



SUCCESS STORY

Survey Casts Light on Inadequate Health Spending



Data collectors met with 22,000 women from Sharg al-Nil in eastern Khartoum State.

Pregnant women needing emergency health services in Sharg al-Nil are often faced with the tough question of how to pay a bill that could well exceed the family's monthly income.

February 2009 – The right to health care for all citizens is guaranteed by Sudan's Interim National Constitution. But does government spending, which is beset by a lack of fiscal transparency in public budgeting, match this right?

With this question in mind, a local nongovernmental organization set out with support from the Office of Transition Initiatives (OTI) to conduct a door-to-door survey, the first thorough assessment of Sudan's health budget from a rights-based perspective.

Last fall's study examined the degree to which the state ensured basic rights through access to reproductive health services. Data collectors, including 30 volunteers from the state Ministry of Health, surveyed 22,000

women from Sharg al-Nil, one of Khartoum State's poorer localities.

The findings revealed that many expectant mothers in need of services are faced with dire circumstances. The quality of services is poor and there are insufficient numbers of well-trained medical personnel—both a result of inadequate health-sector funding. Furthermore, access to services is limited by government-imposed user fees. Up to 66 percent of the mothers surveyed did not receive prenatal checkups and most had given birth at home without assistance from a qualified medical practitioner.

Although Sudan has experienced rapid economic growth, 65 percent of the population continues to survive on the equivalent of one U.S. dollar a day, and out-of-pocket expenditures on health care are simply unthinkable for many households. It is estimated that Khartoum State allocates roughly 10 percent of its budget to health; however, less than 2 percent of the national budget is believed to be spent on health care. Consequently, state and local health budgets are dependent on user fees. And, not surprisingly, people in wealthier localities enjoy access to better care while those in poorer areas are often left with few options.

The OTI-supported study provides a new tool for health care advocates, who can now present the findings in public forums and continue to press government authorities to provide equitable primary health care services for all Sudan's citizens.