**SUDAN**

**2016 IHP+ MONITORING ROUND**

**NATIONAL health expenditure**

<table>
<thead>
<tr>
<th>Source</th>
<th>National Health Accounts 2014</th>
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<th>Total health expenditure per capita</th>
<th>$129.84</th>
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**COMMITMENT**

**TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY**

**PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY**

Alignment of support against the Health Sector Strategy

- **100%** of participating DPs confirm they align their support with the national (or sub-national /sector) Health Sector Strategy.

**WAS THE NATIONAL HEALTH SECTOR PLAN JOINTLY ASSESSED?**

- **88%** of participating DPs support the joint assessment.

**STAKEHOLDERS THAT SUPPORTED THE joint ASSESSMENT**

- **88%** of participating DPs support the joint assessment.

**THE PROCESS OF DEVELOPING NHS IS BECOMING MORE INCLUSIVE**

- **63%** of participating DPs only use national health sector indicators to monitor their support.

**MUTUAL ACCOUNTABILITY IS STRENGTHENED**

- **63%** of participating DPs confirm they participated in the mutual accountability processes.

**Health aid is on budget**

- **2014/15**: 51%
- **2012/13**: 38%
- **2010/11**: ?

**Predictability of funds for the future**

- **2005/07**: 25%
- **2010/11**: 100%
- **2012/13**: 75%
- **2014/15**: 90%

**HeAdt development cooperation is more predictable**

- **2005/07**: 25%
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- **2012/13**: 75%
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**Health development cooperation is more predictable**

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- **2010/11**: 100%
- **2012/13**: 75%
- **2014/15**: 90%

**LEGEND**

- **Government**
- **Private Sector**
- **Development Partners**

(See symbols for different statuses, such as Yes, No, Unknown or not applicable.)

**HOW TO READ THE COUNTRY PROFILE**

- All data presented on this visual aid are self-reported by the Ministry of Health (MoH), development partners (9 DPs out of 24 participated), civil society organisations (18 CSOs participated) and private sector representatives (3 PS participated) supporting the health sector. All data provided by DPs, CSOs and PS have in principle been validated by MoH.

- The 8 Effective Development Cooperation (EDC) practices in health are captured in 4 commitments. The first three commitments present the performance of the government and DPs against 6 EDC practices. The last commitment also includes the opinion of the CSOs and PS on the EDC practices relevant to their engagement.

- Where possible, trends in performance are documented over 4 monitoring rounds (2007, 2011, 2013 and 2015). Relevant, a comment relative to the EDC practice is provided in a text box.

- For more detailed and disaggregated information on the data presented please visit www.internationalhealthpartnership.org/sudan.

**COMMITMENT**

**TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR**

**Source:** WHO, National Health Accounts 2014
COMMITMENT
TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS

PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED

Are PFM systems of sufficiently good quality?

Source: World Bank, CPIA data 2014

63% 63% of participating DPs confirm that sufficient support on PFM systems strengthening and capacity building is in place.

PFM systems are less used when the CPIA score is under 3.5, unless to strengthen the system.

PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED

A government plan for national procurement and supply exist?

25% 25% of participating DPs use the national procurement and supply systems.

75% 75% of participating DPs confirm that sufficient support on procurement or supply systems strengthening and capacity building is in place.

The presence of the procurement plan is a good opportunity and the participation in the plan started to pick up.

TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING

An agreed national TA plan exists?

88% 88% of participating DPs provide TA in line with the national plan.

Does the Ministry of Health benefit from south-south cooperation?

50% 50% of participating DPs support South-South cooperation.

The presence of TA plan is a good opportunity and more utilisation of SSC is needed.

COMMITMENT
TO CREATE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR

CIVIL SOCIETY ORGANISATIONS ENGAGEMENT

What space does the government provide for CSOs to effectively participate in health sector policy, planning and monitoring? (Sources: Government qualitative survey and CSO online survey)

- Government consults CSOs in the design, implementation or monitoring of national health policies
- Government provides financial resources
- Government provides training support

How effectively is the participation of CSOs in national health policy processes supported by development partners? (Sources: DP qualitative surveys and CSO online survey)

- 63% of DPs consult CSOs when developing their cooperation programme
- 50% of DPs provide financial resources
- 50% of DPs provide technical assistance

PRIVATE SECTOR ENGAGEMENT

Engagement of private sector is limited.

There is no agreement on the role of professional associations.

The private sector does not regularly share information with the ministry only when requested.

http://www.ihpplusresults.org/sudan