Malaria transmission in Sudan is low-to-moderate and occasionally epidemic. The annual reported number of malaria cases in 2012 was 964,698 with 618 deaths.
Urgent Global Fund Update

The Global Fund has announced that Sudan will receive US$ 164.8 million for HIV, tuberculosis, malaria and health systems strengthening as the country allocation under the New Funding Model. The total figure includes all existing, unspent funds from previous rounds and the Interim New Funding Model. The Global Fund has determined the total allocation amount based on Sudan’s disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Sudan this is calculated at US$ 98.6 million, including US$ 15.5 million of new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Sudan is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation at a level that is sufficient to sustain the gains made in recent years.

Progress

Sudan has made steady progress in scaling-up malaria control interventions and has, in particular, been successful in attracting resources through the Global Fund, including through Round 10. The country has also introduced Community Case Management for the treatment of malaria and banned oral artemisinin-based monotherapies. Sudan has achieved high coverage of the tracer MNCH indicator DPT3 vaccination.

Impact

Reports from the Ministry of Health show a decline in reported malaria deaths from the levels in 2000. Progress in reducing cases has been reported sub-nationally where interventions have been intensified. The annual reported number of malaria cases in 2012 was 964,698 with 618 deaths.

Key Challenge

- Delays in disbursement of funds.

Previous Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNCH(^1) Optimise quality of care</td>
<td>Prioritise collection of postnatal care data</td>
<td>Q1 2014</td>
<td></td>
<td>Postpartum vitamin A supplementation for mothers is used as a proxy indicator to measure postnatal care. Postpartum Vitamin A supplementation has increased from 18.5% in 2006 to 22% in 2010</td>
</tr>
</tbody>
</table>

\(^1\) MNCH metrics, recommended actions and response tracked through WHO MCA/iERG
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<tr>
<td>Address funding</td>
<td>Ensure the NFM concept note is submitted by Q3 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years</td>
<td>Q3 2014</td>
</tr>
</tbody>
</table>

**Key**
- Green: Action achieved
- Yellow: Some progress
- Red: No progress
- Gray: Deliverable not yet due