Letter to the Editor

RE: The goal of sustainability for hospitals in South Sudan

Dear Editor,

Jonathan Majok and colleagues raise some important questions in their article, *Stakeholders' perspectives on determinants of health financing in South Sudan: a qualitative assessment.*[1] I completely agree that sustainability has to be one of the major goals of any hospital in South Sudan. Indeed, a reportedly major discouragement to the continuation of the Health Pooled Funds (HPF) was that hospitals made little progress toward sustainability, although the quality of health delivery improved significantly during the time of HPF funding. Since the end of the HPF, many hospitals have collapsed or greatly reduced their services.

Although I am sure the Ministry of Health (MoH) see themselves as *"visionaries and the advocates for health financing,"* I am convinced that some of their well-intentioned interventions hinder sustainability. It is no secret in South Sudan that there exists an enormous chasm in the actual patient charges for medical interventions in Juba and the allowable charges in other hospitals. The MoH would like to see health care delivered completely free or at charges far below the actual costs to hospitals and clinics. Such magnanimous goals can only be achieved if there is a substantial and inexhaustible source of revenue from outside which I do not believe exists. At present, MoH offers little to help sustain those hospitals and clinics but ties their hands in seeking to provide care by placing unwise restrictions on charges.

The Lakes State had a similar experiment in regulating matatus. From about 2010 to 2013, matatus ran from Aluakluak to Rumbek offering inexpensive transportation to everyone willing to pay their reasonable charges. As inflation hit, the matatus increased their charges to keep their service profitable, but the government sought to limit how much the matatus could charge. The result was that we lost the service and transportation in the Lakes State is far more expensive.

The reality is that South Sudan is an impoverished nation and all medical institutions need to be ready to give free or greatly reduced charges to the truly destitute, but the hospitals and clinics of South Sudan can never achieve anything close to sustainability unless we can charge reasonable fees and make determined efforts to collect those fees from our patients who can afford them. There is a great irony that unlicensed and unqualified pharmacies in the markets routinely charge far more than official hospitals and clinics are allowed to charge, yet they continue to operate and dispense their wares without any attempts at control by the MoH. If the MoH truly does *negotiate on behalf of the South Sudanese*, they can best show their concern by shutting down unlicensed medical providers and attempting to help the few functional hospitals and clinics in South Sudan achieve sustainability rather than burdening us with unrealistic constraints.

J. Clarke McIntosh, MD

Medical Consultant

Akot Medical Center

1. Majok et al. Stakeholders' perspectives on determinants of health financing in South Sudan: a qualitative assessment. South Sudan Medical Journal, 2026;19(3):167-171