

**British & American Friends of Southern Sudan
(BAFOSS)**

A non-profit organization dedicated to help in providing better health services to
Southern Sudanese
61 A Lancaster Road

Cabus, Preston, PR3 1JD, England

Tel: (44) 07711420606

BAFOSS e-mail: baraka@btinternet.com

<http://uk.geocities.com/baraka@btinternet.com/>

**The London International conference on the establishment of better health
services in Southern Sudan
July 14th & 15th 2005**

Conference Web site:

www.geocities.com/baraka@btinternet.com

I. The Conference:

Introduction:

The conference was held during the period Thursday 14th and Friday 15th July 2005.
The venues were Lecture theatre 1, Sir Alexander Fleming Building, The Medical
School, The Imperial College, South Kensington Campus, London.

Attendance:

The meeting was attended by 187 participants from Sudan, UK, USA, Saudi Arabia, Iraq,
Syria, Kenya, Nigeria, Switzerland, Germany, France, Norway, Canada and Lebanon.

Opening Ceremony:

The opening ceremony was addressed by Professor Mohamed El-Fatih Baraka, the
conference organizer and Dr. Doris Wilson, the President of BAFOSS.

The guest speakers at the opening ceremony were:

1. Professor Peter Woodward – University of Reading, UK.
2. Dr. Zakchariah Bol-Deng – SPLM representative and the personal envoy of Dr. John Garang, the first vice president of Sudan and the president of the government of Southern Sudan
3. H.E. John Angul, Minister of Health, the personal envoy of president Omer El Bashier, the president of Sudan.

Scientific Sessions:

Over two days, 32 scientific papers were presented in seven sessions by professional experts. The names, titles and addresses of the speakers are shown within the conference programme at Appendix A. The seven scientific sessions were organized in five main themes:

- Health systems and health service systems
- Priority health package
- Manpower and service development
- The health problems of Southern Sudan as an African problem
- The establishment of training and supportive services.

Closing Session:

The objective of the closing session was to discuss and approve the recommendations. Each chair of the seven scientific sessions presented the recommendations of their session. This was followed by very constructive discussion. It was agreed to edit the recommendations, distribute them to participants to give their response within one week prior to the final editing. The final approved version would be sent to both the president and vice president of Sudan.

It was also decided to publish the proceedings of the conference as soon as possible, pending availability of funding. The details of all recommendations and suggestions will be fully outlined in the conference proceedings. When published, these can be obtained from the conference organizer.

II. Conclusions and Recommendations:

Background:

Health Status: (General)

The epidemiological and health profile of Sudan in general is typical of sub-Saharan Africa Countries. It is poor when compared to countries in the Eastern Mediterranean region (except Somalia and Djibouti). The outlook is bleak considering the burden of diseases and the major key challenges. This is further compounded by a weak Public Health System and a lack of strong Public Health Schools.

Southern Sudan:

The health status in Southern Sudan is far worse, than other regions in Sudan. The health indicators, high prevalence of endemic and epidemic diseases as well as the new challenges that will be created by the Internally Displaced Persons (IDP) and the

returning refugees will intensify the magnitude of the problem. Table 1 shows the Millennium Development Goal Indicators for North and South Sudan as compared to Middle East and North African (MENA) countries. Table 2 shows the existing health care facilities in Southern Sudan, while table 3 shows the projected health care facilities in Southern Sudan and the Human Resources needed.

Table 1: Millennium development goal indicators (2003):

	Sudan		MENA
	North	South	
MDG 1: Poverty & Hunger			
Prev. Child malnutrition %<5	35	..	17
Prev. Child malnutrition (wasting) (%<5)	15	21	7
MDG 4: Child Mortality			
<5 MR/1000	105	250	54
IMR	68	150	43
Measles Imm. (% of children 12-23m)	58	34	86
MDG 5: Maternal Mortality			
MMR/100,000	509	1700	360
Births attended by skilled health staff (%)	57	6	63
MDG6: HIV/AIDS, Malaria & TB			
(% children <5 with fever) treated with antimalarial	50	36	..
Incidence of TB/ 100,000	180	325	66
TB cases detected under DOTS (%)	58	6	..
MDG 7: Environment			
Access to an improved water source (%)	70	39	90
Access to improved sanitation (%)	64	29	83

Table 2: Southern Sudan existing health care facilities (2003):

Reg	Popn. Million	Rural Hosp.	Health Facilities	
			PHC Centres	PHC Units
B. El Ghazal	4	3	22	148
Equatoria	24	13	50	244
U. Nile	16	1	29	157
Total	8	17	101	549

Source: World Bank (Sudan Health Status Report) 2003
SPLM Health Secretariat – Feb 2004

Table 3: Projected health care facilities Southern Sudan (Pop'n 8mill):

Category	Pop'n served	No. projected	Existing	No. required	Human Resources Needed *
PHC Unit	4,000	2,000	549	1451	8,000 (x4)
PHC Centers	20,000	400	101	299	4,000 (x10)
Rural Hospitals (100 beds)	100,000	080	017	63	8,000 (x100)

* **N.B:** the estimated available human Resources are: 36 doctors, 669 nurses, 731 Lab technician and approximately 3000 PHC workers (not defined).

Key Challenges: There are five key challenges facing Southern Sudan.

1.1 Health system and health service delivery:

Health system is very poor and nearly non-existent while the health services delivery is fragmented and provided by many factors including 69 NGOs operating in Southern Sudan. The access to health care is very low and inequitable in all the three regions of Southern Sudan. It is difficult to assess quality at this time.

The lack of operational and applied research complicates the problem, as decisions can not be based on scientific data and evidence-based approaches.

1.2 Infections and Endemic Diseases

Epidemic outbreaks e.g. yellow fever, whooping cough, measles, and meningococcal meningitis occur regularly.

Major endemic diseases include: Malaria, TB, Onchocerciasis, Leishmaniasis, Trypanosomiasis and Guinea Worm etc.

HIV/AIDs is a serious emerging problem facing the south.

1.3 Health Expenditure:

The expenditure per capita on Health in 2005 was \$19 in Sudan. The total health expenditure as proportion of GDP was 4.9%. The Government covers only 20.7% of the total expenditure on health and the private expenditure represents 79.3%. Of the private expenditure 99.5% are out of pocket expenses. For South Sudan, there is no available data and the expenditure rarely covers some of the basic needs.

1.4 Human Resources:

According to SPLM sources the health workforce in Southern Sudan (SS) comprises approximately 4600 persons of whom 50% are in Equatoria. There are 36 doctors, 197 clinical officers, 669 nurses and 731 laboratory technicians and the remaining 2967 are PHC workers with only nine months of training.

It is a major challenge to train appropriately the needed manpower. The role of the 3 medical schools and the health Institutes as well as the school of public health is so crucial in improving the situation.

1.5 Disparity:

In Sudan, there is great disparity between the regions and more marked disparity between rural and urban population. This will be intensified by the problem of internally displaced persons and the returning refugees. They will be needing both physical and mental services.

Conference recommendations:

The recommendations are grouped according to the five areas of key challenges:

1. Health system and Health Service Delivery:

- a. Review priorities of the basic health service package to be provided comprehensively through a team.
- b. Preliminary strategic plan for health should be laid down based on the scattered data on prevalence/ morbidity/ mortality of diseases.
- c. Establish a functional Health Information System.
- d. All activities should be lead/spear-headed by the National Ministry of Health/ in full Ministry of Health GOSS.
- e. Enhance community participation and empowerment to maintain a sustainable health care delivery.
- f. Partnership with NGOs, UN agencies private sector should be created to cater for different sectors of the region or diseases, but avoid vertical approach for control of diseases.
- g. PHC to be addressed and improved in a wider framework of integrated rural development strategy with intersectoral collaboration.
- h. Stakeholders should prepare to cope with expected demanded services.
- i. Establish/strengthen partnerships within Health authorities/ community, health related sectors and NGOs.
- j. Early involvement of health authorities, other sectors & the community.
- k. We should think of regulatory bodies from day one.
- l. Improvement of the poor coordination of the hospitals in SS for a better service delivery.

- m. Simple structures can be defined and must be defined to ensure that patients receive the best possible medical care with available resources.
- n. Consider Reproductive health as an essential health care component.
- o. Develop a research agenda.
- p. Build research capacity for control of tropical diseases in the south of Sudan.
- q. Develop or create research institutions in SS.

2. Infections and Endemic Diseases

- a. Epidemiological baseline data is needed across SS for all diseases so that treatment programmes and drug delivery can be planned.
- b. Maps of endemic diseases, STIs and HIV/AIDs should be constructed.
- c. Review carefully the place of specialized vertical programmes
- d. Outline clear policy guidelines for combating communicable diseases especially Malaria, TB & HIV/AIDs.
- e. The development of appropriate strategies for targeted disease control integrated into the developing PHC structure.
- f. Support the vision 2020 approach to prevention of avoidable blindness and encourage the development of the SS programme through vision 2020 goals and coordination with the vision 2020 plan already prepared by GOS. Development of vision 2020 links for support in training.
- g. Partnerships be fostered to include all stakeholders in technical and financial support of the vision 2020 program.
- h. Onchocerciasis: further development of the 5 APOC projects and integration as soon as possible of the former programs in GOS/SPLA areas of SS.
- i. HIV/AIDs is potentially explosive as the displaced and possibly infected persons return to SS. Surveillance is essential and ARVs are urgently needed.
- j. Scaling up activities in Juba to prevent the spread of HIV/AIDs by implementing behavior and attitude changes in the general population.
- k. Advocate increased collaboration between human and veterinary medical programs in addressing 200 NCD e.g TB, Trypanosomiasis and Brucellosis.
- l. The fight against HIV/AIDs should be started in other towns in the Southern Sudan.
- m. Collaboration with Uganda should be mandatory to benefit from their experience in keeping the epidemic at controllable level.
- n. Coordination of four drug distribution initiatives and combine them to reduce costs and prices of drugs.
- o. Purchase of CD4 cells counter and antiretroviral drugs should be availed as this will encourage voluntary testing & control thereafter.
- p. Concerted efforts are needed to identify sources of Guinea Worm infection so this scourge can be eliminated.

- q. Encouragement and establishment of the laboratories as basis of diagnosis.
- r. Standardization and development of Floating Laboratories & clinics
- s. Critical need for more and safe blood in all areas of Sudan.
- t. The would be, Southern Sudanese government, must acknowledge and work tirelessly to halt the epidemic.
- u. Create a research environment for control of tropical diseases.
- v. R & D essential for evidence based policy for control of tropical diseases should be included in long term health plans for SS.
- w. We have tools to improve health by treating parasitic infections. We should use them without delay.

3. Health Expenditure

- a. Financial support should be shared between the government of SS, international donors and NGOs.
- b. Engage private enterprise, with corporate social responsibility to participate in effective health care delivery.
- c. Let's budget for each recommendation.

4. Human Resources

- a. Full utilization of National resources in the country especially in relation to human resources.
- b. Capacity building to be supported by experts in Sudan and international institutions.
- c. Move the medical schools of Juba, Upper Nile and Bahr El Ghazal universities to the south as soon as possible.
- d. Strengthening and supporting the capacity of the 3 universities in SS to train medical personnel to assist in the improvement of health services in the area and oversee the training of other health cadre.
- e. Medical Schools should have strong community based curriculum.
- f. Coordination body/board to formulate curricular priorities of all health schools and medical and coordination and facilitate the team work with early clinical and community work.
- g. Primary health care approach should be the only approach to start with based on multidisciplinary, interdisciplinary and multi-sectoral.
- h. Field training for students should have a high priority (strong emphasis)
- i. Curriculum of all health schools (Medical and Health allied)
- j. Twin-ship with medical schools in northern Sudan.

5. Disparity

- a. Health delivery will be very much facilitated if the returnees were gathered in groups such as villages instead of unplanned return.
- b. Try to distribute health care equitable between rural and urban and between the regions of Sudan.

Conclusions

A: Priorities:

1. Establishment of realistic goals & objectives.
2. Careful, evidence-based prioritization of activities.
3. Development and implementation of a comprehensive approach, as well as management at all levels through team work.
4. Development of efficient information system to allow monitoring at all levels.
5. Active Community Participation/Empowerment
6. Establishment of Public Health Schools. They are critical and essential to the development of knowledge about health of populations and for training and capacity building.
7. Reallocation of the 3 medical schools back to Southern Sudan.
8. Establishment of laboratory services in SS will be of great importance in protecting public health.
9. Collaboration of the government, the NGOs, universities of SS private sector and the international donors are needed to provide better health services.
10. Strong emphasis on operational and applied research.

B. Follow up Meeting:

Hold a follow up meeting in Sudan organized jointly by the universities represented in the meetings, BAFOSS, government of Sudan, government of Southern Sudan, and NGOs and the private sector. The follow up meeting should be held in Southern Sudan before the end of the year.

Appendix A

The Conference Programme

Day one: Thursday July 14, 2005

- 9:00- 9:30 Registration
- 9:30-10:30 **Session 1: Opening Ceremony**
Chairman: Prof Malcolm McIlmurray
Co-Chairman: Prof Mohamed Baraka
- 9:30-9:40 Welcome address: Mohamed Baraka, Conference
Organiser
- 9:40-9:45 BAFOSS address: Dr. Doris Wilson, MD, BAFOSS
President.

Invited guest speakers:

- 9:45-9:55 The challenge of the South
Professor Peter Woodward
Department of Politics and International Relations University
of Reading, Reading, UK
- 10:05-10:15 A message from Dr John Garang de Mabior the first vice
president of Sudan and the president of the Southern Sudan
Government
Read by Dr Zakariah Bol Deng
- 10:15-10:45 Coffee Break
- Session 2: Health system & health service system**
Chairman: Dr Omer Sulieman Omer
Co-Chairman: Dr Anyuat Angui Bol
- 11:00-11:25 Health system & health Care in Future Sudan? Case study
of Southern Sudan. **(1)**
Prof Mustafa Khogali
Prof of Family & Community Medicine, University of Beirut.
- 11:25-11:45 Health services in Southern Sudan: Where to start & which
way forward. **(2)**
Prof Hassan Bella
Prof of Family and Community Medicine and Tropical Child
Health College of Medicine, King Faisal University,
Dammam Saudi Arabia

- 11:45-12:05 Health in Post-Conflict Southern Sudan. **(3)**
Prof Mamoun Homeida
National Coordinator, Onchocerciasis/Trachoma Control Programmes, Sudan Academy of Medical Sciences and Technology
- 12:05-12:25 Community –based comprehensive health strategy for Southern Sudan. **(4)**
Dr Omer Sulieman M. Omer
Consultant WHO advisor
- 12:25-12:35 A proposal for the organisation of primary health care (PHC) in South Sudan (SS). **(5)**
Dr Aymen Bushra Ahmed, MD.
Clinical PhD research fellow in gastroenterology. Institute of Medicine, University of Bergen.
- 12:35-12:50 Discussion
12:50-14:20 Lunch Break
- Session 3: Priority packages**
Chairperson: Prof., Suad M. Sulaiman
- 14:20-14:35 Call to target: infection & parasitic diseases. **(6)**
Prof Alan Fenwick OBE PhD.
Professor of Tropical Parasitology, SCI, Imperial College. Department of Infectious Disease Epidemiology, St. Mary's Campus, Norfolk Place, London.
- 14:35-15:00 Post War Medical Care priority package in Southern Sudan. **(7)**
Constantine Jervase Yak¹. Isam MA. Salam²
1. Associate Prof Department of Surgery, Faculty of Medicine, the Academy of Medical Sciences & Technology, Khartoum.
2. Director ATCC, Prof of surgery Academy of medical Sciences and Technology
- 15:00-15:15 Primary Health Care: a health economics approach for health care in Southern Sudan. **(8)**
Dr Mansoor Yousif Elagab, PhD.
Institution/ position: Chairperson of the Sudan Human Rights Organisation. Former MP and secretary general of the Sudanese Red Crescent/ Cross Society.

- 15:15-15:25 An African solution to an African problem. **(9)**
Prof Babiker Ahmed Mohamed
 Prof. of Pathology and Vice Chancellor, University of Juba
- 15:25-15:45 Discussion
- 15:45-16:15 Coffee break
- Session 4: Manpower & service development**
 Chairman: Dr Anis G. Haggar
- 16:15-16:35 Health facilities and health manpower in Sudan: Prospects and problems. **(10)**
Prof Ahmed Bayoumi: MBBS, DPH, MD, FFPHM, FACTM
 Professor of Health Care Epidemiology. Founding Dean, Faculty of Medicine, Al-Neelain University. Managing Director, Medical and Research Centre (MRC), Khartoum, Sudan.
- 16:35-16:55 Recruitment and Retention of Health Manpower in Southern Sudan: A Golden Opportunity to be Seized. **(11)**
Prof Ahmed Bayoumi: MBBS, DPH, MD, FFPHM, FACTM
 Professor of Health Care Epidemiology. Founding Dean, Faculty of Medicine, Al-Neelain University. Managing Director, Medical and Research Centre (MRC), Khartoum, Sudan.
- 16:55-17:05 Challenges facing NGO staff involved in health care provision in an African Country. **(12)**
K. A. Mannan¹ , Senos Timon²
 1. Department of Surgery, Royal University Hospital, University of Saskatchewan Saskatoon, SK, Canada.
 2. Southern Sudan Humanitarian Development Agency Saskatoon, SK, Canada.
- 17:05-17:15 The historical role of Sudan Doctors Union in promoting equitable health service delivery.
Mr Ahmed Abbas Hussein MBBS, MD, FRCS.
 Consultant orthopaedic/Spinal Surgeon, Princess Alexandra Hospital Harlow, Essex, UK. President, Sudan Doctors Union UK & Ireland.
- 17:05-17:45 Discussion & close

Day two: Friday July 15th. 2005

Session 5: An African problem

Chairman: Prof Babiker Ahmed Mohamed

Co-Chairman: Dr Paul Mayen Lino

- 9:30-9:40 Blindness in Sudan: a predicament in a turbulent sea of darkness. **(13)**
Mr Ismail Jalili, FRCS, DO, FRCOphth.
Consultant ophthalmologist and researcher in the causes of childhood blindness.
- 9:40-9:50 The burden of Trachoma in Southern Sudan. **(14)**
Jeremiah Ngondi, MD, Mphil^{1,2}; Alice Onsarigo, MSc²; Liknaw Adamu, MD, MSc²; Ibrahim Matende, MD, MMed²; Samson Baba, MD, MPH³; Mark Reacher, MD, MFPH¹; Paul Emerson, PhD⁴; James Zingeser, DVM, MPH⁴
1. Institute of Public Health, University of Cambridge, UK.
2. Global 2000 of The Carter Center - Nairobi, Kenya.
3. Sudan Peoples Liberation Movement Health Secretariat - Rumbek, southern Sudan.
4. Global 2000 of The Carter Center - Atlanta Georgia, USA
- 9:50-10:10 Onchocerciasis Control in South Sudan. **(15)**
Dr Adrian Hopkins. MROphth., DO, DTM&H.
Chairperson WHO/NGDO coordination group for Onchocerciasis Control: Medical Advisor CBMI: Medical Coordinator Eye Care Programmes CBMI South Sudan
- 10:10-10:30 Vision 2020: reducing blindness in South Sudan **(16)**
Dr Adrian Hopkins. MRC.Ophth., DO, DTM&H.¹, Ms. Marcia Zondervan RN, DTM&H, DCEH, MBA² and Dr Samson Baba MD MPH³
1. Medical Advisor CBMI: Medical Coordinator Eye Care Programmes CBMI South Sudan: Chairperson WHO/NGDO coordination group for Onchocerciasis Control:
2 Co-presenter: VISION 2020 Link Programme Manager, International Centre for Eye Health, London School of Hygiene and Tropical Medicine
3 Director of Preventive Medicine, Secretariat of Health South Sudan
- 10:30-11:00 Discussion
- 11:00-11:30 Coffee break

Session 6: An African problem continued

Chairman: Prof Alan Fenwick, **OBE PhD.**

- 11:30-11:45 Post-conflict Response to HIV/AIDS epidemic in Southern Sudan. **(17)**
Prof Isam M A Salam¹, Elwathig Bellah Ali², Siham Gaber³, Mohamed Sidahmed⁴ & Constantine Jervase Yak⁵
1. Director ATCC, Prof of surgery Academy of medical Sciences and Technology
2. Community Medicine U of K, UNFPA Elfashir
3. National HIV/AIDS control program Federal MOH
4. Training officer National training office directorate.
5. Associate Prof of Surgery, Academy of Medical Sciences and Technology, Khartoum, Sudan.
- 11:45-11:55 VCT Centre in Juba, what is the impact on voluntary HIV blood test turn over? Period: August 2004 – Feb.2005. **(18)**
Dr Peter Adwok Otto, FSMSB¹, Mr Gregory Wani Dumo & Mrs Edith S. Kenya
1. Assistant Prof. of Respiratory Medicine, Upper Nile University, Part-timer at Academy for Medical Sciences & Technology. Minister of Health in the Coordinating Council for Southern States-Juba.
- 11:55-12:05 Proposals for the establishment of an HIV/AIDS Research & Management Centre within the Univ. of Juba, Southern Sudan. **(19)**
Dr Omer Mergani Nemery¹, Prof Babiker Mohammed Ahmed² & Prof. Mohammed Osman Abdel Malik³
1. Physician MBBS, MD Medicine. Assistant Professor of Medicine, Juba University
2. Professor of Pathology, Vice-Chancellor, Juba University.
3. Advisor on health research, planning and development, Ministry of Health, Saudi Arabia.
- 12:05-12:15 Eradicating Dracunculiasis in Post-War Sudan. **(20)**
Dr Donald R. Hopkins, MD, MPH¹ Ernesto Ruiz-Tiben, PhD², P Craig Withers, Jr, MBA, MHA³, Nabil Aziz Mikhail, MD⁴ & Achol M Deng, MD⁵
1. Associate Executive Director, The Carter Center
2. Technical Director, Dracunculiasis Eradication Program, The Carter Center; 3. Director, Office of Program Support, The Carter Center
4. National Coordinator, Guinea Worm Eradication Program, Federal Ministry of Health, Sudan

5. Commissioner for Health, Government of South Sudan
Ministry of Health

12:15-12:25 Tribal Teeth Extraction: A Custom Prevalent Amongst the
The Dinka & Neur Tribes. **(21)**
Dr Lena Baraka, BDS.
Dentist, Brock Street Dental Practice, Lancaster. England

12:25-12:55 Discussion
12:55-14:25 Lunch Break

Session 7: Establishments & supporting services

Chairman: Prof Isam Salam

Co-Chairman: Prof Constantine Jervase Yak

14:25-14:35 The integrated reproductive health care approach. **(22)**
Prof. Tawfik Eldeeb
President NGO Family planning Association

14:35-14:50 Why is reproductive health essential for the future of Sudan?
(23)
Dr Nahid Toubia, MBBCH, FRCS
President and CEO Rainbo- Health and Rights for African
Women

14:50-15:00 Sourcing Medical Equipment in the UK to improve the
infrastructure of public sector healthcare institutions in
Sudan. **(24)**
Dr D. J McCloskey and Zeinab Badawi on behalf of the
Africa Medical Partnership Fund (AfriMed)

15:00-15:10 Building research capacity in Southern Sudan to generate
evidence based policy for control of tropical diseases **(25)**
Prof. Hashim Warsama Ghalib, PhD, FRCPath
Manager, Research Capability Strengthening (RCS) Special
Programme for research and Training in Tropical Diseases
(TDR), WHO, Geneva, Switzerland.

15:10-15:30 Discussion
15:30-16:00 Coffee Break

**Session 8: Establishments & supporting services
continued**

Chairman: Prof Mustafa Khogali

Co-Chairman: Dr Adrian Hopkins

- 16:00-16:15 A Floating Laboratory/Clinic along the White Nile. A joint initiative between: the Institute of Endemic Diseases, University of Khartoum and The Faculty of Medicine University of Upper Nile. **(26)**
 Prof Faisal . Ibrahim¹, Dr Imad. F Elmula², Prof Ahmed M Elhassan³, Dr Hamid M. F Alsanousi⁴ & Dr. **Muntasir E Ibrahim⁵**,
 1. Dean, Faculty of Medicine, University of Upper Nile.
 2. Faculty of Medicine University of Elneilain. 3, 4. & 5. Institute of Endemic Diseases, University of Khartoum
- 16:15-16:30 The role of laboratory system services in protecting the nation's health. **(27)**
Mr John Zachariah Abdullah, BSc.
 Biomedical Scientist Dept. of Medical Microbiology, Barts and Royal London Hospital NHS Trust.
- 16:30-16:50 Sudanese Programmes for Organ Transplantation (SPOT): An Example of a Regulatory Body that ensures Best Medical Practice and the efficient use of restricted financial resources for Healthcare Provision. **(28)**
Dr D J McCloskey,
 Deputy Director, Clinical Transplantation Laboratory, Barts and the London NHS Trust, UK
- 16:50-17:10 Voluntary Blood Bank in the Sudan: a pilot project for a national programme. **(29)**
Professor J P Allain¹⁻², Dr Shakir Abel Rahman³ & Dr D J McCloskey²
 1. Professor of transfusion Medicine, University of Cambridge
 2. On behalf of the Africa Medical Partnership Fund (AfriMed)
 3. General Director of Curative Services, Khartoum
- 17:10-17:25 A realistic strategies for shaping healthier future of Southern Sudan - A challenge to the medical schools of the South **(30)**
Prof Elbagir Ali A Elfaki, MBBS, FRCS, FRCSI, FACS.
 Professor of surgery, Faculty of Medicine and Medical Sciences, Umm-Alqura University, Makkah, Saudi Arabia.
- 17:25-17:35 The Role of Medical Schools In Improving Health Services In Southern Sudan. A Model from the Faculty of Medicine, University of Gezira, Sudan **(31)**
Dr Samira Hamid AbdAlrahman, MBBS, DPH, FCM.

Associate professor, Community Medicine, Head Dept.
Community Medicine, Faculty of Medicine, University of
Gezira (FMUG).

17:35-17:40 A plea for greater co-operation between the medical &
veterinary sectors in combating zoonotic diseases. **(32)**
Mr. Tim Fison
Veterinaries Sans Frontiers, Switzerland

Session 9: Close

Chairman: Prof Mustafa Khogali
Co-Chairman: Prof Mamoun Homeida

17:40-18:15 Summaries from Chair persons (5 minutes slots)

A: Health System & Health Service System:
Dr. Omer Sulieman Omer
B. Priority Package: Prof. Suad Sulieman
C. Manpower & Service development: Dr. Anis Hagggar
D. An African Problem 1: Prof. Babiker A. Mohamed
E. An African Problem 2: Prof. Alan Fenwick
F. Establishments and supporting Services
1: Prof Isam Salam
G. Establishments and supporting Services 2:
Prof Mustafa Khogali

18:15-19:15 Panel discussion, follow up plans & programmes for
implementation.

19:15 Thank you message
Prof. Mohamed Baraka
