

# Sudan : Health Systems Profile

## Key health system indicators

### Health status

Life expectancy at birth in years	<b>total</b>	<b>60</b>
Adult mortality rate (probability of dying between 15 and 60 years) per 1000 population	<b>males</b>	<b>279</b>
	<b>females</b>	<b>216</b>
	<b>total</b>	<b>248</b>

### Communicable diseases

Tuberculosis notification rate per 100 000	<b>53</b>
Incidence rate of malaria per 1000 population	<b>14.8</b>
Estimated number of people living with HIV	<b>69000</b>

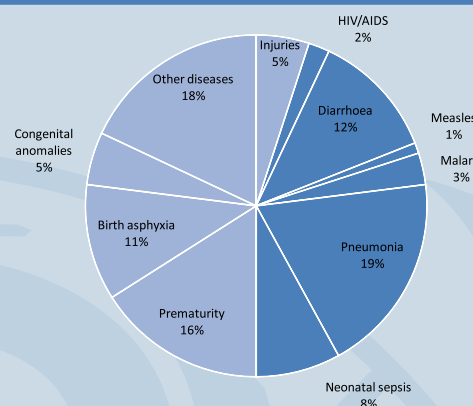
### Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	<b>24</b>	<b>2</b>	<b>13</b>
Physical inactivity	...	...	...

### Metabolic risk factors

2008 estimated prevalence (%)	males	females	total
Raised blood pressure	<b>39.9 [25.4-54.4]</b>	<b>33.5 [20.6-46.5]</b>	<b>36.7 [27.1-46.3]</b>
Raised blood glucose	<b>8.6 [3.4-16.1]</b>	<b>8.1 [3.1-15.3]</b>	<b>8.3 [4.5-13.4]</b>
Overweight	<b>21.6 [5.9-42.0]</b>	<b>28.2 [7.5-53.1]</b>	<b>25.0 [10.8-40.8]</b>
Obesity	<b>4.1 [0.7-10.4]</b>	<b>8.9 [1.3-22.8]</b>	<b>6.6 [1.8-13.9]</b>
Raised cholesterol	<b>33.1 [13.7-57.2]</b>	<b>32.6 [12.6-57.3]</b>	<b>32.9 [18.3-49.7]</b>

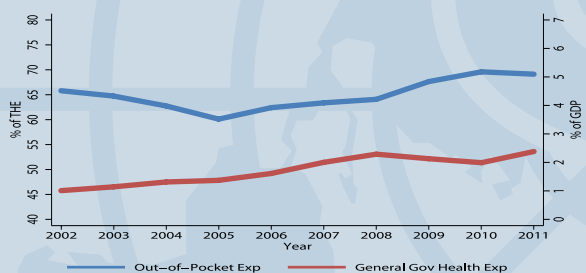
### Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 45% of all deaths among children aged <5 years

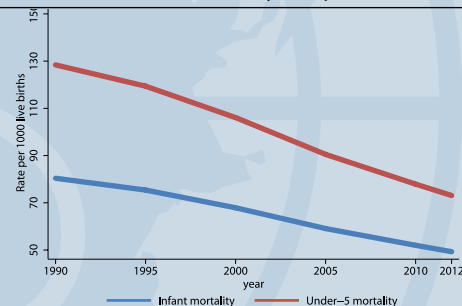
### Expenditure and mortality trends

#### Health finance



The general government expenditure on health as % of Gross Domestic Product (GDP)  
 The out-of-pocket expenditure as % of Total Health Expenditure (THE)

#### Infant and under 5 mortality rates per 1000 live births



### Health system: governance

Existence of a national health strategy/strategic plan and time frame	<b>Yes (2012-2016)</b>
Annual publication/dissemination of ministry of performance report	<b>Yes</b>
High level multisectoral advisory council for health available	<b>Yes</b>

### Health system: information

#### Functioning civil registration and vital statistics

Percentage of births registered	<b>33</b>
Percentage of causes of death recorded	...
Year most recent use of ICD in mortality classification reported	...
Year most recent annual health statistics report published	...

### Health system: health workforce

#### Health workforce per 10 000 population (2011)

Physicians	<b>3.7</b>
Nurses/midwives	<b>10</b>
Dentists	<b>0.2</b>
Pharmacists	<b>0.5</b>

#### Health professions education institutions

Medical	...
Nursing	...

#### Percentage of doctors working in rural settings

Percentage of doctors working in rural settings	...
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### Health system: service provision

#### Infrastructure

Primary health care facilities per 10 000 population	<b>1</b>
Hospital beds per 10 000 population	<b>8.2</b>

#### Service delivery

Access to local health services (%)	<b>71</b>
Contraceptive prevalence (%)	<b>7.1</b>
Antenatal care visits (4+ visits) (%)	...
Measles immunization coverage among 1-year-olds (%)	<b>85</b>
Smear-positive tuberculosis treatment success (%)	<b>80</b>
Number of tobacco (m)POWER measures implemented at the highest level of achievement	...

### Health system: finance

National health accounts conducted (number of rounds; last reference year(s))	<b>(1 ; 2008 (unpublished))</b>
General government expenditure on health as % of GDP (2011)	<b>2.4</b>
Out-of-pocket expenditure as % of total health expenditure (2011)	<b>69.1</b>
General government expenditure on health as % of total government expenditure (2011)	<b>10.6</b>

### Health system: technology

Existence and year of last update of published essential medicines list (EML)	<b>Yes (2007)</b>
Existence of a functional national regulatory authority (NRA)	<b>Yes (medicines)</b>
Number of MRI/CT scanners (in public facilities) per million population	<b>0.3 / 0.8</b>

## Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Availability of policies and strategies, addressing health system building blocks</li> <li>• Availability of 25-year strategic plan and the second five-year National Health Sector Strategic Plan, 2012–2016, which has been jointly assessed Joint Assessment of National Health Strategies (JANS)</li> <li>• Existence of legal entities, e.g. Sudan Medical Council, Sudan National Council for Medical and Health Professions Council, National Medicine and Poisons Board, to enforce laws and regulations</li> <li>• Relatively elaborate health information network as national and state health information centres and focal person at localities</li> <li>• Shift from human resources for health management to human resources for health development and availability of institutions and infrastructure for human resource production, development and regulation for quality assurance</li> <li>• Availability of adequate evidence to inform policy development and decision-making and existence of guidelines, basic documents and standard operating procedures National Health Accounts (NHA) the critical mass of health economists, National Human Resources for Health Observatory, and human resources for health projection)</li> <li>• Availability of a health investment plan-based clear health map to deliver quality services</li> <li>• Existence of coordination mechanisms to ensure alignment and harmonization among partners and line ministries (Supreme National Council for Health Coordination chaired by the President of the country, Country Coordination Mechanisms, states ministerial council, etc.)</li> <li>• Increasing government expenditure on health out of total expenditure (9%) compared to the eight low-to-middle income countries in the Eastern Mediterranean Region</li> <li>• Sudan is a signatory of IHP+ Global Compact</li> <li>• Availability of health care delivery network (from community to tertiary levels)</li> <li>• Availability of social health insurance organization and increasing interest at policy-making level in universal health coverage and provision of an integrated primary health care package</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of clarity on the health policy process, accountability and partnership; and the importance of the involvement of politicians in setting the policy agenda</li> <li>• Weak and fragmented planning system for the health sector</li> <li>• Fragmented health information system with multiple islands and channels, contributing to the poor quality of data in terms of accuracy, timeliness, completeness and use</li> <li>• Inadequate capacity for policy development and implementation, especially at subnational level</li> <li>• Poor policies for human resources for health recruitment, deployment and retention (emigration of qualified medical professionals and inequitable distribution of human resources for health). Poor and fragmented system for the pharmaceutical and medical devices supply and maintenance particularly at subnational level</li> <li>• Fragmented financing mechanisms with silos like army, police, federal and state</li> <li>• Curative biased health care system with little attention to primary care and referral support</li> </ul>
Opportunities	Challenges
<ul style="list-style-type: none"> <li>• High level of government commitment to support primary health care expansion (parliament, Ministry of Finance)</li> <li>• Renewed interest from all partners in the institutionalization of monitoring and evaluation including annual reviews</li> <li>• Increasing willingness for openness and dialogue with partners in health development Joint Assessment of National Health Strategies (JANS), draft local compact</li> <li>• Donor (Global Fund and GAVI Alliance) and government interest in integrated health information system, human resources for health production, development and regulation, and health technology management</li> <li>• Increasing contribution of private sector in service delivery, HRH production and health technology</li> </ul>	<ul style="list-style-type: none"> <li>• High turnover of medical and health personnel</li> <li>• Lack of appropriate structures and poor capacity for health management at subnational level</li> <li>• Alignment of partners with national health sector policies and plans and adherence of WHO and other UN agencies to its mandate</li> <li>• Insufficient resources allocated to health and unpredictability of domestic and external funding</li> <li>• Conflicts and instability in some parts of the country</li> </ul>

### Priorities

- Strengthen effective leadership, good governance and accountability of the health system
- Develop a sustainable and integrated health information system that provides comprehensive, high-quality health-related information in support of evidence-based policy and planning at different system levels
- Improve equitable coverage and accessibility of high-quality integrated primary health care
- Ensure quality secondary and tertiary care
- Improve equitable access to quality essential pharmaceuticals and health technologies
- Develop a well performing, stable and equitably distributed workforce with an appropriate mix of skills to meet agreed health sector needs
- Ensure that the health system financing is sustainable, efficient and equitable and provides social protection to the people

#### Jointly developed by:

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Department of Information, Evidence and Research (IER)