EU-WHO Universal Health Coverage Partnership:

Supporting policy dialogue on national health policies, strategies and plans and universal coverage

Year 1 Report
Oct. 2011 – Dec. 2012

Abbreviations

AFRO/IST	World Health Organization Africa Regional Office/Inter-country Support Team
CHPP	Country Health Policy Process
CoIA	Commission on Information and Accountability
EU	European Union
HPG	Health Partnership Group
HQ	Headquarters
IHP+	International Health Partnership
JAHR	Joint Annual Health Review
JANS	Joint Assessment of National Strategies
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare
NHPSP	National Health Plan/Strategic Plan
NHSSP	National Health Sector Strategic Plan
NHSWPP	National Health and Social Welfare Policy and Plan
PHC	Primary Health Care
PNDS	Plan National du Devéloppement Sanitaire
PNS	Politique Nationale Sanitaire
RO	Regional Office
SO	Specific Objective
TA	Technical Assistant
UC	Universal Coverage
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WCO	World Health Organization Country Office
WHO	World Health Organization
WR	World Health Organization Representative

Country Report

Sudan

Year 1 Report

EU-WHO Policy Dialogue Programme

Date: April 2013 **Prepared by:** WHO CO/RO/HQ

Reporting Period:

October 2011 – December 2012

Main activities as planned in the Road Map.

1. Pricing of drugs
2. Human resources for health
3. Financing of health
4. Decentralization
5. Health laws and regulation

Main activities achieved and progress made:

Please estimate approximate percentage of achievement for each roadmap activity.
Please note which activities were undertaken with the technical support of WCO (potentially in collaboration with existing initiatives of UN agencies, NGOs etc)
Please describe expected outcomes, targets and specify partners
What are some concrete and visible outputs of policy dialogue? (ex: annual review report, key policy changes that may be under way as a result of the processes described; has there been or will there be any likely improvement in service delivery outputs?)
What are some concrete and visible outputs of other activities (linked to policy dialogue)?

1. Pricing of drugs – 50% implemented

Drug pricing is an important area as the 2008 National Health Accounts identified that drugs constitute 37% of total health expenditure. A nationwide study was launched, and the data on drug prices is currently being analyzed. Once the evidence is available, stakeholders will be identified and a policy dialogue with the objective to improving the availability and affordability of medicines will be launched to influence the factors contributing to the high prices of drugs in Sudan. It was estimated to take place in June, 2013 (expected outcome), and in this regard a meeting has been held with the General Secretary of the National Medicine and Poisons Board. It was agreed to develop terms of reference and complete plan for the activity. WHO/CO is currently working on this.
The exercise is being carried out by MoH in close collaboration with WCO. The partners involved are Central Medical Stores, National Medicines and Poisons Board, Ministry of

Industries, and Ministry of Finance and National Economy and others. A visible output of this activity will be the policy dialogue meeting report outlining a way forward on this issue. But, prior to that many steps will be involved.

2. Human resources for health – 50% implemented

Sudan developed its national human resources for health strategy (2012-16) with its main focus on human resource management. The major issues are the production, skill mix imbalances, inequitable distribution and retention. As a follow up therefore, three studies launched include discrete choice experiment to identify attributes that could attract doctors to work in rural areas; effectiveness of the academies of health sciences established to correct the skill balance in primary health care facilities and to improve retention of health workforce in rural areas; and a study to project HRH requirement over the next ten years. To substantiate the projection exercise, a study using workload indictor of staffing needs (WISN) software is being introduced with the support of WHO/HQ. In addition, a survey to determine the number and categories of health workforce together with those in the education pipeline available nationwide has been completed.

Results of the aforementioned studies will feed into the policy process for the national HRH policy. The other partners involved in this exercise are the Public Health Institute, Ministry of Labor and Human Resources, Ministry of Finance and National Economy, Ministry of Higher Education, Sudan Medical Council, and the Allied Health Professional Council. A visible output of this activity will be the policy dialogue event. In this regard, a seminar took place on 14-15 May, 2013. It was first in the series and the event was used to disseminate the results of the research. A copy of the seminar report will be provided soon. In the next step, based on the research findings a policy brief will be drafted for a policy dialogue, for which WHO/CO is currently engaged in advocacy. It is expected to take place in August, 2013 (expected outcome) and a meeting report outlining the way forward will be produced.

3. Financing of health –30% implemented

In the last inter-country meeting, Sudan reported health financing as a high priority area for policy dialogue. In view of the National Health Strategic Plan objectives, additional resources are needed, especially given that 60% of total health expenditure is from out of pocket which is clearly too high. A recent study revealed that only 20% of funds allocated for health actually reached the service delivery level. A policy dialogue was organized around these issues (expected outcome) and one of the key options discussed was how to finance primary health care (expand social health insurance and increase investments in primary health care. Prior to the dialogue, a brainstorming session was held in the MOH to identify the potential stakeholders for attending the policy dialogue. Also, a technical paper was drafted by a consultant that provided discussion points for the dialogue. The 2 main suggestions were: (i) mobilize new resources for primary health care (sufficiency), and (ii) Increase the efficiency of how funds are managed and used (efficiency). These are the interim results, as the policy dialogue for financing

health is a long haul with several steps involved. It was a first of its kind to agree on the potential targets. In the next step, the question, 'how' will be addressed. That is, it is intended to develop strategy for health financing.

In addition, a number of studies are currently being finalized. These include: an in-depth review of the national health insurance fund and an actuarial study to determine the cost effectiveness and national health accounts together with sub-accounts for the three diseases for 2011 data. Also, a formula for the equitable distribution of resources has been developed and is under technical review. An "Organizational Assessment for Improving and Strengthening Health care Financing" or OASIS study, using a specially designed WHO HQ tool, planned for March-April, 2013 (target) was delayed. This is on account that as the DG Health Planning and International Health said, "OASIS is a means and therefore needs to be linked to subsequent steps involved in developing the strategy for health financing". In his view, the tool will consolidate the findings of the hitherto studies and assist in synthesizing the priorities and strategic directions for health financing strategy. In other words, when all this evidence becomes available, a 2nd policy dialogue will be organized with stakeholders in June-July 2013 (target).

Other partners involved are the Ministry of Finance and National Economy, National Health Insurance Fund, Ministry of Welfare and Social Security, and the Health Committee of the Parliament. A visible output of this activity will be the policy dialogue meeting report outlining a way forward on this issue; most likely the consensus on developing a national health financing policy/strategy.

4. Decentralization – 30% implemented

Decentralization was not included in the initial roadmap. However, it came up during discussion with the national authorities as a topic to address "health system coordination, integration and decentralization". This is important, as Sudan is a federated state with devolution ingrained in the national interim constitution. Yet, inter-alia the decentralized units require capacity building and support that these could exercise effectively the powers that are conferred on account of devolution. Furthermore, it is cross cutting policy issue, be it the HRH or financing for health. Therefore, it was included in roadmap.

Following the separation of South, Sudan is currently revising the constitution. Concerning the health sector, and may be that spills over to other sectors also, the proposed vision is to assure deconcentration. In this background a concept note was developed which reviews federalism/ devolution as provided for in the constitution and the challenges it has brought for the health sector (expected outcome). This note formed the basis of discussion with the ministers of health from 17 states of Sudan and points arising there will feed into the policy process for framing of the new constitutional provisions concerning health. This intervention however is a high level policy agenda and the WCO will remain engaged with focal person in the ministry of health representing health sector on the high level committee responsible for drafting the

permanent national constitution.

For the health sector, hitherto marked by verticality and fragmentation, particularly at the primary health care level, the national health sector strategy (2012-16) identified the provision of integrated service as a priority in a decentralized district/local health system. This is one of the main issues which will be on the agenda for a policy dialogue on "health system coordination, integration and decentralization". The WCO will take the opportunity of this dialogue to influence the policy-makers in defining the tenets of the new vision and developing an operational plan. WHO's target with this activity is to assist the ministry of health in defining robust mechanisms and the necessary structures for better coordination, integration and decentralization in the health system.

5. Health laws and regulation -- 0% implemented

Health laws and regulations – there is still negotiations with the ministry of health on taking this item forward. But, this is an important issue especially the policy is often expressed as law, which is also an important instrument for the institutionalisation of an intervention. But, this phenomenon will prevail, i.e. in policy dialogue the goal post, i.e. the priorities and targets, often continue to change, making it hard to keep a fixed policy agenda. Furthermore, within the same agenda item, as being an iterative process the new issues continue to emerge affecting the roadmap. There has been no progress on this agenda item, but it is planned to support policy dialogue on tobacco use and strengthening the autonomous status of the National Medicines and Poisons Board.

6. Global health diplomacy – 30% implemented

Sudan with its critical geographical position and the ongoing tension within and across its territorial borders has an important regional as well as global status. Cross border migration and therefore potential for transmission of communicable disease health becomes an important foreign policy issue. In addition, till recently being one of the fastest growing economies in Africa, it attracted investors from around the world. Many Sudanese travel abroad for treatment. It has a growing role in TRIPS (trade-related aspects of intellectual property rights) and WTO.

With this in mind, the Ministry of Health (MoH) has taken the lead, and WHO is assisting, in developing a global health strategy for Sudan. In addition to the MoH, the Ministry of Foreign Affairs is the key stakeholder. The dialogue in the policy process was preceded by a number of informal activities usually soft in nature and include advocacy. That is, in this case the first dialogue was a culmination of a series of meetings with nationals, teleconferences with the consultant (Graduate Institute, Geneva) and identification of the stakeholders from a limited constituency and developing a concept paper. It is planned to organise 3-4 dialogues prior to a Sudan strategy for Global Health is drafted; and may include discussion around TRIPS, Trade in Health and Environmental Health, International Health regulations.

The planning to initiate policy dialogue (target), involved an in-house meeting of the

director generals of the MOH took place for developing a consensus on the aims and objectives. With the technical support by Graduate Institute of Geneva, a meeting was held on 21-22 April, 2013(visible output). It was opened by the Ministers of Health and Undersecretary Ministry of Foreign Affairs. The officials from the two ministries deliberated on the cross cutting issues that will be further explored through a small study and this will lead to designing a short course for teaching at the Sudanese Academy of Diplomats, assisting them to understand and react accordingly to the health issues arising in Sudan which have an impact on global public health. A series of events including deliberation on the post-2015 agenda for health is now a figure on policy dialogue in Sudan.

7. National Health Sector Strategy 2012-16 – 100% implemented

The National health Sector Strategy 2012-16 has been drafted after extensive consultation and wide stakeholder involvement (visible output). A Joint Assessment of National Strategy (JANS) was conducted by a mission comprising of four international experts and two local experts. The mission, organized with the support of the IHP+ secretariat, issued its report and the national team is currently finalizing the Strategy, taking into account the comments of the mission (visible output). This topic was included in the roadmap with the assumption that the overall purpose of the project to strengthen the national capacity in developing robust policy, strategies and plans. WHO/CO seized the opportunity of engaging with nationals in conducting the policy process for the national health sector strategy. The project funds were not used for developing the strategy, but so are the many other instances, where the outcome contributes to achieving the project objectives.

The national strategy places high on its agenda the provision of universal health coverage through integrated health care in the decentralized local health system set up. That is, the hitherto fragmented health care due to a variety of vertical programs will be integrated. The groundwork done includes defining the comprehensive package for community care as well as the integrated health care package for different level health facilities (visible output). In addition, protocols have been developed for state and locality health management teams in a bid to create new ground for organizational integration for a decentralized locality based health care.

While a draft local compact is under discussion, Joint Annual Review meetings will be held; and the first of its kind is planned for June, 2013 (visible output). The national authorities in order to learn from experience attended a similar exercise in Ethiopia. WHO was key in supporting the MoH in the development of the NHSS, organization of JANS and motivating the principal stakeholders for conducting JARs as a tool for M&E of the NHSS.

Please explain any changes in circumstances or programme implementation

challenges encountered affecting the original plan:

Please provide information on activities eliminated, changed, added or postponed. Please list them and provide the reasons for each of them (obstacles encountered, remedial measures taken,...).

1. Health laws and regulations were initially on the agenda, but there was no agreement with the ministry of health on taking this item forward. Therefore, it was dropped from the agenda. Instead NCDs and accreditation system were given higher priority for policy dialogue and added to the roadmap. This is to mention that tackling NCDs is a high priority for WHO in the region and globally.

2. The policy process, which is iterative in nature, was considered a linear process at the MoH, with the understanding that dialogue connotes the culmination of the policy process. The understanding is slowly changing.

3. There is an understanding that policymaking lies in the technical domain, with little role of the political polity. As a result, the plans attract little financing and are without any legal authority. Also, the technical polity often focuses on low level policies e.g. financing the primary health care. In addition, the policy community is a closed net in the broader patriarchal society.

Proposed modifications to Programme Road Map resulting from changes above

If the changes above have implications for future work, please attach the new roadmap to this report and confirm that the changes have been discussed with the MoH and EU delegation.

Instead of the 'health laws and regulations' the issues: 'development of the national accreditation system' and a policy on the 'non-communicable diseases' are brought on the agenda for policy dialogue. Accordingly, a new roadmap is now being formulated. The progress on these items is reported as below:

a. There is a High Council for Accreditation of Health Facilities. It is tasked to oversee the quality of care and accredit health facilities. But, this is voluntary so far. The MoH, with support from WCO, plans to draw up new legislation based on the same protocols and standard operating procedures used by the High Council. Although initial dialogue has taken place, substantial progress is to come (target).

   The Sudan Medical Council is the accrediting body for the medical, dental and pharmacy schools. There are clear rules and regulations. WHO has worked with the High Council in strengthening its capacity and taking measures to institute mandatory change from the current practice of voluntary accreditation. Another council, the Council for Allied Health Professions, is responsible for accrediting paramedical and nursing schools, but it is quite weak. There is no system for accrediting in-service training courses. A policy dialogue for instituting accreditation in the country is necessary. While there is already some ground broken, a substantial agenda lies ahead (target).

b. Non-communicable diseases (NCD) is an important agenda for policy dialogue particularly because Sudan is now passing through epidemiological transition and

faces a double burden of communicable and non-communicable diseases. With higher life expectancy and a growing ageing population, the life style is also changing, adding to the risk factors for NCDs.

In order to prepare for the policy dialogue on NCDs, a stakeholder analysis is a key step and that was completed (visible output). NB: the theme of the world health day 2013 is NCDs and has provided a good platform for advocacy to put this issue on the policy agenda.

Lessons learned:

Please describe the principal lessons learned during the first year of implementation of the Policy Dialogue Programme:

1. Policy dialogue can be key in widening the horizon so that MOH is outward looking
2. Changing the mindset in the technical polity is tough and demands patience and perseverance

Road Map and timeline for 2013:

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2013

1. Finalizing and signing of the local compact and joint review for better aid effectiveness
2. Policy dialogue on formula for the equitable distribution of resources
3. Policy dialogue on improving the availability and affordability of medicine
4. Policy dialogue on human resources for health policy

Visibility and communication

Please give a short overview of visibility and communication events that took place and attach evidence (scanned newspapers, pictures, brochure,…). Please describe how communication of programme results to the public has been ensured

1. WHO leads Health Partners Group
2. Meetings with EU Delegation
3. Influencing design of the 3-year EU Special Funds Programme for East Sudan

Preliminary impact assessment:

Please explain to which extent country level activities have already contributed towards achieving the overall programme objectives. Please demonstrate how WHO strengthened its role as facilitator/ convener of policy dialogue and contributed, through its sector expertise, to improved UHC (in its three dimensions) at country level. Where possible, please use short stories /field voices box / quotes (MoH, district level officials, health workers etc) / press releases to illustrate the impact and added value of the programme and WHO action in the

policy dialogue process.

1. Policy process is slowly being seen as iterative as opposed to a linear process. Furthermore, instead of the often low level policies which have been formulated in the past, e.g. financing the primary health care, the focus is shifting to policies with wider implications, e.g. financing of health. In order to initiate policy dialogue on health financing WHO held meeting with MOH. The response of the latter was, it has a roadmap for developing policies, and that should be followed and sub-sectoral policies were the priority. However, with continued discussion there is increasing realization for tackling broader policies, and the DG planning and international health said, "there is a lot of data that is getting outdated, we should use it to draft an evidence based strategy for health financing. It is the key to mobilize resources".

2. Although still marked by a closed policy community in the broader patriarchal society, Sudan is opening up. For example Joint Reviews are on the table to discuss the achievements and failures and to plan for the future. While drawing stakeholders for a policy dialogue on financing primary health care, the nationals insisted to keep it within MOH. But, during dialogue it revealed that in addition to MOH there were several other players. After the session, DG planning and international health, who drew the list of participants, said, "we should have also called stakeholders from outside the MOH".

3. The policy agenda is slowly reflecting the reality of the field, i.e. integration of health care and universal health coverage in the decentralized district health system constitutes the key pillars of the national health sector strategy. Sudan health sector is characterized by vertical approach to addressing issues. As a result, there are 23 vertical programs and these perpetuated consequent to the national health sector strategy 2007-11 described and targets were set for each of the vertical programs. But health strategy 2012-16, though mentions, it emphasizes mainstreaming these programs and sets targets for achieving universal coverage through strengthening district/local health system.

4. A National Health Sector Strategy for 2012-13 has been developed and subjected to the JANS process, and in order to monitor the implementation and to feed into the operational planning, JARs are being considered as a tool. Given that the aim of the project is to support ministry of health in building their capacity to develop robust policies, strategies and plan WHO seized the opportunity and engaged in the policy process for Sudan national health sector strategy.