **Mortality Reduction:** AIDS-related deaths have been reduced by 70% since 2004, with 630,000 deaths in 2024. The 2025 goal was fewer than 250,000 deaths.
- **Scientific Innovation:** 2025 saw major breakthroughs, including the development of twice-yearly injectable HIV treatment and prevention (lenacapavir), offering new hope to reduce infections.
- **Funding & Setbacks:** A “2025 funding crisis” has disrupted HIV services, especially for key populations, threatening to derail previous gains in low- and middle-income countries.

### Looking Toward 2030

The focus now shifts toward sustaining the 26.9 million lives saved by leveraging new, long-acting technologies and addressing the funding shortfall, according to the UNAIDS global AIDS update 2025



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ASSOCIATION**