



SUDAN



Despite decades of conflict, poor infrastructure and significant regional and urban–rural disparities, Universal Health Coverage is gaining momentum in Sudan thanks to strong government leadership, progressive policy frameworks and the support of WHO and other partners.



25 YEARS STRATEGIC PLAN FOR HEALTH SECTOR, 2004-2027

39 578 828 TOTAL POPULATION, (2016)	64 YEARS LIFE EXPECTANCY AT BIRTH, (2015)	282\$ TOTAL HEALTH EXPENDITURE PER CAPITA, (2014)	63% TUBERCULOSIS TREATMENT COVERAGE, (2016)
76% OUT OF POCKET EXPENDITURE AS % OF TOTAL HEALTH EXPENDITURE, (2014)	12% GENERAL GOVERNMENT HEALTH EXPENDITURE AS % OF GENERAL GOVERNMENT EXPENDITURE, (2014)	3% EXTERNAL AID AS % OF TOTAL HEALTH EXPENDITURE, (2014)	51% ANTENATAL CARE COVERAGE, (2014)
7 HOSPITAL BEDS PER 10 000 POPULATION, (2009)	13% RURAL POPULATION WITH ACCESS TO IMPROVED SANITATION FACILITIES, (2014)	93% DTP3 IMMUNIZATION COVERAGE AMONG 1-YEAR-OLDS, (2016)	78% BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL, (2014)

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SOURCE: WHO-GHO & WB

CURRENT PRIORITIES

Health reforms have been underway for at least a decade in Sudan, with a focus in recent years on strengthening strategic planning. Since 2016, a Health Policy System document provides guidance to the process. Major policies to reorient the health system are now in place, including health finance, family health, a global health strategy and a health-in-all policies roadmap. Health financing reforms include progressive taxation, pooling arrangements and increasing efficiencies through cost containment, strategic purchasing and a focus on public goods and public health. A new **National Health Policy 2017-2030** is in development.

Following the **2008-2011 Health Financing Review**, a new body chaired by the President of Sudan - the **National Health Sector Coordinating Council (NHSCC)** – was entrusted to govern the sector and promote intersectoral coordination. A **Joint Annual Review of the Health Sector** began this year (see Stories from the Field overleaf).

LINKAGE TO UHC

Sudan's **Global Health Strategy 2015-2019** has UHC as a central goal. The draft **NHSSP 2017–2021** places universal health coverage and primary health care through a family health approach high on its agenda within the framework of a decentralized local health system. It aims to improve the health status of the population, especially poor, underserved, disadvantaged and vulnerable groups via three key actions: strengthening rural coverage of PHC, improving referral care via the quality and efficiency of hospital services and ensuring social protection, insurance coverage and a universal minimum package of health care. This planning has been done from the bottom up, starting with community-based needs at locality levels, up to state and federal levels, supported by technical training. The NHSSP will continue to take forward the goal of the PHC Expansion Plan to extend coverage from 86% to the whole population. A national policy to provide some medicines free of charge applies to children under 5, pregnant women and patients at emergency wards, or with malaria, TB or HIV.

WHO SUPPORT TO DATE

- Incorporation of UHC goals into new National Health Policy, strategic plan and in Sudan's MDG and UNDAF plans
- Development of a policy system manual and inclusion of health across 25 government Ministries
- Support for the creation of National Health Finance Policy & Strategy
- Joint Annual Review of the Health Sector (see story below)

Remaining gap: Weak decentralisation process

↳ **Recommendation: Conduct in-depth assessment of decentralisation gaps.**

Remaining gap: Low domestic resource mobilisation

↳ **Recommendation : Encourage health facility autonomy in generation and use of resources.**

Remaining gap: Policy-making not yet driven by data

↳ **Recommendation : Enhance and scale up HIS/DHIS capacity and authority**

Stories from the field: Sudan's first ever Joint Annual Review (JAR)



In September 2017 Sudan launched its first Joint Annual Review of the health sector (JAR). This helps to identify whether a country's health plan as a whole is on track, or whether further actions are needed. It usually includes an analysis of the health sector's performance over the last year, and a multi-stakeholder meeting that lasts several days to discuss findings and recommendations.

WHO is supporting the Federal Ministry of Health in this key process by co-organizing preparatory trainings for inspectors, documenting findings and drawing policy recommendations from them. Trainee Inspector Ms. Sanaa Elobeid, explained: "For quantitative data, such as how many patients were treated, we rely on health facility documentation. For qualitative data, we use group discussions and other methods. Personally, I'm very interested in the latter. Seeing how processes work, and the human element in them at different levels, from nurse to Wali, is fascinating to me."



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