World Health Organization

Country Cooperation Strategy at a glance

Sudan

http://www.who.int/countries/en/

WHO region	Eastern Mediterranean
World Bank income group	Lower-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2010)	41
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	93
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	64.1 (Both sexes) 65.9 (Female) 62.4 (Male)
Population (in thousands) total (2015)	40234.9
% Population under 15 (2015)	40.5
% Population over 60 (2015)	5.2
Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2009)	19.8
Literacy rate among adults aged >= 15 years (%) ()	
Gender Inequality Index rank (2014)	135
Human Development Index rank (2014)	167
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	8.43
Private expenditure on health as a percentage of total expenditure on health (2014)	78.62
General government expenditure on health as a percentage of total government expenditure (2014)	11.65
Physicians density (per 1000 population) (2008)	0.28
Nursing and midwifery personnel density (per 1000 population) (2008)	0.84
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	29.8 [22.8-38.7]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	70.1 [56.5-86.3]
Maternal mortality ratio (per 100 000 live births) (2015)	311 [214 - 433]
Births attended by skilled health personnel (%) (2010)	19.9
Public health and environment	
Population using improved drinking water sources (%) ()	
Population using improved sanitation facilities (%) ()	

Sources of data:
Global Health Observatory May 2016
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

The population of Sudan has increased by 49.5% in the past 25 years, reaching 39.6 million in 2015. It is estimated that 66.7% of the population live in rural settings (2012), 17.0% is between the ages of 15 and 24 years (2015), and life expectancy at birth is 63 years (2012). Literacy rates (2012) are 87.9% for youth (15 to 24 years), 73.4% for total adults and 65.3% for adult females.

The burden of disease attributable to communicable diseases is 52.8%, noncommunicable diseases 33.9% and injuries 13.4% (2012). The share of out-of-pocket expenditure is 78.9% (2013) and the health workforce density is 2.5 physicians and 4.5 nurses and 3.9 midwives per 10 000 population (2014).

HEALTH POLICIES AND SYSTEMS

The national health sector strategic plan 2012–2016 aims to improve the health status of the population, especially poor, underserved, disadvantaged and vulnerable groups. Three directions for action are identified: strengthening primary health care by expanding high quality, people-centred services, and improving equity in access; strengthening referral care; and ensuring social protection by increasing health insurance coverage, reducing reliance on out-of-pocket payment, and provision of a universal minimum package of health care. The Federal Ministry of Health has formulated 22 health system policies, including a national health policy (2007). A monitoring and evaluation framework (2011) and strategy (2014) have been developed by the Federal Ministry of Health to ensure accountability. The "one plan, one budget, one report" approach is being adopted for the health sector and one strategic plan was developed for 2015 at the federal level and in three states. Training is occurring at state and federal levels to support the development of a 2016 plan and for the third strategic plan (2017–2021). Planning will be done from the bottom up, starting with community-based needs at locality levels, up to state and federal levels. A policy and planning forum, involving non-health sectors, has been created to support the integration of health into all policies. Policy dialogue is continuing on universal coverage and health system reform.

A primary health care expansion plan (2012–2016) has been developed to extend coverage of quality primary health care services from 86.0% to the whole population. The main aim is to improve access to essential primary health care services. This has been done through: the construction and equipment of 92 new family health care centres and 176 family health units; the training of over 800 community health workers, with an additional 1000 people undergoing basic community health training, achieving 74.0% of the target across the 18 states; and the basic training of an estimated 6000 community midwives (72.0% of the target) and around 215 assistant health visitors (full achievement of the target). In addition, an estimated 1400 medical assistants are now enrolled in basic training. The curricula of all existing medical cadres have been upgraded and a postgraduate programme of family medicine for doctors in health centres has been established at the public health institute and implemented in six states. High priority has been given to strengthening the referral system through the training of doctors at rural hospitals. Family practice is part of the national health policy, the programme covers only 15.0% of primary health care facilities in Gezira, Khartoum and White Nile states. Poor quality of care and medical errors remain challenges for health care delivery.

The national pharmaceutical sector is governed by the 25 year national pharmaceutical strategy 2005–2029. The national medicines policy was updated in 2012 and approved in 2014. The national essential medicine list was updated and approved in 2014, building upon the approved national standard treatment guidelines set in 2013. There is an endorsed pricing policy for registered medicines that applies to the public and private sectors, as well as nongovernmental organizations, and also a national medicine price monitoring system for retail and patient prices. There is also a national policy to provide some medicines free of charge at public health care facilities, applying to children less than 5 years of age, pregnant women and patients at emergency wards, as well as to medicines for malaria, tuberculosis and HIV/AIDS patients.

To strengthen the health management information system and improve the quality and accessibility of health indicators data, an integrated health information system and district health information system have been developed, with a community health information system in the piloting phase. The health information system is being digitized and around 7000 health workers have been trained in the new format. A national list of indicators has been developed and registries and reporting forms updated. There is a research directorate within the health information, research and evidence administration that acts as secretariat to a health research council that involves stakeholders from outside the Ministry. In 2014, a health research policy and strategy were endorsed and a national health observatory website launched to become a platform for dissemination of health information and to aid in evidence-based decision-making. A strategy for civil registration and vital statistics has been developed and an e-health strategy developed, although progress on implementation has been slow. The health information system faces the challenges of fragmentation and verticality with health programmes having their own systems for collecting data.

COOPERATION FOR HEALTH

There are a large number of the United Nations, multilateral, bilateral, international, global and regional funds, nongovernmental organizations and charity organizations that are directly or indirectly supporting the health sector in Sudan.

United Nations work in Sudan encompasses development cooperation, humanitarian assistance and peacekeeping operations. A total of 18 resident and two non-resident agencies, which form the UNCT, collaborate with the Government of Sudan in implementing development programming in the country and are part of the UNDAF. Resident agencies implementing development programming are: FAO, IFAD, IOM, UN-Habitat, UN Women, UNAIDS, UNDP, UNEP, UNESCO, UNFPA, UNHCR, UNICEF, UNIDO, UNMAS, UNOPS, UNV, WFP, and WHO. Non-resident agencies are: IAEA and ILO (UNDAF Sudan 2017).

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Country Cooperation Strategy *at a glance*

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2008–2013) Extended to 2017

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Strengthen health system at all levels	• Strengthen the 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 by emphasizing 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 the 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 newborn babies.
STRATEGIC PRIORITY 2: 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 • Support environmental health programs
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 • Continue supporting the expansion of interventions allied to initiatives like Making Pregnancy Safer, and the availability of skilled birth attendants
STRATEGIC PRIORITY 4: 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
STRATEGIC PRIORITY 5: Reduce the burden of non-communicable diseases, mental health and unhealthy lifestyles	• Assess the magnitude and burden of non-communicable 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 and tobacco control

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