Darfur health

Darfur health indicators are always among the poorest indicators in Sudan. The primary health care services are characterized by low coverage, inadequate provision of the essential package and limited accessibility. Most of the primary healthcare facilities lack the minimum appropriate medical equipment and adequate infrastructure.

<table>
<thead>
<tr>
<th>Minimum basic health package (MBHP)</th>
<th>35% of the functioning health facilities in Darfur provide this package</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient services, routine immunization against all national target diseases and adequate cold chain in place, antenatal care</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basic essential obstetric care (BEOC)</th>
<th>23% of the functioning health facilities in Darfur provide this package</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination of mother and newborn (up to 6 weeks), respond to observed signs, support breastfeeding, promote family planning</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Post-partum care</th>
<th>48% of the functioning health facilities in Darfur provide this package</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low health workforce density of health professionals for Darfur with 0.4 per 1000 population</td>
<td></td>
</tr>
</tbody>
</table>

The WHO benchmark for health professionals is 2.3 per 1000 population.

Source: HeRAMS 2012
Darfur early recovery strategy for health and nutrition

The Darfur Early Recovery Strategy for Health and Nutrition is an integral part of the Darfur Development Strategy. It was first envisaged in 2011 as one of the cornerstones for Darfur as the region started to rebuild itself from years of conflict and poverty. The Federal Ministry of Health, the Darfur Regional Authority and the State Ministries of Health, together with the World Health Organization and the World Bank were all involved in its development. From December 2011 to October 2012, several meetings and workshops took place to sketch and shape the document. On 17 October 2012 the strategy was launched.

The strategy is three-pronged, encompassing activities over the next 15 years. The proposed total allocation to implement the strategy (in addition to present funding levels) is US$ 255 million, and an additional US$ 60 million is required for recurrent costs.

First prong: First 2–3 years total estimated cost for interventions is US$ 150 million

The first prong is maximizing the outputs of existing health and nutrition services by physical rehabilitation and functional upgrading of the existing health facilities, starting with those with the heaviest workloads, and the most favourable locations (in relation to population settlements). This will be carried out in the next 2–3 years. During this period, supply systems will be improved by reducing fragmentation and by supporting country-wide reforms, tapping idle capacity, including the hiring of unemployed cadres, and increasing access to care, as well as upgrading the skills of active health workers and motivating them through comprehensive supervision.

Second prong: From now up to 5 years total cost for interventions is US$ 10 million

The second prong is strengthening the institutions and management instruments necessary to operate an expanded and upgraded integrated health system during the next 5 years. This is to ensure a sustained recovery, particularly in the field of information management (including surveillance), supervision and evaluation capacity, regulation, human resources for health management and development, financial management (including external assistance), asset management (investment and maintenance), as well as supply.

Third prong: From now up to 10-15 years total cost for interventions is US$ 95 million

The third prong is launching a long-term investment plan, aimed at making health and nutrition services accessible to the majority of the population during the next 10–15 years. The investment needed by the Darfur health care arena is so large that it will necessarily extend beyond 5 years, because of implementation and absorption constraints, funding (both capital and recurrent) limitations, and the demanding and time-consuming preparatory work. The investment needed will progressively cover disadvantaged communities, and alleviate gender gaps. The investment plan will encompass: health facilities, and warehouses, including offices, staff housing, and training institutions; support systems such as transport, laboratories, communication; and human resources for health.
Cost of running basic health services in Darfur

To fix an evidence-based policy for Darfur recovery programmes, the Federal Ministry of Health (FMoH), with support from the World Health Organization (WHO), studied the costs of providing health services, including the preventive services provided at primary health care level and later the cost of secondary and tertiary services. The government aims to standardize and cost all health services across service providers.

The study shows the standard costs (a budget estimate) for the basic service package in Darfur, and the table below shows the cost of running basic health services in the Darfur. Basic service packages have been described at three levels of care:
- Basic health unit
- Primary health centre
- Rural hospital

<table>
<thead>
<tr>
<th>Basic Services Package</th>
<th>Annual cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic health unit</strong></td>
<td>US$ 96 000</td>
</tr>
<tr>
<td>small, local, primary level facilities, each to cover at least 5000 people</td>
<td></td>
</tr>
<tr>
<td><strong>Primary health centre</strong></td>
<td>US$ 253 000</td>
</tr>
<tr>
<td>larger local, primary level facilities, each to cover at least 10 000 people</td>
<td></td>
</tr>
<tr>
<td><strong>Rural hospital</strong></td>
<td>US$ 837 000</td>
</tr>
<tr>
<td>secondary referral level care, to cover one locality</td>
<td></td>
</tr>
</tbody>
</table>

For more information contact

Anshu Banerjee
WHO Representative in Sudan
banerjeea@sud.emro.who.int
mobile number: 00249912130308

Altaf Musani
Regional Emergency Coordinator
WHO’s Office for the Eastern Mediterranean
musania@emro.who.int
**WHO’s work in Darfur**

**Communicable diseases control**

Strengthens the communicable disease surveillance system for alert and response to epidemics, and other public health emergencies

Supports laboratory surveillance for confirmation of epidemic-prone diseases by providing supplies and reagents, and supporting training activities for laboratory technicians

Builds capacity of health workforce to detect, to mitigate, to control, and to respond to outbreaks and emergencies

---

**Primary and secondary healthcare**

Provides basic health service delivery, including mental health and noncommunicable diseases, through health partners

Implements activities geared towards safe hospitals and health sector risk reduction measures

Provides essential medicines, supplies, diagnostic kits, and reagents in high-risk areas

Revitalizes and builds capacity of health systems for preparedness and response

---

**Environmental health**

Works to improve environmental health condition in health facilities

Supports campaigns targeting mosquito breeding sites, indoor residual spraying campaigns, as well as health promotion activities

---

**Coordination**

Supports coordination of humanitarian action as UN Cluster Lead Agency

Strengthens partnerships and builds capacity of national and international nongovernmental organizations for effective humanitarian assistance

---

**For more information please contact**

Anshu Banerjee  
WHO Representative in Sudan  
banerjeea@sud.emro.who.int  
mobile number: 00249912130308

Altuf Musani  
Regional Emergency Coordinator  
WHO’s Office for the Eastern Mediterranean  
musania@emro.who.int