SUDAN'S HEALTH SECTOR

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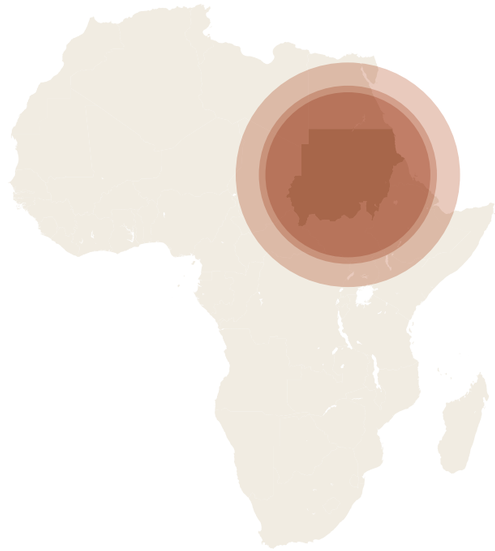
1. Country Overview



Sudan is located at the intersection of Sub-Saharan Africa and the Middle East and borders the Red Sea. It has a population of 42,813,238. The Blue and White Niles meet in Khartoum, which serves as the capital city of Sudan. The official languages are Arabic and English. Sudan, once the largest and most geographically diverse country in Africa, is now Africa's third largest country, after the secession of South Sudan to become the 54th independent state of Africa in July 2011 following a civil war.

Before the secession of South Sudan, oil revenues accounted for more than half of Sudan's government revenue and 95% of its exports. The loss of oil revenue after the secession induced multiple economic shocks, including reduced economic growth and a double-digit consumer price inflation, leading to violent protests in September 2013 [1]. President Omar al-Bashir came into power in 1989. His reign ended in April 2019, leading to the formation of a transitional government in September 2019. This followed months of unrest and bloodshed that eventually led to the signing of a power-sharing agreement between the military and civilian forces. This agreement is expected to last for 39 months, rotating leadership between these two forces; 21 months for the military and 18 months for the civilian opposition alliance [2].

Sudan is a low-income country [3]. It is a member of the Common Market for Eastern and Southern Africa (COMESA) and the Greater Arab Free Trade Agreement (GAFTA) [4].

Sudan's road transport infrastructure is unevenly developed, with existing road arteries centred on Khartoum as the hub, acting as a direct connection between five major areas: Egypt and North Africa, Port Sudan, the Eritrean border, Ethiopia and Kordofan. The country has five international airports as well as water transport, with Port Sudan as the main seaport [5].

Universal Health Coverage (UHC) remains a key priority in Sudan. The National Health Policy (NHP) 2017-2030 aims to achieve health-related goals in line with the Sustainable Development Goals 2030. Under the theme "Leaving No One Behind", the NHP aims to address equity in the health system while at the same time responding to the needs of underserved populations. Consequently, several policies, including Family Health Policy, Health Financing Policy and Strategy, Health in All Policies Roadmap and Global Health Strategy, have been developed to support UHC [6].

1.1. Key Country Statistics

65.1 years [3]
Life expectancy at birth, 2019

Deficit of 2.5 [7]
GDP growth (annual %), (2019)

7.67 [8]
Exports of goods and services as a % of GDP, 2019

9 Imports of goods and services as a % of GDP, 2019

Imported products: Raw Sugar **($470M)**, wheat **($445M)** and packaged medicaments **($218M)**,2019 [9]

Exported products: Gold **($1.28B)**, Crude Petroleum**($719M)** and Other Oily Seeds **($742M)**,2019 [9]

Deficit of 6.04 [10]•
Balance of trade, 2015 (Millions, US$)

2. COVID-19

The Sudan Federal Ministry of Health (FMOH) identified the first case of COVID-19 in Sudan on 12th March 2020 and as of 7th March 2021, the total number of confirmed COVID-19 cases stood at 30,540 with 23,156 recoveries and 1,895 deaths [11]. Like many other countries, the government of Sudan implemented public health and social measures to prevent the spread of COVID-19. The FMOH, the United Nations (UN) and humanitarian partners joined efforts to prevent and respond to the pandemic. Together, they implemented a COVID-19 Country Preparedness and Response Plan in support of the Sudanese government-led response [12].

Prior to the pandemic, Sudan's health system was already under extreme strain due to decades of underfunding. With the economic crisis, the increase in rates of inflation and the decline in local currency value, the country faces a challenge of importing essential medicines, further impacting the health system [12].

Sudan became the first country in the Middle East and North Africa region to receive the AstraZeneca COVID-19 vaccines from the COVAX facility [13]. Afterwards, a vaccination campaign was launched prioritizing healthcare workers and the elderly.

3. Health Overview

Healthcare service provision is organized at three levels: primary, secondary, and tertiary. It involves both public and private sectors. The public health sector has a three-tiered structure:

i) the Federal Ministry of Health (FMOH);
ii) State Ministries of Health (SMOF)in each state; and
iii) locality health authorities in each locality.

The FMOH plays a leading role in provision of nationwide health policies, strategies, monitoring and evaluation, training, and external relations. The state level is concerned with states' plans and strategies and is based on federal guidelines on funding and implementation of plans. The localities are mainly concerned with implementation and service delivery. Inadequate coordination amongst these actors gives rise to the duplication of responsibilities [14]. The private sector is growing with a mix of for-profit and not-for-profit health facilities. However, it is concentrated in major cities and focuses on provision of curative care. Cognizant of the complimentary role of the private sector, the FMOH has developed a market-based private healthcare sector policy aiming at instituting mechanisms for regulation of health services delivery [15].

The epidemiological profile of Sudan is typical of a Sub-Saharan African country. It is dominated by malnutrition and communicable diseases, aggravated frequently by natural disasters as well as sustained internal conflicts. Similarly, the country's health system is ill-equipped to deal with the increasing prevalence of non-communicable diseases. Healthcare service provision in government facilities was largely free before the introduction of co-payments, which pushed levels of out-of-pocket spending on healthcare up.

To alleviate risks of the high cost of health services on both the government and its population, while securing the accessibility and quality of health services, Sudan launched the National Health Insurance Fund (NHIF) in 1994. The NHIF is the main health insurance provider. Membership was initially voluntary for all Sudanese but later became compulsory for both government and private-sector employees. In 2016, the Health Insurance Act established that every Sudanese should be covered by health insurance or have access to healthcare services [16]. Currently, health insurance card holders exceed 34 million [17]. Besides reducing the burden of health expenditure amongst vulnerable populations, NHIF also participates in ensuring the availability of healthcare professionals in remote areas by ensuring they have access to better working and living environments [18].

Despite training capacity, with 35 medical schools, Sudan faces a shortage of healthcare workers [19]. In 2017, there were 1.9 physicians and 7.9 nurses and midwives per 10,000 population [20]. The healthcare workforce is depleted by severe brain drain, coupled with low staff retention and high rates of emigration that are driven by political instability and low wages. Additionally, there is inequitable geographical distribution and an unbalanced skill mix of workers [21]. Several initiatives have been implemented to address these gaps, including the establishment of centres for continuous professional development, the Public Health Institute, and academies of health sciences. However, there is need for core faculty and standardized training material as well as teaching aids in these institutions [22].

Top ten mortality causes according to the Global Burden of Disease (GBD) Study 2019[23] include:

- Cardiovascular diseases
- Maternal and neonatal disorders
- Neoplasms
- Other non-communicable diseases
- Respiratory infections and TB
- Unintentional injuries
- Diabetes and kidney diseases
- Transport injuries
- Enteric infections
- Chronic respiratory diseases

3.1 Key Health Statistics [10]

4.51 [24]
Current health expenditure as a % of GDP, 2018

69.54 [24]
Private health expenditure as a % of CHE,2018

22.85 [24]
Government expenditure as a % of CHE, 2018

66.219 [24]
Out-of-pocket expenditure as a % of CHE, 2018

295 [25]
Maternal mortality rate per 100,000 live births, 2017

58.4 [25]
Under 5 mortality rate per 1,000 live births, 2019

4. Challenges Facing the Private Sector

- Political instability; the political landscape is in transition.
- Inadequate and poorly distributed healthcare workers.
- Widespread antimicrobial resistance.
- Inadequate public funding.

5. Opportunities for the Private Sector [13]

- A new healthcare funding settlement is needed, such as the introduction of a single-payer national health service.
- Health system strengthening through the introduction of effective mechanisms for governance and coordination.
- Capacity building of human resources for health through a long-term and appropriately resourced workforce strategy that covers training and incentives for the retention of healthcare professionals.
- Investment in infrastructure and data.
- Developing a communication system between all levels of policymaking to allow for proper and timely decisions of continuation, amendment or even termination of these policies.

Do you need more in-depth information on Sudan's health sector and how your project or business can contribute?

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