

Sudan's Alternative Health Policy Conference

6-7 April 2019

Holiday Inn, Brentford Lock

London

TW8 8GA

United Kingdom



Acknowledgment

We would like to express our appreciation to all the participants who dedicated their time and expertise to the development of the Sudan 1-Year Transition Plan for the Health Sector.

We acknowledge with deep gratitude the major contribution of the Sudanese Public Health Forum.

Special thanks go to Dr Magda Ali for her valuable expertise, support and encouragement throughout the preparation for this conference.

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Introduction

Sudan Doctors' Union – UK branch proudly hosted Sudan's Alternative Health Policy Conference in London on the 6th & 7th of April 2019. This was a unique conference bringing together Sudanese doctors and allied health professionals.

Sudan's Uprising against the 30 year dictatorship is now a full revolution across all Sudanese cities and villages. We pay tribute to the resilience and valour of Sudanese doctors, who have been at the forefront, caring for patients in the most difficult of circumstances. Many doctors were shot at, killed, tortured and detained.

Decades of political hegemony, economic mismanagement, social divides and a heavy legacy of war and genocide have led to a complete system failure. The last thirty years in Sudan were marked with extreme poor governance, corruption and minimal expenditure on infrastructure. A lack of transparency has led to poor health services that are far from what the World Health Organisation describes as a basic human right: "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition" (WHO).

The cumulative effects of ongoing resistance in Sudan since 1989 have resulted in a united front across all societies sectors all over Sudan, demanding democratic change.

Healthcare practitioners in Sudan and the Diaspora have kept abreast of the deterioration and damage to the whole health system. We are determined to address the health calamity through our commitment and collaboration, in the spirit of the current revolution. It is incumbent upon us health professionals to take responsibility through developing a health plan that takes into account the needs of the population.

The focus of the conference was on alternative health policy which is a project of policy measures where the gap between the desired solution and the existing solution is closed.

It is a combination of measures which solve a defined problem sufficiently, through which a national health policy is created, ensuring good health for the entire population with plans and actions that are undertaken to achieve health care goals.

It outlines the role of the government in properly funding the health sector through government health insurance and through the provision of publicly employed doctors, public hospitals, fair

distribution of medical care services and goods to ensure upgrading of the health status of the population. It is necessary to examine the current health situation in Sudan, to foresee what lies ahead and explore how health issues that have been deteriorating during the past three decades can be addressed, to be able to agree an appropriate solution.

The Sudanese public health forum has been actively working at developing alternative health policies since 2014. The first outline was presented in 2015 to the SDU-UK. The draft has since been revised, discussed and reviewed with different public health colleagues in Sudan and in the Diaspora. A final draft is presented to this meeting for discussion and review as the Transitional Health Plan for the first year of the proposed Transitional Period in Sudan.

The conference was enriched by high calibre speakers, valued documents and presentations by senior and junior doctors, nurses, dentists, pharmacists and medical educators, which highlighted the current health crisis and healthcare challenges.

The first workshop discussed the key challenges facing the health sector. This was guided by the WHO Health System Building Blocks as a framework for analysing the health system. Participants were divided into groups to discuss health governance, stewardship, health infrastructure, technologies, pharmaceutical challenges, health workforce, health information systems & health care finance challenges.

The second workshop focused on the main theme of the conference and reviewed the priority health policies and strategic action recommendations for the transitional first year. Discussions were guided by the principles of health being a human right, an investment in human development and not the mere absence of disease (WHO). That government has a key regulatory obligation and service delivery role as well as a role in stewarding the health system. The plan has to be pro-poor, gender-responsive, equity focused and evidence-based. Other principles emphasised were the complementarity of roles between public health sectors in partnership with Sudan's civil society.

The conference concluded with the approval and endorsement of the Sudan 1-Year Transition Plan for the Health Sector.

Rectifying the collapsing health system is a massive endeavour, but the commitment, passion, valour & heroism of the new generation of doctors leading the change in Sudan confirms that we are able to build a healthy Sudan where health is a right for every Sudanese person anywhere in Sudan.

The Sudanese unity and commitment under the banner of the Declaration of Freedom and Change has set the platform for us to bring all the hard work and sincere dedication to building this new Sudan.

Report submitted by the SDU-UK academic Office
Website editing: Hassan Abuzaid (SDU-UK)

**SDU-UK April 2019 Conference
6th of April 2019 (Day1)
Sudan's Alternative Health Policy Conference**

17:30-18:00 Registration & Coffee

Plenary Session: 18:00-20:45

18:00-18:15	Sudan Doctors' Union-UK Opening Speech
18:15-18:25	Sudan Doctors' Union-Canada
18:25-18:35	Sudanese American Physicians Association (SAPA)
18:35-18:55	Alternative Pharmaceutical Policies: From Drug Shortage to Efficient Pharmaceutical Practice (Central Committee of Sudan Pharmacists)
18:55-19:05	Highlights on Alternative Health Policies (The Unified Committee of Sudanese Dentists)
19:05-19:30	Sudan Current Health Status & Alternative Policy Development (Sudanese Public Health Forum)
19:30-20:30	From Uprising to Sustainable Development (Prof Allam Ahmed)

****20:30-1:30: Dinner & Fundraising with poetry and music****

SDU-UK April 2019 Conference
7th of April 2019 (Day 2)
Healthcare Delivery; Policy, Politics and Power

9:00-9:30: Registration & Coffee

9:30-9:40	Sudanese Doctors' Union-Ireland Welcome Speech
9:40-9:55	Sudan Doctors' Union Speech
9:55-11:00	Health Workforce Capacity Development -Nursing in Sudan -Central Committee of Sudan Doctors (CCSD) Presentation -Undergraduate medical education in Sudan -The role of Junior doctors in development of the healthcare system in Sudan (SJDA) -Health services in Conflict zones
11:00-11:30: Coffee Break	
11:30-12:30	Key Challenges Facing Sudan's Health Sector Workshop (Group work & discussions)
12:30-13:00	feedback and discussion
13:00-14:00: Lunch	
14:00-15:00	Priority Transitional Plan Workshop (Group work & discussions)
15:00-15:30	Feedback and discussion
16:00-16:30	Closing session & press conference of recommendations with final approval of the TPHS Document

CPD certificates to be collected on the day

***Documents:**

- Sudan Health Policy Document (in Arabic).
- Health Delivery in Conflict Zones.
- Sudan Doctors Union: Sudan 1-year Transition Plan for the Health Sector (1-TPHS)-Draft-18 January 2019. (Arabic version available)
- A Basic Health Financing Primer in the Context of Sudan.
- Health Reform Initiative: Pharmaceutical sector (Professional Pharmacists Assembly-Sudan)

*Link to the above documents: https://cdn-cms.f-static.com/uploads/905961/normal_5ca510ab4456e.pdf

Sudan's Alternative Healthcare Conference
6th & 7th of April
London

**APPROVED AND ENDORSED PRIORITY POLICY REFORM & STRATEGIC
ACTION RECOMMENDATION FOR SUDAN 1-YEAR TRANSITIONAL PLAN
FOR THE HEALTH SECTOR**

1. Stop all wars while achieving budgetary savings from a drastically downsized top executive and legislative branch positions at national, state and local government levels (including emoluments, benefits, recurrent expenditures) and reallocate the savings from Inqaz's executive, military and security expenditures to reinvest them in health, education and social protection sectors as an absolute immediate priority.

The meeting reaffirmed the importance of stopping all wars will allow to avail resources for health.

2. Within the health sector, prioritize urgent humanitarian aid and rehabilitation of basic health services for all populations in areas previously-affected by conflict as well as among those still displaced by such conflicts in the country.

The meeting recommended involving citizens in conflict zones in needs assessment of the area as well as participating in setting policies serving their communities

3. Increase and maintain the level of government expenditure on health at national and subnational (states, municipalities) so that it represents at least 15% of total governmental expenditure in line with the African Union's Abuja Declaration (2006).

The meeting asserts increasing expenditure on health by 15%

4. In close collaboration with the social protection sector entities, develop, cost and plan to pilot the implementation of a Priority Health Service Package (PSP) to be

delivered to all Sudanese citizens and migrants living in Sudan through public sector outlets at all levels (primary, secondary, tertiary).

The meeting stressed the importance of decentralizing distribution of PSP packages to ensure equity for all recipients.

5. Dramatically increase the proportion of governmental budget spent on the health and social protection sectors, including reforming the current national health insurance to ensure it increases its coverage and it meets the social protection needs of the most vulnerable Sudanese citizens. The target groups should particularly include the victims of Sudan's wars, socio-economically disadvantaged demographic segments such as women, youth, adolescents, children, elderly, people with special needs, orphans as well as disadvantaged agricultural, industrial and service-sector workers. To cover private sector employees, schemes need to be developed whereby creative co-financed insurance schemes between government and private sector employers as well as community-based insurance schemes for the self-employed, informal sector workers and agricultural workers (particularly in rural areas such as the "Cambo" settlements in various locations).

The meeting emphasized that National Health Insurance should cover all sectors of the population and the existing system need to be reformed to ensure fair delivery of services and avert corruption

5. Establishment of a national participatory multi-disciplinarily National Health council (NHC) chaired by the Prime Minister (not the Minister of Health) and involving all ministries, academic institutions, research bodies, civil society and private sector representatives whose work relates to the social, environmental, economic and demographic determinants of health; the NHC should be empowered by law to oversee policy setting, overall strategic guidance and planning for health sector.

The meeting confirmed the importance of the NHC in overseeing policy settings for the health sector.

6. In close collaboration with the judicial branch, public prosecutor, the Auditor General, Ministry of Finance and Ministry of Interior, create an anti-corruption tracking platform (clearing-house) to be managed by a conglomerate of suitable Sudanese civil society groups in collaboration with the legislative branch (ie the interim Transitional Governing Council). It's role is to monitor, document and publish corruption practices in the health and other sectors, to record legal and practical responses and counter-measures undertaken, to map and strengthen the capacity for community-based and civil society-led anti-corruption efforts as well as to provide expert resources, networking and linkages with similar groups in Africa and globally. The platform should also create corruption tracking metrics within the formal health sector's health information management systems by adapting experiences such as Uganda's Data Tracking System.¹ The platform best involve a secure electronic one to enable broader access to all citizens and its role should be legally-empowered and perform its work in a manner complimentary to any national anti-corruption commission which the executive branch creates.

The meeting endorsed the anticorruption tracking platform suggested.

7. Legalize and empower the institutions and activities of citizen, patient and consumer-action groups at all levels (eg the Sudanese Consumer Protection Association, among others).

The meeting added the importance to set up support groups, advocates as well as groups representing patients in the parliament

8. To comply with international aid effectiveness standards, engage all stakeholders (autonomous managers, donors, international organizations, etc) to ensure streamlining of all major health projects (eg polio, malaria, HIV/AIDS and TB, etc) so

¹ Uganda Data Tracking Mechanism to Monitor Anti-Corruption. Government of Uganda Inspector General and Economic Policy Research Center (EPRC) – Makerere University, Kampala, Uganda. 2011.

that they are (a) harmonized among one another, (b) aligned with national Sudanese policy and strategy priorities and (c) gradually integrated to operate through the public sector and strengthen existing health systems.

The meeting further stressed the importance of compliance with international aid effectiveness standards of all health projects

9. Establish transparent local accountability mechanisms at service delivery points, municipal, state and at national level to comprise elected health worker unions, patient/consumer group representatives, parliamentary/formal legislative branch and service providers. Empower such bodies by law and assist in enforcing their work to hold service providers accountable for the quality and extent of health service delivery coverage;

The meeting stated the Lack of clear communication pathways and the needs a culture change addressing everyone's concerns. Local audits to help to evaluate the work, Improve and safeguard high quality of clinical care for patients and audits to oversee accountability in hospitals.

10. Review and develop new or strengthen existing legislative frameworks and laws relevant to health while prioritizing those regulating food supply, medical commodity importation and manufacturing standards, medical practice, environmental hygiene & sanitation, communicable disease control and patient rights;

The meeting endorsed the importance of Legislative framework and laws and emphasize the Importance of context to ensure implementation of the regulations adopted.

11. Develop mechanisms to effectively and transparently regulate and monitor the quality and standards of delivery in the private health service delivery sector, with strong accountability parameters to the state, the professional bodies, the patient and the community. Consider establishing reasonable costing parameters and

guidelines which enable the private sector to profit while maintaining the affordability of access by the population (eg the experience of Jordan). Empower such bodies by law and assist in enforcing their work to hold service providers accountable for the quality and extent of health service delivery coverage.

The meeting emphasized the importance of accountability mechanisms.

12. Begin establishing a process and formal mechanism to develop Sudan's medium and long-term National Health Policy towards achieving SDG-3 and UHC, including seeking technical and financial support from suitable countries, donors and the UN.

The meeting noted the importance of increasing the compensation for health education workers. and recommended mobilising government resources and finances to achieve the adopted goals.

13. Conduct proper scientific review of Sudan's HRH situation and develop short-term policies and strategies which address the key distortions affected this central element of the health sector. This includes, determining the true projected needs for HRH production, strengthening rural residency for health workers whereby it is made more attractive, addressing existing discrepancies in HRH production, distribution and deployment as well as addressing the certification, continued medical education, licensing and regulatory aspects for HRH in Sudan. Furthermore, and based on the review, it is important to consider possible closure and/or redistribution of assets and resources from a number of existing health sciences/medical schools, intensifying investment in a few core medical schools as well as investing in strengthening schools for allied health sciences (particularly midwifery, nursing and similar HRH teaching/training institutions).

The meeting recommended that proper scientific review of Sudan's HRH situation should be carried out by an independent regulatory body.

14. Increase the investments and technical inputs to improve the quality (not quantity) of health science training and education in both the public and private educational/training institutions

The meeting emphasized the need for investment in improving quality and identified the importance of accreditation bodies.

15. Rehabilitate and establish the essential emergency, accident and resuscitation services at key primary, secondary and tertiary facilities to be funded by the state governmental expenditure until national insurance coverage is attained to off-set its costs

The meeting endorsed the importance of setting A&E in all health facilities with trained paramedics, ambulances and OOH resuscitation (trauma centers).

16. Intensify school health, including school feeding, basic hygiene/sanitation, vaccination, nutrition, deworming, eye health, dental health, healthy dietary intake, lifestyle improvement, psychosocial/mental health interventions, sexual and reproductive health interventions;

The meeting recommended inclusion of health education in school curricula (hygiene, sanitation & infection prevention and control). It also highlighted the importance of special focus on maternal, prenatal and preschool health.

17. Reduce the incidence of chronic non-communicable diseases by identifying key risk factors relevant to Sudan (including exposure to carcinogens from industrial waste, pesticide use and other exposures) and actively addressing them including through stronger anti-tobacco measures, lowering salt intake and actively promoting healthier lifestyles. Additionally, improve chronic disease management and support including through palliative and home-based care delivery systems, early detection and prevention (primary, secondary & tertiary prevention) programs for

occupational, cardiac, cancer, diabetes, and hypertension and other non-communicable diseases, etc.

The meeting emphasized the importance of empowering patients through raising awareness and sharing information and transparency.

18. With technical assistance from UN and donor partners, conduct an urgent desk-review of key strategic information and health information system capacity requirements (including analyzing reporting, data utilization for decision-making, data accuracy, currency, completeness, reliability, frequency, etc), followed by the design of one or more exercises to serve as the baseline for key health indicators in Sudan.

The meeting endorsed the above.

19. In close collaboration with national and international research bodies such as WHO, develop the necessary metrics for the health sector's immediate (ie 1-TPHS) and longer-term health sector performance measurement. These will be needed as tools to further dissect the problems, establish parameters for success, track progress, monitor and evaluate and further plan. Such tools should include WHO frameworks, guidelines, methodologies and tools for measuring health system performance, human resources management, health sector governance, situation analysis tools, methods to determine, prioritize & cost the Priority Package of Services, performance-based funding models, disease burden studies, disease-specific studies, service utilization and coverage studies, operational research and others.

The meeting recommended that WHO frameworks to be tailored to the local communities and to empower locals and HCP in jointly implementing and monitoring metric frameworks.

Conference Statement

The Sudan 1- year Transition Plan for the Health Sector was Approved and Endorsed at the Sudan's Alternative Health Policy Conference in London on the 7th of April 2019.

List of participants

1. Abdal Mahmoud Elsiddig
2. Abdelmoneim Gurshab
3. Abdulkadir Jumale
4. Abier Elzein
5. Abu Obeida Hamour
6. Adam Bagadi
7. Ahmed Abbas
8. Ahmed Aldow
9. Ahmed Al-leithi
10. Ahmed Alsir Hashim
11. Ahmed Gasim
12. Ahmed Hassan
13. Ahmed Mukhtar
14. Alfarazdaq Hassan
15. Ali Fargali
16. Ali Noorelgalil
17. Allam Ahmed
18. Alya Al-Mahdi
19. Amira Gorani
20. Amira Omer
21. Ayda Barakat
22. Azahir Mohammed Ali
23. Elmamoon Abusinn
24. Eltigani Abugsesa
25. Elwathig Elhibir
26. Eva Khair
27. Farouq Fadul
28. Fatima Abu Amna
29. Haifa Eldew
30. Hanan Abdelrahman
31. Hanan Hassan
32. Hassan Abuzaid
33. Hibba Bedri
34. Hind Mustafa
35. Hind Omar Elnoor
36. Hisham Elkhidir
37. Huda Hassan
38. Hulla Mohamed
39. Husam El-mugamar
40. Hussam Muhsin
41. Ibrahim Abdelrhman Mohamed
42. Ihsan Fagiri
43. Iman Alkhatim
44. Iman Hussein
45. Ishrak Hamo
46. Kamal Babikir

47. Kholoud Hashash
48. Madi Yousif
49. Maisoon Elbukhari Ibrahim
50. Manal Elsidig
51. Marwa Gibreel
52. Mohamed Ibrahim
53. Mohammed Alsunni
54. Mohmmmed Khogali
55. Muhammed Elkanzi
56. Munzir Bagouri
57. Nabeel Ahmed
58. Nabeel Dallah
59. Nada Elhag
60. Nada Ibrahim
61. Nadir Abdelhameed
62. Nadir Aljaali
63. Nadir Elgadi
64. Nahla Abbas
65. Naylah Hamour
66. Nazik Osman
67. Nimaat Malik
68. Noon Elhag
69. Omer Hamour
70. Osman Fregon
71. Rabab Adam
72. Rana Mohamed
73. Rania Ismail Suleiman
74. Rasheid Mekki
75. Rawya Badreldin
76. Rawya Kamal
77. Reem Abu-Hayyeh
78. Salih Babiker
79. Sara Abdelgalil
80. Sara Beleil
81. Sarrah Elmunshid
82. Sawsan Abdallah
83. Sawsan Salih
84. Sharaf Ibrahim
85. Shaza Balla
86. Suhier Elshowaya
87. Tahera Alsadig
88. Tayseer Idris
89. Wail Ahmed
90. Wamda Elhag
91. Wigdan Ahmed
92. Yasar Ahmed
93. Yasir Muhammed
94. Yasir Yousif

95. Zuhair Tagedin Hajo

Appendices

Appendix 1: Documents

- a) Sudan Health Policy Document (in Arabic).
- b) Health Delivery in Conflict Zones.
- c) Sudan Doctors Union: Sudan 1-year Transition Plan for the Health Sector (1-TPHS)-Draft 18 January 2019. (Arabic version available)
- d) A Basic Health Financing Primer in the Context of Sudan.
- e) Health Reform Initiative: Pharmaceutical sector (Professional Pharmacists Assembly-Sudan)

Appendix 2: Day 1 Presentations

- a) SDU president Opening Speech, Dr Sarah Abdul Galil.
- b) Sudan Alternative Healthcare Policies, Dr Abu Obeida Hamour.
- c) Alternative Pharmaceutical Policies: From Drug Shortage to Efficient Pharmaceutical Practice (Central Committee of Sudan Pharmacists) Rania Elsyegh & Osman Freigoun.
- d) Highlights on Alternative Health Policies (The Unified Committee of Sudanese Dentists), Dr Rianne Gibreel.
- e) Sudan Current Health Status & Alternative Policy Development (Sudanese Public Health Forum) Dr Magda.
- f) From Uprising to Sustainable Development, Prof Allam Ahmed.

Appendix 3: Day 2 Presentations & Press release

- a) Sudan Doctors' Union Speech. Dr Ihsan Fagiri.
- b) Undergraduate medical education in Sudan, Dr Tahra Alsadig.
- c) The role of Junior doctors in development of the healthcare system in Sudan. (SJDA) Dr Husam Mohsin, Dr Hashim Alsir and Dr Nadir Elamin.
- d) Press release

Appendix 4: Workshops

- a) Working across agencies and disciplines: Key Challenges Facing the Health Sector + Workshop feedback (1).
- b) Working across agencies and disciplines: Transition Plan for the Health Sector Workshop+ Workshop feedback (2).

Link to all above documents:

https://cdn-cms.f-static.com/uploads/905961/normal_5cc75c39ee2a2.pdf