EU-Luxemburg-WHO Universal Health Coverage Partnership:

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

Year 2 Report

Jan. 2013 -- Dec. 2013

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Sudan

Annual report 2013

Country: Sudan

EU-LUX-WHO Universal Health Coverage Partnership

Date: February, 2014 **Prepared by:** WHO CO

Reporting Period: January 2013 – December 2013

Main activities as planned in the Road Map.

1. Pricing of drugs
2. Human resources for health
3. Financing of health
4. 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 – **70% implemented**

Drug pricing is an important area as drugs constitute 37% of total health expenditure (NHA, 2008). A nationwide study was conducted to determine prices prevalent in the Sudanese medicine market for a basket of 50 commonly used drugs. Inter-alia, it transpired that prices for the generic drugs in the public and private sector are 2.2 and 2.9 times respectively higher than the international reference prices.

As an output of the activity, the results of the study presented before stakeholders' forum in February, 2014, led to the discussion and consequently a consensus emerged to address this issue by drawing a policy on drug prices. WHO country office has drawn terms of reference and is looking for TA to assist in developing policy brief around the issue, which is expected in June, 2014.

Around the same time, a study to review the procurement and supply management system for medicine in Darfur was completed. WHO is also preparing to update the country's pharmaceutical profile 2014. In the meantime, Pharmaceuticals' Importers Association made a petition in the constitutional court, pleading that Clause 40 of the Drugs and Poisons Act, 2009 that empowers the National Medicine and Poisons Board to frame rules, inter-alia for regulating prices, be revoked.

WHO supported in drafting the defense in the court and the issue remains sub judice. Findings of the aforementioned studies will add to and substantiate the defense before the court and the upcoming policy dialogue on drug pricing, which is expected to take place in August/September, 2014.

This work is being carried out by MoH in close collaboration with WCO. Other partners involved are the Central Medical Stores, National Medicines and Poisons Board, Ministry of Industries, Ministry of Finance and National Economy. A visible output of this activity would be the policy dialogue and the meeting reports outlining a way forward on this issue.

2. Human resources for health

Sudan developed its national strategy for HRH with a focus on human resource management. The major issues are 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 next ten years. A seminar, as a visible output, was held in May, 2013 to disseminate the results of these studies. In order to build HRH management capacity of health managers, WHO country office with TA by Royal Tropical Institute the Netherlands, has supported the designing and delivery of a diploma in HRH at Public Health Institute, Khartoum.

To substantiate the projection exercise (see above) a study using workload indictor of staffing needs (WISN) software was piloted with the support of WHO/HQ. WHO has, during 2014-15, earmarked resources for completing the projection exercise and based on the same the national HRH strategy will be updated. In addition, HRH is identified as an important issue to be addressed in Sudan global health strategy (see below); and for that a public health forum is planned for April 2014. The results of the aforementioned studies will feed into the policy process for the national HRH policy, which forms the expected outcome of the activity.

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 Allied Health Professional Council. The visible output of this activity will be the public health forum /policy dialogue, which is expected to take place in May, 2014 (expected output) and meeting report outlining the way forward, essentially the drafting of the national HRH policy.

3. Financing of health – **80% implementation** (with span of activity extended)

A policy dialogue organized in mid-2012 that was reported in year 1 report suggested financing primary health care by: (i) mobilizing new resources for primary health care (sufficiency), and (ii) increasing the efficiency of how funds are managed and used (efficiency). As a visible output, this approach, included in the national health sector strategy (2012-16), was endorsed in June, 2013. The MOH, as an outcome, has now embarked on a 5 year primary health care expansion project, which aims at expanding the network to assure availability within 5 km radius of the basic service package.

In addition to defining a formula for equitable distribution of resources, WHO has assisted in the

production of second health accounts and subaccounts for the three diseases (HIV/AIDS, Tuberculosis and Malaria), using 2011 financial data. Furthermore, "Organizational Assessment for Improving and Strengthening Health Care Financing" or OASIS, which uses a specially designed tool, is nearly finalised. The finding of the assessment together with information from health accounts will be used for developing national health financing strategy, which will essentially be preceded by a policy dialogue.

An important input to the policy process for national health financing strategy was the actuarial study of the National Health Insurance Fund. As visible output, a seminar to disseminate and discuss results and options for sustaining and expanding social health insurance coverage was held in November, 2013. While TA was provided for defining the implications of different options (suggested by the Actuary) on health financing within the socio-economic milieu of the country, as a visible output, a three days international conference was held in January, 2014 to draw roadmap for the Sudan achieving the universal health coverage for its population. The conference report is the visible output of the activity.

This international conference, organised by the National Health Insurance Fund in collaboration with Federal Ministry of Welfare and Social Security, Federal Ministry of Health, European Union Delegation, World Bank and World Health Organization, in addition to others was inaugurated by the Vice President of the country, Minister for Welfare and Social Security, Undersecretary Federal Ministry of Health, the Ambassador EU delegation and WHO Representative. During first two days, 24 technical presentations that discussed different aspects of health financing were presented. The day 3 of the conference, in three separate sessions a dialogue was held with the media, the senior policy makers and the members of the health and social welfare committee of the parliament. A comprehensive set of recommendations made in the conference, a visible output, forms the basis for a task force that is working to finalise and implement roadmap; it has stirred and generated interest in realizing the UHC.

Other partners involved are the Ministry of Finance and National Economy, National Health Insurance Fund, Ministry of Welfare and Social Security, Health Committee of the Parliament. A visible output of this activity would be the policy dialogue meeting report outlining a way forward on this issue.

4. Health laws and regulation – **30% implementation**

There was no agreement with the ministry of health on taking this item forward and therefore was dropped from the agenda. However, opportunities seem to be arising to initiate dialogue in this area. For example, amending health insurance law is one of the milestones on the roadmap defined for achieving universal health coverage in the international conference held in January 2014. Another recommendation made in the conference was to invoke laws for making the intersectoral coordination aspect of National Health Sector Coordination Council stronger and broad-based. Likewise, the follow up action to granting autonomy to hospitals, essentially a structural change, will require amending the existing laws and WHO CO will remain engaged and has resources earmarked in its biennial plan for 2014-15. Another recommendation of the conference on UHC potentially requiring legal intervention is the purchaser/provider split, i.e. health insurance, hitherto acting as financier as well as provider, will give up its latter role to the ministry of health and assume as

purchaser of services.

Another important development in the country's regulatory framework is the revision of the National Tobacco Act, 2005 to incorporate the tenets of the WHO Framework Convention for Tobacco Control (FCTC). WHO assisted in drafting amendments, the visible output, in an annotated manner, comparing the existing provisions that require changes in the light of the FTCT (2003). It is now on the floor for the Sudanese parliament ratifying FCTC, a visible outcome for improving the health laws.

Achievements and progress made on activities added to the initial roadmap

1. Decentralization – **40% implementation**

Decentralization as a topic for policy dialogue was changed to "health system coordination, integration and decentralization" in consensus with the national authorities. In year 1, a concept note on federalism v/s devolution was developed and discussed with the ministers of health of 17 Sudanese states. The objective was, the points arising from the dialogue feed into the policy process for framing the constitutional provisions concerning health; and this process continues and will be a long haul.

The above is like in 2007 WHO country office supported a national multidisciplinary task force to deliberate on intersectoral action for health. Its recommendations fed into the Public Health Act, 2008 that required setting up a National Health Sector Coordination Council. In a recent meeting of the council that was held in August, 2013 and chaired by the President of the Republic and attended by the WHO Regional Director for Eastern Mediterranean, the agenda for action was drawn as a visible output.

With universal health coverage, through expansion of primary health care and social health insurance, and HRH underpinning, the dialogue in the council meeting was around the broader health sector reforms. The holding of the international conference in January 2014 for drawing a roadmap for the universal health coverage was one of the follow up actions (see more under health financing activity), and as a means to improving the efficiency of how the available funds are managed and used, it recommended granting autonomy to the hospitals and major health institutions. Furthermore, to alleviate the marginalization and underdevelopment a formula and a policy brief for equitable distribution of national revenue between the federating units has been developed. A policy dialogue, as an expected outcome, is planned to seek its implementation at the national and subnational levels. Also, given that actuarial study of the national health insurance fund showed gross inequity in reimbursement in view of a decentralized country and the country need to see how it will address this.

2. Global health diplomacy – **80% implementation**

The policy dialogue around Sudan's global health diplomacy started in 2012 was reported in year 1 report. Substantial input was made during 2013. With technical support from Graduate Institute Geneva, a meeting held in April, 2013 (visible output) was opened by the Minister of Health with the Undersecretary Ministry of Foreign Affairs in attendance. This two day meeting deliberated and defined four areas as priority for the Sudan's global health strategy. These include: (i) trade in

health; (ii) health security; (iii) human resources for health; and (iv) environment & health issues. Later, to this list, post-MDG agenda was added.

As a follow up to the first meeting, TA was provided to guide on developing concept note and gather data regarding 'trade and health'. A two days meeting was held in December, 2013 that brought together the Ministries of Health, Foreign Affairs and Trade and Industries. The meeting recommended ….. (I cannot find tangible stuff from report by Reem). Another offshoot of the global health diplomacy was around Sudan's post-MDG agenda. A one day meeting was held that underlined the health services as a fundamental right and that should be provided in an equitable manner, with other sectors involved with the overarching goal of "increasing the healthy life expectancy of the Sudanese population through universal health coverage (UHC)". The meeting reports constitute the visible output of the activity under the policy dialogue programme.

Three follow up meetings are scheduled for April and June, 2014 to deliberate on: (i) health security; (ii) environment & health issues; and (iii) human resources for health. The outcome of these meetings will feed into the Sudan's global health strategy.

3. National Health Sector Strategy 2012-16 – activities follow up to the **100% implemented** roadmap on this issue

The year 1 report highlighted the involvement of WCO in the development of the national health sector strategy 2012-16. It was endorsed in a stakeholders' meeting in April, 2014. The final document takes into account the observations of the Joint Assessment of National Strategy (JANS) mission and places high on its agenda the universal health coverage by integrated health care based on primary health care in the decentralized local health system set up.

As a follow up, Sudan has embarked on a 5 years project for expanding the primary health care network with a total financial outlay of 741 million SDGs with 92% of it coming from public sector funding and 8% from development partners. Likewise, as referred to above (activity 2-health financing) roadmap for healthcare financing currently being finalised, and WCO is closely engaged, is the expected outcome.

4. National accreditation system – **20% implementation**

This agenda item added by the national authorities to substitute 'health laws and regulations'. In this regard, there exists a high council for the accreditation of health facilities. It is tasked to oversee the quality of care and accredit health facilities. But, this council is not functional due inter-alia to the absence of rules and regulations and infrastructure. During the reporting year, as a visible output, the accreditation policy as well as the standard operating procedures for the council was drafted.

5. Non-communicable diseases – **10% implementation**

Added by the national authorities to substitute 'health laws and regulations' is an important agenda item on the roadmap for policy dialogue.

Sudan had drafted its national strategy for the control of noncommunicable diseases. However, given the multisectoral nature of the risk factors, the focus shifted in the reporting year to developing plan for multisectoral action. In this regard, as a visible output, technical assistance was

provided to analyse the situation and is currently designing Step 1- Questionnaire-based nationwide assessment of risk factors.

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,…).

Activities dropped from roadmap

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 and instead NCDs and accreditation system were brought on the agenda for policy dialogue. However, while during the reporting period no tangible headway was made with regard to NCDs and accreditation system, opportunities for dialogue on health laws and regulations have arisen (see section above).

Activities added to the roadmap

The ministry of health, which is the counterpart in implementing the roadmap defined for the policy dialogue programme, reconsidered its priority areas for the policy dialogue. Accordingly, the following areas/ issues were added to the roadmap.

1. Decentralization

Initially added as such, but later changed to "health system coordination, integration and decentralization" in consensus with the national authorities. It became priority, because national health sector strategy (2012-16) aims to build Sudan health system hitherto marked by verticality and fragmentation as an integrated primary health care based system in a decentralized set up.

In addition, Sudan is a federated state with devolution ingrained in the national interim constitution – that was for both south and north Sudan - which is currently being revised. At the request of the national counterparts, a concept note was developed that reviews federalism/devolution provided in the constitution and the challenges it has brought for the health sector (expected outcome). This paper formed the basis of discussion with the ministers of health from 17 states of Sudan and points arising there will feed into policy process for framing of the new constitutional provisions concerning health.

2. Global health diplomacy

In the backdrop of Sudan's critical geographical position and ongoing tensions within and across its territorial borders, the national authorities considered this as an important area for policy dialogue. Also, cross border migration and therefore potential for transmission of communicable disease and that till recently Sudan being one of the fast growing economies in Africa, it attracted investors from around the world and many Sudanese people travel abroad for treatment. It has therefore a growing role and interest in Trade in Health, TRIPS (trade-related aspects of intellectual property rights) and WTO.

3. National health sector strategy, 2012-16

The national authorities engaged in developing its national health sector strategy (2012-16) requested technical assistance, particularly for costing and to assure a robust process as well as contents. It was then subjected to one- Joint Assessment of National Strategy (JANS). This plan, which is endorsed, is the key document for development partners to support health system strengthening.

4. National accreditation system

Country is aiming to achieve universal health coverage, which means availability of quality health services to all equitably and without risk of financial catastrophe due to illness. Therefore, quality of care is important agenda item and the accreditation system is a means to assuring that.

5. Noncommunicable disease control

Sudan is passing through epidemiological transition and faces double burden of communicable and non-communicable diseases. With higher life expectancy and growing ageing population the life style is also changing, adding to the risk factors for NCDs. The government, alive to this situation and in line with the UN general assembly resolution, is dealing with this issue as priority.

Challenges encountered affecting the original plan

1. Policy process, which is iterative in nature, is considered as a linear process and that the dialogue connotes the culmination of the policy process. The understanding is changing nevertheless.

   The reporting year has however witnessed many developments that policy agenda was moved, e.g. from concept to defining the contents, like in case of universal health coverage, conceptualized as a component strategy of national health sector strategy 2012-16, was discussed in an international conference and now roadmap and plan of action for achieving the same is being discussed.

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

   While this was the impression documented in year 1 report, there is a change of attitude in policy communities at least in certain sections of the government. For example, the national health insurance fund (NHIF) engaged with the members of parliament committee on health and social welfare for raising funds to subsidize premium for the poor. Likewise, the NHIF held special session during the international conference (see above) with parliamentarian engaging them in the policy process for drawing roadmap for achieving universal health coverage.

3. Long and often protracted consultation processes in the ministry of health contribute to delaying the implementation. While this practice has merit in broader stakeholder involvement and in-depth deliberations and understanding of the issue and the development partners are then

asked to follow the line, essentially developed in their absence.

This culture perhaps a hangover and legacy of Sudan having been isolated, remains under sanctions and as a result had little interaction with partners, who hitherto focused mainly on humanitarian assistance, is changing, albeit slowly. A review of the JANS process concluded that national authorities were open and that they took into account most of the observations made by the mission on the draft national health sector strategy 2012-16.

There is often resistance by the national authorities in accepting technical assistance. Instead, they would like to set up a task force, drawing members from different sections/departments of the ministry of health and allied sectors. With this practice, the product is homegrown and has its ownership. But, given that often same members sit on a number of task forces, it distracts them from the work they are assigned to and is the cause of delay in completing the assignments. Also, in this manner with no external expertise contributing, the same local ideas and knowledge is used.

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.

The changes in the roadmap are consequent to the request by the national authorities and discussed with the EU delegation. In a number of activities related to the roadmap the participation of the latter is acknowledged and highly appreciated.

Lessons learned

1. Policy dialogue can be key in widening the horizon so that the MOH is outward looking

2. Changing the mindset in the technical polity is tough and demands patience and perseverance

The above were the lessons learned during year 1 and to this list the following observations come from year 2 of the policy dialogue programme:

3. There is a hairline distinction (in decision making) between technical and political polity with the former due to its knowledge and the information it possesses, the former prevails over the latter.

The policies and plans are completed and endorsed more in technical terms, without often providing legal basis, thus are not binding for the managers.

Road Map and timeline for 2014:

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

Given the iterative nature of the policy process, despite progress made and activities undertaken, end results or targets drifted and will be achieved as below:

1. Policy dialogue on defining pricing mechanism and thus improving the availability and affordability of medicine
2. Policy dialogue on human resources for health policy
3. Policy dialogue on formula for the equitable distribution of resources
4. Launch of the report of international conference on road to universal health coverage and the way forward – defining the details of roadmap for UHC
5. Finalizing and signing of the local compact and joint review for better aid effectiveness
6. Meeting and policy dialogue on: (i) health security; (ii) environment & health; and (iii) human resource for health with focus on migration and retention strategies

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 the Health Partners Group
2. Periodic meetings with EU Delegation
3. Influencing design of the 3-year EU Special Funds Programme for East Sudan – now it is being implemented

While the above activities are ongoing and cross cutting, following events with the element of visibility and communication took place in the reporting year:

1. Seminar to disseminate the results of the actuarial study for the national health insurance fund
2. Workshop on 'trade and health' as part of roadmap for developing Sudan global health strategy.
3. Workshop on 'post MDGs' as a follow up to the high level meeting in Botswana in which Sudan represented the Eastern Mediterranean Region of WHO.
4. International conference for defining a roadmap for universal health conference

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. The ministry of health has hitherto been focusing on disease specific vertical programs; and this culture would trickle down to the state ministries of health. However, the environment changed:

   The ministries of health now tend to adopt approaches like developing/strengthening integrated primary health care. For example, national health sector strategy (2012-16) aims at achieving the universal health coverage by integration and expansion of primary heal

care.

In a meeting organised to design a comprehensive plan for improving diagnostic services, one of the participants said, "we have much of buildings and equipment, what is needed is the software or laboratory systems to guide the lab workers perform".

2. In order to achieve the broader strategic objective, there is often a need to influence factors beyond the realm of the counterparts, i.e. ministries of health. It is an important tenet of systems thinking approach, which is essential for sustainability of reforms.

   The Sudan Medical Specialisation Board, hitherto a body to organise post-graduation education and training in clinical disciplines, established a 'Health Systems Development Council' to cater for the disciplines allied to health and hospital planning and management. The council recognizes and awards degree in the health and hospital planning and management. In this manner a theoretical base and understanding is created amongst professionals to employ and practice systems thinking in health system strengthening.

3. Policy process is iterative; and that dialogue connotes iterative process in policymaking. This understanding is now prevailing, albeit slowly.

   Instead of the often low level policies e.g. financing the primary health care, the focus is shifting to the policies having wider implications, e.g. financing of health. An international conference on universal health coverage was organised jointly by the national health insurance fund and ministry of health; and the vice president of the republic called for action to achieve this target[4].

4. Although still marked by closely net (Iron Curtain) policy community in the broader patriarchal society, it is opening up. For example Joint reviews are on the table to discuss the achievements and failures and to plan for the future. The comments of the mission for Joint Assessment of National Strategy (JANS) were considered while finalizing the national strategy 2012-16.

[4] http://uhcforward.org/headline/hassabo-calls-address-health-coverage-problems