Malaria transmission in Sudan is low-to-moderate and occasionally epidemic. The annual reported number of malaria cases in 2019 was 3,568,941 with 1,663 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, Neglected Tropical Diseases and malaria.

For Sudan, it was of vital importance to ensure that the universal coverage campaign for long-lasting insecticidal nets (LLINs) and IRS campaigns scheduled for 2020 were completed, whilst taking into account physical distancing, in accordance with the 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 have been an increase in malaria cases and deaths. The country is commended for completing the LLIN campaign by the end of 2020. 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.

It is essential to ensure the continuity of malaria, RMNCAH and NTD services in 2021 as the COVID-19 pandemic continues to impact our continent. This may include the implementation of any necessary catch-up activities and ensuring timely planning to account for potential delays in procurement and delivery. Any intervention must ensure the safety of communities and health workers given the ease of transmission of COVID-19.

Progress

Sudan financed the required ACTs and RDTs required as well as for the IRS to sustain high coverage in 2021. 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.

In line with the legacy agenda of the ALMA chair, His Excellency President Uhuru Kenyatta, Sudan has enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard, although the scorecard is not yet shared on the ALMA Scorecard Knowledge Hub.

Impact

The annual reported number of malaria cases in 2019 was 3,568,941 with 1,663 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, malaria and Neglected Tropical Diseases.
<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>The country usually carries out two rounds of IRS with Bendiocarb in October and in December. The first round was completed but there were delays in the completion of the second round. The COVID-19 pandemic contributed to delays in the procurement of essential commodities. Very large gaps exist in resources including operational costs as well as for essential vector control commodities.</td>
</tr>
<tr>
<td>Impact</td>
<td>Investigate and address the reasons for the increase in estimated malaria incidence and mortality between 2015 and 2019, which means that the country is not on track to achieve the 2020 target of a 40% reduction in malaria incidence and mortality</td>
<td>Q4 2021</td>
<td></td>
<td>The reasons for the country failing to meet the 2020 target of a 40% reduction in malaria incidence and mortality include widespread reported insecticide resistance and difficulties in switching from cheaper insecticides to the new generation insecticides for IRS due to the increased costs. Frequent flooding in the last three years has also caused increased malaria transmission. The country plans to address the financial and human resource gaps through the mobilization of domestic resources</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.

**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 (87%), below WHO targets for trachoma (52%), for schistosomiasis (55%), lymphatic filariasis (41%) and for soil transmitted helminths (15%). Overall, the NTD preventive chemotherapy coverage index for Sudan in 2019 is 43, which represents a increase compared with the 2018 index value (30).
<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>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>❥</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 PHC’s. 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>
<tr>
<td>NTDs</td>
<td>Ensure that NTD interventions including Mass Drug Administration, vector control and Morbidity Management and Morbidity Management and Morbidity Management and Disability Prevention are sustained and implemented whilst using Covid-19 sensitive guidelines during the pandemic. This includes prioritising key necessary catch up activities</td>
<td>Q4 2021</td>
<td>Deliverable not yet due</td>
<td>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.</td>
</tr>
</tbody>
</table>

¹ RMNCAH metrics, recommended actions and response tracked through WHO