



Prospects for Delivering and Managing Curative Health Services in North Darfur State, Sudan

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Dear Editor- in-Chief

The conflict in North Darfur State, western Sudan, started in 2003. With the country's limited resources, the conflict led to difficulties in the delivery of curative health services. This conflict affected 1.6 million people, 81% of the population of North Darfur State, with 37% classified as Internally Displaced Persons (IDPs) (1). Eighty percent of the people in rural areas and 47% in urban areas have to live on less than US\$1 per day. The number of outbreaks of disease among the people is very high (2). Because the capacity of government in North Darfur State is limited, the NGOs provide 52.9% of the health budget and nearly 60% of health personnel. In this study, a total 60 interviewees participated; 15 of the participants were expatriates working for international NGOs and 45 were health professionals and administrations working in the health sector. The result shows that the government has become increasingly dependent on the services of NGOs, which provide 70% of curative health services, yet the government is suspicious of NGO's motives (3). More recently, the independence of South Sudan in July 2011 has led to continuing border issues and disputes over oil revenue. This has resulted in the further weakening of the public health system; thus making the communities even more reliant on services provided by NGOs.

The public health sector in North Darfur State falls short of the government of Sudan's and international norms and standards. For example, the Central Bureau of Statistics reports that in North Darfur State there are 73 Basic Health Care Units, 61 primary health care centres and 79 dispensaries, to serve 2 113 626 people in the State (2, 4). A Basic Health Unit serves 28 953 people, a Primary Health Care Centre serves 34 649 people and a dispensary serves 26 754 people (2, 4). According to the norms of Sudan Health Service Standard (5), a Basic Health Unit should serve 5 000 people, a Primary Health Care Centre should serve 20 000 people and a dispensary should serve 25 000 people. North Darfur State fails to meet these standards, especially in relation to Primary Health Care Centers, and even more so for Basic Health Care Units. North Darfur State has a relatively low number of hospitals beds, 0.2 beds for every 10 000 people, while in Africa 10 per 10 000 is regarded as a norm (6). In addition, there is a lack of health staff in the State. For example, one deputy specialist, two specialists and five general practitioners serve 100 000 people. In Sudan, the ratio of specialists to service a population of 100 000 is 3.3. The ratio of general practitioners in Sudan is 20 per 100 000 population (7). According to Logie et al. (8), WHO suggests that a minimum of 10 doctors serve 100 000 people. Therefore, the pro-

vision of specialists and doctors in North Darfur State is below average for Sudan and below that suggested by WHO. In additions, 1.4 technicians, 2.1 medical assistants, 2.8 nurses and 0.16 public health inspectors serve 10 000 people. If one consider the ratio of nurses for every 10 000 people, the statistic of 2.8 in 2010 in North Darfur State is dramatically lower than that of Sudan, which was 4.9 in 2006 (7), and far below the norm of 9 recommended by the World Bank (9) and that of 12 suggested by WHO (10).

The recent independence of South Sudan has two main consequences for curative health services in North Darfur State. Firstly, the independence of South Sudan reduces public revenue available to Sudan. Secondly, the government of Sudan continues to divert effort and resources into dealing with internal conflict and disputes along its borders. In these circumstances, it is probable that public revenue for health in Sudan, and for health services in North Darfur State, will decline. In this study, health facilities, equipment and technical services, as well as general infrastructure, were areas of concentration. A second was the continuing the role of NGOs. The capacity of government, at all levels, to provide curative health services in North Darfur State is limited and need urgent assistant from NGOs. The third focused on recent political developments in Sudan and how they affect curative health service delivery in North Darfur State. The study concluded the analysis by putting all the findings into perspective.

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