



INTERNATIONAL PUBLIC POLICY INSIGHTS

Sudan Federal Ministry of Health has adopted the integrated approach as a reform to manage the health system in the country in a more efficient and effective way. Despite all the efforts exerted to implement the reform in 11 functional areas across the Ministry of Health during the last eight years, partial integration was implemented in some practical areas, creating double systems and confusion in health management. A comprehensive assessment of the current implementation and reform is crucial, especially for the country in a transitional phase of governance after the 2019 revolution and the current environment in favor of policy and regulations changes and modifications.

INTEGRATION OF THE HEALTH SYSTEMS AT THE
FEDERAL MINISTRY OF HEALTH - SUDAN
STRUCTURE AND REFORM IN THE TRANSITIONAL
GOVERNMENT

MOUSAB SIDDIG ELHAG



"Implementing the integrated health system usually occurred without understanding its rationale and without clear outputs and monitoring mechanisms."

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Abstract

Sudan Federal Ministry of Health has adopted the integrated approach as a reform to manage the health system in the country more efficiently and effectively. Despite all the efforts exerted to implement the reform in 11 functional areas across the Ministry of Health during the last eight years, partial integration was implemented in some practical areas, creating double systems and confusion in health management. Therefore, a comprehensive assessment of the current implementation and reform is crucial, especially for the country in a transitional phase of governance after the 2019 revolution and the current environment in favor of policy and regulations changes and modifications. The option proposed by this policy brief are:

- 1) The Federal Ministry of Health suggests organograms and structures for the states to adopt the integrations.
- 2) To implement the integration approach with phases.
- 3) To reverse the implemented restructure and integrated Directorate at the Federal Ministry of Health.

Key Messages

Sudan is the 3rd largest country in Africa 42 million populations in 1,861,484 Km, around 70% of the population lives in rural areas, and 8% are pastoralists. There are 2.2 million internally displaced people, and refugees from neighboring countries amount to another 2 million. The population growth rate is 2.4%, with a total fertility rate of 5.2% (MICS 2014). About 46.5 % of the population lives below the poverty line earning less than 2\$ per day (poverty survey 2009). Implementing the integrated health system usually occurred without understanding its rationale and without clear outputs and monitoring mechanisms (Steven Simoens, Anthony Scott, 2005). There is a problem in implementing the integration approach at the Federal Ministry of Health- Sudan. The reform was announced and adopted in 2013 by the Minister to include 11 functional areas: 1. Service delivery and management. 2. Training of care providers. 3. Supply chain management. 4. Health Information System. 5. The Communicable Disease Surveillance system. 6. Case Management services. 7. Supervision to states. 8. Vector control interventions. 9. Health promotion interventions. 10. Laboratory services of vertical disease programs. 11. Health care financing.

Despite all the efforts exerted to implement the approach, it's only partially implemented all over the federal health ministry (integrating the diseases control programs and their function, supply chain, and the health information system). This problem has negatively impacted the smooth implementation of the health interventions because of the parallel systems (vertical versus integrated) worked at the ministry and the confusion created between the directorates and the states, in addition to the. A possible cause of this problem is Implementing the integrated



health system took place without understanding its rationale and without clear outputs and monitoring mechanisms.

1. Perhaps an assessment for the current situation of the implantation, investigating the core bottlenecks, could remedy the situation. However, an "always good" versus "always bad" stance on integration is not helpful; on the ground, integration is about practical questions on how to deliver services to those that need them.
2. Integration is best seen as a continuum of health care rather than as two extremes of integrated/not integrated. It involves discussions about the organization of various tasks which need to be performed to provide a population with good quality health services.
3. Supporting integrated services does not mean that everything must be integrated into one package; the aim is to provide services that are not disjointed for the user and which the user can easily access.
4. Managing change in the way services are delivered may require a mix of political, technical, and administrative action. It may require action at several levels, including the sustained commitment from the top. It is useful to look for good 'entry points' to enhance integration and consider what incentives there are for health workers and their managers to change their behavior.
5. Integration is not a cure for inadequate resources/ it may provide some savings by efficient utilization of resources, but integrating new activities into an existing system cannot be continued indefinitely without the system being better resourced.
6. Unplanned mobilization of resources allocated for a specific health program will send wrong messages about integrating health care services.
7. Having clarity of vision as to why we need integration and how this need is pressing in addition to a clear, phased, and time-lined plan and a mechanism for close monitoring of implementation and timely implementation of corrective measures.
8. Pre-implementation analysis of the expected negative implications of implementation of the integration reform and planning containment measures as part of the implementation plan. Messages for Successful Implementation of Integration of Health Care Services
9. Conducting orientation and advocacy sessions about integration for programs' staff and other health personnel and transparent dialogue regarding integration, addressing the risks they perceive and emphasizing the sustainability of vertical programs' gains (Abdelrahim, 2021).

Background

There is a problem in implementing the integration approach at the Federal Ministry of Health- Sudan. The reform was announced and adopted in 2013 by the Minister to include 11 functional areas: 1. Service delivery and management. 2. Training of care providers. 3. Supply chain management. 4. Health Information System. 5. The

Communicable Disease Surveillance system. 6. Case Management services. 7. Supervision to states. 8. Vector control interventions. 9. Health promotion interventions. 10. Laboratory services of vertical disease programs. 11. Health care financing. Despite all the efforts exerted to implement the approach, it is only partially implemented all over the federal ministry of health (integrating the diseases control programs and their function, supply chain, and the health information system). This problem has negatively impacted the smooth implementation of the health interventions because of the parallel systems (vertical versus integrated) worked at the ministry and the confusion created between the directorates and the states, in addition to the. A possible cause of this problem is Implementing the integrated health system took place without understanding its rationale and without clear outputs and monitoring mechanism, perhaps an assessment for the current situation of the implantation, investigating the core bottlenecks, could remedy the situation.

Policy Issues

The higher authority issued the integration approach at the federal ministry of health (the Minister) in 2013. However, its implementation falls under the responsibility of the Directorate General of planning (Currently Global Health Directorate). The frequent change at the ministry of senior health management (minsters, directors-general), negatively impacted on the monitoring follow-up. In addition to the lack of a regular form to follow the approach adoption and implementation with the Directorate. Additionally, the federal law in the country gave the state the autonomy to refuse or adopt the reform as all.

The integration of the health system function areas aims towards optimal use of the available resources in terms of efficiency and effectiveness without affecting the primary mandate of the allocation. Hence, implementing a new reform and approach in the underfunded sector (Health) in a low-income country needs seed money to set the scene for this reform to be implemented to cover the monitoring and evaluation plan, discussion form, and consultancy to evaluating the reform.

The civil unrest in the country with the wide spread of the communicable diseases and the recurrent hits of the epidemic prohibited the expansion of the reform to the different parts of the country, in addition to the state autonomy, and the dispersity of the functional areas among different Directorate and programs at the state level, with the tendency of reserving the vertical programs gains.

Policy Objectives

- To Provide an evidence-based option for integration approach implementation at the federal ministry of health in the context of Sudan



- To Explain the Feasibility of the integration approach in managing health system towards more effective and efficient manner of the available scared resources in Sudan
- To ensure the preservers of the vertical programs in the implantation of the integration approach.

Policy Context

The policy is based on the previous implementation of the integration approach, which is not completed and partially implemented, with taking into account other country experience. It will affect the central level (Capital) and the states (18 states) in addition to shape the future Ministry of Health structures.

Policy Scope

The policy will consider the effectiveness of and efficiency of the integration approach in achieving the sustainable development goal in the scarcity resources environment, and its application to the whole Sudan and states ministers of health taking into account the functionality of the different structure and its effect on the health programs.

High-Level Information Requirement

- Review of strategic documents that represented the technical reference for the ministerial decree.
- Review of the current Federal Ministry of Health (FMOH) structures and its organogram (coordination, collaboration, and implementation of the activities)
- Assessment of the current capacity of the (FMOH) to perform the function mandated.
- Assessment of the performance of (FMOH) in delivering planned outputs, outcomes and impacts using the regular routine reports in addition to surveys evaluation reports. This will include:
 - Assessment of the integration of the ten functional areas mentioned in the ministerial decree.
 - Review of experiences of countries with similar context in terms of designing and implementing disease specific intervention in an integrated approach.

Stakeholder Analysis

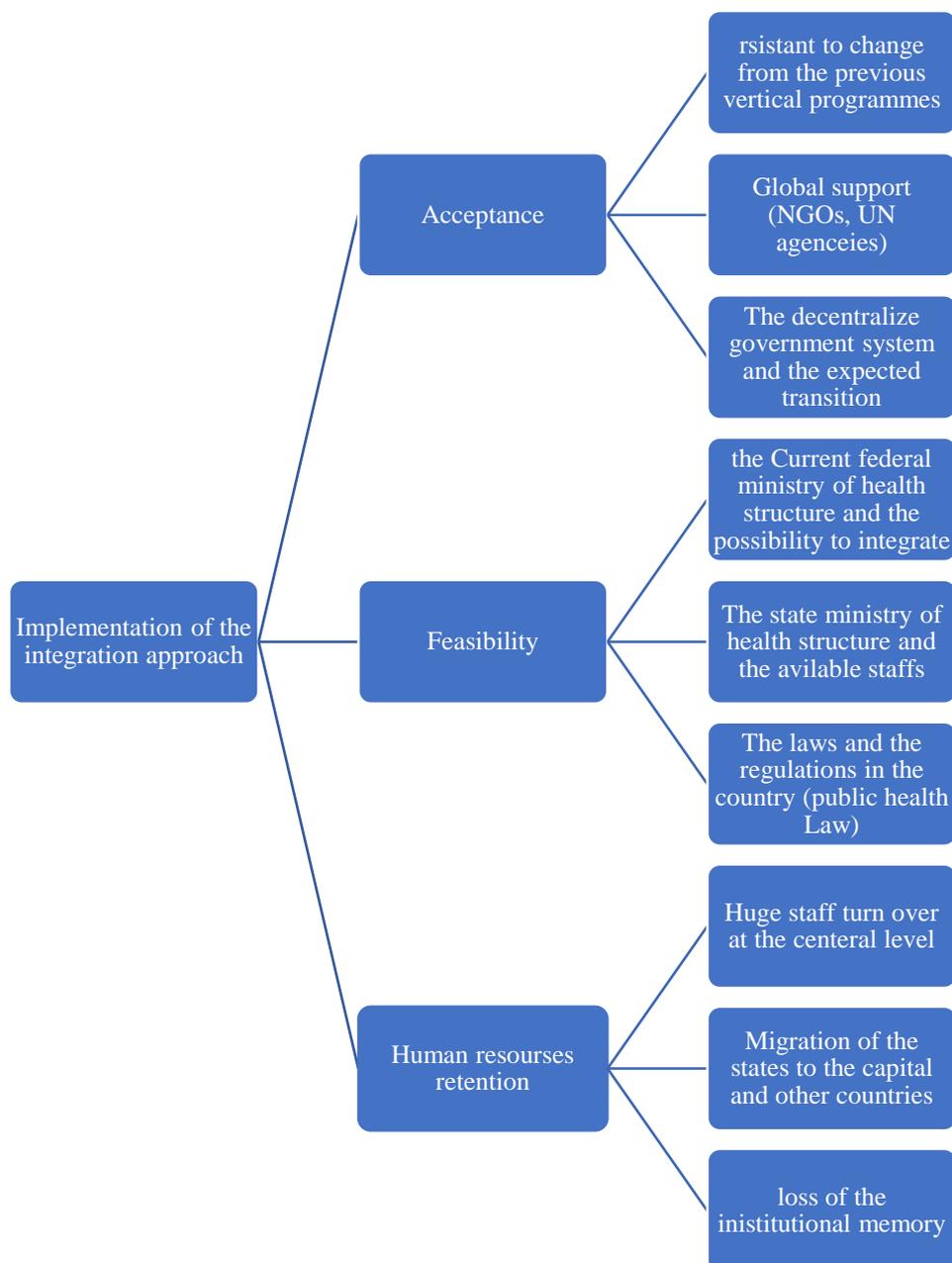
Key Stakeholders in the government are needed to contact or mobilize to develop and implement the policy.

- 1- The Federal Minister of Health office
- 2- The Undersecretary Federal Ministry of Health
- 3- General Directorate of Planning – Federal Ministry of Health

Key stakeholders that will be affected by the policy

- 1- All the national Health programs at the Federal Level
- 2- The states Ministers of Health
- 3- The Staff of the health programs at different levels

Figure 1: Issues Tree Diagram



Developing and analyzing the policy evidence base
PESTLE Analysis

Dimension	Description
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Political	Political support from the Minister of Health is highly recommended for successful policy implementation and the advocacy of the policy in the minister cabinet since it will change the structure of the state ministries of health; therefore, strong advocacy is a must.
Economic	The Policy implementation may affect some of the positions inside the Ministry of Health where some of it may dissolve in other functions.
Socio-cultural	Not relevant
Technological	Implementing the policy needs to upgrade the technological capacity of the Ministry of Health in terms of increasing the computational reports from the state and different directorates
Legal	The public health law will need some amendments.
Environmental	Not Relevant

SWOT Analysis

Internal Origin	Strengths
	Increase the effectiveness and the efficacy of the different functions of the ministry of health
	Weaknesses
	The staff effort will distribute according to the function, not to the diseases or area which may affect the specialty in each disease Resistance to change from the staff
External Origin	Opportunities
	The political context in the country and the transition status which includes revision of several policies, guidelines, and directions. The global trend towards more integration in the public health programs.
	Threats
	Lack of a similar model in the counterparts (U.N. agencies, NGOs) will create communication difficulties.

Stakeholder engagement plan

1. Stakeholder identification

Stakeholder	How is this group affected by your policy proposal?
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	Do you think they will support it or oppose it? Why?
The Minister of Health	The Minister of Health and the undersecretary should advocate for the policy among the higher cabinet and to issue the Ministerial decree inside the ministry
The General Directorate of Planning	The Directorate should be responsible for the monitoring, and the evaluation of the policy among the different ministry directorates and the follow up with the state
Different Health programs inside the ministry of health	The health programs are responsible for the policy implementation and identify the potential areas for integration based on the function.
The state ministries of health	are responsible for the policy implementation at their level and identify the potential areas for integration based on the function.
World Health Organization Country offices	The main counterpart for the federal ministry of health is the WHO, since the implementation of the new structure and function inside the ministry of health requires an understanding from the WHO to the new policy and make the needed adjustment in the workflow modalities, in addition, to provide the technical support in the implementation of the policy.
Other U.N. agencies	The different Agencies need to be oriented by the new policy and its implication on the various programs related to them to adapt accordingly.
Personnel working at the different departments at the federal ministry of health	Advocacy for the policy among the different staff is crucial since they will implement it on the ground, it's important for them to understand the policy and the benefit for the health sector from it and the mitigation for any expected losses in their gains.

2. Stakeholder analysis

Stakeholder Analysis			
Influence	High	Manage 1. The General Directorate of Planning 2. The state ministries of health	Involve 1. The Minister of Health 2. Different Health programmes inside the ministry of health 3. Personnel working at the different department at the federal ministry of health
	Low	Monitor Other U.N. agencies	Acknowledge



			World Health Organization Country offices
		Low	High
		Support	

3. Stakeholder participation plan

Stakeholder	Main message (What will you tell this stakeholder? How will you convince this person/institution to support your policy?)	Possible risks and solutions (What could go wrong? How would you solve this problem?)
The Minister of Health	Send the policy summary to his office and meet with his office director to describe the policy for him	He may miss to read it or the message could not conveyed to him in the right way, I will request a meeting with him with short presentation
The General Directorate of Planning	The crucial role they will play in the policy implementation (presentation)	The prioritization of the policy implementation may fall under other task, a strong advocacy message with the minister office support
Different Health programmes inside the ministry of health	A seminar conveying all the programs and present the policy on it describing their roles	Some of them may not attend, an executive summary will be send to all of them and an interview with absentees
The state ministries of health	Executive summary will be sent to all of them, and call conference	They may miss the conference or not convinced with the content, a direct interview with them will help.
World Health Organization Country offices	Policy brief will be sent to the organization	May not understand the full picture so a seminar for their Representative and discussion

Other U.N. agencies	Policy document to sent to the Organizations	May not understand the whole picture so a seminar for their Representative and discussion
Different departments at the federal ministry of health	Meetings in each Directorate to discuss with all staff	The policy implementation's resistance to change, the benefit, and the cost-benefit analysis.

Theory of Change

The integration approach has issued by the higher authority at the Federal Ministry of Health (the Minister) in 2013, aiming to increase the efficiency and effectiveness of the available scared resources in a country with the widespread of communicable diseases and the recurrent hits of the epidemic there is not much progress in implementing the approach.

Objectives

- To provide an evidence-based option for integration approach implementation at the federal ministry of health in the context of Sudan
- To explain the Feasibility of the integration approach in managing the health system towards the more effective and efficient manner of the available scared resources in Sudan.

IMPACT: Federal Ministry of Health -Sudan has an efficient, effective, resilient health system in response to the different health problems the country is facing

OUTPUTS: The Integration approach has been established as health system management at the Federal Ministry of Health.

OUTCOMES: The different health programs at the federal ministry of health and states ministries of health acquire the necessary knowledge and skills to implement the integrated health system approach.

ACTIVITIES: 1- Advocacy for the integration among the Senior management. 2- Meeting with the different staff and stakeholders to discuss the approach. 3- Develop the guideline for implementing the integration approach. 4- Training of trainer for the approach at the state level. 5- Training of the state staff at the implementation approach.

INPUTS: 1- Renewal of the integration approach decree. 2- allocation of the resources to implement the reform. 3- Advocate for the approach among the Minister's cabinet.

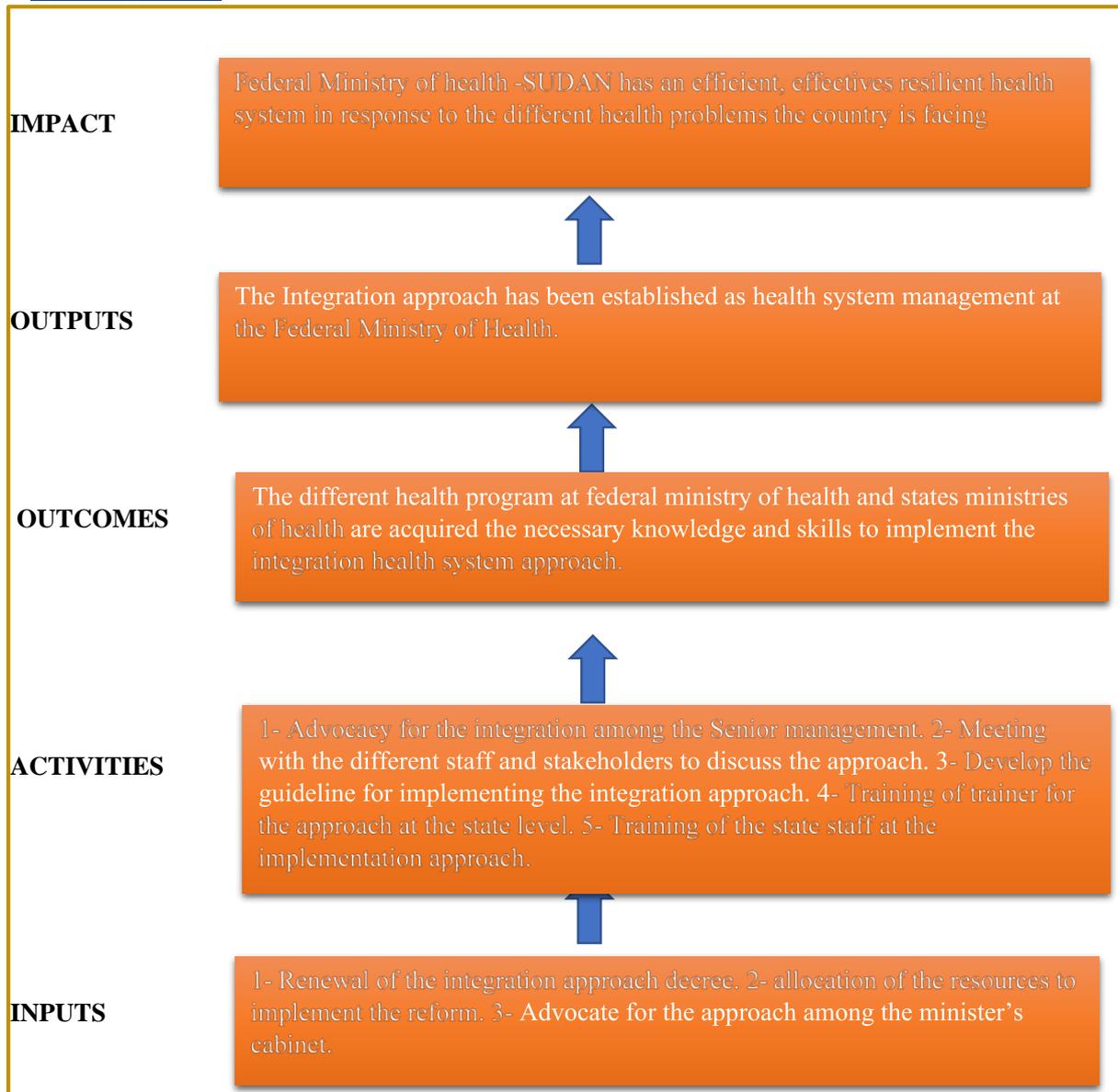


Figure 2: Theory of Change

Policy Options & Recommendations

Element/Option 1- The Federal Ministry of Health to suggest an organograms and structures for the states to adopt the integrations: with current transition period in Sudan and peace agreement between the different rebel groups, the ministry has to suggest a different organograms according to the states demography and complexity to adopt the integration of the health system approach since there is no size fits all in a diverse country like Sudan.

Element/Option 2- To implement the integration approach with phases: the abrupt implementation of a major reform in relatively fragile health system may affect the implementation of the ongoing activities, especially with the burden of recurrent outbreaks, the federal ministry of health has to phase out certain mile stones for the states to adopt the integration of health system in the ten functional area.

Element/Option 3- To reverse the implemented restructure and integrated Directorate at the federal Ministry of Health: since the country is transitioning and a new governance levels are expected to be revealed including the state and localities divisions, the ministry of health could issue a decree to reverse the integration approach after considering the cost of the reverse and the implications on the efficient use of the resources especially for the under funded programs like the neglected tropical diseases and the non-communicable diseases

1. List of policy options

Policy instruments	Policy tool 1	Policy tool 2	Policy tool 3	Policy tool 4	Policy tool 5
Brief description of the policy tool	Advocacy for the policy by meeting with stakeholders	Training of the cadre and health staff	Developing guideline	Dissemination of guidelines and the SoPs	Information Communication Technology
What type of instrument is it?	Mix monetary and non-monetary	Monetary	Mix monetary and non-monetary	Non-monetary	monetary
How will it achieve the policy's intended results?	By setting the grounds and the scene for the policy implementation	Develop the needed capacities	Showing the roadmap for the implementation and setting the boundaries	Create a wide range of knowledge among all stakeholders	Shifting towards integrated information system needs a huge investment in the infrastructures
How can it be implemented?	Announcing the meetings and the seminars by the minister office	By conducting training of trainer after developing the modules	Advertise for a relevant consultant by the support from the WHO	Through Email and the ministries routines posts to all Director General including the state ones	By assessing the currently available I.T. equipment and purchasing the needed items.



How can it be monitored?	Meeting minutes	No. of trained staff from the target	Endorsed document and validation meeting	No. of target cadres received the guidelines	1) No. of I.T. equipment purchased from the target. 2) No. of facilities equipped with the needed ICT equipment's and functioning
Initial high-level cost estimate	Venue, Media coverage, Hosting and catering, stationeries, 18 Senior staffs	18 training venues, stationeries, 360 cadres, Catering, 18 printers, 18 computers, 18 projectors, travel facilities	Advertisement Agency, Cost for broadcasting, the cost for hiring the consultant, computers and transportation facility	Computers, fax and internet facilities printers and papers, officer for the feedback	Computers, internet devices, systems and software's, Video conference tools for all states, training for the staff.

2. The shortlist of policy options

Policy instruments	Selected or Rejected?	Please explain why you have selected or why you have rejected this policy option
Policy Option 1 The Federal Ministry of Health suggest organograms and structures for the states adopt the integrations	Rejected	For the states, demography and complexity cannot be determined by the FMOH alone; integration of the health system approach is not one size fits all in a diverse country like Sudan.
Policy Option 2 To implement the integration approach with phases	Selected	The abrupt implementation of a major reform in a relatively fragile health system may affect the performance of the ongoing activities, especially with the burden of recurrent outbreaks; the federal ministry of health must phase out certain milestones for the states to adopt the integration of health system in the ten functional areas.

Policy Option 3 To reverse the implemented restructure and integrated Directorate at the Federal Ministry of Health	Rejected	The current economic and political state of the country is in favor of integration, and there are steps taken towards it. It will be a waste of resources to revert a universal approach major agencies are applying in low-income countries.
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