

# Sudan ALMA Quarterly Report

## Quarter One, 2024



### Scorecard for Accountability and Action



#### Metrics

Financing	
LLIN financing (2024-2026) projection (% of need)	
Public sector ACTs and RTDs financing (2024-2026) projection (% of need)	
% of National Malaria Strategic Plan Financed (2024-2026)	
Policy	
Signed, ratified and deposited the AMA instrument at the AUC	
Malaria activities targeting refugees in Malaria Strategic Plan	
Malaria activities targeting IDPs in Malaria Strategic Plan	
Zero Malaria Starts With Me Launched	
End Malaria Council and Fund Launched	
Resistance Monitoring, Implementation and Impact	
Drug efficacy studies conducted since 2019 and data reported to WHO	
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	4
Insecticide resistance monitored since 2015 and data reported to WHO	
RTDs in stock (>6 months stock)	
ACTs in stock (>6 months stock)	
LLIN/IRS campaign on track	
% of vector control in the last year with next generation materials	17
On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)	
On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)	
Tracer Indicators for Maternal and Child Health and NTDs	
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2022)	49
% of Neglected Tropical Disease MDAs Achieving WHO Targets	40
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2022)	14
Vitamin A Coverage 2022 (2 doses)	1
DPT3 coverage 2022 (vaccination among 0-11 month olds)	84

Malaria transmission in Sudan is low-to-moderate and occasionally epidemic. The annual reported number of malaria cases in 2022 was 3,768,163 with 1,760 deaths.

#### Key

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

## **Malaria**

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. We must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. AU Member States face a \$1.5 billion gap just to sustain existing, yet inadequate, levels of malaria-related services between now and 2026. To get back on track and eliminate malaria, we will need to mobilise another \$5.2 billion dollars annually to fully finance our national malaria plans. Climate change presents a significant threat to the progress that we have made. Africa is disproportionately exposed to the risks of climate change and by the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Climate disasters displace millions and destroy roads and health facilities, reducing access to health services. There is urgency to decarbonise and reduce our carbon footprint. We must implement integrated and multisectoral solutions, and adapt our health systems to the threats of both climate change and pandemics. We must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. The good news is that the malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. The scaling up of these interventions will help us achieve our goal of eliminating malaria. This will require integrated approaches with malaria as a pathfinder for pandemic preparedness, climate change and health, Primary Health Care and Universal Health Coverage. We must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD councils and Funds, which have raised over US\$50 million.

### **Progress**

Sudan 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. Sudan has also carried out drug resistance testing since 2018 and the data have been reported to WHO. The country is also showing leadership in malaria control through participation in the High Burden High Impact approach, and recently signed the Yaoundé Declaration.

In line with the priority agenda of the ALMA chair, His Excellency President Umaro Sissoco Embaló, 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 Hub. The country should consider establishing an End Malaria Council and Fund to enhance domestic resource mobilization and multi-sectoral action.

### **Impact**

The annual reported number of malaria cases in 2022 was 3,768,163 with 1,760 deaths.

### **Key Challenges**

- Insecticide resistance threatens vector control.
- Gaps in funding for IRS.
- Current insecurity is severely impacting malaria and health programming

## Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Policy	Sign, ratify and deposit the AMA instrument at the AUC	Q1 2023		No progress reported
Impact	Work to address low coverage of vector control	Q4 2024		Although some nets were delivered in the last quarter, Vector control coverage has been impacted by the ongoing conflict in the country. The recent approval of the Global Fund grant will facilitate the acceleration of ITN coverage.
Impact	Investigate and address the reasons for the increase in estimated malaria incidence and deaths since 2015, which means that the country is not on track to achieve the 2025 target of a 75% reduction in malaria incidence and deaths	Q4 2024		Sudan has identified the following reasons for not being on track to achieve a 75% reduction in malaria incidence and deaths: the ongoing humanitarian crisis has led to increased internal population displacement resulting to malnourishment and poor access to health care – factors that increase vulnerability to malaria; frequent floods that create favourable breeding of malaria vectors; increased reports of vector resistance to insecticides coupled with a lack of resources to implement mitigation measures; increased urban malaria transmission as a result of poor environmental management and recent reports of <i>Anopheles stephensi</i> . Even under these difficult circumstances, the country continues to mobilize resources and implement malaria prevention and control

The country has responded positively to the previous recommended actions addressing malaria mortality and incidence, and the country continues to track progress as these actions are implemented.

## New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Impact	Work to develop a plan of action to support the implementation of the Yaoundé declaration	Q4 2024

## Reproductive, Maternal, Newborn, Adolescent and Child Health

### Progress

The country has enhanced tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard.

### Previous Key Recommended Actions





Sudan has responded positively to the RMNCAH recommended action addressing low coverage of vitamin A and continues to track progress as this action is implemented.

# Neglected Tropical Diseases

## Progress

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, trachoma, schistosomiasis and soil transmitted helminths. In 2022, preventive chemotherapy coverage was 22% for trachoma, 36% for lymphatic filariasis, 93% for onchocerciasis, 39% for schistosomiasis and 100% for soil transmitted helminths (under surveillance). Overall, the NTD preventive chemotherapy coverage index for Sudan in 2022 is 49 which represents a very substantial increase compared with the 2021 index value (0). The country reached WHO MDA target for onchocerciasis only in 2022.

### Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due