

Sudan ALMA Quarterly Report Quarter Four, 2016



Scorecard for Accountability and Action

Metrics

Commodities Financed and Financial Control	
LLIN financing 2016 projection (% of need)	100
Public sector RDT financing 2016 projection (% of need)	100
Public sector ACT financing 2016 projection (% of need)	100
World Bank rating on public sector management and institutions 2015 (CPIA Cluster D)	2.2

Insecticide Resistance Monitoring, Implementation and Impact	
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	4
Insecticide resistance monitored since 2014 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	▲
Scale of Implementation of ICCM (2016)	
Operational LLINIRS coverage (% of at risk population)	▲ 61
Estimated change in malaria incidence rate (2010–2015)	
Estimated change in malaria mortality rate (2010–2015)	

Tracer Indicators for Maternal and Child Health	
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2015)	8
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)	11
% deliveries assisted by skilled birth attendant	78
Postnatal care (within 48 hrs)	27
Exclusive breastfeeding (% children < 6 months)	55
Vitamin A Coverage 2014 (2 doses)	99
DPT3 coverage 2015 (vaccination among 0–11 month olds)	93



Malaria transmission in Sudan is low-to-moderate and occasionally epidemic. The annual reported number of malaria cases in 2015 was 1,102,186 with 868 deaths.

Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data/Not applicable

Malaria

Global Fund Update

The Global Fund has announced that Sudan will receive US\$ 129.6 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2018-2020. 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\$ 98.5 million. 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, as well as from domestic resources, to sustain the gains made in recent years, and achieve its elimination targets.

Progress

Sudan has been successful in attracting resources through the Global Fund and has financed the essential malaria control commodities required to sustain full coverage in 2016. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO. Sudan has completed the insecticide resistance monitoring and management plan. Sudan has also scaled up the implementation of iCCM.

Impact

The annual reported number of malaria cases in 2015 was 1,102,186 with 868 deaths. WHO estimates that the country has achieved a change of less than 20% in the malaria incidence rate and malaria mortality rate for the period 2010 - 2015.

Key Challenge

- Insecticide resistance threatens vector control.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Provide data on the scale up of iCCM implementation country wide	Q1 2017		Sudan has worked to scale up implementation of iCCM
Vector Control	Given the reported mosquito resistance to 4 classes of insecticide, urgently finalise and implement the national insecticide resistance monitoring and management plan	Q1 2017		Sudan has completed and is implementing the national insecticide resistance monitoring and management plan

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the GF malaria funding application is submitted by Q1 2017 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q1 2017

MNCH

Progress

Sudan has achieved high coverage of the tracer MNCH indicator skilled birth attendants, vitamin A and DPT3.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	a) Work to accelerate coverage of ARTs in the total population and in children under 14 years of age	Q1 2017		Deliverable not yet due. Sudan is working to expand ART service delivery sites and build capacity and mentor health care providers involved in treatment, care and support of PLHIV

Sudan has responded positively to the MNCH recommended actions addressing low coverage of postnatal care and continues to track progress as this action is implemented.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

¹ MNCH metrics, recommended actions and response tracked through WHO MCA