

WHO CONSOLIDATED APPEAL 2006

BASED ON THE UN WORK PLAN 2006



SUDAN

SAVING LIVES AND REDUCING SUFFERING

This document consolidates those projects and activities outlined in the 2006 United Nations Work Plan for the Sudan that relate solely to WHO and its implementing partners.

HEALTH SECTOR NEEDS ASSESSMENT

Sudan has the largest population of internally displaced people in the world; between 5.3 to 6.7 million, mainly in the South, around Khartoum, in Darfur and in the East of the country. Its epidemiological profile is marked by a heavy burden of endemic diseases, including a growing threat from HIV/AIDS, and high risk of epidemics and other natural disasters - the latest being the drought looming in Darfur and Kordofan and the looming risk of poor harvest in parts of Bahr al-Ghazal and Upper Nile. Life expectancy at birth is 58 years, and the disability-adjusted life expectancy is around 43 years.

Disease Surveillance and control: Communicable diseases are a major concern. The main causes of morbidity and mortality are infectious and parasitic diseases (tuberculosis, diarrhoea, malaria, measles and acute respiratory infections). A yellow fever outbreak in the State of South Kordofan has been reported in November 2005. Southern Sudan hosts an estimated 80% of the total guinea-worm cases world wide. Sleeping sickness and leishmaniasis are endemic and severe epidemics have been reported. The prevalence of HIV/AIDS is low but showing a steadily increasing rate.

Progress has been significant in the eradication of poliomyelitis. The virus circulation seems to be curbed. Only 26 cases were reported as of 29 November 2005. The coverage of the Expanded Programme of Immunization has remained low for many years and there are serious imbalances between the different regions.

Reproductive health: Maternal mortality per 100,000 childbirths is an average of 504 in the northern part of the country and 1,700 in the South. Reproductive health in the north faces many constraints, only 12% of deliveries occur in a health facility, and only 57% of all deliveries are attended by trained health personnel. In the transitional areas less than 40% of women receive any antenatal care and fewer than 5% of births take place in a health facility.

Nutrition: In the north of the country, the chronic malnutrition in children under five is estimated at 43% (2000) and the moderate acute malnutrition at 16% but this deteriorates further in places of high insecurity, such as in the southern states and reaching over 20% in some areas of Bahr el Ghazal and Upper Nile where humanitarian access is a problem. Micronutrient deficiencies including iodine and vitamin A are common.

Health services and infrastructure: As IDPs and refugees begin to return to Southern Sudan, there is an urgent need to rebuild the shattered health system. The very high morbidity and mortality rates are reflected in the overall lack of health infrastructure and qualified health personnel in the region. A lack of trained health workers, pharmaceutical supplies, health and information management systems and mechanisms for the coordination of health care are the most pressing priorities.

While a degraded health infrastructure has undergone substantial “emergency rehabilitation”, there are still in Sudan less than two doctors for every 10,000 (against a regional average of 11.7) and even fewer nurses and midwives with only 8 per 10,000 (against a regional average of 22.2). Total health expenditure is approximately USD 13 per capita, of which the Government’s portion is USD 3 (2004).

HEALTH SECTOR PRIORITIES

- To expand and consolidate provision of a comprehensive package of basic services and disease control, of acceptable quality, particularly to the conflict affected population aiming at reducing mortality and morbidity
- To strengthen emergency preparedness, response and mitigation
- To build, strengthen and sustain the institutional and human resources capacities of the Federal, State and local health actors including health authorities and health science institutes

WHO PROJECTS

SUDAN WHO EMERGENCY REQUIREMENTS 2006		
WHO Proposed Projects for 2006	Funds Requested *	Implementing Partners
Polio eradication	2,600,000	MoH, UNICEF
Scaling up of humanitarian interventions for protection of health among conflict affected population in Darfur (DH1,DH2)	15,000,000	State MoH, NGOs
Health assistance to returnees and host communities in South Kordofan State and Abyei (SK H1, AH1, AH2)	850,000	
Health assistance in Blue Nile State (BNH1, BNH2)	875,000	State MoH, Malaria Consortium, UNICEF, IRC
Health assistance to IDPs, refugees and resident communities in Eastern Sudan (EH1, EH2)	400,000	State MoH Kassala, Red Sea, Gadaref
Health assistance to IDPs and resident communities in Khartoum State (KNH1, KNH2)	830,000	State MoH Khartoum, NGOs

SUDAN WHO EMERGENCY REQUIREMENTS 2006		
WHO Proposed Projects for 2006	Funds Requested *	Implementing Partners
Strengthening the capacity building of the health sector in Khartoum State and East Sudan (KNH3, EH3)	850,000	State MoH, local NGOs
Strengthening disease surveillance system and control of infectious diseases (EH3, SKH3, AH3, KNH3, BNH3)	3,200,000	State MoH, NGOs
HIV/AIDS (DH3, EH3, KNH3, SKH3, BNH3)	1,885,821	Sudanese Aids Programme (SNAPS)
Improving local health teams capacities in health system function and performance (EH3, SKH3, AH3, BNH3, KNH3)	1,200,000	State MoH
Improving local health teams on management skills and leadership (EH3, KNH3, SKH3, AH3, BNH3)	1,070,000	State MoH, local communities
Strengthening the capacity building of the health sector in Southern Kordofan State	900,000	
Treatment of severe acute malnutrition of children under five and nutrition surveillance in East Sudan (DN3)	100,000	Federal & State MOH, UNICEF, WFP, UNFPA, NGOs
Treatment of severe acute malnutrition of children under five and nutrition surveillance in Khartoum and North (DN3)	230,000	
Treatment of severe acute malnutrition of children under five and nutrition surveillance in South Kordofan (DN3)	130,000	
Iodized oil supplementation in Darfur (DN3)	270,000	

SOUTH SUDAN COMPONENT		
WHO Proposed Projects for 2006	Funds Requested *	Implementing Partners
Emergency institution building in the Federal Ministry of Health HQ in Juba and in the four state ministries of health of Western BEG, Upper Nile, Lakes and Western Equatoria	2,574,585	State MoH
Improve control and surveillance of endemic neglected diseases (including Kala Azar, trypanosomiasis, schistosomiasis, soil.transmitted helminths, Guinea worm, lymphatic filariasis, onchocerciasis and Buruli ulcer)	759,880	Federal and State MoH

SOUTH SUDAN COMPONENT		
WHO Proposed Projects for 2006	Funds Requested *	Implementing Partners
EWARN 'Expansion of disease surveillance and outbreak early warning system in the ten states of South Sudan and establishment of an integrated disease surveillance and response system and building the capacity of the Federal MoH in these areas	1,022,888	Federal MoH, CDC, health NGOs
HIV/AIDS prevention, treatment and care	1,365,400	State MoH, Association of PLWHA, INGOs, UN agencies
Building the capacity of human resources for health: establishment of a training programme for health managers for South Sudan	1,024,800	State MoH, NGOs
Institutional capacity building of the South Sudan Federal MoH in communication and information management	225,167	
Implementation of the New Malaria Treatment Protocol through training and provision of technical guidelines and through monitoring antimalarial drug efficacy	215,222	MSF-B, MSF-CH, MSF-F, GOAL, SP, NCA, NPA, WR, ADRA, Malteser, Merlin, MoH
Control of measles outbreaks in South Sudan	698,727	UNICEF, MoH, NGOs
Polio eradication in South Sudan	2,474,654	
Basic curative services for returnees in IOM and NRC managed Way Stations in South Sudan	821,117	WHO, SOH, FMOH, IOM, NRC

* Amounts given in US dollars.

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