

Sudan: Health Systems Profile

Health status (2013)

Life expectancy at birth in years	<i>total</i>	63.0
	<i>males</i>	61.0
	<i>females</i>	65.0
Maternal mortality ratio per 100 000 live births	<i>total</i>	360.0

Communicable diseases (2014)

Tuberculosis notification rate per 100 000 population	53.0
Incidence rate of malaria per 100 000 population	...
Number of newly reported HIV cases	0.0

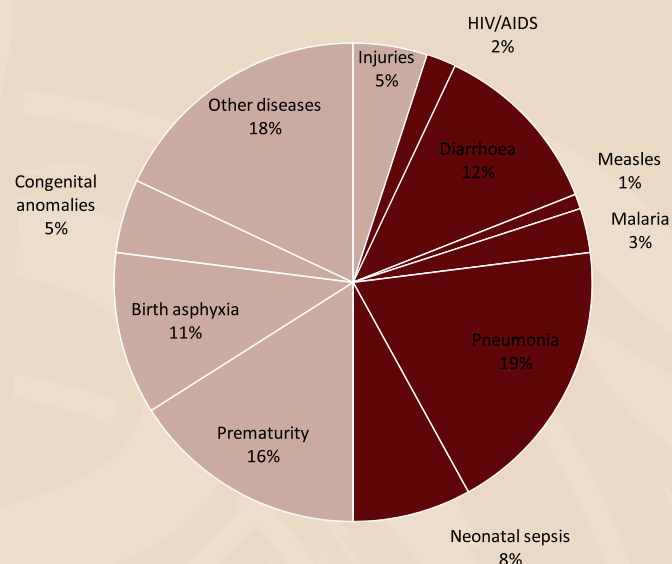
Behavioural risk factors

Prevalence (%)	<i>males</i>	<i>females</i>	<i>total</i>
Current tobacco smoking (2011)*	...	...	...
Insufficient physical activity (2008-)	...	...	...

Metabolic risk factors

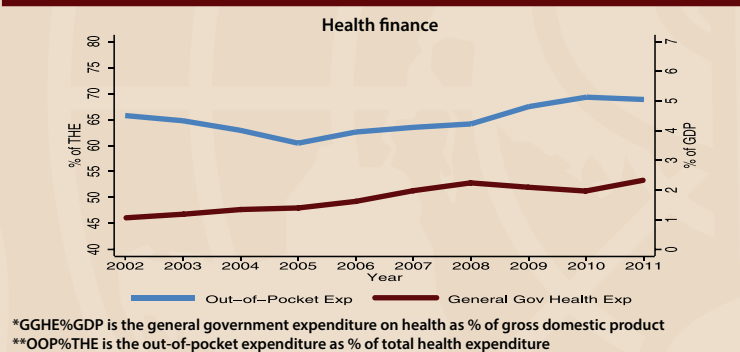
2014 estimated prevalence (%)	<i>males</i>	<i>females</i>	<i>total</i>
Raised blood pressure	...	...	24.4
Raised blood glucose	...	...	10.0
Overweight	...	...	27.8
Obesity	...	...	7.5

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

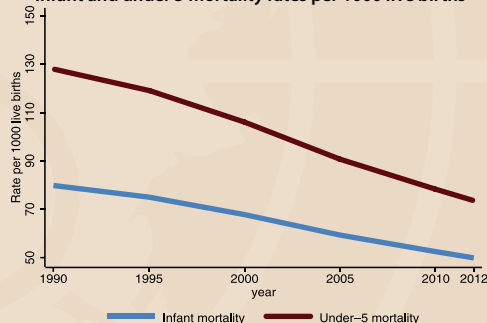


Communicable diseases are estimated to account for 49% of all deaths among children aged <5 years

Expenditure and mortality trends



Infant and under 5 mortality rates per 1000 live births



Health system: selected coverage interventions

Antenatal care visits (4+ visits) (2013)	...
Measles immunization coverage among 1-year-olds (2014)	86
Treatment success rate of new bacteriologically confirmed TB cases (2014)	75
DPT3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2014)	94

Health system: finance (2013)

General government expenditure on health as % of general government expenditure	11.4
Out-of-pocket expenditure as % of total health expenditure	75.8
Per capita total health expenditure at exchange rate (US\$)	115

Health system: workforce (2014)

Health workforce per 10 000 population	
Physicians	25.1
Nurses/midwives	9.5
Dentists	1.6
Pharmacists	4

Health system: information

Percentage of births registered	0.59
Percentage of causes of death recorded	0.2

Health system: medicines and medical devices (2013)

Availability of selected essential medicines and medical products in health facilities (%)	public	49.3
	private	69.5
Number of scanners (in public facilities) per million population ^c	CT	1.133
	MRI	0.316

Health system: service delivery (infrastructure) (2014)

Primary health care facilities per 10 000 population	16
Hospital beds per 10 000 population	80.1

... No data available

^a International Classification of Diseases

^b Gross domestic product

^c Computed tomography (CT) and Magnetic resonance imaging (MRI)

* Age-standardized estimated

Please note the data sources are in the attachment

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities - Sudan 2015

Strengths	Weaknesses
<ul style="list-style-type: none"> • Availability of 25yearsstrategic plan along with the five-year National Health Sector Strategic Plan, 2012–2016 • Availability of social health insurance organization and increasing commitment to universal health coverage and provision of an integrated primary health care package • 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, and national health research council) • 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 • Improved availability of evidence to inform policy development and decision-making such as national health accounts, health workforce projection, and clear service delivery mechanisms • Sudan is a signatory of IHP+ Global Compact endorsed by various stakeholders including civil society the local compact for health has been developed and signed by different development partners, civil society organizations and bilateral agencies • Establishing an accreditation system for healthcare institutions and Development of Sudanese standards for hospital accreditation 	<ul style="list-style-type: none"> • Lack of clarity on the health policy process, accountability and limited involvement of relevant constituencies in setting the policy agenda • Fragmented planning and monitoring and evaluation systemwith weak links at the sub national level • Fragmented health information system contributing to the poor quality of data in terms of accuracy, timeliness, completeness and use • 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 sub national level • Insufficient allocated fund for health activities and delay of fund transfer • Fragmented financing schemes with lack of coordination between different sources of finance and mechanisms of financing creating silos models of funds flow with independent providers of health services at both public (MoH, army, police,etc) and private sector • Health care system biased towards curative care with insufficient attention to primary care and referral support • Limited access to quality and safety of care in the provision of health services • Lack of clear policy and strategy to address social determinants of health and limited intersectoralaction and health in all policies approach to address inequities in health outcomes
Opportunities	Challenges
<ul style="list-style-type: none"> • High level of government commitment to support primary health care expansion (parliament, Ministry of Finance), leading towards universal health coverage • Renewed interest from all partners in the institutionalization of monitoring and evaluation including annual reviews • Increasing willingness for dialogue with partners in health development • Existence of legal entities, such Sudan Medical Council, Sudan National Council for Medical and Health Professions Council, National Medicine and Poisons Board, to enforce laws and regulations • Donor and government interest in integrated health information system, human resources for health production, development and regulation, and health technology management • Increasing contribution of private sector in service delivery, human resource production and health technology • Implementation of integrated health information system and DHIS to overcome weaknesses and establishment of Sudan Health Observatory to aid in dissemination of available health information and knowledge and aid in evidence based decision making • Increased donor's interest in quality of health care. Willingness of many countries with well-established accreditation systems to collaborate & Availability of international patient safety and infection control guidelines • Interest in development of new health policy process system and addressing social determinants of health issues and health in all policies 	<ul style="list-style-type: none"> • High turnover of medical and health personnel • Lack of appropriate structures and poor capacity for health management at sub national level • Inadequate alignment of partners with national health sector policies and plans and limited adherence of development partners to its mandate • Insufficient resources allocated to health and unpredictability of domestic and external funding • Conflicts and instability in some parts of the country • Lack of baseline data in quality issues • Inefficiency of utilizing health resources • Development and sustainability of the necessary capacity for health research system
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 & design a research capacity development plan derived from the national health research policy and strategy
- 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
- Advocacy for quality and accreditation standards.& establishment of accreditation system in Sudan

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