

Sudan



The Republic of Sudan, which gained independence in 1956, is the largest country in Africa and spreads over 2.5 million square kilometers and is divided administratively into 25 states. The ethnic and regional conflicts that lasted over two decades have caused human losses and damage to the physical infrastructure as well as hampered progress in social and economic development. The Comprehensive Peace Agreement (CPA) was signed between the Sudan Peoples' Liberation Movement/Army (SPLM/A) and the Government of Sudan in 2005 putting an end to the civil war. As a result, there is a degree of stability and the Government of National Unity (GONU), to represent both southern and northern states, was established. Within GONU, the Federal Ministry of Health (FMOH) is responsible for the health of the people in 15 northern states. Likewise, the Ministry of Health, Government of South Sudan (GOSS) is responsible for 10 southern states. The Darfur Peace Agreement (DPA) was signed in May 2006. However not all warring factions signed up to it, and as a result the conflict in Darfur is still ongoing. Efforts by international partners continue to bring together all involved parties for a lasting peace in Darfur. One consequence of the conflict is that health system has been severely disrupted and faces many challenges. Sudan's geography and ecology is another important factor shaping the health, nutrition and population situation. The vast distances, and poor roads and transport facilities affect coverage as well as increase the cost of health services. Climatic factors contribute to health-related emergencies including drought and flooding and ecological factors expose the population to major infectious and parasitic diseases, including a host of neglected tropical diseases, mostly prevalent in southern states.

HEALTH & DEVELOPMENT

Sudan is a low-income country with a GDP per capita of US \$700. Bolstered by higher oil production, good harvest and a continuing boom in construction and services, the economy has recently grown at a faster pace with estimates of 11% growth in 2006. But, this growth has been unevenly distributed and is geographically concentrated in central states around Khartoum. Overall, health indicators in Sudan are poor, but in North Sudan, these are better than most Sub-Saharan African countries. There are huge urban-rural and regional disparities. Southern states and some states of North Sudan are more deprived and underserved. Important health and health care indicators are provided in table (see left) and indicate little improvement in the MDG indicators over the 1990s. This slow progress requires the scaling up of interventions and significant efforts to get on track to achieve the MDGs by 2015. In addition, there is a high burden of infectious diseases in the country and epidemics of infectious disease are common.

The CPA has acted as a tool to build peace and bring development in conflict-affected and natural disaster-prone Sudan, and has formed the basis for an interim constitution of Sudan established in 2005. This constitution gives special emphasis to health and requires government to promote public health and guarantee equal access and free primary health care to all people of Sudan. Further, it reiterates and affirms Sudan as a federation with a decentralized system of governance. Following these principles laid down in the constitution, GONU and GOSS developed health policies, expressing commitment to equitable, sector-wide, accelerated and expanded quality health care for all, especially for underserved, disadvantaged and vulnerable, like women and children in order that they are able to lead socially and economically productive lives.

Another development consequent to the signing of CPA was the launching of Joint Assessment Mission (JAM) co-led by the Government of Sudan and SPLM/A, along with UN agencies and the World Bank and the subsequent establishment of a multi-donor trust fund (MDTF). Under this fund, a decentralized health system development (DHSD) project, both for North and South has been initiated. Likewise, in July 2006, a Darfur Joint Assessment Mission (D-JAM) was launched in an effort to address the most urgent needs of population, but its implementation awaits the full deployment of UN-African Mission peacekeeping force which begun in January 2008. In addition, the Government is also increasing investment in and resource allocation for the health sector.

Indicator	Value
Population ¹	35,522,990
Population growth (annual %) ¹	1.9
Total fertility rate (births per woman) ²	4.3
Life expectancy at birth, total (years) ¹	56.55
Infant mortality rate(per 1000 live births) ³	81
Under-five mortality rate(per 1000 live births) ³	112
Maternal mortality rate (per 100,000 live births) ³	1,107
Underweight prevalence (moderate and severe) (%) ³	31
Measles immunization coverage(%) ³	59.3
Under-fives sleeping under insecticide-treated nets(%) ³	27.6
Antimalarial treatment – under-five within 24 hrs of onset of symptoms (%) ³	54.2
Use of improved drinking water sources(%) ³	56.1
Use of sanitary means of excreta disposal (%) ³	31.4
Contraceptive prevalence rate (%) ³	7.6
Delivery attended by a qualified health personnel (%) ³	49.2
HIV prevalence (% of population aged 15 – 49 years) ¹	2.3
Knowledge about HIV prevention, correctly identifying two ways of avoiding HIV infection (%) ³	4
Contraceptive prevalence (%) ³	7.6

Sources:

- ¹ World Bank World Development Indicators 2006
- ² World Health Report 2006
- ³ Sudan Household Survey 2006

OPPORTUNITIES	CHALLENGES
<p>There are opportunities which if explored can address the challenges facing the Sudanese health system:</p> <ul style="list-style-type: none"> • Since the signing of the CPA in 2005, there has been a degree of stability, albeit raising expectations of the people, who want to see the expected peace dividends. Also there is greater attention from the government to the health services. • The international community has shown commitment to work for recovery and development including strengthening health services through the MDTF, both for North and South, GAVI, the Global Fund and others. • There is a clear direction envisioned in the constitution, 25-year and 5-year strategic plans, and the national health policy, both for North and South that indicate the government's resolve to build the health system, based on comprehensive primary health care. • National resources are increasingly being committed for the health sector. The Medium Term Expenditure Framework (2008-2011) visualizes enhancing public expenditure on health from the current 1.5% of GDP to 2.15% of GDP by 2011. • The federal system in place and decentralization provides another window of opportunity. Greater availability of resources complemented with authority for decision-making at state and locality level will enhance efficiency and better utilization of resources according to local needs. 	<p>There are challenges that risk the chances of health system recovery and improving the delivery of health services.</p> <ul style="list-style-type: none"> • The excessive burden of communicable diseases, e.g. malaria, tuberculosis, hepatitis, vaccine-preventable diseases, and neglected tropical diseases in the South and the emerging problems of non-communicable disease and of HIV/AIDS. Further areas of concern are high maternal and child mortality as well as widespread malnutrition. • The country is prone to natural disasters such as floods and droughts. While these disrupt infrastructure, including that of the health system, they also cause illness and bring suffering through displacement, loss of shelter, food and income, thus posing a greater demand on the already weak and disrupted health system. • Given that the main focus has so far been on humanitarian action, recovery and development of the health system has been so far overlooked with an overemphasis on clinical care. In the presence of such biases, there exists competition for resource allocation between different components of the health systems. • Protracted conflicts and continuing under-development has contributed the exodus of skilled manpower. The disruption to health infrastructure has particularly led to a "brain drain" and vicious circle of mal-distribution of human resources and poorly maintained health infrastructure.

PARTNERS

In Sudan the UN, which alongside many NGOs, particularly in the South, had been addressing humanitarian needs, played a key role in brokering peace. To consolidate peace, the UN Mission in Sudan (UNMIS) was deployed in Southern States and Three/Transitional Areas (Blue Nile, South Kordofan and Abyei). In Darfur, where another conflict had erupted, the African Mission in Sudan (AMIS) was established to escort UN humanitarian assistance convoys and to protect UN human rights officers. But, with signing of the Darfur Peace Agreement, a newly established UN-AU Hybrid Mission is being deployed to ensure protection of civilians and internally displaced persons, and provide security and enabling environment for humanitarian and development needs of the Region. WHO, which is the lead UN agency for the health sector, in partnership with UN agencies and NGOs, and the three state governments, has contributed significantly to providing humanitarian assistance. It has supported the development of an early warning system for communicable disease surveillance and outbreak response; enhanced surveillance and response to Neglected Tropical Diseases; promoted environmental health and ensured coverage of health care for IDPs and conflict-affected populations in Darfur jointly with European Commission Humanitarian aid Office.

The World Bank, after an absence of twelve years, opened its offices in Khartoum (for North) and Juba and Nairobi, Kenya (for South). It co-led the JAM and plays a key role as the administrator for MDTF, both for the North and South, particularly in implementing DHSD projects designed for the recovery of transitional states and executed by the Federal and state MOHs. The D-JAM has not yet been implemented. GAVI and the Global Fund are other international partnerships are supporting the Government's efforts in combating not only communicable diseases but also for recovery and development of the health system. The role of NGOs in Sudan has been vital, and over 250 national and international NGOs, including 85 in Northern Sudan (Darfur excluded), 61 in Southern Sudan and 65 in Darfur active in the areas of humanitarian assistance, education, orphan sponsorship, health services including mother and child care, environment, supply of water and sanitation amongst other development activities.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> From 2009, international assistance to Sudan will be channeled through the United Nations Development Assistance Framework with widespread commitment from donors Established Multi-donor trust fund (MDTF) supporting social sector developmental projects 	<ul style="list-style-type: none"> Emphasis of donors on crisis management to the detriment of health systems development Weak local capacity to absorb to partners' contribution

WHO STRATEGIC AGENDA

The landmark CPA, as well as national and international efforts for building peace and stability provides a window of opportunity for health and development in Sudan, for both South and North. Against this background, the following strategic directions for WHO's technical cooperation in Sudan for the next five years have been identified:

1. Strengthening governance and health management through building institutional capacity at the federal, state, and locality level.
2. Supporting the government in securing increased investment in the health sector at the federal and state levels.
3. Improving the capacity of the health sector to enter into partnerships with other stakeholders both within and outside the country and improve coordination of external aid.
4. Supporting health care delivery based on comprehensive PHC, especially in rural areas and for vulnerable populations.
5. Collaborating with governments in designing and implementing comprehensive human resource plans based on the existing human resource policies in South and North Sudan to strengthen capacity at different levels in health service delivery and health management.
6. Facilitating the updating and implementation of policies, strategies, and plans for reducing the high maternal mortality and the under-five mortality rates.
7. Continuing to collaborate with the Government in reducing the burden of communicable diseases (e.g. tuberculosis, malaria, HIV/AIDS and vaccine - preventable diseases), and in the control of outbreaks and neglected tropical diseases.
8. Supporting the Government in reducing the burden of non-communicable diseases, disabilities and premature death from lifestyle-related diseases, mental disorders and injuries.
9. Facilitating the incorporation of the existing different surveillance activities into a comprehensive national surveillance system and support the establishment of an early warning system and rapid response system for outbreaks.
10. Supporting government at federal and state levels in the early preparedness and response to emergencies and humanitarian needs.



ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/sdn/en/>
 WHO country office web site <http://www.emro.who.int/sudan>

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