Sudan's Health in All Policies Experience

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Introduction

Sudan has taken great strides towards adopting and implementing the Heath in All Policies (HiAP) approach. A rapid assessment of the implementation of HiAP in Sudan was conducted in July 2015 (see Box 1). A Road Map was developed based on discussions with different ministries, analysis of national plans, and a review of the outcomes of a HiAP workshop held in August 2015.[1] Ultimately the Road Map aims to improve the health outcomes of the population by achieving Universal Health Coverage (UHC) for all, across all states and promoting health and health equity for everyone in Sudan. Several steps have been taken towards implementing HiAP; twelve Ministries signed commitments to health and twelve other ministries are in the process of doing so. The country's ministries have shown strong enthusiasm and political commitment towards health.

The main political driver for these initiatives was the National Health Policy 2007, which is the guiding policy document for health in Sudan.[2] The first principle of this Policy expresses a commitment to achieving equity and poverty reduction in Sudan. The National Health Policy also recognises the importance of tackling the social determinants of health and notes that health is a multifaceted issue, which requires the involvement of other sectors as enshrined in the Alma Ata Declaration on Primary Health Care.[3] The Policy acknowledges the importance of intersectoral collaboration and states that:

> *"the Federal Ministry of Health (FMoH), working through appropriate authorities in Government, will advocate and ensure, for example by becoming members of appropriate bodies, that the policies of other sectors are health-friendly. Emphasis, in this regard, will be on healthy residential conditions, occupational environments, social support and the promotion of health."*

Box 1. HiAP preliminary stakeholder assessment

The Public Health Institute (PHI) undertook a rapid assessment of the implementation of HiAP in Sudan covering states, sectors and policy-makers. The main findings were:

- A National Health Sector Coordination Council (NHSCC) chaired by H.E. the President has been established. Its membership includes the federal ministers, states' governors and other related governmental entities.
  - The NHSCC meets biannually.
  - It has an Executive Mechanism (EM) chaired by H.E. the first Vice President and meets every three months.
- There are six technical committees reporting to the EM.
- The Parliament and the NHSCC are not systematically informed about the health status and well-being of the population.
- There are many intersectoral groups (committees, task forces, steering groups etc.) already in place, however they cover limited and specific issues, are often ad hoc or ineffective, can lack a strategic approach and there are few systemic mechanisms to support collaboration or monitoring. Further, civil society is rarely involved and there are insufficient resources.

A review of the National Health Policy (2007-2016) was conducted in 2013 and found no clear guidance on how intersectoral collaboration should happen. The review document stated:

"The policy document refers to intersectoral coordination in the section on the social determinants of health. However, it does not provide a strategic direction on how this will happen, what would be the role of the Ministry of Health, how other sectors are critical and how the Ministry would assume the leadership roles in promoting intersectoral coordination; only brief reference is made to this in section 6.4 on involving a wide range of stakeholders. The policy also does not mention whether such intersectoral coordination can be undertaken at the program or at the grass-roots level using community based approaches. What would be an appropriate starting point for identifying intersectoral action and the common concerns of all stakeholders?"

The National Health Policy review concluded that such issues need policy dialogue with other sectors to agree on these questions and recommended:

"Dialogue should be initiated between the FMoH and other stakeholders and Ministries e.g. the Ministry of Finance. Further, there should be dialogue with those Ministries responsible for improving social determinants directly linked to health e.g. the Ministry of Agriculture, Water and Sanitation, Ministry of Education and the Ministry of Environment. Solutions should be provided during discussions and responsibilities mandated."

The updated National Health Policy (2017-2030) has considered all the pitfalls of the previous policy in relation to HiAP and through this policy dialogue developed a Road Map for its implementation (Box 2).

Box 2. Sudan's HiAP Road Map

The Road Map is based on:

a) discussions with different ministries

b) national plans and analysis

c) the outcomes of the HiAP workshop held in Khartoum 25-26 August 2015. About 80 senior level policy-makers from 17 sectors participated in the workshop and

d) a meeting of undersecretaries of all ministries on 12th January 2016.

Road Map Implementation Measures

1. Building accountability and strengthening the commitment of the National Health Coordination Council and Parliament

At the moment the Parliament and the National Health Coordination Council (NHCC) are not informed systematically about the status of the health and well-being of the Sudanese population, nor the core activities that different sectors undertake for the health and well-being of the population. It has also been suggested that there should be better accountability of the activities done by the ministries and that the NHCC and the Parliament would be the right bodies to oversee the work done in all sectors of the government.

Measure 1:

Prepare a national public health and well-being report that will be presented to the NHCC and Parliament every fourth year. The MoH would be responsible for preparing the report for the government and NHCC. All ministries would be obligated to provide MoH the information needed (i.e. what are the key policies, decisions, activities done during the last three years that have contributed to the health and well-being of the population).

2. Strengthening structures for Health in All Policies

The stakeholder assessment on Health in All Policies showed that there are many intersectoral groups (committees, task forces, steering groups etc.) already in place. However, it was argued that these do not always work as effectively as possible and sometimes there is a lack of strategic vision regarding what these groups are trying to accomplish. Many of the groups are also only meeting on an ad hoc basis. Institutionalising some of the groups was also suggested. Modifying existing legislation to better ensure effective, horizontal work across sectors has also been suggested.

Measure 2:

Undertake a situation analysis of existing taskforces, steering groups etc. How the different groups are related to each others, which sectors are involved/not involved, what group is working/not working, which groups need to be institutionalised to ensure they have regular meetings and a strategic way of working.

Measure 3:

Conduct a situation analysis of HiAP implementation at the state and local levels focusing in particular on how the community is engaged in the policy-making process.

Measure 4:

Conduct a legislative review to identify the laws (related to intersectoral action) available in different sectors and assess to what extent they facilitate, enable and promote the horizontal, effective intersectoral action. The intent is that laws are prepared in such a way that they achieve their objectives effectively. Better regulation ensures that policy is prepared, implemented and reviewed in an open, transparent manner, informed by the best available evidence and involves all ministries and relevant stakeholders.

3. Develop mechanisms for HiAP for better governance and increased transparency

Although there are relatively well-established structures for HiAP already, there is a lack of horizontal mechanisms that allow sectors to know other sectors' policies and law proposals in an effective and timely manner and assess their possible impacts on areas such as health, environment and employment.

Measures 5 and 6:

As a better regulation mechanism, the consultation and prospective, integrated impact assessment are introduced into the legislation process. Consultation means that the ministry that is drafting the law needs to send it for consultation to all ministries (civil servants) and relevant stakeholders before introducing it to the government. Prospective integrated impact assessment will be required for each proposal. Proposals need to include an assessment of possible impacts of the law on health, the economy, employment, environment etc.

Measure 7:

Develop a Social Determinants of Health/HiAP approach for specific priority programs like malaria, NCDs or others in order to increase the horizontal working culture.

4. Build capacity for effective implementation, better planning and evaluation

Respondents of the HiAP assessment survey and workshop participants both identified lack of resources (human and finance) as a challenge for the implementation of HiAP. Similarly, lack of proper monitoring systems was identified as a crucial gap for better policy planning and evaluation. Although there are several surveys in place, they don't replace the need for a health monitoring system that would be able to produce comparable and credible data showing the trends in people's health. The HiAP assessment survey also identified gaps in communication and negotiation skills, quality of data, coordination and collaboration and ability to integrate results to name just a few.

Measure 8:

Establish a health-monitoring unit, possibly within the Public Health institute.

Measure 9:

Strengthen the capacity of the key institutions (e.g. MoH, some committees, PHI) to advocate for the HiAP approach, to work with other sectors, and to ensure a critical mass sufficient to produce accurate policy analysis and research synthesis relevant for policy-making and policy guidance.

Measure 10:

Organise a WHO training course on Health in All Policies.

Vision, aims, objectives

Vision

The HiAP Road Map ultimately aims to improve health outcomes for the whole population.

Aim

To achieve universal health coverage for all the population across all states and to promote health and health equity for everyone in the country.

Objectives

1. Building accountability and strengthening the commitment of the National Health Coordination Council and Parliament.
2. Strengthening structures for Health in All Policies.
3. Developing mechanisms for Health in All Policies for better governance and increased transparency.
4. Building capacity for better planning, effective implementation and close monitoring and evaluation.

Road Map Values

Table 1 shows the key values underpinning the Road Map directions.

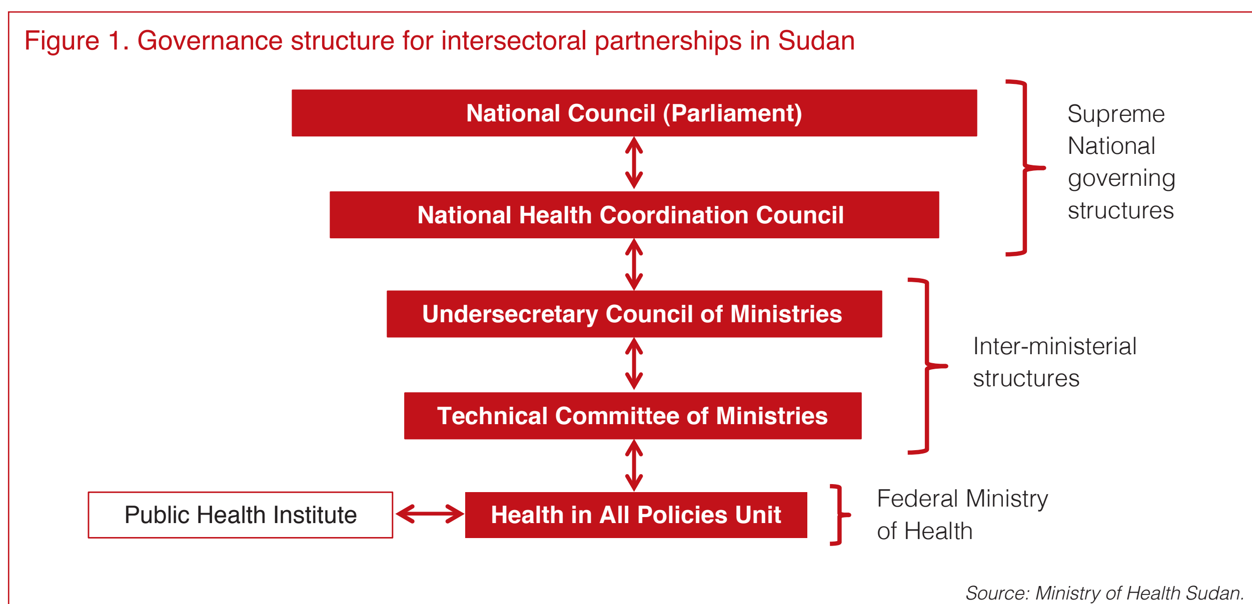
Table 1. Values underpinning Sudan's Road Map

Equity	All sectors should give as much advantage and consideration to health issues as is given to other issues
Shared responsibility	All sectors have a shared responsibility to promote and safeguard health
Collaborative effort	All sectors should cooperate together to promote health and health equity
Accountability	All sectors have an assigned responsibility towards the health of the population
Transparency	All sectors should be operating in such as a way that it is easy for each sector to see what actions are performed in order to assesses the potential impacts of the actions on health and health equity
Sustainability	All sectors should ensure that efforts meet the health needs of present and future generations

Governance, reporting and monitoring

The governance structure shown in Figure 1 was proposed during a workshop and agreed upon by all participants and has been endorsed by the Undersecretaries meeting.

Figure 1. Governance structure for intersectoral partnerships in Sudan



Source: Ministry of Health Sudan.

Sudan's HiAP governance structure is composed of the following:

- The National Health Council (Parliament): According to the Road Map the Parliament is to receive and discuss a health report every two years.
- The National Health Coordinating Council: The President chairs this governing body with the Vice President as co-chair. All ministers and governors of states also sit on the NHCC as well as representatives from the private sector. The NHCC has responsibility to endorse, monitor and supervise the implementation of the HiAP Road Map and hold members accountable.
- The Undersecretary Council of Ministries: It is responsible for preparing policy issues, which are to be endorsed by the National Health Coordination Council.
- The Technical Committee of Ministries: The committee is composed of representatives of the ministries who are the focal points for health within their ministries. The Committee is responsible for discussing operational issues and presenting them in a policy and decision format to the Undersecretaries' Council.

A HiAP unit is part of the health promotion department in the Ministry of Health. The Public Health Institute (PHI) has been assigned to develop a monitoring unit, which will prepare a health and well-being report to be submitted to NHCC and Parliament.

Mechanisms and processes

The concept of HiAP has been welcomed and easily understood by other sectors. The commitments to improve health and equity have been developed by each ministry rather than the Ministry of Health. The Federal Ministry of Health has played an important leadership role. A number of HiAP implementation milestones have been achieved to date:

✓1. Stakeholder assessment for HiAP - July 2015

✓2. HiAP policy dialogue workshop - August 2015

✓3. Development of HiAP Road Map for Implementation - August 2015

✓4. Endorsement of HiAP Road Map - November 2015

✓5. MOH policy-makers' meetings - January 2016

✓6. Ministries Undersecretary Meeting - January 2016

✓7. Prioritising health challenges using HiAP Approach - March 2016

✓8. Bilateral intersectoral meetings - April 2016 (Ministry of Water Resources)

✓9. Workshop for 12 Ministries (Development of Ministry Commitments & focal points) - November 2016

✓10. Undersecretaries signing of commitments - January 2017

✓11. Workshop for other ministries (approximately eight) - January 2017

✓12. Ministry of Interior formulated a high level committee - January 2017

Prioritising health challenges using a HiAP Approach: a situation analysis

A situation analysis was conducted to prioritise health challenges using a HiAP approach and identify major diseases or health problems that require immediate action. Data was gathered from two main sources: a desktop review of national documents and interviews with key policy makers in the Federal Ministry of Health.

The major diseases and challenges extracted were rearranged according to their prevalence rate. This was regarded as a primary identification exercise. For prioritisation of the health challenges, a questionnaire was distributed to nine key policy-makers in the Federal Ministry of Health. The data collected from the policy-makers was categorised and analysed statistically. The frequencies were calculated to assist with prioritising diseases/ challenges. Finally, for each health problem considered a priority, relevant sectors to be involved were determined.

General Objective

To address priority health challenges by using a Health in All Policies approach.

Specific Objectives

1. To identify and prioritise the major health challenges that require immediate action.
2. To determine the key Ministries (sectors) which have a role in managing specific health problems to adopt an intersectoral approach to action.
3. To build programs targeting major health challenges for different population groups.

Results

Identification of diseases revealed by the desk review, included 27 major diseases and health challenges as shown in Table 2 below.

Table 2. Priority health conditions

Priority health conditions	
Malaria	Renal diseases
Tuberculosis	Visceral Leshmaniasis (kalazar)
Respiratory diseases (asthma, pneumonia, tonsillitis)	Schistosomiasis
Malnutrition and micronutrient deficiencies	Measles
Water borne diseases (diarrhoea, typhoid fever)	Bilharziasis
HIV	Oncocerciasis (river blindness; guinea worm or dracunculosis)
Diabetes	Typhoid fever
Hypertension	Maternal haemorrhage
Cancer	Maternal sepsis
Heart disease	Maternal hypertension
Arthritis	Tobacco and drug abuse
Thyroid diseases	Irrational use of medicines
Epilepsy	Road traffic accidents
Guinea Worm or Dracunculosis	

A prioritisation exercise divided the identified diseases and health challenges into four categories:

1. high need, high feasibility
2. high need, low feasibility
3. low need, high feasibility and
4. low need, low feasibility.

Only diseases with 'high need high feasibility' were targeted and focused upon in the exercise. Diseases in the other three categories were excluded at this stage.

Out of the 27 diseases and health challenges identified in the desk review, six were considered by policy makers to be 'high need, high feasibility' and therefore high priority warranting allocation of sufficient resources. Diseases in this category were ranked according to the number of votes given by policy-makers. Malaria had the highest number of votes. Table 3 sets out the key Ministries required to address the top six health priorities.

Table 3. Priority health problems and key ministries

No	Major health challenge	Key ministries
1	Communicable diseases: Malaria	Ministry of Electricity and Water Ministry of Agriculture Ministry of Justice Ministry of Information Ministry of Environment
2	Communicable diseases: Schistosomiasis	Ministry of Electricity and Water Ministry of Agriculture Ministry of Environment Ministry of Information Ministry of Education Ministry of Human Resources Development
3	Road traffic accidents	Ministry of Transportation, Roads and Bridges Ministry of Interior Ministry of Information Ministry of Engineering Ministry of Education Ministry of Industry Ministry of Electricity and Water Ministry of Justice
4	Noncommunicable diseases: diabetes, hypertension	Ministry of Youth and Sport Ministry of Information Ministry of Education Ministry of Industry
5	Respiratory diseases, pneumonia	Ministry of Environment Ministry of Industry Ministry of Education State Ministry of Engineering Ministry of Information
6	Nutritional disorders: malnutrition, micronutrient deficiencies, diarrhoeal diseases, typhoid	Ministry of Electricity and Water Ministry of Agriculture Ministry of Industry Ministry of Finance Ministry of Welfare and Social Security Ministry of Interior Ministry of Youth and Sport Ministry of Information

Ten Ministries signed commitments with the Federal Ministry of Health, while another twelve Ministries are in the process of signing. Seven ministry commitments are detailed below out of the ten ministry commitments as examples. There are three main categories or types of commitments made:

Categories/types of commitments to health:

- general commitments to health made by other Ministries
- specific commitments for different Ministries
- Ministry of Health commitments provided to other Ministries.

Box 3. Examples of ministry commitments to health

A. General commitments to health made by other Ministries include:

- Integrate health equity in policies and programs where appropriate
- Institutionalise consultations on health impact when preparing legislation and policies
- Institutionalisation of Health Impact Assessment as a routine procedure for new projects.

The Ministries that have signed commitments and their details are set out below:

B. Specific commitments for different Ministries

1. Ministry of Agriculture

We commit to target all our laws and legislation towards ensuring food security and hence limiting poverty through:

- Adhering to recommendations of the Food Constitution Commission and ensuring fair international trade
- Raising awareness about food security
- Increasing agricultural production and productivity
- Monitoring agricultural pesticides and fertilisers
- Using organic agriculture
- Using research, guidance and technology in agriculture
- Reducing desertification
- Regulating importation and exportation of agricultural products
- Maintaining an optimum level of coordination with other relevant sectors.

2. Ministry of Social Welfare and Security

We commit to provide adequate social support and social security especially for the vulnerable groups through:

- Policies, plans and national programs that focus on health
- Development of a comprehensive program of social security
- Training and capacity building
- Improving the socioeconomic status of poor families
- Providing health insurance and achieving universal health coverage
- Maintaining an optimum level of coordination with other relevant sectors.

3. Ministry of Finance

We commit to fully coordinate with the health sector in order to improve the health status of the population through:

- Providing sufficient funds for the health and other health-related sectors
- Providing social and financial protection for poor families, under-five children, and heart, kidney and cancer patients
- Providing sufficient funds for primary health care
- Formulating specialised health-related committees for health budgets
- Implementing the GPP and the single vault system in the health sector
- Development of a health accounting system for follow up
- Maintaining an optimum level of coordination with other relevant sectors.

4. Ministry of Foreign Affairs

We commit to develop protocols that support health policies, distribution of resources and capacity building through:

- Information exchange especially in war and conflict zones
- Provision of health services in conflict-affected areas
- Implementation of the international health regulations
- Facilitation of international trade in health
- Maintaining an optimum level of coordination with other relevant sectors.

5. Ministry of Interior

We commit to having a positive effect on the population's health through applying full coordination with the health sector which includes:

- Improving civil registration system (birth and deaths observation)
- Monitoring foreigners' movements
- Direct provision of quality health services for police forces and their families
- Providing health services for prison inmates
- Protecting the population during emergencies
- Reducing road traffic accidents
- Maintaining an optimum level of coordination with other relevant sectors.

6. Ministry of Water Resources, Irrigation and Electricity

We commit to improve the quality of water, electricity, and sanitation services provided to the population through:

- Activating water legislation
- Water examination and quality control in compliance with the national standards
- Providing sufficient safe drinking water
- Providing electricity in a secured and stable manner
- Development of a proper sanitation system
- Maintaining an optimum level of coordination with other relevant sectors.

7. Ministry of Environment, Natural Resources and Constructional Development

We commit to develop and target our policies and legislations for the protection and promotion of the environment which includes:

- Monitor, observe and protect earth, water, soil and food from pollution
- Minimise CO2 emissions
- Proper management of chemical and non-chemical wastes
- Development of the prospecting and mining program
- Maintaining an optimum level of coordination with other relevant sectors.

C. Ministry of Health commitments provided to other Ministries

1. Provide capacity building services for workers in each sector
2. Provide training in Health Impact Assessment and provide assistance in the institutionalisation process
3. Develop monitoring and evaluation systems
4. Develop implementation mechanisms.

HiaP and SDGs in Sudan

Sudan is committed to the Sustainable Development Goals (SDGs) and implementation of the SDGs and HiAP will reinforce each other. The SDGs provide an additional impetus for working with different sectors of government and society to address the determinants through policies and legislation towards improving health and preventing harm. Further, the horizontal mechanisms being developed through the HiAP Road Map will allow sectors to have timely knowledge of other sectors' policies and law proposals and assess their possible impacts on health, environment, employment etc. The Road Map is also supporting the introduction of prospective, integrated impact assessments into the legislation process. Through these proposals HiAP is facilitating and paving the way for implementation of the SDGs. The general commitment from different ministries to consider equity when developing their policies will also help achieve the important SDG concept of "leaving no one behind".[4]

Outcomes

The Health in All Policies approach has been generally received with huge enthusiasm across all sectors. Several workshops were held that emphasised the concept of the social determinants of health and health equity leading to a better understanding of these issues among all Ministry stakeholders. There was general consensus that there is a lack of coordination and collaboration between sectors necessitating the establishment of a horizontal governing body. There is high political commitment at the level of the Ministry of Health, other ministries and the Presidency. The Road Map has been endorsed by the Universal Health Care conference held recently in Khartoum and been integrated in the UHC Khartoum declaration.[5] The declaration has been operationalised and will be monitored by the NHCC.

Challenges and opportunities

Although a number of steps have been taken to adopt and implement a Health in All Policies approach the journey is still long and much effort is needed. One of the key success factors that enabled Sudan to implement the Health in All Policies approach is the high level of commitment to health that was found across different ministries. But despite that there are several challenges the country is currently facing:

- limited capacity of the PHI (few staff, competencies)
- limited capacity in the MOH
- the need to restructure MOH
- the need to establish a monitoring unit in PHI
- coordination between focal points of the different Ministries and
- weak capacities of Ministries.

The way forward

The following steps need to be undertaken:

- conduct bilateral meetings with the identified ministries to develop operational plans for ministry commitments
- costing of operational plans and commencement of implementation
- build the capacity of PHI and sectors in HiAP
- monitoring of implementation by PHI
- compilation, analysis and synthesis of health-related information from other ministries together with Ministry of Health reports
- PHI to develop a national health and well being report every two years to present to the National Health and Coordination Council (NHCC).

Conclusion

To move the HiAP agenda ahead and towards implementation, operationalisation of ministries' commitments and the development of a monitoring framework are prerequisites. Despite the huge efforts that have been made to date, there is still a lot more to be done and some major implementation challenges for Sudan.

Key contact/s and further information

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