Malaria transmission in Sudan is low-to-moderate and occasionally epidemic. The annual reported number of malaria cases in 2018 was 3,581,302 with 3,129 deaths.
Malaria

Sustaining Essential Health Services During the COVID-19 Pandemic

The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Adolescent and Child health and malaria.

WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria during the COVID-19 pandemic. It is of vital importance to ensure the continuity of malaria prevention and treatment services including distribution of insecticide-treated nets and indoor residual spraying, as well as chemoprevention for pregnant women (intermittent preventive treatment in pregnancy). Any intervention must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers given the ease of transmission of COVID-19.

For Sudan, it will be of vital importance to ensure that the universal coverage campaign for long-lasting insecticidal nets (LLINs) and IRS campaigns scheduled for 2020 go ahead, whilst taking into account physical distancing, in accordance with the recent guidance and recommendations from WHO and the RBM Partnership to End Malaria. Without the LLIN campaign, planned indoor residual spraying (IRS) and sustained malaria case management, there could be an increase in malaria cases and deaths. Under the worst-case scenario, in which all ITN campaigns are suspended and there is a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could be a 18.6% increase in malaria cases, and a 74.1% increase in malaria deaths in Sudan. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

Progress

Sudan has financed most of the required LLINs, ACTs and RDTs required to sustain high coverage in 2020. 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 procured sufficient LLINs and carried out IRS to achieve operational vector control coverage of the targeted at risk population. 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 2018 was 3,581,302 with 3,129 deaths.

Key Challenges

- Insecticide resistance threatens vector control.
- Gaps in funding for IRS.
- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.
## 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>Impact</td>
<td>Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic</td>
<td>Q4 2020</td>
<td></td>
<td>Malaria control services, including testing and treatment have continued despite the COVID-19 pandemic. All health facilities have sufficient stocks of RDTs and ACTs although some delays were initially experienced in their distribution. Distribution of LLINs (door to door) and IRS implementation are planned with the necessary COVID precautions taken into account, with IRS rolling out in September but with delays in the LLIN campaigns. All health workers are reported to have sufficient PPEs. Some initial reductions in outpatient attendance were observed early in the pandemic, largely attributed to reduced availability of transport, but the numbers have been reported to have increased back to normal levels. The country has been affected by flooding.</td>
</tr>
</tbody>
</table>

The country has responded positively to the recommended actions on addressing the reasons for the increase in estimated malaria incidence and malaria mortality rate between 2010 and 2017.

## New Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vector control</td>
<td>Work to accelerate the LLIN campaign</td>
<td>Q1 2021</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 is very good for schistosomiasis (95%) but below WHO targets for trachoma (51%), onchocerciasis (19%), lymphatic filariasis (17%), soil transmitted helminths (15%). Overall, the NTD preventive chemotherapy coverage index for Sudan in 2018 is 30, which represents a substantial increase compared with the 2017 index value (12). The country has enhanced tracking and accountability mechanisms with the development of the first NTD Scorecard.
### Previous Key Recommended Actions

<table>
<thead>
<tr>
<th>Objective</th>
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</tr>
</thead>
<tbody>
<tr>
<td>RMNCAH¹: Impact</td>
<td>Ensure that essential RMNCAH services are sustained and implemented whilst using Covid-19 sensitive guidelines during the pandemic. Address any stock-outs of essential RMNCAH commodities</td>
<td>Q4 2020</td>
<td>Yellow</td>
<td>The MCH Directorate developed a Guideline for ensuring the continuity of MCH services during COVID-19 for all states to ensure safe services remain available for all during the Covid-19 pandemic. All MCH departments organized the training for health staff in coordination with the COVID-19 case management committee and UNFPA. Training included Infection Prevention and Control, Visual Triage, and Case management courses for community midwives working at community level and health visitors and health care providers working at PHCs. Advanced training on clinical management was carried out for specialists. Implementation of the supervision of RMNCAH services for all states to ensure safe services has continued</td>
</tr>
</tbody>
</table>

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.

### Key

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

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¹ RMNCAH metrics, recommended actions and response tracked through WHO