

Dear Colleagues

We hold our gathering while dialogue conferences are taking place in the hope of reaching a solution on how Sudan is to be governed.

We remain hopeful and eager for a peaceful resolution that would end the deteriorating situation and above all the current critical health status in the country

During our past meetings of April 2014, November 2014 & May 2015, we reviewed the existing health condition through different presentations and at the same time we presented successful initiatives that addressed some of the health challenges at home. In May we discussed alternative policies that attend to the milliard catastrophic health issues ranging from dumping chemicals to poor access to health services.

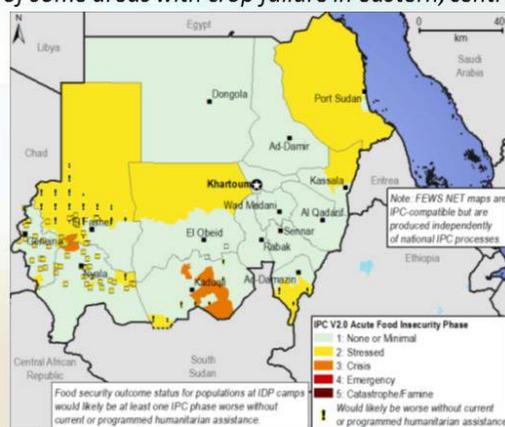
Since our last meeting, the situation is reaching further levels

## WHO EMRO

- **Suspected viral haemorrhagic fever outbreak in Darfur**
- *15 November 2015 – From 29 August to 8 November 2015, a total of 244 suspected viral haemorrhagic fever cases, including 110 deaths, were reported in South, East, Central, West and North Darfur. Overall, the epidemiological situation seems to have slowed down, with only 17 new cases reported during the period between 4 and 8 November, and only a few cases reported from the most affected area of Kereinik in West Darfur*

## FEWS NET

- **Sudan Food Security Outlook** October 2015 to March 2016
- *High chances of some areas with crop failure in eastern, central, and western Sudan*



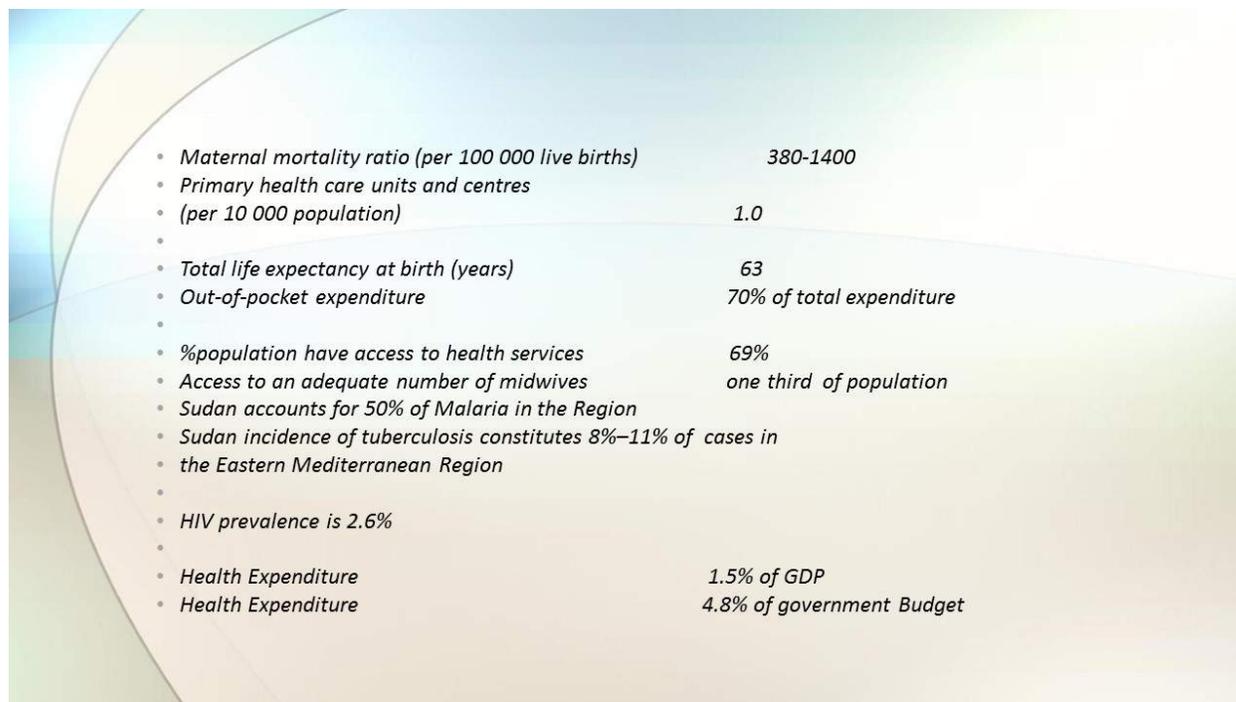
- *The majority of those currently food insecure are in Darfur, but there is also a significant number of food insecure people in South Kordofan. Among the most food insecure are internally displaced persons (IDPs) in Sudan People Liberation Movement-North- (SPLM-N-) controlled areas of South Kordofan and Blue Nile States and the conflict-affected in Jebel Marra who have not yet been reached by humanitarian assistance*

Furthermore, Schistosomiasis is the most prevalent parasitic disease in Sudan, with 24 million people at risk, 5 million cases of infection and a prevalence rate of 20%. The government response has been inadequate.

Leishmaniasis is also endemic, with nearly 8000–10 000 cases being notified yearly

Sudan harbors more than 80% of the global burden of guinea worm infection.

Sudan is also experiencing a rapidly increasing burden of NCDs The top causes of admissions in hospitals is diabetes, cardiovascular disease and cancers



• Maternal mortality ratio (per 100 000 live births)	380-1400
• Primary health care units and centres (per 10 000 population)	1.0
• Total life expectancy at birth (years)	63
• Out-of-pocket expenditure	70% of total expenditure
• %population have access to health services	69%
• Access to an adequate number of midwives	one third of population
• Sudan accounts for 50% of Malaria in the Region	
• Sudan incidence of tuberculosis constitutes 8%–11% of cases in the Eastern Mediterranean Region	
• HIV prevalence is 2.6%	
• Health Expenditure	1.5% of GDP
• Health Expenditure	4.8% of government Budget

On the other hand, Article 46 of The Interim Constitution of the country states that the government is responsible to provide universal and free-of charge basic health services .

This was further emphasized in the National 20 years Health Strategy 2003-2027. Primary Health Care is adopted as the main health delivery scheme

Nevertheless, health spending is skewed towards hospital care, and primary and first-referral care are underfunded and lack resources, particularly in the poorer states.

This was reflected in our meetings during the past year, where we persistently presented current health issues in Sudan followed by successful health initiatives by colleagues in Sudan and a final session on skills training for our Junior doctors in UK

In our meeting of May 2015 by the theme “ Together Seeking Solutions” we discussed Sudan health reform policy directions and presented “Alternative Policies for Health” to provide us with a road map that would reverse the tide of deterioration in Health.

Let me emphasize that our role is political to endorse health policies that address needs of communities who suffered war, destitute, aggression and discrimination for the past twenty five years.

Our voices should be orchestrated, united & forceful to present a health strategy that ensures equity and equality, sustainable development and prosperity for our Sudan.