

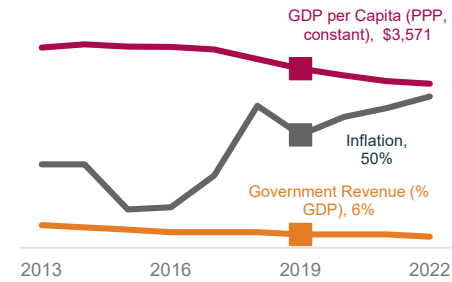


Sudan

LNCT Network-Wide Meeting Tangerang, Indonesia, July 2019



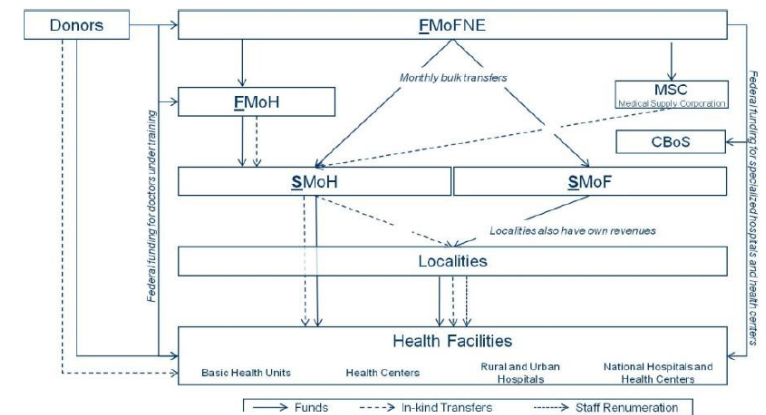
I. Economic Context



II. MOH Budget Execution

	MOH Budget	Subnational Government Health Budgets
Total budget (year)	487,286,582	347,401,390
Total released	477,540,850	340,453,362
Total spent	477,540,850	340,453,362
Execution as percent of budget	98%	98%

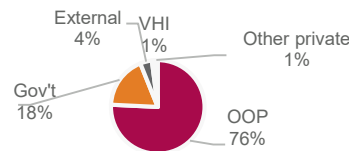
V. Funding Flows for Immunization



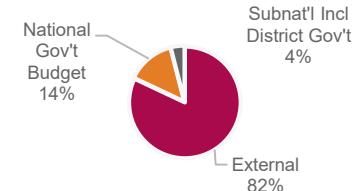
III. Sources of Health Expenditure

Year of data: 2016
 CHE per capita: US\$152
 Domestic General Government Health Expenditure as % of General Government Expenditure: 7.4%
 % of Domestic General Government Health Expenditure spent on immunization: 4.5%

Sources of CHE



Sources of RI Expenditure



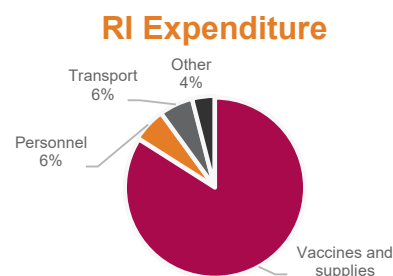
IV. Routine Immunization Budget

Line Item	Budget Source(s)
Vaccine supply & logistics	<ul style="list-style-type: none"> Nat'l health budget Donor fund (GAVI, UNICEF) Subnational government budgets
Service Delivery	<ul style="list-style-type: none"> Subnat'l health budget
Advocacy & Communication	<ul style="list-style-type: none"> Nat'l health budget District government budgets
Monitoring & Disease Surveillance	<ul style="list-style-type: none"> Nat'l health budget
Program Management	<ul style="list-style-type: none"> Nat'l health budget Subnat'l health budget
Shared Health Systems Costs	<ul style="list-style-type: none"> National and subnational health budgets Results and performance-based financing

Total Expenditure (from all sources) on routine immunization: **\$36 million**

RI Budget per Surviving Infant: **\$22.88**

% of RI costs financed by gov't: **18%**



Ask me how:
 Sudan's government expansion project works on program sustainability by building new health facilities, conducting joint cadre training, and providing cold chain equipment.

I want to know:
 How other countries have managed Gavi transition in difficult macro-economic and fiscal contexts.

VIII. Challenges

Although there is obvious and strong government commitment, the current situation may lead to competing priorities.

Ongoing economic distress, escalating health care services (low fiscal space for health).

Conflict and insecurity contribute to increasing cost of service delivery.

Long-term dependence on external funding and low government share of vaccination program (18% in 2018).

VI. Budget Allocation Process

Fund	Responsible Authority/ies	Allocation Guidance and Process	Key Bottlenecks
MOH budget	National MOF/MOH	Allocated to agencies based on Parliamentary priorities and ceilings. MOH allocates budgets to provinces based on provincial government requests	
Donor support to national level	External donors	Allocated for specific activities based on donor priorities and government input	
Provincial health budgets	MOH	Allocated to districts based on provincial performance and requests.	
Immunization fund from Gov. and Donors	National MOH	Allocated to provinces and district according to their annual micro-planning and monthly performance	Dependency on donor support

VII. Identification of Gaps

Line item	Budget 2020	Funding gap with secure funds only	Funding gap with secure and probable funds	Potential Budget Sources
Routine & SIAs (CMYP)	96,457,007	83,776,479	9,285,065	Gov., Gavi, WHO, UNICEF
		87%	10%	