

|THE RECOMMENDATIONS|



Universal Health Coverage  
التغطية الصحية الشاملة

Universal Health Coverage Conference

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In addressing the sustainable developmental goals, this paves the road to achieving universal health coverage. Sudan must undergo health sector reform that is people centered, this way more participation from both the political power and the public is ensured. Human resources are a vital aspect in any good functioning system; therefore it is recommended that policies aimed at advancing and gratifying them is put in place. To exemplify, incentives that are either financial or academic, capacity building programs and so on and so forth. Another pivotal point is to develop strong communication streams between the different governing bodies in the country; a shared responsibility will ultimately lead to improved outcomes and is a step towards achieving universal health coverage.

Below are the recommendations that emerged from the different sessions that were held during the conference.

### **Health Reform and Sustainable Development Goals agenda**

- Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) indicators are to be tracked.
- To take into account and address the global health threats (examples: poverty, environmental health risks, and non communicable diseases) in health. policies.
- Consider preventive health, human resources, environment and health, security and health in Global Health Strategy (GHS).
- Comprehensive approach to health is mandatory (i.e. curative; preventive; insurance).
- Sustainable development definitions should be updated, unified and agreed upon by all other sectors and ministries at sector level.
- Address sustainable goals for coming 14 years.

### **Awareness**

- Health reforms should be people-centered.
- Governmental and societal involvement and participation is fundamental to address the role of political commitment in support of health reform in Sudan.
- Real policy dialogue is to be built to pay attention to all people at different levels, especially the community.
- PHC is fundamental cornerstone in attaining UHC. Community awareness programs must be implemented to promote use of primary health care (PHC), training of local health personnel, in addition a well laid out

compulsory referral system (from PHC to other health levels) should be implemented.

- Policy makers to approach the field to have a real view on delivery of health care services.
- Public awareness is fundamental in achieving UHC. Nonetheless media coverage can have a harmful effect through spreading negative messages.

#### Human Resources

- To develop policies aimed at human resources; providing financial incentives, capacity building, enabling working environment, workforce retention, investment in young personnel.
- Capacity building; trust and friendship among ministries to make commitments progress to actions.
- Capacity building for different work groups: the nursing staff to be involved in family health, current health managers in leadership and management, local health personnel.
- Health workforce must have laws established regarding civil labor.
- National strategies and retention policies ought to be set to stop turnover and migration of health staff.
- Ensure operation of health facilities by rewarding health staff, and accordingly distributing them among the different facilities.
- Train medical assistants and emergency doctors.

#### Partnership

- Coordination to be performed at all levels (states/locations/partners/sectors)
- Develop a health policy system that involves all states by forming a committee to engage all states members.
- Contract a health roadmap between the centre and the districts.
- Raise awareness to all ministries/states and sectors on the importance of universal health care and their roles in empowering state government. in their effort to increase enrolment in the informal sector to achieve UHC.
- Good collaboration between the Public Health Institute (PHI) and other institutions and ministries.
- Promoting the health in all policy (HiAP) which highlights that Social determinants are the responsibility of all sectors not merely the Ministry of health (MOH), thereby stressing the importance of creating partnerships between the different sectors.

- Creating and sustaining global partnerships.
- Restructure and strengthen health affairs in districts to comply with federal and state structures.
- Benefit from the doctor and patient relationship to spread beneficial information and concepts and restore confidence and trust towards hospitals and health centers.

#### Planning and Implementation

- Strengthen health planning in Sudan.
- Involve nursing in the health frame (preventive nursing, handicaps and school health).
- UHC should be accessible, affordable & sustainable.
- Implement all that is on paper and all recommendations as well as research findings.
- Planning a target for each locality to overcome challenges for implementation.
- Restructuring the UHIF to be able to take its new role in financing health services to achieve UHC.
- Participatory planning and budgeting to achieve UHC.
- Unify protocols of the strategic planning between Federal Ministry of Health (FMoH) and National Health Insurance Fund (NHIF).

#### Resources Integration:

- Avail more resources (human/financial) at local level and rural areas.
- National policies and states policies need to adapt to bring balance and strengthen the health system at locality level which is very weak due to insufficient resources.
- Most of written policies should emphasize on financing health services and motivate health workers given the availability of support, technology and experience
- Purchasing of equipments should target high quality assets with training of the local operator to ensure maintenance is enclosed.
- Unified set of data base and records at all levels.
- Sharing the academic experiences between different public health institutions.

## Research

- The need to have more attention in the area of research (eg. school health and surveys done prior to disease that can become serious in the near future)
- The formulation of a functioning response system to toil with need and demand.
- Structuring health information system; to be prospective rather than retrospective.
- Sudan should ensure annual statistics to improve our strategic and operational planning.
- Map the population of the Sudan before implementation.
- Documentation of the model of Nongovernmental Organizations (NGO's) working with the MOH is essential to show their role in change and health reforms (make use of successful stories like Malaria and TB).
- Identifying the priority research areas is very essential.
- Information should be evidence base.
- Recognize areas where international support is needed, and what we can exchange globally.
- Respond to information based on available data so reports must be written through the right path.
- Study and benefit from North Kordofan State Reform in community engagement in services and follow-up (involving the health issues related to the health of the citizen).
- Address the role of the traditional medicine.
- HiAP challenges must be addressed in a comprehensive way.

## **Health in all policies**

- Intersectoral collaboration and participatory planning in health policies development to achieve HiAP and UHC, although accountability and transparency of other sectors is very difficult in some cases.
- To develop strong partnership with Ministry of communications to undergo reform of the health electronic system.
- Emphasize on our education and the need for introduction of health education in institutes and universities.

- To ensure mass reduction in the cost of the curative services and preventive measures implementation, regular food and water inspection is essential, done through bilateral partnership between FMOH and Ministry of Water Resources.
- Rehabilitation of roads specially the old ones is mandatory to assure peoples safety and wellbeing
- Awareness of HiAP to other sectors through platform processes as well as NGO's to encourage collaboration.
- Coordination and partnership with the Ministry of Culture to advocate for health education to correct some of the health acquired misconceptions.
- Establish the link between academia and policy makers.
- Revision of laws and regulations that manage the relationship between local and federal governance.
- HiAP needs a legislative framework and to clarify the relation between National Health Commission, National Health Assembly and Ministry of Health to create sustainability.
- To assign institutional policy dialogue.
- Sudan must adhere to the commitment made on Abuja spending 15% of the annual budget on health and relocate current resources spent inefficiently to present health priorities.
- The government has to implement a quality assurance program to accredited health facilities.
- Build a flexible system that allows regular review of payment purchasing and allocation. (NHIF should rearrange its structure and change payment mechanism toward UHC).
- Regular meetings of NHCC scientific committees, to provide proper communication with other related sectors and prevent implementation challenges.
- Form a HiAP department in the FMOH having focal points from each sector.
- The need to emphasize on the supremacy and leadership of the MOH.
- Private sector to provide health insurance services to employees and their families, and this should be through legislative authorities.

### **Primary Health Care and Family Health**

- Strengthening the program of family health.
- Introduction of PHC should be implemented with improving and establishing facilities in rural areas to improve access to service and increase usage.

- Implement a well laid out compulsory referral system from PHC to other health levels.
- Surveillance of catchment areas health; services focusing on the movement of patients within and between health facilities.
- UHC implementation should be phased starting with PHC ensuring quality and accessibility at the same time.
- Enforce exit strategies for the vertical programs before integrating it in the national health services especially the PHC.
- To analyze the determinants that are hindering family physicians to work and to develop retention strategies.
- Setting online training for general practitioners.
- Focus on family health team (medical assistant and family nurse instead of family physician) in FMOH which currently focuses on medical doctors.
- There should be a clear job description for family medicine nurse which is currently unavailable.
- Encourage the medical doctor to choose family medicine specialty and family physician consultants should receive same incentives as consultants of other specialties.
- Sudan Medical Specialization Board (SMSB) to collaborate to train family medicine physicians for MD degree.

### **Finance**

- Centralization of resource pooling to improve efficiency, reduce fragmentation in the system and achieve practical mapping.
- NHIF should be solely for health purchasing.
- Costing should be evidence based to achieve funding sustainability.
- Zakat can be used as mechanism to proxy poor families for the government support.
- Payment should be linked to the ability of contribution per person, but everyone should be entitled free access to health.
- Capitation should be used as payment mechanism for funding PHC, coupled with performance based payment to ensure equity and efficiency.
- Health insurance should have different premium with different packages to increase the coverage in the private sector and to have a pool for PHC.
- Consider the insurance in family medicine policy.
- Coverage should be 100% by the end of 2017.

