Malaria transmission in Sudan is low-to-moderate and occasionally epidemic. The annual reported number of malaria cases in 2017 was 1,368,585 with 1,446 deaths.
Malaria

Progress
Sudan has financed the required ACTs and RDTs required to sustain high coverage in 2019. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO and has completed the insecticide resistance monitoring and management plan. The country has recently increased operational vector control coverage. Sudan has also scaled up the implementation of iCCM. The country has enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard.

Impact
The annual reported number of malaria cases in 2017 was 1,368,585 with 1,446 deaths.

Key Challenges
- Insecticide resistance threatens vector control.
- Gaps in funding for IRS.
- Increases in cases and deaths observed between 2010 and 2017.

Previous Key Recommended Actions

<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>Vector Control</td>
<td>Address the decreasing LLIN coverage</td>
<td>Q4 2019</td>
<td></td>
<td>934,000 LLINs were delivered to the country in Q1 2019, and the country also successfully secured US$17 million for IRS from the Global Fund</td>
</tr>
<tr>
<td>Impact</td>
<td>Investigate and address the reasons for the increase in estimated malaria incidence and malaria mortality rate between 2010 and 2017</td>
<td>Q4 2019</td>
<td></td>
<td>Sudan reports that some of the underlying reasons for the increase in reported cases include the improvements in disease surveillance and reporting through the DHIS2. Additionally, a shift of care seeking behaviour from private to public health facilities due to changes in the treatment policy also increased uptake of public health services. Clinical diagnosis of malaria also occurred in areas where epidemics of viral diseases occurred. Stock outs of antimalarial medicines also occurred but these stock outs have since been addressed. The country has worked to secure additional resources from the Global Fund to help to fill key vector control gaps</td>
</tr>
</tbody>
</table>
**RMNCAH and NTDs**

**Progress**
Sudan has achieved high coverage of the tracer RMNCAH indicator skilled birth attendants, exclusive breastfeeding and DPT3. The country has enhanced tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard.

Progress in addressing Neglected Tropical Diseases (NTDs) in Sudan is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage in Sudan is high for onchocerciasis (92%), good for trachoma (60%), but low for schistosomiasis (34%), and for lymphatic filariasis (15%). The coverage is very low for soil transmitted helminths (0%). Overall, the NTD preventive chemotherapy coverage index for Sudan in 2017 is 12, which represents a decrease compared with the 2016 index value (19).

The country has enhanced tracking and accountability mechanisms with the development of the first NTD Scorecard.

**Previous Key Recommended Actions**
Sudan has responded positively to the NTD recommended action addressing low coverage of NTD preventive chemotherapy, and continues to track progress as these actions are implemented. Sudan has responded positively to the RMNCAH recommended action addressing low coverage of postnatal care and coverage of ARTs and continues to track progress as this action is implemented.

**New Key Recommended Action**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>RMNCAH¹: Optimise quality of care</td>
<td>Investigate and address the reasons for the low coverage of vitamin A</td>
<td>Q2 2020</td>
</tr>
</tbody>
</table>

**Key**

- Action achieved
- Some progress
- No progress
- Deliverable not yet due

¹ RMNCAH metrics, recommended actions and response tracked through WHO