

The Republic of South Sudan



National Health Policy 2016-2026

May 2016

**A Community Anchored Health System for
Sustainable Health Sector Development**

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List of abbreviations

AEFI & ADR	Adverse Events Following Immunisation & Adverse Drugs Reaction
BPHNS	Basic Package of Health and Nutrition Services
CG&SW	Culture Gender & Social Welfare
CHD	County Health Department
CPA	Comprehensive Peace Agreement
CWH	Community Health Worker (include Community Midwives)
DFCA	Drugs and Food Control Authority
DHIS	District Health Information System
DPT3	Third dose of Diphtheria, Pertussis and Tetanus vaccine
FR	Fertility Rate
HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information System
ICPD	International Conference on Population and Development
IDP	Internally Displaced Persons
IDSR	Integrated Disease Surveillance and Response
IEC	Information, Education and Communication
IMR	Infant Mortality Rate
JANS	Joint Assessment of National Health Systems
LB	Live Birth

M&E	Monitoring and Evaluation
MCHW	Maternal and Child Health Worker
MMR	Maternal Mortality Rate
NGO	Non-governmental Organisation
NMR	Neonatal Mortality Rate
OPD	Out patients Department (of a Health facility)
Penta	DPT3 combined with Haemophilus Influenza & Hepatitis B vaccines
PHC	Primary Health Care
PHCU	Primary Health Care Unit
RHFA	Rapid Health Facilities Assessment
SOP	Standard Operating Procedure
SSDP	South Sudan Development Plan
TB	Tuberculosis
U5MR	Under-Five Mortality Rate
WHO	World Health Organisation
VVF	Vesico-Vaginal Fistulae
RVF	Recto-Vaginal Fistulae

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Foreword

Over two decades of independence war weakened the health system in South Sudan and negatively impacted on the health status of the people. Upon attainment of independence, the Republic of South Sudan has the ultimate responsibility to provide leadership for strengthening the health system for improving health outcomes.

Strengthening the national health system necessitates health sector reforms; Health policies, institutional structures, capacities, and processes will have to be reviewed and realigned for better health service delivery. The development of the National Health Policy 2016-2026 is the first step in this direction.

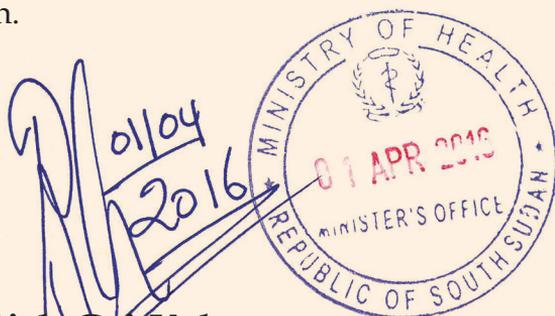
Consequently, the National Health Policy 2016-2026 defines new paradigms for health service delivery, health financing, strategic information, leadership and governance, human resources for health, and access to essential medicines to ensure improved health services. This is consistent with the country's resolve to transition from emergency health systems support to sustainable health systems development.

The National Health Policy 2016-2026 draws its mandate from the Transitional Constitution of the Republic of South Sudan (2005), Vision 2040, the South Sudan Development Plan (2011-13), and is cognizant of global health agenda such as; Paris Declaration of Aid Effectiveness, the Millennium and Sustainable Development Goals, the Agenda for Sustainable Development among others to enrich the primary health care philosophy.

The development of this policy was government led, with inputs from all levels of government and development partners. The government envisages that implementation of the strategies in this policy shall transform the health system in South Sudan, resulting in improved health indicators, and the provision of sustainable universal health services to its communities.

Successful implementation of this policy is contingent on ownership by government and effective engagement of all stakeholders, the extent of dissemination, alignment of strategic plans, guidelines and annual work plans to the policy; commitment of resources to support the plans; and their efficient and prudent use.

I call upon all stakeholders, both internal and external, to support and synchronise their programmes with the policy directions defined herein for efficient and effective use of resources to ensure durable improvements in health outcomes of the people of the Republic of South Sudan.



01/04
2016

MINISTRY OF HEALTH
01 APR 2016
MINISTER'S OFFICE
REPUBLIC OF SOUTH SUDAN

Dr Riek Gai Kok
Minister of Health, Republic of South Sudan

Chapter One: Introduction

1.1 Background

The transitional constitution of the Republic of South Sudan (2005) recognises health services as a basic human right to be respected, promoted and protected. The health policy for the Government of Southern Sudan 2006-2011 provided guidance for its implementation.

At independence, the Government developed the South Sudan Development Plan 2011-2013 that prioritised access to quality basic health services to promote health, economic productivity, and poverty eradication by strengthening the health system. These aspirations were detailed in the Health Sector Development Plan 2012-2016.

This policy, the National Health Policy 2016-2026, builds on the achievements of previous policies, addresses their limitations and responds to the new post-independence realities in the health sector.

The evidence base for the National Health Policy was generated through reviews of local literature and extensive bottom up consultations involving County, State and National health system stakeholders; technical and political leadership, Health Development Partners, Nongovernmental Organisations, Civil Society Organisations, and Civil Society and special interest groups.

This process generated policy and implementation issues synthesised into health sector needs and priorities upon which the Second National Health Policy 2016-2025 was formulated.

This Policy is intended for health service providers, health system managers, policy makers as well as advocacy for health services. It is supported by the National Health Situation Analysis 2014, which provides the evidence base for the National Health Policy 2016-2026.

1.2 Health Needs and Priorities 2016-2026

The population of South Sudan has poor health status as evidenced by the following indicators; Maternal Mortality Rate of 2054 (SSHHS 2006), Neonatal Mortality Rate of 43, Infant Mortality Rate of 83, U5Mortality Rate of 106, Stunting Rate of 25%, fertility rate of 6.7(SSHHS 2010). This coupled with the heavy burden of maternal and child health conditions, communicable and non-communicable diseases, including malnutrition, emergencies and disasters necessitate deliberate efforts to improve health service delivery, additional and improved management of health system resources, and strengthened health partnerships. These needs are further detailed as follows:

1. Improved service delivery needs:
 - a. Targeted and scaled up interventions on the major causes of morbidity and mortality and other determinants of health for improving health status of the people.
 - b. Improved service organisation and infrastructure development to attain universal coverage through increased access to quality health services.
 - c. Responsive inter-sectoral collaboration that targets individuals, families and communities to take responsibility for the determinants of health; for instance, food security and nutrition, education, poverty, water and sanitation, environmental and climatic conditions, housing, socio-cultural and gender related barriers to access to health services, all forms of violence, traffic and urban planning, in addition to sustained behaviour change campaigns.
2. Additional and improved management of health resources urgently needed to realise sustainable improvements in the health sector. These include;
 - a. Human Resources for Health:
 - i. Improved capacity of health training institutions to increase intake and range of health professional to deliver the basic health services package.

- ii. Improved staffing of health facilities and better management of health workers.
- b. Medicines and health supplies:
 - i. Increased budgetary allocation for medicines and rational use of medicines and health supplies.
 - ii. Improved management of medicines and the supply chain logistics.
 - iii. Regulation of the pharmaceutical sector.
- c. Financial resources
 - i. Increased health budget allocations and financial aid that is better aligned to national priorities.
 - ii. Efficient allocation, better planning and prudent management of financial resources.
 - iii. Financial and social risk protection for the poor and the vulnerable when accessing care.
- d. Health Management Information System:
 - i. A consolidated reporting system that captures reliable information for decision making.
 - ii. A strengthened facility and community based surveillance and information system that reports in a complete, accurate and timely manner.
- e. Leadership and governance:
 - i. A clear long term policy framework that allows leadership to direct, delegate, monitor and control health action.
 - ii. Empowered governance (oversight) committees and boards that support management functions at all levels of the health system.
 - iii. Consolidated decentralisation of the health system and improved organisational structure of the health system for improved effectiveness.

- iv. Exercise of regulatory authority in the sector and
 - v. Provision of leadership for partnerships in the health sector.
3. Strengthened health partnerships
- a. Long term planning and strategic partnerships that create synergies and enhanced aid effectiveness for efficient resource use, strengthened systems and better health outcomes.

* * *

Chapter 2: Vision, Mission, Goal, Objectives, Values & Guiding Principles:

2.1 Vision:

A healthy and productive population in South Sudan living a dignified life.

2.2 Mission:

To improve health status of the people by effective delivery of the Basic Package Health and Nutrition Services (BPHNS); through provision of health promotion; disease, injury and disability prevention; treatment and rehabilitation services, with full participation of the people.

2.3 Goal:

A strengthened national health system and partnerships that overcome barriers to effective delivery of the BPHNS; and efficiently responds to quality and safety concerns of communities while protecting the people from impoverishment and social risk.

2.4 General Policy Objectives

Policy Objective 1: To strengthen health service organisation and infrastructure development for effective and equitable delivery of the Basic Package of Health and Nutrition Services, and Universal Health Coverage.

Policy Objective 2: To strengthen leadership and management of the health system and increase health system resources for improved health sector performance.

Policy Objective 3: To strengthen partnerships for healthcare delivery and health systems development.

2.5 Values:

- 1) Health is a human right; equitable access to health services shall be pursued.
- 2) Patient, staff and community safety shall drive quality improvement decisions.
- 3) Honesty, integrity, transparency and accountability shall govern use of resources in the implementation of the National Health Policy.
- 4) Commitment to the vision, mission, goals and objectives shall be reflected in resource allocation, planning and prudent management.
- 5) Dignity and respect for all individuals seeking health care services shall be upheld.
- 6) Team work and professional ethics shall underpin health service delivery.
- 7) The environment shall be protected from medical waste to ensure sustainable development.

2.6 Guiding Principles

The guiding principles for collective action in achieving the national health policy objectives are:

1. Health and Health Services as a Human Right

The interim constitution of the Republic of South Sudan recognises health and health services as a human right. Government shall promote, respect and protect the people's right to health and health services.

2. Primary Health Care Approach

Primary Health Care shall remain the principal philosophy in developing the health system in the Republic of South Sudan and shall inform the content BPHNS.

3. Decentralisation

To ensure equitable access, health services in South Sudan shall be delivered and managed against a decentralised framework to increase health system responsiveness to local needs and allow for community participation in health services delivery.

4. Partnerships

Successful implementation of the National Health Policy is dependent on effective partnerships. Government shall establish platforms and mechanisms for efficient partner coordination, Inter-sectoral collaboration and synergies for better results.

5. International Conventions and Guidance

The principles of Paris Declaration on AID effectiveness and its subsidiary Accra Agenda for action (2007); millennium development goals (MDGs) and the intervening Abuja declaration; the sustainable development goals (SDGs); the Joint assessment tools for attributes and essential ingredients of competent national strategies and plans (JANS 2013); ICPD 1986, the WHO guidelines for development of National Health Policies and Strategic plans (2010), Vision 2040, South Sudan

Development Plan (2011-2013), South Sudan Health Development Plan 2012-2016, the Post 2015 Sustainable Development Agenda, and the principles of Primary Health Care among others have informed the orientations in this policy.

6. Gender Mainstreaming

Health service programming and delivery shall be gender sensitive. Deliberate efforts shall be made to protect the rights to health care of women, children, the elderly, people with special needs, physically and mentally impaired, Refugees and IDPs and all in transit populations, minority groups, and the poor.

7. Community Participation

Communities shall participate in health service delivery, health promotion and disease prevention activities such as door to door community mobilisation and health action through Community Resource Persons, community and political leaders.

Communities as owners of health services shall participate directly or by representation in the governance of health care institutions.

8. Efficiency and Effectiveness

Evidence based policy formulation, implementation, planning and service delivery shall be promoted to increase effectiveness of interventions and efficient use of resources to achieve results.

9. Respect for Values and Cultures

Cultural values and practices of the people of South Sudan that promote health shall be respected. Communities shall be dissuaded from harmful practices in culturally sensitive manner.

* * *

Chapter 3: Policy and Specific Objectives

3.1 Policy Objective 1: Service Delivery

To strengthen health service organisation and infrastructure development for effective delivery of the BPHNS and Universal Health Coverage.

3.1.1 Specific Objective 1: Universal Health Coverage with the BPHNS

To ensure universal health coverage for all communities through effective, affordable and comprehensive delivery of the BPHNS.

Universal coverage with basic health services, ensures equitable access to health services by the population. It encompasses geographical coverage, coverage of the populations groups and a service package that is well aligned with the health needs of the population who should access services without financial hardship at the point of care.

To achieve this policy objective, government shall:

- a) **Define and provide the guiding principles for the delivery of the Basic Package of Health and Nutrition Services (BPHNS) for health promotion, disease prevention, treatment and rehabilitation to improve health, reduce mortality and morbidity among all communities in South Sudan.**

The Ministry of Health shall;

- i) Define attributes of services and health conditions for inclusion into the Basic Package of Health and Nutrition Services.

- ii) Categorise the Basic Package of Health and Nutrition Services into broad program areas, to ease program design.
 - iii) Outline cross cutting interventions in each program area.
 - iv) Guide on the levels and partnerships for the provision of the BPHNS to encourage referral and synergies.
 - v) Guide implementation of programs and undertake quality assurance of services at service delivery level.
- b) Ensure improved health determinants and reduced health inequities through inter-sectoral collaboration and development of community health structures, to effectively deliver health promotion services and foster community participation.**

The Ministry of Health shall;

- i) Guide inter-sectoral collaboration, for health promotion and community participation.
 - ii) Develop community health structures as a formal structure of the health system to support delivery of health promotion services, disease surveillance, and control of disease outbreaks, selected curative services, and vital statistics.
 - iii) Adopt community engagement as the main strategy for health promotion (Ottawa Charter for Health Promotion, WHO 1986) for mobilizing community action on the determinants of health and health inequities.
 - iv) Facilitate development of implementation guidelines for the different settings for health promotion services delivery that include; health services settings through health facilities, community settings through the community health programme and school settings through school health programme.
- c) Ensure reduction of high Infant and Child mortality and morbidity by adopting high impact and cost effective preventive and curative interventions against the most common causes of childhood illnesses.**

The Ministry of Health shall;

- i) Adopt Integrated Management of Childhood and Neonatal Illnesses (IMNCI) for comprehensive assessment, classification and identification of treatment for the sick child and counselling of care givers.
 - ii) Adopt Integrated Community Case Management (ICCM) as the main strategy for the child health programme for home/community settings.
- d) Ensure reduction of maternal and neonatal mortalities, and morbidities through effective delivery of maternal, sexual and reproductive health services and rights with particular attention to vulnerable population groups.**

The Ministry of Health shall;

- i) Promote and provide safe motherhood services for reduction of maternal and neonatal mortality and morbidity.
 - ii) Adopt syndromic management of sexually transmitted infections (STIs).
 - iii) Institute programmes for screening and management of gynaecological malignancies and reconstructive surgery for obstetric morbidities such as, vesico-vaginal fistulae, recto vaginal fistulae, and perineal tears etc.
 - iv) Provide guidelines for Prevention/elimination of mother to child transmission of HIV that allows enrolment of partners into chronic care.
 - v) Develop guidelines for examination and treatment of victims of Gender Based Violence (GBV) and support advocacy against GBV and justice for victims.
- e) Ensure reduction of mortality and morbidity due to priority communicable diseases through provision of health promotion, disease prevention, and treatment and rehabilitation services.**

The Ministry of Health shall;

- i) Design appropriate control interventions against priority *common endemic communicable diseases*.
 - ii) Strengthen Integrated Disease Surveillance and Response against *diseases with high potential for outbreaks*. This is aimed at prompt case detection, response within 48hrs and management to limit; case fatality rates, new infections, and reduce on duration of outbreaks.
 - iii) Adopt Preventive Chemotherapy, Case Management and other environmental health measures to control and eliminate *Neglected Tropical Diseases*
 - iv) Intensify and sustain activities for global initiatives against *Diseases Targeted for Eradication*; guinea worm disease (also NTD) and poliomyelitis.
- f) Ensure reduction of mortality and morbidity due to non-communicable diseases through establishment of health promotion, disease prevention, and treatment services and rehabilitation interventions.**

The Ministry of Health shall;

- i) Support promotion of healthy life styles and in partnership control risk factors for prevention of *systemic health disorders/ conditions* (Non Communicable Diseases).
- ii) Prioritise *Primary Eye Care and Visual Health Services* to control and prevent avoidable blindness and the associated socio-economic impact.
- iii) Build the health system capacity for health promotion, counselling and treatment and rehabilitation of *mental illnesses* to reduce related morbidity and mortality.
- iv) Provide guidance on *Nutrition, therapeutic feeding* and control of different forms of malnutrition in special and vulnerable groups.

- v) Institute appropriate interventions for control of *occupational health* risks to workers, beneficiaries and surrounding communities to protect health.
 - vi) Collaborate with Ministry of Culture, Gender & Social Welfare to advocate for the rights of People with Disabilities to access services and develop rehabilitation programs to improve quality of life.
 - vii) Develop and integrate oral health into all levels of care (Primary, Secondary and Tertiary).
- g) Enhance Epidemics, Emergencies and Disaster Preparedness and response capability; for International Health Regulation, disaster risk reduction, prompt response, and recovery as a means to mitigate impact of adverse public health events.**

The Ministry of Health shall:

- i. Provide the overall leadership and coordination at the highest levels of authority in the health sector for management of health response to Emergencies, Epidemics and Disasters in the country.
 - ii. Strengthen the Integrated Disease Surveillance and Response (IDSR) capacity from national to lower subnational levels and designated ports of entry in readiness for early detection, investigation and prompt response to any Public Health Events of National and International Concern (PHEIC).
- h) Ensure rational development of the health system and consolidate the functionality of Primary Health Care Units, Primary Health Care Centres and Hospitals at Boma, Payam, County, State and national levels, respectively, to facilitate equitable distribution of health facilities and effective referral system.**

The Ministry of Health shall;

- i) Ensure equitable coverage of the BPHNS by defining levels of care by health facilities.
- ii) Increased access to communities where they live through regulated location of health facilities.
- iii) Develop the community health system based at Boma level to institutionalise delivery of community components of primary health care services.

* * *

3.1.2 Specific Objective 2: Quality and Safety of BPHNS

To ensure quality and safety of health services delivery at all levels of care (Hospitals, PHCC, PHCU and community health services).

In order to achieve this policy objective, government shall:

- a) **Institutionalize Quality of Care and Safety measures in health service delivery in all health facilities to improve health outcomes and protect patients, staff and communities from hazards associated with health care.**

The Ministry of Health shall;

- i. Set service delivery standards; develop guidelines, protocols, and Standard Operating Procedures (SOPs) for every level of care for assurance of quality of health services, infection control and, medicines and medical waste management.

- ii. Establish quality assurance and continuous quality improvement mechanisms to ensure compliance with set quality standards and improve quality through innovation.
- iii. Regularly carry out comprehensive health sector performance reviews with key stakeholders and partners; to keep track of quality of interventions, progress towards set targets in the strategic plan and health policy for timely corrective actions.
- iv. Increase adequacy of healthcare inputs, quality of processes and management capacity of healthcare/system managers to achieve quality and safety objectives.

* * *

3.1.3 Specific Objective 3: Quality of Secondary Care

To improve quality of secondary health care by investing in, diagnostics, blood transfusion and ambulance services.

In order to achieve this policy objective government shall:

- a) **Ensure the development of diagnostic services appropriate for every level of care.**

The Ministry of health shall;

- i) Develop appropriate diagnostic capabilities for health facilities by level to improve quality of health care.
- ii) Establish institutional structures for management, and coordination of the diagnostics subsector sector; Laboratories, and Imaging diagnostics.

b) Ensure development of the National Blood Transfusion Services that guarantees availability of safe blood whenever needed.

The Ministry of Health shall;

- i. Establish voluntary blood donation system that recruits volunteers to sustain blood supply.
- ii. Establish regional blood banks to improve on blood collection and management of safe blood transfusion services closure to service points.

c) Ensure the Development of a National Ambulance Service with clear referral linkages across all levels of the health system based at County, State and National levels.

The Ministry of Health shall;

Ensure development of ambulance services and invest in appropriate types of ambulances suitable for continuation of care in transit.

* * *

3.1.4 Specific Objective 4: Infrastructure for Quality and Safety

To develop essential health infrastructure to ensure quality and safety of health services delivery.

In order to achieve this policy objective, government shall:

- a) **Set standards for health service infrastructure to support delivery of quality health services.**

The Ministry of Health shall;

Provide detailed specifications for buildings, equipment, furniture, transport, communication, water, electricity and waste management in Hospitals, PHCCs, & PHCUs to assure quality of care, as well as patient, staff and attendant safety and privacy concerns.

b) Ensure commitment of funds to develop health infrastructure that supports delivery of quality and safe health services.

The Ministry of Health shall;

- i) Advocate for every level of government to finance health infrastructure with funds transferred by central government or locally generated by local governments to improve health infrastructure.
- ii) Construct and consolidate health infrastructure development to increase access to the BPHNS and improve quality of health services.
- iii) Ensure incinerators are constructed for final disposal of hazardous medical waste and expired medicines.

* * *

3.2 Policy objective (2): Health Systems Resources

To strengthen leadership and management of the health system; and increase health system resources for improved health sector performance.

3.2.1 Specific Objective 1: Human Resources for Health

To scale up the production, strengthen management and development of the Human Resources for Health required for effective delivery of the BPHNS.

In order to achieve the policy objective government shall:

- a) Ensure adequate and appropriately skilled staffing of health institutions, equitably distributed throughout the country, and well-motivated for effective delivery of the BPHNS.**

The Ministry of Health shall;

- i) Advocate for increased wage allocation to States to enable recruitment of health workers to fill vacancies in health institutions.
 - ii) Recruit qualified staff from within and diaspora, or from neighbouring countries on contract, sufficient for the delivery of the BPHNS.
 - iii) Provide contingency recruitment plan/budget annually to absorb sponsored graduates who qualify under the *training scale up program* upon completion.
- b) Develop a motivation strategy for increased staff productivity; and retention strategy that fosters equitable distribution of health workers across all geographical regions and levels of care.**

The Ministry of Health shall;

- i) Collaborate with related ministries to improve HRH management to motivate staff and improve work environment and job security.
 - ii) Establish a robust Human Resources Information System (HRIS) to manage HRH information and performance.
 - iii) Build the capacity of health workers in technical skills to deliver the BPHNS and health managers in management of health resources with particular attention to HRH management; for staff motivation and performance management.
- c) Ensure establishment of robust professional development schemes through preserve training and work based continuous professional development to produce human resources for health required for delivery of the BPHNS.**

The Ministry of Health shall,

- i) Explore establishment of new Health Science Institutions (HSI) and strengthen the capacity of the current HSI to scale up production (numbers and skill mix) of the human resources for health.
- ii) Ensure equitable selection of candidates from across the country for admission to the HSI and mandatory bonding for an agreed period to work in the recommending public health facilities.
- iii) Adopt task shifting, in the short to medium term, for the delivery of BPHNS in order to address skills needs; while exploring commensurate compensation for the staff members who have acquired the requisite skills.
- iv) Establish functional collaboration with Ministries of Education, and Finance to determine alternative financing mechanisms for scaling up admissions in HSI.

- v) Adopt short term training approaches in response to HRH Crisis to increase numbers of health workers where secondary school leavers or CHW are trained in specific skills to perform specific tasks under supervision. The curriculum shall provide for further progression into full professions.
- vi) Institute work-based distance learning programs in HSI.
- vii) Consider affirmative action to develop Community Health Workers into health professionals following an appropriate eligibility criteria.
- Viii) Introduce additional courses to broaden the perspectives of students on the work and life realities of South Sudan to produce a critical mass of competent staff with skills, attitudes and conscientiousness.
- ix) Establish regulatory and legal frameworks to enable professional councils promote adherence to professional standards, professional codes of practice for health workers and national accreditation for HSI.

* * *

3.2.2 Specific objective 2: Medicines and Health Supplies

To ensure equitable access and rational use of quality essential medicines, health supplies and vaccines consistent with the delivery of the BPHNS

In order to achieve this policy objective government shall;

- a) **Ensure adequate quantities of quality essential medicines and health supplies are stocked according to the level of health facilities rationally used to deliver the BPHNS.**

The Ministry of Health shall;

- i. Institute measures for rational use of medicines and guide procurement and donations of medicines in public and private health facilities.
- ii. Engage Hospitals, Counties, and States to quantify, forecast and plan for medicines and health supplies to guide procurement for sustained stock levels.

b) Adopt efficient methods of procurement, storage and distribution of medicines and health supplies to the health facilities

The Ministry of Health shall;

- i. Strengthen the capacities at CMS, SMoH, and CHD for efficient procurement, storage and distribution of essential medicines in line with the respective mandates.
- ii. Strengthen the stock management systems in CMS, and health facilities to minimize expiries, damages, pilferage, and wastage.
- iii. Integrate parallel supply chain systems for efficiency and economies of scale.

c) Regulate the pharmaceutical sector for assurance of quality, protection of the population and public health.

The Ministry of Health shall;

- i) Strengthen the capacity of Drugs and Food Control Authority to register products and license premises and manufacturing in the pharmaceutical sector and inspection.
- ii) Strengthen DFCA capacity for quality control including establishment of Quality Control Centre, Pharmacovigilance Centre and AEFI & ADR monitoring.

- iii) Institute mechanisms for the management and safe destruction of expired medicines in health facilities.

* * *

3.2.3 Specific Objective 3: Health Financing

To secure adequate healthcare financing that fosters universal health coverage.

To ensure the achievements of this policy objective government shall;

- a) **Expand health financing mechanisms and progressively increase public expenditure in health by increasing budget allocation towards the Abuja commitments, as initial steps for universal health coverage.**

The Ministry of Health shall;

- i) Advocate for increased private and public funding of the health budget.
 - ii) Ensure harmonization and alignment of development assistance for health funding with national policies, strategies and priorities
 - iii) Explore options for pre-payment schemes to hasten achievement of universal coverage where insurance options such as; private insurance, social insurance, insurance for specialised care, community health insurance etc. shall be considered.
 - iv) Introduce User Fees in private wings of public hospitals.
- b) **Ensure conformance to the National Health Policy to guide long term investments in the health sector at National and Sub-national levels.**

The Ministry of Health shall;

- i) Develop the Health Sector Strategic Plan that is aligned with the National Health Policy objectives and goals.
 - ii) Support participatory and bottom up planning as the basis for the aggregate national health sector plans and budgets.
 - iii) Ensure development of an efficient and equitable resource allocation formula within the health sector that recognises levels of care, workload and functionality; and ring-fenced funding streams for infrastructure, operations, wages, and projects.
- c) Ensure budget discipline, efficiency, transparency and accountability in planning, implementation and use of funds.**

The Ministry of Health shall;

- i) Promptly transfer funds to institutions within the health sector (MOH departments and institutions) against plans approved by the respective governance committees or boards and governments.
- ii) Strengthen public financial management systems within the health sector to promote transparency, efficiency and accountability.
- iii) Establish mechanisms for enhancing financial accountability and transparency through institutionalizing tracking of resource flows and use within the sector.

* * *

3.2.4 Specific Objective 4: Health Management Information System

To set up a robust information system that generates strategic information for timely decision making, monitoring and evaluation of the National Health Policy through the Health Sector Strategic Plan.

To achieve this policy objective, government shall;

- a) Strengthen the HMIS to generate reliable information for management and assessment of health sector performance; health system performance, determinants of health, and health status.**

The Ministry of Health shall;

- i. Establish an integrated national HMIS that adequately captures the information needs for a fair assessment of the health sector performance.
- ii. Establish a central repository at the MOH accessible to reporting entities for decision-making, and monitoring sector performance.
- iii. Support and strengthen all health service delivery points to generate and report data through the national HMIS that is complete, timely and accurate.
- iv. Invest in appropriate ICT, mobile applications and web-based systems to improve reporting, analysis, dissemination and use of data within the HMIS.
- v. Explore use of ICT for voice communication, social media, disease surveillance, telemedicine, distance learning, patient follow up in chronic care, and feedback from communities among others.

- vi. Explore mechanisms for capturing private sector data through the Private Public Partnership for Health desk and health data from health facilities of partners, Military, Police, and Prisons.
- vii. Use research, surveys, and specific data sets to generate relevant evidence for decision making; assessment of outcomes and impact of interventions where routine HMIS data is insufficient within the health sector.
- viii. Develop/strengthen community-based health information systems to capture community level data (Boma Health Initiative) to inform decision-making, programming and response.

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3.2.5 Specific Objective 5: Leadership and Governance

To strengthen the stewardship of the health sector to provide an enabling environment for effective service delivery and health system development.

To achieve this policy objective the government shall;

- a) **Ensure effective oversight of the health sector guided by long term strategic frameworks, and institutionalise appropriate governance mechanisms at every level of the health system and points of care.**

The ministry of health shall;

- i) Develop the prerequisite strategic frameworks; policies, strategies, guidelines, SOPs and protocols, to guide the overall and long term development of the health system.

- ii) Advocate and present itself for stronger governance by the oversight committees of the National and State Assemblies, and County and Payam councils.
- iii) Strengthen the governance of health facilities and institutions by establishing management committees for health centres and management boards for hospitals and health institutions.

b) Ensure the development of institutional capacity and structures to effectively manage and develop the health system.

The Ministry of Health shall;

- i) Review the organisational structure of the health system to be consistent with the policy and the strategic plan for improved effectiveness; outlining the roles, responsibilities and the relationships within and between the different levels of the health system.
 - ii) Build the capacity of health system managers at all levels of the health system; for planning, supervision, and strategic information for monitoring implementation of health interventions.
 - iii) Delegate administrative authority to National Referral and Teaching hospitals for self-governance as semiautonomous bodies; defining the role of hosting states; and the roles of the Ministries of Health and Education.
- c) Provide enabling legal environment and regulatory frameworks that support the development of a strong health system, health service delivery and professional development.**

The Ministry of Health shall;

- i) Support development of relevant bills for the parliament and provide guidance to states and counties on formulation of ordinances and by-laws that promote health and protect public health.

- ii) Reinforce the work of professional councils, health inspectors, and local authorities in protecting public health through appropriate legislation and enforcement of health laws.
- iii) Establish and develop an integrated health professional's council for a comprehensive regulation of professions, professional development and practice; including Doctors, Pharmacists, Nurses and Midwives and Allied Health Professionals
- iv) Establish a regulatory body for regulation of health systems research and promotion of biomedical research that conforms to ethical standards and good clinical practice.

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3.3 Policy Objective (3): Stronger Partnerships

To strengthen partnerships for health services delivery and sustainable health systems development.

To achieve this policy objective government shall;

- a) **Ensure health partnerships are aligned with national health development programme priorities as laid in the national health policy and health sector strategic plan.**

The Ministry of Health shall;

- i. Strengthen coordination with health development partners and collectively work towards supporting the interventions outlined in the health sector strategic plan to promote Aid effectiveness.

- ii. Enlist the support of health development partners to finance and align funding with the strategic plan and sign the commitments into a health compact.
- iii. Introduce the national health account to track sources of funding, the program areas supported and the beneficiaries of the funds as a mechanism for transparency and mutual accountability for inputs, processes and results.
- iv. Ensure local evidence and local presence in states as a basic principal for projects design, funding and implementation in local governments.

b) Explore mechanisms for inter sectoral collaboration, public-private partnership for health, and traditional medicine for efficient use of health resources and complementary attainment of health sector goals.

The ministry of health shall;

- i) Provide leadership for inter-ministerial and inter-sectoral collaboration for addressing the determinants of health including but not limited to ministries responsible for; education, housing, environment, nutrition, water and sanitation, infrastructure, agriculture, gender, culture and disasters among others.

(Such a meeting is convened by the Secretary to the cabinet)

- ii) Develop a public-private partnership for health policy to harness the complementary benefits of the private health sector.
- iii) Strengthen partnerships with the private sector to include delegation, contracting, and collaboration among other forms of partnerships.
- iv) Organise traditional practitioners into associations to promote traditional practices and herbal medicines that are beneficial to health; including research into traditional medicines.

- v) Regulate traditional and complimentary practice of medicine to protect the public from known harmful practices, exploitation, spread of diseases and disruption of social order.

c) Develop partnerships with universities to contribute to the development of a strong health system.

The Ministry of Health shall;

- i) Collaborate with universities to establish a platform for carrying out research and sharing academic work to inform policy and management the health system.
- ii) Delegate regulation of research to research council of universities which will report to the Ministry of Health.

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Chapter Four: Implementation framework

The National Health Policy 2016-2026 shall be implemented through two five year strategic plans, 2016-21 and 2021-26. Each strategic plan will be operationalized through annual work plans developed by all the planning entities of the health sector: MOH; SMOH; CHD and Hospitals, Health care centres, Semi-autonomous institutions, Health Sciences Institutes, and the institutions that support the Boma Health Initiative, Bomas and Payams.

The use of a bottom up approach in the development of the annual plans and budgets shall allow for inputs from all stakeholders. All planning entities shall be responsible for implementing their plans with oversight of the relevant governance bodies.

All stakeholders and institutional arrangements critical for the successful implementation of this policy shall be identified, their roles, responsibilities and relationships clarified in the health sector strategic plan.

Projects and programme developed to implement this policy shall be appraised against the policy statements in this policy and the Health Sector Strategic plan for competence of the project designs by the policy analysis unit.

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Chapter Five: Monitoring and evaluation mechanisms

Progress in attaining the National Health Policy objectives shall be tracked by development and implementation of a comprehensive monitoring and evaluation framework of the two health sector development plans by all stakeholders. Key performance indicators shall be developed against the main intervention areas in the health sector strategic plan. The HMIS and the data collection tools shall be updated and aligned to capture data for monitoring and evaluation.

Surveys (such as the South Sudan House Hold Surveys) and special studies deemed appropriate shall be commissioned to evaluate the impact of the National Health Policy 2016-2026.

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Chapter Six: Conclusion

The Government of the Republic of South Sudan envisages that the effective implementation of the strategic directions outlined in this policy shall significantly improve the performance of the health system to sustainably improve the health outcomes and health status of the people of South Sudan.

The development of this policy was government led with participation of all stakeholders at national and sub-national levels. Critical to the success of this policy is the extent of dissemination; alignment of strategic and annual plans; and commitment and efficient use of resources in implementation of the plans.

The communication strategy for this policy will include dissemination workshops for all stakeholders namely; policy makers and implementers at national, state and county levels. Printed copies and electronic versions of this policy shall be widely disseminated.

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