



# Health and Human Rights in Sudan

**WHO Sudan Contribution to the Universal Periodic Review  
November 2010**

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## *EXECUTIVE SUMMARY:*

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Health is a fundamental human right. The enjoyment of the highest attainable standard of health as a fundamental right of every human being was enshrined in WHO's constitution over 60 years ago. The right to health is recognized in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and a number of other international instruments. The most authoritative interpretation of the right to health is outlined in article 12<sup>1</sup> of the ICESCR (International Committee on Economic, Social and Cultural Rights).

Human rights are an overarching and cross-cutting principle that is relevant to all public health work. As a specialized agency of the United Nations, WHO has an obligation to address human rights across all areas of its work to ensure that its public health guidance is not only consistent with, but also promotes and reinforces, the human rights obligations of its member countries. In its daily work, WHO is striving to make this right a reality for everyone, paying particular attention to the poorest and most vulnerable.

Human rights violations or lack of attention to human rights can have serious health consequences. For example harmful traditional practices and violence against women and children can have direct negative health impact. Discrimination of certain population groups, for instance by denying their access to health care or to information or education, is also likely to have wide-ranging negative health implications.

Health policies and programmes implemented by the government can promote or violate human rights in the ways they are implemented and designed. Vulnerability and the impact of ill health can be reduced by taking steps to respect, protect and fulfill human rights. However the right to health is closely related to and dependent upon the realization of other human rights, including the right to food, housing, work, education, participation, the enjoyment of the benefits of scientific progress and its applications, life non-discrimination, equality, the prohibition against torture, privacy, access to information, and the freedoms of association, assembly and movement.

The Interim National Constitution of the Republic of Sudan includes the right to health and is clearly reflected in Public Health Law. Sudan has adopted some important strategies that reflect a comprehensive vision for health. These include a national strategy for reproductive health, national strategy for malaria, road map for maternal and child mortality reduction, Sudan's national Policy for Emergency and national policy on HIV/AIDS.

In the recently completed Sudan MDGs Report 2010, progress has been charted in some major aspects of health. This progress however is patchy. Conflict and inaccessibility have impeded achievement of the global socio-economic development goals in many regions of the Sudan. Armed conflict has had a

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<sup>1</sup> According to article 12(1) of the Covenant, State Parties recognize "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health", while article 12(2) enumerates, by way of illustration, a number of "steps to be taken by the State Parties" "...to achieve the full realization of this right".

detrimental impact on development and associated humanitarian needs. One of the major impacts on health is the suspension of reduction in the provision of basic health services in areas affected by conflict.

The biggest challenge confronting Sudan now and in the foreseeable future is the need to continue to respond to the humanitarian needs for the millions who were affected by the armed conflicts that ended following the signing of the CPA and ESPA and currently being affected by the continuing armed conflict in Darfur. WHO will work in close collaboration with the Ministry of Health to integrate human rights into health policies and strategies; and to advance health as a human right as well as other health-related rights.

## ***BACKGROUND: LEGAL & INSTITUTIONAL FRAMEWORK***

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Sudan's new constitution explicitly includes the right to health. It has also signed and ratified several international human rights agreements (except CEDAW and CAT)

The Sudan National Health Policy is framed within the remits of the relevant provisions of the interim Constitution of Sudan, 2005, the Local Government Act, 2003, and the resolute state laws and decrees which have introduced and institutionalized decentralized federalism in the country. Furthermore, this policy draws from and builds on the 25-year health strategy and existing policies relating to reproductive health, child health, HIV/AIDS, the national drugs policy, the essential primary health care package and the 10-year human resources strategy. It also reiterates national and international commitments, such as the Alma-Ata Declaration and the Health-for-All Strategy, the Millennium Summit Declaration and other global strategies, such as Roll Back Malaria (RBM), Stop TB and the Global Strategy for the Prevention and Control of Sexually Transmitted Infections, including HIV/AIDS.

The National Health Policy envisages the building of a healthy nation, thereby contributing to the achievement of the targets of the Millennium Development Goals (MDGs) and the overall social and economic development of the country. Its mission is to ensure the provision of health care to all citizens of Sudan, with emphasis on the health needs of the poor and the underserved, disadvantaged and vulnerable in order to enable them socially and economically productive lives.

The National Health Policy is committed to: achieving equity and poverty reduction; ensuring investment in health; reaching the targets of the MDGs; maintaining and securing human rights and dignity; preserving the rights of women and children; and fighting disease and ignorance.

### **Gender mainstreaming and equal opportunities**

Sudan, as a multi-ethnic, multi-cultural country encompassing hundreds of ethnic and tribal divisions and languages, has since its independence faced conflicts that have had implications for the country's social service institutions, including health. National health policies should, therefore, create appropriate conditions and institutions for people irrespective of gender or their regional, religious, racial, cultural or ethnic affiliation in order that they are provided with the opportunity and ability to make decisions about their health and lives. Under this policy, the Federal Ministry of Health will ensure provision of gender-friendly health care at all levels of health care delivery and will also consider gender analysis as an element in the development of strategic and operational plans at all levels of government.

### **Health care delivery**

Health care delivery is an important component of the health system and the National Health Policy envisages a number of statements with the overall objective of ensuring the provision of health services which are accessible, affordable, appropriate, efficient and effective.

### ***Health care package***

The interim Constitution of Sudan states that the “State shall promote public health, establish, rehabilitate and develop basic medical and diagnostic institutions and provide free primary health care and emergency services for all citizens”. One inference from this Article is that while the State is obliged to provide free primary health care and emergency services for all citizens, the private sector also has a role, with the Government creating and instituting mechanisms for its effective regulation. The content of the primary health care package includes as a minimum: the promotion of child health; the promotion of school health; the promotion of reproductive health; the control of endemic diseases; the protection and promotion of environmental health and sanitation; and treatment of simple diseases and injuries and mental health. In addition, the FMoH with the SMoH will design and develop health packages for secondary and different specialized services through the use of health technology assessment. This exercise may also involve the development of standard operating procedures and clinical practice guidelines.

### ***Health care infrastructure***

The protracted period of conflict has disrupted the health system, including much of the health infrastructure which has either been destroyed or is in need of maintenance and repair. Results from a recently concluded health system study indicate that many health facilities are not functional as a result of the use of dilapidated buildings and a lack of necessary equipment. This situation extends also to various programmes. The interim Constitution requires the establishment of relevant levels of government, the promotion of public health and the establishment, rehabilitation and development of basic medical and diagnostic institutions. The National Health Policy, therefore, calls for rebuilding/repairing and refurbishing the health infrastructure, including the provision of necessary equipment.

### ***Occupational and environmental health***

The National Health Policy envisages strengthening environmental health services of which occupational health is a component. The FMoH, in collaboration with the SMoH, will identify potential risks to human health. In order to avert or mitigate these risks, which are mostly beyond the domain of the ministries of health, an interdisciplinary committee on environmental health will be established at all levels of government to define comprehensive measures to protect and promote a healthy environment, including health at the workplace. The policy advocates for the coverage of all workers, including those working in the informal sector, in small and medium-sized enterprises and in agriculture by essential interventions and the prevention of basic occupational health services for primary prevention of occupational and work-related diseases and injuries.

### ***Child welfare and survival***

Child health will be addressed through a well-coordinated and integrated evidence-based basic primary health care package both at facility level and community level, including routine immunization, the promotion of breastfeeding, the provision of vitamin A supplements, newborn care, and the prevention and treatment of potentially fatal childhood diseases, such as diarrhea, malaria and pneumonia. Delivery of the package will be the responsibility of the Government, health professionals, civil society, communities and families. Attention will be given to emergency areas and psychological and supportive services for children with special needs. The Government will enhance the development of laws and/or legislation that protect and promote the rights of the child and their welfare. The Government is committed to removing barriers to access and to providing health care services free-of-charge to children, particularly to children under 5. Neonatal mortality is also a significant problem. Evidence-based interventions integrated with maternal and child health programmes are an important step towards improving neonatal survival and health.

### ***Reproductive and maternal health***

Reproductive and maternal health, as a vital social and economic investment, is an important component of the National Health Policy. It envisages addressing reproductive health issues across the life-cycle with priority to safe motherhood, ensuring women’s right to survive pregnancy and childbirth and to enjoy family life. Accordingly, the Ministries of Health at all levels of Government will ensure provision in health facilities, whether in the public or private sector, reproductive health services, including antenatal

care, intra-partum care, routine and emergency obstetric and postpartum care, counseling and provision of modern family planning services.

### ***Control of communicable diseases***

Communicable diseases constitute a major cause of morbidity and mortality in Sudan. While the National Health Policy endorses the hitherto policies, including international regulation promulgated for a variety of communicable diseases, it emphasizes formulation and adoption of an integrated approach, particularly the setting up of a comprehensive surveillance system for the early detection and containment of epidemics and disasters. The Government will take appropriate measures to eradicate polio myelitis and dracunculiasis, eliminate measles, neonatal tetanus, lymphatic filariasis and leprosy and control diphtheria, pertussis, congenital rubella and hepatitis B. This policy affirms the Government's commitment to achieving the target of MDG 6 in relation to the control of malaria, tuberculosis, HIV/AIDS, leishmaniasis, schistosomiasis, sleeping sickness, onchocerciasis and other communicable diseases. This policy also demonstrates the Government's resolve in the enforcement and fulfilment of the country's commitment towards implementation of international health regulations for transborder control of communicable diseases.

### ***Non-communicable diseases***

A well-integrated and community-based approach will be adopted to control non-communicable diseases through addressing common and preventable biological and behavioral risk factors. Health education, advocacy, surveillance of risk factors, research and control of advertising are essential elements of the control strategy. This policy emphasizes the promotion of healthy lifestyles for all citizens of Sudan including advocating healthy diets, promoting personal hygiene and enhanced physical activity, oral health, injury prevention and avoiding alcoholic drinks, narcotics and tobacco use. Also, this policy prohibits the media from advertising unhealthy habits and practices.

### ***Mental health***

The people of Sudan have been through a painful period of conflict and resultant suffering which has left not only physical scars but also mental scars. Such a situation calls on governments, both at federal and state level to take adequate and appropriate measures to ensure that mental health services are integrated into the health package. In Sudan, spiritual healing is an established practice and while consumers have the right to choose, the Government will take measures to eliminate harmful practices. In this regard, a mental health institute will be designated to guide and promote dialogue with practitioners of spiritual healing.

## **5 Year Health Strategy (2007-2011)**

The health sector has prepared this 5 year strategy in response to the Government of National Unity (GoNU) initiative for developing a 5 year strategic plan for all sectors in Sudan. This policy document provides a framework for the health system reform and sustainable development. It stipulates as well the most important health priorities to be addressed during the coming five years (2007-2011).

The strategy focuses on investing in health of the people and fostering progress towards achieving the international commitment towards the Millennium Development Goals (MDGs).

It also advocates for increasing government spending on health to a level that will enable the health sector to deliver quality acceptable and accessible preventive, curative and rehabilitative health services emphasizing the needs of the poor, the most vulnerable, and disadvantaged groups.

The strategy advocates for removing barriers to access health services through pro poor policies, fostering equity and considering health as a basic human right.

## ACHIEVEMENTS

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Sudan has made tangible and solid achievements in the health sector towards promoting its peoples' right to health. This section highlights some of the achievements and progress made to date towards achieving the essential health millennium development goals.

### *Reducing Child Mortality*

- Considerable number of child health and other health related supporting policies were either recently developed or implemented. All policies address the right of children to access quality child health care and nutrition services namely at PHC level. Policies emphasize adequate and quality emergency hospital care and maintain decent and safe service delivery at community level where no health facilities exist.
- Strategies that accelerate and support routine service delivery such as Accelerated Child Survival Initiative including country specific package were implemented.
- Guidelines and protocols to ensure quality child case management are introduced or strengthened: Emergency Triage Assessment and Treatment at referral sites; management of severe acute malnutrition at hospital and at community levels, and management of sick child using community health workers.
- Joint and intensified efforts of partners including WHO were exerted to support measles's routine vaccination, catching up and follow up campaigns. This has resulted in increased measles vaccine coverage noted from 2005 and onwards and consequently decreased cases.
- New vaccines that protect children against most common debilitating diseases e.g Pentavalent vaccine were introduced, while routine and supplementary immunization services through the Reach Every District (RED) strategy: were expanded.
- Establishment of Academies of Health Science, to produce allied health personnel with the objective of filling the gap in skill mix namely in rural areas where no or few medical doctors exist.
- Revitalization of the community health workers experienced in late 1970s and early 80s, aiming at increasing universal access to PHC and ensuring equity.
- Laws, regulations and joint agreements addressing critical child's health issues were issued or enacted. Examples are: presidential decree on free treatment for children, unified child law, draft of national code for banning breast milk substitutes and maternal leave.
- The Government of Southern Sudan has made some relative progress in the policy area in addressing constraints to the attainment of MDG 4. It has developed policy guidelines and the Basic Package of Health, Nutrition, Water and Sanitation Services necessary in reducing maternal health.
- In southern Sudan, the Basic Package of Health, Nutrition and WASH Services (BPHN&W) was developed and endorsed at the highest level under the Accelerated Child Survival Initiative (ACSI) in 2007 as the innovative strategy to deliver the package to all in three phases.

- In southern Sudan the Jump-start Phase was initiated in 2007 and launched 2009 in Hiyala Payam, Torit County, and Eastern Equatoria State. The aim of the Jump-start Phase is to scale-up integrated one time delivery of services/interventions (including Long Lasting Insecticide Nets; Measles and Tetanus Immunization; Vitamin A Supplementation; De-worming; promotion of Hand-washing and Breast-feeding; screening and referral of severe malnourished children to therapeutic feeding facilities) over a period of one month in all 10 states. By the end of June 2010, the interventions have been taken to scale in 35 out of 79 counties. This means that 85% of under-five children have been reached with the high impact interventions.

### *Improving maternal health*

- Intense awareness raising efforts were exerted through the development of IEC material addressing the various RH issues, as well as via national and local broadcasting media in the different states.
- A National Strategy for Scaling up Midwifery in Sudan was developed and endorsed on the International Day of the Midwife (15<sup>th</sup> May 2009). This national strategy includes both long and short term strategies for midwifery services in the country, based on creating a professional and competent workforce. The development and expansion of the village midwives training program in the past six years have made good progress, but more expansion is needed to cover the vast country.
- Further development in the curriculum towards achieving skilled birth attendant standards has been undertaken to improve the quality of midwifery services, based on that, the RH Directorate adopted a programme for upgrading midwives currently in the service. The newly developed two-year curriculum has been started and will ultimately be expanded to all midwifery schools in Sudan, functioning through the Academy for Health Sciences. The basic requirement for the midwifery technician curriculum is completion of basic schooling (eight years), while the BSc programme initiated in October 2009 enrolls secondary school graduates.
- As an effort for reducing morbidity and mortality related to pregnancy and childbirth Sudan has adopted free caesarean section policy in 2008 and free delivery care in 2010 aiming at improving utilization and quality of care with emphasis on making life-saving care free.
- Major efforts are being made by the FMOH to expand access to EmONC services; an EmONC map has been developed showing the needs of each individual state in terms of basic and comprehensive EmONC facilities; The EmONC Map was widely shared in order to streamline interventions supported by the different partners within these state priorities. Furthermore, to support the referral system, the FMOH distributed 108 ambulances in 2008 to be linked to EmONC centers in the states.
- In 2009, a Ministerial Decree for mandatory notification and surveillance of every maternal death and the establishment of both national and state Higher Committees for Maternal Mortality Reduction were launched. This development reflects an increasing political and resources commitment to track maternal health modality
- FMOH and partners agreed to adapt the regional road map and in 2009 the national MNH work plans endorsed it. The main focus is to strengthen and consolidate country efforts to reduce maternal and neonatal mortality in line with the Millennium Development Goals through achieving a high coverage of a defined set of effective evidence-based interventions focusing on



continuum of care. The road map implementation consists of two phases: initial phase 2009-2011 (focus on inputs) implementation plan and consolidation phase 2012-2015.

- As a strategic intervention, and as an evidence of government's resolve to improve maternal and neonatal health, Sudan recently launched the National Reproductive Health Policy, 2010 which envisions a quality reproductive and sexual life for all women, men, adolescent young children and the elderly.
- GOSS has a policy that clearly addresses maternal health issues and the Maternal Neonatal and Reproductive Health (MNRH) strategic framework elaborates the way forward to achieve the desired changes on maternal and neonatal health. High level Government commitment and involvement of development partners with implementation of the strategic framework as well as grass root level community participation will play key roles in achieving the noble cause of saving Southern Sudanese mothers.

### ***Combating HIV/AIDS, Malaria, TB, and other diseases***

#### **HIV/AIDS:**

- Sudan's national policy on HIV/AIDS was launched in 2004. On HIV/AIDS, MOHE HIV/AIDS workplaces have been developed for uniformed forces. Most of national and states ministries have HIV governance structures in place. High level political commitment is evident through the involvement of Ministers and Undersecretaries.
- The FMOH has developed a number of short- and long-term HIV/AIDS strategic plans. The first major effort to develop a strategic plan based on epidemiological and behavioral grounds was in late 2002 when the Government undertook a comprehensive situation and response analysis. This formed the basis for an evidenced-based national strategic plan for 2003-07, followed by the national multi-sectoral strategic plan 2004-2009. Currently FMOH is finalizing preparation of the 2010-14 national strategic plans.
- Mainstreaming is clear in the education sector where an HIV curriculum has been developed and teachers are trained (MOGE, MOHE). Mainstreaming is also evident in the Ministry of Guidance where special modules have been developed to train religious leaders. Some of the trained are delivering messages to the people through sermons and the media.
- Efforts to reduce stigma accelerated through sustained advocacy, mass media communication and legal reform led by the Ministry of Justice. MOGE, MOHE, MOC, Y & S, Sudan uniformed forces and MOL developed their sectoral plans on HIV and AIDS.
- GOSS has produced policy documents including the Southern Sudan HIV/AIDS Strategic Framework (2008-2012), the HIV/AIDS Policy for Southern Sudan, the HIV/AIDS Monitoring and Evaluation Framework, the Behaviour Change Communication (BCC) Strategy for Southern Sudan and the Condom Strategy for Southern Sudan.
- A number of key guidelines and protocols for Prevention of Mother-to-Child Transmission (PMTCT), VCT, Sexually Transmitted Infections (STI), Blood Safety, Anti Retro Virals (ARVs), have been produced and are used to guide the intervention.
- The establishment of the national M&E system and Data Centre at the GOSS level. This M&E system will need to be rolled out to the States and Counties and the lowest health facility units where data collection takes place.

## **Malaria:**

- In the northern states in 2009, 2.3 million patients had been treated free of charge with ACTs (uncomplicated malaria cases)
- There is a remarkable reduction in estimated malaria cases and deaths from 2001 to 2010; 7.5 million cases to 3.1 million cases
- To increase access, especially for children under 5 years in rural areas, Southern Sudan has adopted the Home Management of Malaria (HMM) strategy as part of an integrated child survival program. Promotion and use of Long Lasting Insecticide treated mosquito nets (LLINs) is the main vector control intervention at the moment.
- In southern Sudan plans are under way to establish an Integrated Vector Management (IVM) strategy that will include Indoor Residual Spraying (IRS) and environmental management where applicable.
- Southern Sudan drafted a Malaria Control Strategic plan that serves as the platform for coordinated malaria control and prevention interventions.
- Corresponding strategies and operational guidelines have also been developed for diagnosis, treatment, promotion of LLINs and Behaviour Change Communication.

## **Tuberculosis:**

- In northern Sudan treatment success rate of 81.8 % was achieved among the detected cases.
- Death rate among TB cases declined from 4.7% in 1999 to 2.4 % at 2008 as figure 2.20 shows.
- In southern Sudan, the GOSS TB programme was formulated in November 2006 for coordination, monitoring and supervision of implementation of TB activities in southern Sudan in close collaboration with implementing partners and donors.
- The following policy and strategy documents have also been developed and endorsed by the Government:
  - TB strategic plan 2009-2013
  - TB specific human resource plan 2010-2014
  - Laboratory quality assurance guidelines and
  - Laboratory standard operating procedures
- An ACSM strategy has been developed and rolled out to all parts of southern Sudan. The programme has an M&E framework with clear indicators used for monitoring programme performance. The key monitoring indicators are DOTS coverage, case detection rate and treatment success rate.
- DOTS coverage increased from 36% in 2007 to 49% in 2009 (aim for 100%), case detection rate from 19% to 34% (WHO recommended target 70%) and treatment success rate has been maintained well above 80% (WHO recommends at least 85%).

## ***CONSTRAINTS AND CHALLENGES***

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The last years have some remarkable progress in health care delivery. However constraints and challenges remain. Below are some of the constraints in the major health care indicators.

### ***Reducing Child Mortality***

- At national level, the educational background of mothers reflects a significant difference in U5MR between children of mothers with no education (121/1000LB) and those with primary education (96/1000LB). The difference rises when no education is compared to mothers with secondary education (89/1000 LB).
- The interventions required to save two-thirds of U5 deaths are available, however the problem is accessibility for those most in need.
- The unequal distribution of child health care providers between the center and the states and limited human resources and rapid turnover of staff.
- Low access/coverage to appropriate health care and nutrition services due to limited health seeking behavior and variable community acceptability of existing services
- Limited capacity of government to procure sufficient drugs, other essential supplies and equipment.
- Inadequate funds for non-emergency interventions.
- Complex Emergencies- Man made, natural and disease outbreaks
- The need for more in-country and government funding support
- Addressing the continuum of care through implementation of child health minimum package of care.
- Health system strengthening specially at both the primary and hospital care levels and strengthening the health information system.
- Reinforcing the nutritional surveillance system and its extension to new sites;
- Support food fortification strategies
- Strengthening the essential nutrition package in BHU, health centers and hospitals

### **Improving maternal health**

- Shortage of education, equipment and supplies, and skilled health personnel.
- Wide spread misinformation among the general public in regard to reproductive health options.

- Low literacy levels hamper training of skilled medical workers, particularly midwives. Besides, there is a lack of standardized population-based statistics to guide program planning and baseline data to facilitate effective evaluation of progress.
- Poorly functioning health systems, with weak referral systems, especially during obstetric and neonatal emergencies
- Poor logistics for management of drugs, family planning commodities and equipment.
- Inadequate national human resource management, worsened by a continuing brain drain of skilled personnel
- Working in a large country with a population that is thinly spread and a highly mobile one (Refugees, displaced, nomads and massive rural-to-urban-migration).
- Family planning is characterized by low existence of prevalence rates, cultural and political barriers and high numbers of unwanted pregnancies.
- Improvements in girls' education and an increased prevalence and utilization of contraception and child spacing.
- Inadequate access to essential maternity and basic health care services and low utilization are the two main causes of maternal deaths in Southern Sudan. Unless drastic corrective measures are made in these directions, reducing maternal deaths remains intractable (A Baseline Formative Research Report, UNICEF & MOH-GOSS, 2010). It is estimated that up to 80% of maternal deaths could be averted if access to improved services were increased and utilized by pregnant and post-partum mothers.
- Most maternal deaths are related to obstetric complications – including post-partum hemorrhage, infections, eclampsia and prolonged and obstructed labor and complication of abortions. Other indirect causes include anemia (exacerbated by malaria), HIV and other conditions that increase the risk of hemorrhage.
- The key challenges in increasing maternal health in Southern Sudan include the absence of emergency obstetric service at reasonable distances, reproductive health/ family planning services including uninterrupted supplies and trained providers and human resources.

### **HIV/AIDS, Tuberculosis and Malaria:**

- Need for more advocacy for reduction of stigma and discrimination associated with HIV/AIDS
- Need to improved quality services for HIV/AIDS.
- High population mobility due to rural- urban migration, displacement and armed conflict increase the risk of HIV/AIDS spread.
- Finding ways to involve civil society in a more coherent and coordinated manner within the national strategic framework of combating HIV/AIDS.
- Major challenges in controlling and treatment of malaria include limited coverage of formal health services, human resource constraints, weak supportive systems such as HMIS, laboratories, referral hospitals and poor supply chain management including inadequate regulatory mechanisms.
- Difficulty in maintaining continuous drug supply beside the limited number of staff trained to manage the severe adverse effects of the drugs.
- PPM: Although programmatic efforts were devoted to train key experts on PPM, there is still lack of coordination between the public and the growing private sector in the area of case detection and treatment.
- Sustainability of the political commitment although the Government ensured constant priority of the TB agenda, supported NTP with an adequate legislative body and financed key program activities, more needs to be done. A separate budget for TB within MOH funding will further empower NTP and enhance sustainability of interventions.

- Limited access to health services mainly, in rural areas, due to distance, cost of transportation and other indirect costs related to loss of time contributed to delays in early detection and in adequate treatment of TB.
- The ongoing conflicts have caused displacement of populations thus making access to TB services difficult. For these reasons, the proposed strategy to expand DOTS in the war-affected and post conflict areas can only be achieved through establishing effective partnerships with national and international NGOs currently delivering health services to IDPs.
- There is a need to improve the laboratory network and services, and upgrading of the existing monitoring and supervisory system at different levels to meet the planned expansion.
- Staff training at different levels and development of TB service standards be aimed at improving the quality of services.
- Enhanced ACSM and building of community partnerships for DOTS implementation also be emphasised to improve case detection and reduce defaulter rates.
- Further and fullest expansion of treatment services with ACTs to peripheral zones.
- Expansion of malaria diagnostic services with quality assurance (microscopy and RDTs)
- Expansion of coverage with LLINs to achieve universal coverage
- Upgrading programme capacity at state and district levels.
- Provision of the quality services be the top priority of the program in order to reach universal coverage, either by preventive or curative intervention through increasing the coverage of diagnostic, ACTs and LLINs

## *CONCLUSION AND RECOMMENDATIONS*

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The achievements of Sudan in the health sector across the North and South over the past four years have been good and tangible despite the wide ranging constraints. Armed conflicts have significantly impacted the quality and level of health services and progress towards achieving the MDGs. Attaining and maintaining an enduring peace is a critical condition in southern Sudan and Darfur. To surmount challenges strong and continuing commitment of the government is needed. An increase in national spending on health would contribute positively to improvements. To achieve optimal performance and progress to achieve the MDGs by 2015, the country and the people would need to surmount a wide range of challenges, and this requires commitment of the resources required and efficient and effective planning, coordination, true partnership approach between government and non government organizations, the private and community sectors as well as the international community.

WHO envisions health as a key factor in development, a key component of security and a key element of human rights and social justice. In order to ensure the right to health for all in Sudan it is crucial to involve people's participation in health development. Health development can only be achieved through multi sectoral strategies and inter sectoral investments that address health determinants.

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