

# Year 2015 Report

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Country: Sudan

EU-WHO Policy Dialogue Programme

Date: Feb 22 <sup>nd</sup> 2016	Prepared by: WHO CO
<b>Reporting Period:</b>	
<i>Feb to Dec 2015</i>	
<b>Main activities as planned in the Road Map.</b>	
As planned in year 3 road map:	
<ol style="list-style-type: none"><li>1. Policy system (Dec 2014 – Aug 2015) Deliverable: Policy system manual</li><li>2. National Health Finance Policy (Dec 2014 – March 2015) Deliverable: NHF policy</li><li>3. Health Finance strategy (March 2015 – Aug 2015) – Health Finance strategy</li><li>4. National Health Policy update (Feb 2015 – Aug 2015) with a focus on health for all and re-orientation of the health system – National Health Policy</li><li>5. Costing of the Benefit Package – National Health Insurance Fund (Feb – April 2015)</li></ol>	
<b>Main activities achieved and progress made on the initial Road Map:</b>	
<ol style="list-style-type: none"><li>1. Policy system (Dec 2014 – Aug 2015) Deliverable: Policy system manual - <b><i>DONE</i></b></li><li>2. National Health Finance Policy (Dec 2014 – March 2015) Deliverable: NHF policy - <b><i>DONE</i></b></li><li>3. Health Finance strategy (March 2015 – Aug 2015) – Health Finance strategy – <b><i>In progress</i></b></li><li>4. National Health Policy update (Feb 2015 – Aug 2015) with a focus on health for all and re-orientation of the health system – National Health Policy – <b><i>A roadmap for health in all policies has been developed - DONE</i></b></li><li>5. Costing of the Benefit Package – National Health Insurance Fund (Feb – April 2015) – <b><i>NOT DONE</i></b></li></ol>	

## Capacity building

### a) Health Policy training

A customized training manual in health policy making in Sudan was developed with technical support from the University of Leeds. The learning outcomes were identified by the ministry of health and WHO, following the Global learning programme in Beirut April 2014. This was then discussed with Leeds University. The course outline included training on basic concepts such as what are policies, strategies and plans and how policies are made. Skills taught during the course included stakeholder analysis, running a policy dialogue, how to write a policy brief and how to monitor and evaluate policies.

The course was attended by about 30 participants, from several states. The feedback was positive, and each of the participants was eager to share this knowledge with their colleagues in their home states. Some recommended that this course be conducted again at state level. Arrangements are underway to conduct this course in Algezira state.

These participants were members in the policy dialogues that followed, namely the national health policy system and the health in all policies dialogue. This was evident impact of the influence this course had on their approach towards policy making.



Photo 1: Cohort of participants in the first policy making course.

### **b) The 3<sup>rd</sup> quality healthcare conference in Amman Jordan**

To build capacity in providing quality healthcare services and specifically in the accreditation of healthcare facilities, 6 participants from the Directorate of quality and safety were supported to attend a the 3<sup>rd</sup> quality healthcare conference in Amman Jordan, 23-25<sup>th</sup> November 2015. The ministry of health presented 2 scientific abstracts in this conference. Following the conference they participated in a study tour where they observed how implementation process of the accreditation in the hospitals of Amman.

## **Evidence generation for policy**

### **a) Family health assessment**

A situational analysis of the family health practice in Sudan was done by the Public Health Institute to describe various aspects of family training and practice in Sudan in order to influence health care planners and policy makers in the development of the Family Health Policy options paper. It also provided a baseline that can be used in the future to measure progress following the implementation of the family health policy. The assessment identified major gaps in the current implementation of the family health service model within the health system in Sudan including; financing of the family health services, making the discipline attractive, retention of family physicians, building relations of the family health teams, referral and continuity of care and other organizational issues.

### **b) Health in all health policies assessment**

An assessment of the implementation of Health in All Policies (HiAP) approach was conducted by PHI showed that there is a need to critically analyse the effectiveness of current implementation of HiAP and suggest a road map to dictate the way forward.

## **Policy development**

The policy process adopted an initial approval from senior leadership at the federal ministry of health that the policy issue on the table was timely. A national taskforce will then be developed to develop a situational analysis and proposed options. A policy dialogue will take place around the situational analysis, and once a common understanding is reached, work on the proposed policy options is refined. In almost all stages, WHO provided technical support from WHO staff and EMRO and HQ, and international consultants. This international expertise will usually support in the facilitation of dialogue around the options. Stakeholders included representation from state level, among other important participants.

A final workshop would be help to disseminate and endorse the policy paper. This would usually be chaired by a senior manager at FMOH. In the case of the health financing policy it was the undersecretary.

### **a) National Health Policy System**

A recent Health Policy System Review showed that the health policy process at FMOH is still being faced by many challenges such as having a narrow stakeholder base and centralized policy making with state and communities having little role, ambiguity in the role of state and federal

level in policy making and fragmentation of the process.

Based on these findings, the structures and processes were revisited through two stakeholder workshops, with representation from staff from state ministries of health. The first workshop held on July 28th 2015 aimed at reaching common understanding of the structures and processes of policy making to build a robust policy system, which is capable of accomplishing its designated role and benefiting from the current opportunities effectively. A final workshop incorporating the feedback from the first workshop was held to endorse the proposed system at the level of state and federal health policy makers. Leeds university and WHO EMRO provided technical support.

### **b) Health Financing Policy**

Technical assistance to develop the national health financing policy was provided jointly between the WHO and WB. A taskforce developed a document outlining the policy options. These options were discussed in a high level policy dialogue during the joint mission of July 2015 (photo 2). This was further developed by WB-WHO to a document that should guide the final policy document. In August 2015 another dialogue was held following a 5 day mission exploring strategic directions. The health financing policy stated that all PHC services will be covered by prepayment mechanisms. The whole population should have free access to family health services; however copayment could be introduced for drugs. General revenue through federal ministry of finance will be the main source of funding for this package. However, all these sources should be pooled under National Health Insurance Fund (NHIF). Purchase of family health services is proposed to be through strategic purchasing. In addition, NHIF will be the single purchaser for family health care services in the country.



Photo 2 showing participants in the Health Financing Ministers' dialogue of July 2015.

### c) Family Practice Policy

FMOH conducted a baseline assessment of family practice in Sudan, and based on the identified gaps wrote a draft policy document that was appraised by WHO consultant. A policy dialogue with various stakeholders was facilitated by PHI and WHO to obtain common understanding and achieve buy in of implementing bodies.

The policy options paper proposed a governance structure and a set of governing functions that could be put in place to help ensure the smooth implementation of the policy. It also proposed that the financial arrangements for family health services are to be aligned with the health finance policy (2015). As for the organization of family health services, the policy described a model where in urban areas, a family practitioner (FP) is the first point of contact and is placed at the family health centre (FHC). In rural areas, where there are no FHCs and the FP should be located in the nearest rural hospital. In both urban and rural areas, family health units will be covered by medical assistants.



*Photo 3 showing the family health policy working group and WHO advisors.*

### d) Public Health Laboratory Policy

Technical support was provided in the development of the first public health laboratory policy for Sudan.

### e) Health in All Policies

Sudan has in recent years taken big steps in order to increase coherence in health related policies. Key steps in this process have been numerous policy dialogues held together with policymakers from different sectors e.g. the development of the Global Health Strategy for Sudan (2015-2019) which identified five priority areas; The Post-2015 Development Agenda, Health and Trade, Human Resources for Health, Global Health Security , and Health and Environment . Several committees have been established to coordinate and promote inter-sectoral activity for health.

Based on the discussions with different ministries and review of the national health policy 2007 (2013) no clear guidance was found on how inter-sectoral collaboration should happen.

A road map was developed, with support from WHO and Public Health Institute Finland, and based on the assessment and local processes, and especially the outcomes of the HiAP workshop held in Khartoum 25-26 August 2015. Senior level health policymakers participated the workshop. They discussed in groups the key elements of the HiAP implementation in Sudan. The key messages of the discussions were incorporated in the draft road map. The next step is to introduce this roadmap to the National coordination council for health for further action.



Photo 4 shows the facilitators in a policy dialogue on HiAP, chaired by Undersecretary, Federal Ministry of Health.

#### **f) Accreditation guidelines**

A workshop was conducted in early 2015 with representation from HCAC and CBAHI to endorse the FMOH health facility accreditation guidelines.



Photo 5 shows opening session panel of the endorsement workshop, chaired by HE Federal

Minister of Health.

### **Dissemination of Policy**

Most policy papers have been printed for distribution. Short films are underway to be produced on each policy for the purpose of advocacy.

### **Visibility**

1. Proceedings of the conference “Road to Universal Health Coverage for Sudan” were published in a report (hard copy), disseminated to all stakeholders
2. An article on UHC in Sudan was published in the uhcpartnership website <http://www.uhcpartnership.net/momentum-for-universal-health-coverage-in-sudan/>

**Please explain any changes in circumstances or programme implementation challenges encountered affecting the original plan:**

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More activities were implemented as described above.

The costing of benefit package has been dropped, as the momentum was lost at the ministry of health. There was no interest to do a thorough exercise, but rather depend on the findings reported in the national health strategy of 2012-2016.

**Proposed modifications to Programme Road Map resulting from changes above:**

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*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.*

Yet to be discussed with partners, as the upcoming application will be for a new round.

However for the coming months the following activities should be completed:

Health financing strategy  
Global health strategy implementation arrangements  
Family health strategy

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**Lessons learned:**

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

**Challenges faced during the policy making process**

**Capacity building:** It is an essential element of any project to transfer skills to local staff, and hence sustain the changes brought about by the programme. It was useful that the EU activities incorporated training components. However, all such investments were and are still challenged by the high immigration and brain drain facing the Sudan, in addition to the high turnover of trained staff.

**Recommendation:** Institutionalisation of basic learning programmes, and thus these can be run regularly with local capacity.

**Engagement of stakeholders:**

Active engagement of stakeholders is in the heart of policy dialogues to ensure the implementation of the policies developed. Mapping of stakeholders for each policy was done prior to commencement to ensure inclusiveness and representation of diverse ideas. When the dialogues started in the 2015 round, the engagement of stakeholders was poor, in terms of attendance and participation. Towards the end of the year, there was evident improvement and interest in stakeholders in participating in the dialogues. This was due to the betterment in the



involvement and invitation. Nevertheless, there is always area for improvement.

Recommendation: Policy dialogues need to regularly be preceded by a policy brief and for this to be shared well in advance to enable the active participation of stakeholders in the discussion of the issue at hand.

**Implementation arrangements:**

The developed documents need to be translated. Careful, well calculated and costed planning needs to take place to translate them to strategies and operational plans. Arrangements for effective monitoring of these policies should be introduced to raise the policy making process to an evidence based process of measurable impact.

Support in implementation arrangements is crucial for the success of this work.

**Road Map and timeline for 2015:**

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*Please list here the work plan activities as well as the time frame for those activities for the calendar year 2014.*

To be discussed with partners.

**Visibility and communication**

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*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*

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### Preliminary impact assessment:

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*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.*