Sudan

HEALTH SITUATION
Sudan, with an increasingly ageing population, faces a double burden of disease with rising rates of communicable and noncommunicable diseases. The Sudan Household Survey 2010 showed that 26.8% of children aged 5 to 59 months had diarrhea, while 18.7% were sick due to suspected pneumonia in the two weeks prior to the survey. Protein energy malnutrition and micronutrient deficiencies remain a major problem among children under 5, with 12.6% and 15.7% suffering from severe underweight and stunting, respectively. The most common micronutrient deficiencies are iodine, iron and vitamin A.

Concerning the MDGs, still 77% of every 1000 children born do not live to see their fifth birthday. The maternal mortality estimated at 216 deaths per 100,000 live births in 2010. Despite MDG target for malaria being achieved, it still remains a major health problem. In 2010, malaria led to the death of 23 persons in every 100,000 population; while in total over 1.6 million cases were reported. The annual incidence of new TB cases for 2010 is 119 per 100,000, half of them smear-positive. TB case-detection rate of 35% is well below the target of 70%, but treatment success rate at 82% is close to the WHO target of 85%. With respect to HIV-AIDS, the epidemic is classified as low among the general population estimated prevalence rate of 0.24% with concentrated epidemic in two states.

HEALTH POLICIES AND SYSTEMS
Sudan is in the process of stabilizing its socioeconomic status after the separation of South Sudan, while there is still conflict in Darfur, South Kordofan and Blue Nile states. Sudan’s economy has suffered firstly from a fall in oil prices and more recently from the loss of revenue from South Sudan for oil transportation. In addition, there are continuing sanctions and a trade embargo.

As a result, the social sector, including health is underfunded, adding to the fragility of the health sector. The health services are provided in addition to the ministries of health (federal, state and localities), by health sub-systems like insurance schemes, armed forces, and private providers. For provision of service, health care is organized at three levels: primary, secondary and tertiary level. The national health insurance fund, in addition to being an actor for financing, has its own health facilities. The armed forces and parastatal organizations like railways and Sudan Air etc. have their own network of health facilities and insurance schemes. The private sector, which is growing at a rapid pace, is concentrated in major cities and focuses on curative care.

Sudan developed its national health sector strategy (2012-16) and currently, it is reviewing its national health policy (2007) with the objective to develop a new policy for 2014-2018. The country has also reviewed health system financing using OASIS approach as a prelude to framing its national strategy for health financing. Also, the country has embarked on developing detailed roadmap for providing universal health coverage to its population.

COOPERATION FOR HEALTH
The national health sector strategy (2012-16) was subjected to “Joint Assessment of the National Strategy” process within the IHPP+ framework; and now the MOH is developing a local agreement to rally partners to support implementation of national strategy for health sector.

The overall aid environment in Sudan is mainly focused on humanitarian assistance. The ‘rest of the world’ contribution to Sudan is 4.52% of the total health expenditure. Sudan has an outstanding external debt of US$37 billion and an iPRSP was accepted as a good basis for the development of a full PRSP to pave the way for debt relief. EU has recently launched a €16 million health project in East Sudan.

There has also been some contribution by non-traditional donors. The Kuwait Pledging Conference for East Sudan held in 2011 and the Doha Pledging Conference for Darfur on the basis of the Darfur Development Strategy held in April 2013 have not yet resulted in major additional funding for these regions.
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<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| STRATEGIC PRIORITY 1: Reduce burden of communicable diseases | • Promote control of tuberculosis, malaria, HIV/AIDS and other communicable diseases with special emphasis on the adoption of national protocols and their uniform implementation by all health actors across states and localities.  
• Support accelerated control of neglected tropical diseases  
• Support the control of vaccine-preventable diseases and resource mobilization from global partnership |
| STRATEGIC PRIORITY 2: Reduce the burden of noncommunicable diseases, mental health and unhealthy | • Assess the magnitude and burden of noncommunicable disease and disabilities and develop and implement a strategy for advocacy and promotion of healthy lifestyles.  
• Initiate the chain-free initiative in mental health hospitals and institutions  
• Develop a strategic plan and programme for road traffic accidents and injury prevention |
| STRATEGIC PRIORITY 3: Promote health through life course | • Provide technical support in developing/updating and implementing national policies, strategies and action plans on maternal and neonatal health necessary  
• Continue supporting the expansion of interventions allied to initiative like Making Pregnancy Safer and availability of skilled birth attendants |
| STRATEGIC PRIORITY 4: Strengthen health system at all levels | • Strengthen stewardship function of the ministries of health, inter-alia by framing, dissemination and implementation of national policies, strategies, guidelines and legislation  
• Provide technical support for drug quality control, including building capacity for the implementation of good manufacturing practices  
• Enhance evidence-based decision-making processes through emphasis on health system research, and the building of a robust national health management information system  
• Facilitate equitable financing of health to address geographical disparities and develop and use national health accounts to provide evidence and monitor health financing  
• Strengthen leadership role of ministries of health in facilitating partnership and coordination  
• Support the consolidation of the primary health care package and emergency/obstetrical referral care with equitable access and special emphasis on rural areas  
• Train and support local women community health volunteers to advise people on water safety, hygiene, sanitation and basic self-health care  
• Improve the skill mix of health teams and deployment of professionals and other staff to underserved areas in order to improve equity in the distribution of human resources  
• Strengthen the process of accreditation of medical schools and initiate the process in health personnel training and other academic institutions  
• Design and implement integrated health information systems and develop procedures and train staff for developing information as basis of planning and policy development  
• Computerize the information system and improve the registration of vital information  
• Assist in strengthening national surveillance systems to assess the mortality and morbidity trends among mothers and new-born babies |
| STRATEGIC PRIORITY 5: Support developing a consolidated disease surveillance and early preparedness, including early warning system and response to emergencies and humanitarian needs | • Support accelerated implementation of the International Health Regulations (2005)  
• Strengthen the epidemiological surveillance system, and facilitate the incorporation of the existing different surveillance activities into a comprehensive national surveillance system  
• Strengthen the public health laboratory network as part of the communicable diseases surveillance and control system at federal and state level  
• Strengthen the capacity of the federal and state ministries of health for emergency preparedness and response  
• Support the development of transitional strategies for post-conflict and early recovery actions that are linked to humanitarian interventions during the acute emergency phase  
• Assist in strengthening coordination to support the health and nutrition sector at the level of service delivery and resource mobilization |