Year 6 Report (2017 activities)

An annex of the Specific Objectives (SO) and Expected Results (ER) has been prepared at the end of the document for your convenience

Country: SUDAN

EU-Luxembourg-WHO UHC Partnership

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Reporting Period: October 2016 – March 2018 (18 months).

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ABBREVIATIONS AND ACRONYMS	
BRHS	Building Resilient Health Systems
CRTT	Coordination Review Task Team
CWW	Concern Worldwide
DDS	Darfur Development Strategy
DFA	Development Financial Assessment
EMRO	Eastern Mediterranean Regional Office
EU	European Union
FGM	Female Genital Mutilation
FMOH	Federal Ministry of Health
HDPN	Humanitarian, Development and Peace Nexus
HiAP	Health in All Policies
HQ	Headquarters
IMC	International Medical Corps
JAR	Joint Annual Review
JEE	Joint External Evaluation
JLN	Joint Learning Network
JICA	Japan International Cooperation for Assistance
KIT	Royal Tropical Institute
MAPS	Mainstreaming, acceleration and policy support
MIC	Ministry of International Cooperation
MoF	Ministry of Finance
NHSSP	National Health Sector Strategic Plan
NHIF	National Health Insurance Fund
NHP	National Health Policy
NMSF	National Medical Supplies Fund
NWoW	New ways of working
OECD	Organization for Economic Cooperation and Development
PEP	PHC Expansion Programme
PFM	Public Financial Management
PHC	Primary Health Care
SDH	Social Determinants of Health
SDG	Sustainable Development Goals
SHSPF	Sudan Health Sector Partners Forum
SMOH	State Ministry of Health
UHC	Universal Health Coverage
UNCT	United Nations Country Team
UNRCO	United Nations Resident Coordinator Office
UNHCR	United Nations High Commission for Refugees
WCO	World Health Organization Country Office (for Sudan)
WHO	World Health Organization

INTRODUCTION

The template is structured into IV sections.

Section I: Results

We recommend completing section II prior to section I.

This section is to serve as an exhaustive listing of the results and outputs that have arisen from the UHC Partnership in 2017. Kindly relate these to Specific Objectives, SO I, SOII and SOIII (see Annex). Please note that this section focuses on results achieved through the (partial) completion of activities indicated in the roadmap, with activities having contributed directly or indirectly to listed results and outputs. In brief, section I puts emphasis on the results achieved; section II focuses on the activities per se. Hence our recommendation to complete section II prior to section I.

Section II: Activities

This section includes four subsections pertaining to the roadmap activities.

The first subsection is a list of the activities completed or partially completed as per your country's roadmap in 2017. Please provide a more detailed overview of how activities were undertaken, including the role of the partnership, as well as key documents accomplished (finalized reports, plans, case studies etc.).

The second subsection is for information on any obstacles encountered, or changes in circumstances that affected your original plan as per the roadmap. Please also list here and report on all *additional* activities that were funded by the UHC Partnership which were not included in the original roadmap.

The third subsection serves to understand key takeaways and learning points as a result of the activities or changes this year.

The fourth and final subsection includes a summary and relevant evidence of how the programme activities or results have been communicated to the public.

Section III: Impact Assessment

This section is intended to be a more in-depth exploration into one of the activities, or perhaps two to three interlinking activities that may showcase the impact of the UHC Partnership in a broader context beyond the specifics laid out in the roadmap. The purpose of this is to highlight the more intangible value of the UHC Partnership beyond the outlined metrics, and its contributions in wider scope towards universal health coverage, and should ideally include enough details to be understood by an external reader with no background knowledge of universal health coverage or the UHC Partnership.

Section IV: Roadmap for 2018

The purpose of this section is to look forward and consider what the goals are for 2018 and how those may be reached. Please list the planned activities as well as the time frame for those activities for calendar year 2018, and relate activities to SO's and ER's (see Annex).

SECTION I: RESULTS

Main results

Put here all results as set in the Logical Framework and Roadmap and link them to SO I, SO II or SO III. You may also want to relate to the overarching dimensions of universal health coverage (coverage, financial protection, quality of care, equity etc.). Explain how activities implemented have contributed to the results achieved.

We advise filling out section II prior to filling out this section. The reasoning behind is that section II is a description of the activities undertaken, while section I is for the results achieved and the key outputs from those activities. To take an example, a result is an improved handling of antibiotic usage, with a key documentation as to a finalized antibiotic guideline. An activity that has contributed to above-mentioned result is holding training workshops on rational use of medicines for providers on a regularly basis.

Results as per Specific objectives (SO)	***Activity Listing***
SO I. Formulation and Endorsement of National Health Policy 2017-2030 (NHP). Review of the National Health Sector Strategic Plan 2016-2021 (NHSSP) Completion of "One Health Plan 2018".	WCO/EMRO/HQ conducted and technically and logistically supported several policy meetings and workshops to promote NHP, NHSSP and One Health Plan processes.
Joint Annual Review 2016-17 (JAR) completed. Accountability and Legal Review (ALR) conducted.	WHO consultants conducted these first ever JAR and ALR exercises with full technical, financial and logistical support.
Mainstreaming, acceleration and Policy (MAP) Stocktaking Exercise completed. Support to fundamentals of health systems achieved through new reforms.	WCO provided technical inputs with FMOH for this process convened by UNCT and OECD. This work was also integrated with WHO technical inputs in 'From funding to financing', and Light Development Financial Assessment (DFA) of Sudan.
Networks and communities of practice reached with Joint Learning Network (JLN).	WHO coordinated regular JLN sessions with FMOH/PHI in order to provide peer to peer assistance on specific technical reform issues.
SO II. Health in all policies (HiAP) strengthened.	WHO strengthened HiAP through technical support for consultative meeting of Undersecretaries from 18 ministries, convening side-meeting with FMOH and partners at WHA 2017, and assisting in selection of Sudan's

	Minister of Health as Chair of the Network for HiAP.
Humanitarian, Development and Peace Nexus (HDPN) incorporated with New Ways of Working (NWoW).	WHO lead and technically supported HDPN and NWoW through Global HDPN Task Force, OECD Financing for Development Committee, SDG Forum, Coordination Review Task Team (CRTT), Collective Outcomes Task Force, etc.
Health financing diagnostic analysis done.	WHO provided technical support to National Health Accounts (NHA) preparation up to 2016, Review of Public Financial Management (PFM) System, and Health Expenditure Survey (HES), in addition to studies on Funding and incentive models in health sector.
Purchase-provider functions strengthened between FMOH & NHIF. There is ongoing work to strengthen governance of National Health Insurance Fund (NHIF).	WHO convened integration between purchaser-provider functions by planning relevant HF reforms through new EU proposal for strengthening of NHIF Governance.
Process started for ensuring Health system & financing reforms at decentralized levels.	WHO, SMOH, EU, IMC and Concern Worldwide provided support and technical inputs to this joint activity in order to provide a tailored take-off for “One Health Plan” in West Darfur State.
Evidence base for priority setting strengthened with DHIS2 programme.	WHO provided technical support to set-up institutional arrangements to inform policy with evidence through DHIS-2.
Progress made on Cross-border issues, Health Security and IHR.	WHO is supporting cross border initiatives for tackling Health Security and IHR issues by addressing entry-points, implementation on Joint External Evaluation (JEE) recommendations, etc.
SO III. WHO Technical Support to Development partners’ sub-committee of Sudan Health Sector Partners Forum. - Effective Development Cooperation (EDC) Guideline developed. - New projects in the pipeline with EU, Japan embassy, WB/JICA.	WHO’s work on UHC is instrumental in leveraging resources from other development partners by promoting Effective Development Cooperation (EDC) sub-committee. Various harmonization and alignment measures have been established to channelize donor support/domestic resource mobilization to country UHC priorities.

SECTION II: ACTIVITIES

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.

What are some concrete and visible outputs of Partnership activities (e.g. annual review report, plans and strategies, case studies, publications)?

Please relate all undertaken activities to SO I, SO II or SO III, to an expected result (ER1-ER6) and report progress on the indicators as per the roadmap. This can be presented in a table format or in bullet points.

SO I: To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity.	
ER 1: Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity.	
Roadmap Activity Formulation of National Health Policy 2017-2030 (NHP)	% of completion 100%
Activities undertaken: WCO/EMRO/HQ conducted and technically and logistically supported several policy meetings and workshops to promote NHP dialogue process, dissemination of key thematic topics and available data, review of manuscripts, engagement of stakeholders, multisectoral involvement, inclusion of civil society for citizens' voice and accountability, recording of deliberations, official endorsement seminar and printing of the policy document. Several missions participated with hundreds of man-hours of technical and field support which is yet to be costed.	Key Outputs: - NHP Endorsed - Implementation started - Wider dissemination - Public acceptance
Roadmap Activity Review of National Health Sector Strategic Plan 2016-2021 (NHSSP).	% of completion 50% (ongoing activity)
Activities undertaken: WCO supported English translation of NHSSP draft for wider dissemination, engagement and feedback from all levels. It is a live document that will be reviewed and aligned with the new National Health Policy (NHP) and the process was contingent upon endorsement of NHP as a pre-requisite.	Key Outputs: - Wider dissemination - Review process continues.
Roadmap Activity One Health Plan 2018 – support to integrate and align disease strategies into National Health Strategies.	% of completion 100%
Activities undertaken: WCO technically supported FMOH in HSS and disease specific areas through several meetings between the technical teams.	Key Outputs: - First ever One Health plan

In this regard, WHO is supporting 5 Darfur regions with construction and rehabilitation of 30 health facilities as part of Darfur Development Strategy (DDS) with funding from Qatar Development Fund. Other support includes PHC Expansion programme (PEP) helping in construction and rehabilitation of PHC facilities. (?? TBC)	developed. - DDS and PEP are being implemented.
ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.	
Roadmap Activity Assessment of Health Sector-Joint Annual Review (2016-17).	% of completion 100%
Activities undertaken: Two WHO sponsored consultants conducted this first ever exercise with full technical, financial and logistical support. The tedious process was highly participatory and extremely commended by all stakeholders. Valuable inputs from 7 states and numerous localities made the results representative and tremendously owned by stakeholders. A set of recommendations was presented to fill the existing gaps and future institutionalization of the JAR was highly welcomed by all partners. This process will be institutionalized on annual basis in order to develop M&E system for NHP implementation. More than 8 full time teams invested over a thousand man-hours to complete the exercise	Key Outputs: - Ground laid for M&E of NHP implementation. - Initial finding will serve as baselines for subsequent rounds. - A measurement of health sector success in place.
Roadmap Activity National SDG-MAPS (Mainstreaming, acceleration and policy support) Stocktaking Exercise	% of completion 75%
Activities undertaken: WCO provided technical inputs with FMOH for this process convened by UNCT and OECD. This work was also integrated with the subsequent WHO technical inputs for the mission on 'Financing for Development', and Ministry of International Cooperation (MIC) supported Light Development Financial Assessment (DFA) of Sudan.	Key Outputs: - Wider assessment of health financing for UHC in country's overall fiscal space.
Roadmap Activity Legislative Assessment – Accountability and Legal Review Workshop	% of completion 100%
Activities undertaken: Two WHO consultants conducted a workshop to provide technical assistance to support the National Technical Committee (NTC) and to develop the accountability framework including targets and indicators for each level, to deliver results and to enhance the implementation of the National Health Sector Strategic Plan (NHSSP) and UHC plans based on principles of efficiency, value for money and equity. It strengthened capacity of stakeholders to also review laws and regulations related to health development. Ways and means were discussed to bring improvements in this area, such as making progress on legislation submitted to parliament for endorsement of FGM abandonment laws, etc.	Key Outputs: - Framework created for NTC - Guidelines for legal advocacy identified - Progress for Health Security and IHR work

Roadmap Activity Support to fundamentals of Health Systems Governance	% of completion 50% (ongoing)
Activities undertaken: WCO continued strong advocacy to implement JAR recommendations. As a result of JAR recommendations, several potential governance/management reforms have been identified and/or implemented. For example, strengthening the role of Directorate of Planning has been reviewed and the functions of Health Economics Department have been re-organized beyond routine accounting to actually perform Health Financing and Economics assessment role.	Key Outputs: - New reforms introduced - Reassessment of existing governance roles.
Roadmap Activity Networks and communities of practice for health systems governance – Joint Learning Network (JLN).	% of completion 100%
Activities undertaken: WHO coordinated regular JLN sessions with FMOH/PHI in order to provide peer to peer assistance on specific technical reform issues, such as vertical and horizontal integration of hospitals in the overall health system, laws and regulations pertaining to health delivery, strategic purchasing mechanisms, from passive to active purchasing modalities, etc.	Key Outputs: - Four meetings convened with recommendations - Guidelines for integration & purchasing
SO II: To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue	
ER 3: Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable.	
Roadmap Activity Political context of Health – Health in All Policies (HiAP).	% of completion 50% (ongoing)
Activities undertaken: WHO further strengthened HiAP initiative through technical support for consultative meeting of Undersecretaries from 18 ministries, convening side-meeting with FMOH and partners at WHA 2017, and selection of Sudan's Minister of Health as Chair of the Network for HiAP in Tokyo UHC conference. Additionally, technical support was provided to put emphasis on addressing Social Determinants of Health (SDH) across all ministries through new National Health Policy to ensure equity and relieve financial hardship.	Key Outputs: - Sudan leading HiAP initiative - Institutional framework presented for concerned ministries
Roadmap Activity Adoption of Global agenda for humanity: Humanitarian, Development & Peace Nexus & New ways of Working (NWoW).	% of completion 50% (ongoing)
Activities undertaken: WHO lead and technically supported various initiatives to promote HDPN and NWoW. This include Global HDPN Task Force, OECD Financing for Development Committee, SDG Forum, Coordination Review Task Team (CRTT), Collective Outcomes Task Force, etc. Two missions from HQ supported the WCO, FMOH and UNCT.	Key Outputs: - HDPN framework - NWoW guidelines developed.

ER 4: Countries receiving HF support will have implemented financing reforms to facilitate UC.	
Roadmap Activity Health Financing Diagnostic Analysis	% of completion 100%
Activities undertaken: WHO consultants and WCO provided technical support to three initiatives in this area. These include National Health Accounts (NHA) preparation upto 2016, Review of Public Financial Management (PFM) System, and the recently discussed Health Expenditure Survey (HES). Two additional studies were carried out by WHO consultants leveraging Global Fund (Effective Funding Models for Health Facilities and Incentive Models for various health cadres).	Key Outputs: - Complete NHAs - PFM Review - HES guidelines - Funding models for health facilities and cadres
Roadmap Activity Changing roles of Ministry of Health – Enhanced integration between purchaser-provider functions	% of completion 50% (ongoing)
Activities undertaken: Senior staff from WCO/EMRO/ HQ convened several bilateral meetings with FMOH and NHIF to improve integration between purchaser-provider functions by implementing relevant HF reforms through new EU proposal.	Key Outputs: - Policy dialogue - EU proposal submitted
Roadmap Activity Strengthening NHIF Governance at all levels	% of completion 100%
This capacity building programme on governance and performance assessment for NHIF is based on an earlier study conducted by WHO Consultant on NHIF Governance capacity and management systems. Later, a Health Management training course was delivered for NHIF staff in collaboration with University of Leeds and PHI capacity was also strengthened to offer new courses in health financing. Joint efforts with NHIF and PHI were carried out to design a new NHIF governance project funded by EU. Subsequently, NHIF staff was sent to Rwanda on a study trip. WHO also sponsored study on assessment of existing health packages has been completed.	Key Outputs: - NHIF Governance study - NHIF Staff course - PHI Capacity building - Rwanda lessons - Health package assessment guidelines.
ER 5: Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.	
Roadmap Activity Ensuring basic Health Systems/Financing reforms at decentralized levels - West Darfur's 'One Health Plan'	% of completion 50% (ongoing)
Activities undertaken: WHO, SMOH, EU, IMC and Concern Worldwide provided support and technical inputs to this joint activity in order to provide a tailored take-off for "One Health Plan" in West Darfur State. Discussions on assessment of district management and services commenced with *Forcier* study on Health Systems achievements, gaps and barriers to establish state baselines. Health service delivery functions were streamlined by signing MoU between NHIF, NMSF and other stakeholders. State level HF reforms were discussed to expand NHIF coverage for all population groups including	Key Outputs: - Roadmap for W. Darfur by high level missions - *Forcier* study launched - MoU signed b/w stakeholders. - WHO technical approach through

refugees through WHO support and EU funds for IMC, CWW and UNHCR. Reforms on domestic resource mobilization were reviewed by introduction of ear-marked taxes for health and covering the poorest through MoF and Zakat Chamber.	EU proposal refined.
Roadmap Activity Evidence base for priority setting	% of completion 50% (ongoing)
Activities undertaken: WHO's technical support to set-up institutional arrangements to inform policy with evidence was provided through DHIS-2 programme. A team of consultants conducted 70 days of onsite work and 30 days of remote work to implement phase-I of this project. Three WHO senior staff emphasized the need for increasing investments on Health Policy and Systems Research, information management, and health governance and financing research for UHC by presenting scholarly papers at the 3rd Health Research Conference and extending full support in these areas.	Key Outputs: - DHIS phase 1 implemented. - DHIS phase 2 planning completed. - Three analytical papers presented - Few research areas identified for future.
Roadmap Activity Cross-border issues, Health Security and IHR	% of completion 50% (ongoing).
Activities undertaken: In this regard, WHO is implementing a project with funding from Italian Cooperation. The purpose is to put emphasis on entry-points, implementation on Joint External Evaluation (JEE) recommendations, etc. Federal Ministry of Health (FMOH) with technical support from WHO EMRO and AFRO Regional offices convened a preparatory meeting on cross border health issues to highlight them with neighbouring countries. As a consequence, FMOH Sudan is taking lead to convene a first ever bi-regional conference of 7 Ministers of Health next month to assess the cross-border situation and sign MoUs for joint efforts through EMRO and AFRO technical support with participation of concerned ministries, IGAD, AU, AfDB, etc.	Key Outputs: - Italian Cooperation project is being implemented - Preparatory meeting recommendations circulated. - Planning for bi-regional meeting completed.
SO III: To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.	
ER 6: At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.	
Roadmap Activity WHO Technical Support to Development partners' sub-committee of Sudan Health Sector Partners Forum (SHSPF).	% of completion 50% (ongoing).
Activities undertaken: The UHC work of WHO has proven to be instrumental in leveraging resources from other development partners. This has promoted Effective Development Cooperation (EDC) through the sub-committee mentioned above. Various harmonization and alignment measures have been established to channelize donor support and domestic resource mobilization to the country UHC priorities.	Key Outputs: - New projects in the pipeline with EU, Japan embassy, WB/JICA. - EDC Guideline developed.

Changes in circumstances or problems encountered that affected the original plan:

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

Activities eliminated, changed, postponed

Roadmap Activity	Reasoning to eliminate/change/postpone activity
Development of new health packages, provider payment mechanisms and strategic purchasing.	Postponed for 2018 due to lack of realistic estimations, availability of sufficient data, economic sanctions, economic crises and accuracy of market information for costing.
NHIF/FMOH Training on health economics and health package re-designing.	Postponed due to delays in signing of MoU between FMOH and University of Liverpool.

Activities added

Added Activity 1: Influence of multiple stakeholders in the health system – Sudan Health Sector Partners Forum (SHSPF):	% of completion 100%
Activities undertaken: WCO technically supported the establishment and convening of this forum in uniting all constituencies under one umbrella. Under it four sub-committees (Technical, Oversight, Humanitarian, Development partners), coordination and consensus was generated around key themes, such as (HDPN, UHC, JAR, One plan, etc.). Besides WCO, technical experts from EMRO and HQ provided valuable inputs in its deliberations. The Oversight Committee established a joint monitoring and evaluation plan for the sector. Two missions from HQ and EMRO provided 6 man-days of technical support.	Key Outputs: - One inclusive forum with active participation of all stakeholders established. - Full oversight & accountability responsibilities incorporated.
Added Activity 2: Institutionalization for building resilient health systems.	% of completion 50% (ongoing)
Activities undertaken: Prior to the establishment of partners Forum, WR Sudan already put forth efforts to institutionalize all programmatic areas under one UHC umbrella by bringing together WCO Health Systems and Emergency Programmes. All new projects are being implemented with cross-disciplinary teams, removing silos and integrating sustainable approaches through new ways of working. The initiative formalized with joint WHO/FMOH staff training (BRHS) conducted by Royal Tropical Institute Amsterdam (KIT), leveraged through Qatar Fund.	Key Outputs: - BRHS training - Joined-up planning processes - Collective outcome exercises

Lessons learned:

Please describe the principal lessons learned during the last 12-18 months of the implementation of the UHC Partnership.

- Country leadership makes great difference as observed in case of HiAP promotion and proactive involvement from Sudan's Minister of Health.
- FMOH lead to promote inclusive decision making promoted progress in the working of Health Sector Partners Forum, bringing UHC work under one umbrella.
- Removing silos within WCO also brought forward a joint will to accomplish a bigger vision irrespective of their individual contributions in areas of their expertise.
- Broad-based constituency involvement in JAR process received active support from partners.
- Separation of provider and purchaser functions is a delicate process which requires trust and confidence building measures among various ministries and organizations
- Strengthening Organizational Governance (such as for NHIF) could not operate in silos. It has to be developed while keeping in mind that several other entities will be involved for vertical and horizontal integration and decision making reforms.
- Community based social health insurance schemes needs to carefully reviewed for individual area suitability in order to prevent adverse selection and creating large insurance pools that are not leaking due to parallel schemes such as cash transfer to cover health expenses.
- Change in the process of historical budget preparation is required as a reform to channelize necessary funds from providers to purchasing entities.
- Process of building resilience health systems is not only amenable to natural disasters of humanitarian concern but also those sliding into populations in need segment due to wrong fiscal reforms and market failures causing hyper-inflation.

Visibility and communication:

Please give a short overview of visibility and communication events that took place and attach evidence: scanned newspapers, pictures, brochures, etc.; also if only available in the local language. Please describe how communication of the programme results to the public has been ensured.

- Coverage of NHP launch (including visit of WHO's Deputy Director General for Programmes, dr. Soumya Swaminathan) and JAR on web, Facebook and Twitter
    - NHP: web, Facebook, Twitter (1, 2, 3, 4, 5, 6, 7, 8, 9)
    - JAR: web (2), Facebook, Twitter

SECTION III: IMPACT ASSESSMENT / RESULT CHAIN

Impact assessment / results chain:

Please explain to which extent 1-3 country level activities have already contributed towards achieving the overall programme objectives. ***Carrying out activities as per the roadmap is good. We would like to go beyond the activities and try to relate them to potential contribution of the Partnership to broader results or impact: better services for the population, improved health status of the population or a specific target group, better equity, contribution to health in all policies, contribution to live saved, better access to care and services, improved financial risk protection, better coordination or involvement of the actors… The linkages might be direct (sometimes) or indirect (most of the time) but should be explained with as many details as possible to let an "external" reader understand the added value of the Partnership. If possible, those broader results should be supported by indicators.***

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.

DETAILS OF BROADER RESULTS WITH INDICATORS:

Health Indicators

- The life expectancy in Sudan is 62 years for males and 66 years for females.
- Maternal mortality ratio 311 per 100,000 live births.
- Under-five mortality rate 72 deaths per 1000 live births in 2015.

UHC Indicators

- Private spending account for 79%; of which, out of pocket expenditure represents about 75%. It is also estimated 8% households face catastrophic expenditure as they sell their assets to seek care. Partners and donors contribution was 1.79% of THE, which translates to only US$2.18 per capita.

Health Services Coverage Indicators

Geographical Coverage of the population by basic health facilities according to the national standards (according to FMOH) has reached 95% in 2016 however; there is great discrepancy between and within states. Health facilities providing complete PHC minimum package have reached 62%. The proportion of women receiving antenatal care (at least one visit) is 74.3%, while coverage by 4 visits is 57% and coverage by family planning is only 9%. Percentage of villages covered by community midwives has increased from 36% to 72%between 2011 and 2016. Unmet need for family planning is 29.0% Deliveries attended by skilled birth attendants reached 79% in 2016. With 70% of deliveries take place at home Coverage by vaccination services witnessed remarkable improvement with DPT3 coverage of 93% in 2016. There are limited moral hazards by insurance members as 85% of services being utilized at the PHC level. Only 15 % of services are currently being provided at secondary and tertiary service providers.

Performance of essential health functions to achieve UHC:

Health Spending

- Total health spending as % of GDP is 5.3%
- *Breakdown:* The Health Information System (HIS) reported that 8.8 % of government expenditures was spent on health in 2016. Sudan spends almost 5.3% of its GDP on health, the main sources of which are federal government (6.1%) and state (5.9%), private spending account for 83%; of which, out of pocket expenditure represents about 79.4%. It is also estimated 8% households face catastrophic expenditure as they sell their assets to seek care. Partners and donors contribution was 1.79% of THE, which translates to only US$ 2.18 per capita.

Workforce and inputs

- The geographical coverage of PHC is 95% in 2017. It is estimated that about 14% of population lack geographic coverage by health facilities, and only 24% of PHC facilities provide 5 essential components of PHC package-meeting PHC standards as stipulated in the guideline remain a gap.
- Health worker density is 5.6 physicians per 10000 population. 47.6 nurses and midwives per 10000 of the population (Global Health Workforce Alliance).

Infrastructure availability

- It is reported that more than 50% of health facilities have less than the minimally required equipment; only 44% of health centres have sterilizing equipment; availability of functional infrastructure (water and electricity) ranges from 100% in Khartoum to only 20% in peripheral states; and health technology management system is weak, while health technology assessment processes and procedures are very limited.

Availability of essential drugs

- Recent studies showed that the availability of essential medicines at public and private health facilities reached 73% and 90%, respectively. A national plan for development of national manufacturing of medicines was developed and about 30 - 35% of medicines sold (by value) are locally manufactured. National strategy for promotion of rational utilization of medicines, as well as the National Essential Drug List were developed. The essential drugs list for different level health facilities and standard treatment guidelines has been developed and endorsed. Policies on rational use of antibiotics, generic use of medicines, and hospital pharmacy were developed and endorsed. National medicine and poisoning board is involved in planning and policy making for the pharmaceutical sector. The effort to promote local production of medicines was initiative by the development of a list of 170 medicines for local production. It is reported that 95% of medicines passed sample post market surveillance tests. 66.3% % Public health facilities provided the appropriate drugs.

Availability of vaccines

- 92.7% pentavalent vaccination rate, 87% measles vaccination,
- Absence of any incidence caused by polio virus
- 94% of localities/districts with at least 80% coverage of DPT383 and 88% coverage of pneumococcal and rotavirus vaccines
- The fiscal implication of Sudan's graduation from the GAVI immunization support

will be significant, as much as 25 million USD up to 2025 has to be provided by government. This will have a negative effect on the financing of the sector and sustainability of immunization of services.
- Only 25% of MOH facilities covered by integrated Surveillance System.
- Only 50% of the targeted health facilities (67 hospitals) in high-risk areas have safety assessment and mass causality management plan.
- WHO has preparedness emergency and influenza pandemic preparedness plans with FMOH.

There were 49 indicators with targets for 2016-17. Of these, about 19 indicators achievement were at least 90% of their respective set targets and are considered a very good achievement. These include:

- 92.7% pentavalent vaccination rate
- 87% measles vaccination
- Absence of any incidence caused by polio virus and Guinea worm
- 94% of localities/districts with at least 80% coverage of DPT3
- 83 and 88% coverage of pneumococcal and rotavirus vaccines
- 84% of TB Smear positive treatment success rate
- 63% of TB notification rate
- 92% of the population were covered by functioning health services
- More that targeted HIV testing of high-risk population groups.

Another 10 indicators have achieved a performance ranging from 75-90 percent of their respective target and are considered ‘acceptable ‘performance. These include:

- 79% coverage of ANC 1 and ANC 4 visits by pregnant women.
- 79% of births attended by skilled personnel
- 70% of PHC facilities providing all five elements of the integrated PHC package
- Number of people with HIV/AIDS on treatment
- 68% of people served with clean water supply
- 75% of disease outbreaks were detected and responded to.

The performance of other 13 indicators is far too low as compared to the target as they have achieved below 75% of their respective targets. These include:

- Only 63% of the facilities were providing family planning services
- Only about 57% of the targeted women were using contraceptives for family planning and as a result only 33.4% of the contraceptive needs were satisfied
- Only 10% of eligible adults and children received ART treatment.
- Only 4% of HIV positive pregnant women received ART treatment to reduce mother-to0child transmission
- Only 33% of the population served by improved sanitation
- Only 25% of MOH facilities covered by integrated surveillance system
- Only 50% of the targeted health facilities (67 hospitals) in high-risk areas have safety assessment and mass causality management plan.

UHC Priorities:

I - Service delivery, commodities and Data management reforms

- The management capacity of the decentralized health services will be strengthened through state and locality teams’ capacity building and integrating vertical and support systems into PHC principles.
- The second major priority was improving equity in coverage and quality of PHC package through health facility infrastructure investment. This include increase

the coverage of PHC packages in line with local health needs, improving health infrastructure according to national standards, including water supply, sanitation and equipment; increasing allocation of resources to under-serviced areas and population groups.

- The third area of priority was strengthening the quality, safety and efficiency of secondary and tertiary services. This was planned to be carried out through putting place the necessary service standards and accreditation processes as well as strengthening efficiency in resource use by establishing regional setting form specialized services.
- The last priority in service delivery was strengthening efficient ambulatory systems and emergency medical care through the development and implementation of referral systems and guidelines as well as strengthening emergency care and triage systems.
- A number of policies and strategies were developed as part of improving service delivery. These include 10 in 5 policy, and development of the national health policy; criminalization of FGM law is prepared but not yet finalized but in some states like Gedaref, this is being abandoned; 5 MISP Objectives are being implemented at the onset of emergency; resilience and early recovery components were strengthened.
- With increased government commitment and financing, PHC coverage is expanding to reach the unreached population groups. There is increased coverage through fixed rather than mobile facilities. The free care for under-five initiative increased opportunities to increased utilization of services. Its scope of coverage has now even expanded to include some of the chronic conditions. The implementation of the family health approach started in five states with the deployment of 170 family physicians with master's degree. There is an effort to develop on package for the community health training programs. There is also innovative financing for service delivery in some states through the private sector.

II - Health Financing Reforms for UHC

Ongoing reform programs in the following areas:

- Mobilise resources through progressive taxation and prioritize health
- Expand pooling arrangements to improve financial protection for all
- Increase efficiency by ensuring cost containment, promoting strategic purchasing, with a focus on public goods and public health

III – Key challenges on the way to UHC

- While leadership in the development of policies and strategies is very good, the effort to translate these into action however remains very limited. There is continued verticalization and fragmentation despite the policies of integration was adopted as part of the 2012-2016 strategy.
- **Policy development:** The capacity of Policy Unit in the Ministry of Health is inadequate (staff numbers and capacity) and often staff turnover rate.
- **Planning and budgeting process.** There was no 'One Health Plan' until 2017. The planning format is reported to be not user friendly and often produce bulky documents. The operational plan is not resource-based as it isn't yet informed by resource mapping exercise and as a result there is mismatch between the annual plan's resource requirement and the available budgeting.
- There is no yet one report and one M&E plan that goes with one health plan and one budget both at national and state levels. Some partners reflected that they were expecting request for submission of progress report that goes with plan submitted, but such process is yet to be initiated.

IV - Plans and policies developed to achieve UHC in 2016-17:

Quality policy on PHC (standards and guidelines)	2017
Humanitarian, Development and Peace Nexus	2017
Dental health and safety policy	2017
Bio-safety policy	2017
National Health Policy – draft	2017
Roadmap for implementing Health in All Policies	2016
Family Health Policy Options	2016
Health Finance Policy Options	2016
Global Health Strategy	2016
MCH - Ten in Five Strategy	2016
National School Health Strategy, 2016-2020	2016
Blood Transfusion Policy	2016

SECTION IV: ROADMAP 2018

Roadmap/timeline for 2018:

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2018. ***These activities should be related to SO's/ER's and have clear timeline and indicators.***

If applicable, we also advise you to define key milestones for each activity, to be able to report on key achievements/progress made on the road towards completion of an activity. In this regard, an 'activity' means a distinct output of the UHC Partnership program, meaningful in terms of the UHC Partnership's overall specific objectives and expected results, and constituted by a report, a document, etc. A "milestone" means control points within an activity that help to chart progress. Milestones may correspond to the completion of a key sub-activity, allowing the next phase of the work to begin. They may also be needed at intermediary points so that, if problems have arisen, corrective measures can be taken. A milestone may be a critical decision point within an activity where, for example, the consortium must decide which of several options to adopt for further development.

SO I: To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity.
ER 1: Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity.
Roadmap Activity:
Implementation support for National Health Policy (NHP). *Milestone* April 2018
Review and alignment of National Health Sector Strategic Plan (NHSSP). *Milestone* April 2018/
Preparation of One Health Sector Plan for 2019. *Milestone* November 2018.
Implementation support to Sudan HRH Policy. *Milestone* – ongoing activity.
ER 2: Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.
Documentation of UHC implementation process in Sudan. *Milestone* May 2018.
Preparation of Joint Annual Review 2018 process commencement. *Milestone* December 2018.
Implementation support for the UHC Monitoring and Evaluation plan as per roadmap. *Milestone* December 2018.
Implementation support for Health Expenditure Survey 2018 process. *Milestone* April 2018.
Development of new health packages, provider payment mechanisms and strategic purchasing guidelines. *Milestone* May 2018.
NHIF/FMOH Training on health economics and health package re-designing. *Milestone* June 2018.

SO II: To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue
ER 3: Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable.
Assessment of institutional capacities for strengthening governance mechanisms in National Health Insurance Fund and Federal Ministry of Health (NHIF/FMOH). *Milestone* April 2018.
Implementation support for Decentralized Health Systems and financing reforms at sub-national levels in selected states. *Milestone* May 2018.
Gate keeping assessment for family health policy. *Milestone* July 2018.
Capacity building of Public Health Institute (PHI) to conduct relevant health economics and financing courses and implementation support for family health policy. *Milestone* August 2018.
ER 4: Countries receiving HF support will have implemented financing reforms to facilitate UC.
Strengthening provider-purchaser mechanisms through appropriate institutional and financing reforms. *Milestone* – ongoing activity
Implementation of selected Public Financial Management (PFM) recommendations from the review workshop. *Milestone* August 2018.
Development of basic Enterprise Resource Planning and Management (ERPM) system for NHIF to integrate health services coverage and financing system. *Milestone* November 2018.
Strengthening IT infrastructure in NHIF to replace paper based information systems to automated systems. *Milestone* September 2018.
Support to EU funded organizations in building their capacities to expand social health insurance coverage and accreditation mechanisms. *Milestone* May 2018.
Establishment of Project Advisory Committee (PAC) to review and advice UHC implementation in selected states. *Milestone* April 2018.
ER 5: Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.
Implementation support for DHIS phase-2. *Milestone* – ongoing activity
Strengthening of National Health Research and Ethics Committee. *Milestone* June 2018.
Strengthening of Sudan Health Observatory (SHO). *Milestone* July 2018.
Implementation support for community mapping to review current situation and arrangements in communities to identify working modalities. *Milestone* July 2018.
SO III: To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.
ER 6: At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.
Continuous technical and operational support to four sub-committees of Health Partners Forum. *Milestone* – Ongoing activity.
Strengthening of Effective Development Cooperation (EDC) support to Health Partners Forum. *Milestone* May 2018.

Implementation support for Legislative Assessment. *Milestone* August 2018.
Implementation support to Oversight Committee's M&E plan. *Milestone* May 2018.
Support to SDG MAPS and HDPN processes. *Milestone* – Ongoing activity.

Annex:

Specific Objectives and Expected Results of the EU-Luxembourg-WHO Universal Health Coverage Partnership

Specific objectives (SO)	Expected Results (ER)
SO I. To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity.	***ER 1.*** Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity. ***ER 2.*** Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.
SO II. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue.	***ER 3.*** Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable. ***ER 4.*** Countries receiving HF support will have implemented financing reforms to facilitate UC. ***ER 5.*** Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.
SO III. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.	***ER 6.*** At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.

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