

## Asthma management in Sudan

In Sudan, a study of asthma management conducted in 2003 found that 95% of the participating patients paid full cost for their asthma medicines; less than 2% of them received regular treatment from a single facility, and there was no overall asthma management plan. In a country where the daily wage of the lowest paid unskilled government worker is US\$ 2.20 per day, the cost of one day of hospitalisation for asthma was \$79.60 and patients were responsible for medicines and other costs on top of that.

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### Developing asthma management guidelines

Since Sudan had no asthma guidelines, initially The Union guidelines were adopted. They then formed the basis for the first Sudan Asthma Guidelines, which were developed in 2002. Due to limited resources, these guidelines made it mandatory to use only essential medicines. A pilot project testing the guidelines was launched in 2003 and evaluated by The Union in 2005.

In 2006 the Epi-Lab in Khartoum received funds from the World Bank to launch the 'Comprehensive Lung Health' project that included asthma, as well as pneumonia and other respiratory diseases. The Union provided technical assistance, and the Asthma Project evolved from this first project.

### Implementing the guidelines in test sites

Asthma Project activities included a training programme for doctors, nurses, statisticians and medical assistants that covered both standard case management and patient education. The project also mobilised community doctors, chest physicians, paramedics and patients' communities as advocates for improved asthma care. Patients came forward for treatment, and, by 2008, the number of emergency room visits for participating patients had been reduced by 97% in the pilot sites. There was also an improvement in the severity of patients' asthma. By 2009, the Asthma Project was functioning in 19 first-referral level hospitals in central Sudan.



### Access to essential medicines and care

In 2010, Sudan purchased medicines through the Asthma Drug Facility (ADF) to address the low availability and prohibitive cost of asthma inhalers. Sudan set up pilot sites in Gezira State to test this ADF approach, which combines access to affordable essential medicines with the monitoring and evaluation of asthma case management. The Ministry of Health judged the pilots successful and has requested that these activities be expanded to cover the whole Gezira State.

### Making asthma a countrywide priority

Practical Approach to Lung Health (PAL) activities are also now being initiated in Sudan and are expected to help provide care for asthma patients at the primary health care level. Epi-Lab and its partners in the Department of Non-Communicable Diseases at the Ministry of Health are continuing to negotiate for a nationwide asthma programme that will make asthma a high priority and ensure quality care and a regular supply of medicines for all patients who need them.