

Letter to the Editor

RE: South Sudan Postgraduate Training Programme

12 February 2026

Dear Editor,

I agree with many of the concerns expressed by Dr E.A. Hakim, et al, regarding the need for a programme for postgraduate training in South Sudan (SSMJ Vol 19, No 1, February 2026). I feel it is important to point to other issues his letter exposes.

Firstly, most of the concerns expressed—high peripartum mortality, mortality in the first five years of life, all too common home deliveries— indicate the need to address medical issues outside of Juba. This is undermined by the misappropriation of funds supposed to flow through UNICEF to implementing partners at the county level. By all means, utilize professionals from outside countries to address the gaps in expertise in medicine in Juba, but from a practical standpoint, Link House will not make a significant impact on the issues expressed in his letter because most of those issues arise in the rural counties, not Juba.

Secondly, there is a great need for an element of humility at the Ministry of Health (MoH) in South Sudan. The vastly better outcomes in our East African neighbours reported by Dr. Hakim speak to the reality that the medical education systems in other countries in East Africa, including Uganda, Kenya, Tanzania, and Ethiopia, are more advanced. Their professionals, at all levels, are more highly qualified than ours. That is not surprising, given the reality that southern Sudan was engaged in a civil war with Khartoum while those other nations were finding their footing in government and education. It does our country no good to deny these facts. South Sudan needs help from our neighbours in order to improve the education of young medical professionals. During my years of association with the Rumbek Nurses Training School (RNTS), our goals of training nurses were undermined by restrictions imposed by the MoH in hiring instructors from outside South Sudan. The reality was there were not sufficiently trained mentors from South Sudan to accomplish the work, whereas numerous potential candidates were available and willing to come from Uganda and other countries.

Medical training is an apprenticeship based on science. To have well-trained doctors, nurses, clinical officers from South Sudan, we need experts in their fields to conduct the training. From my personal observations of being in Sudan/South Sudan for over 16 years, the best South Sudanese doctors at present were trained in Uganda or other East African countries. We must take advantage of the expertise in our neighbouring nations to provide mentorship for our young clinicians.

Thirdly, the desire to improve healthcare delivery nationwide points to the need to be able to hire the best qualified candidates for key positions in county hospitals and PHCC's. We are struggling to reopen a hospital that has been nonfunctional for over a decade. We are desperate for an excellent matron to oversee the process and an experienced laboratory technician to ensure high-quality and reliable test results. Numerous East Africans are available and desire to come, but the MoH will not allow those professionals to be employed because they are not South Sudanese. If the medical schools for Juba and Upper Nile University are ever to be comparable to those in Uganda and Kenya, it is essential to hire experienced clinicians and instructors who are best qualified to work with our medical colleagues and instruct the candidates, irrespective of their country of origin.

The healthcare of South Sudanese citizens is too important to be treated lightly. It is not sufficient to have the issues covered on paper. If we are to change the disastrous trends in South Sudanese healthcare where we are falling further behind our neighbours, we need to humble ourselves and address this glaring deficit.

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