Road Map for Implementing Health in All Policies in Sudan

Road Map for Implementing Health in All Policies in Sudan

Written by:

Dr. Abdalla Sidahmed, Director General, Public Health Institute Dr. Timo Ståhl, National Institute for Health and Welfare, Finland

Assisted by:

Dr. Mutaz Mustafa- Public Health Institute Dr.
Hind Merghani- Public Health Institute Dr. Eiman
Hag- Public Health Institute.
Dr. Faihaa Dafalla- Public Health Institute

Table of Contents

Abbreviations

FMoH	Federal Ministry of Health
HiAP	Health in All Policies
MoH	Ministry of Health
NCDs	Non-communicable Diseases
NHCC	National Health Coordination Council
PHC	Primary Health Care
PHI	Public Health Institute
SDH	Social Determinants of Health
WHO	World Health Organization

Acknowledgement

Introduction

Health in All Policies (HiAP) is an approach to improve health of populations by adressing public policies across sectors. HiAP addresses social determinnats of health through an integrated policy response across sectors. A common definition for HiAP is "an approach to public policies across sectors that systematically takes into account the health implication of decision and seeks synergies and avoid harmful health impact, in order to improve population health and health equity(1).

Health is influenced by social, environmental and economic factors, which lay beyond the realm of the health sector. Although the health sector generally focuses its effort to improving health, in reforming the organization & finance, governance of the health system itself, there is evidence that health is largely determined outside the health sector. Health is largely affected by the social, political and economic environment around the health system as well as the behavior of people (closing the gap in a generation).

These factors are called the social determinants of health. Health inequities are born from differences in these determinants and the policies which affect how people are born, grow, live and age(2). Such factors and processes act as determinants of health by influencing the underlying conditions of an individual's life situation(3). So public policies concerning water sanitation, environment, agriculture and other sectors affect and determine health and health equity.

Health in all policies is not a new concept; in fact there has been a long public health tradition of successful intersectoral collaboration. Examples of some worldwide successful initiatives include, water fluoridation, reducing lead exposure, restricting tobacco use in workplaces and public spaces, improving sanitation and drinking water quality, reducing domestic violence and drinking

(1) Eighth Global Conference on Health promotion, Finland, 2013.
(2) CSDH closing the gap in a generation: health equity through action on the social determinants of health 2008.
(3) Social determinants of health: the solid facts. 2nd edition / edited by Richard Wilkinson and Michael Marmot.

and driving, and enforcing the use of seatbelts and child car seats(1).

 The National health policy 2007 was the guiding policy document for health in Sudan. The first guiding principle of the national health policy expresses a commitment to achieving equity and poverty reduction in Sudan. It also recognizes the importance of tackling the social determinants of health and that health is a multifaceted issue, which requires the involvement of other sectors as enshrined in the Alma Ata Declaration on PHC. The policy also mentioned inter-sectoral collaboration and stated, that "the 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 environment, social support and the promotion of health"(2).

A review of the policy conducted in 2013 found no clear guidance on how inter-sectoral collaboration will be implemented. It has 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, what 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?"(3).

The policy review recommended that such issues needs policy dialogue with other sectors to agree on the mentioned questions and recommended that" dialogue should be initiated between the FMOH

---

(1) Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). Health in All Policies: A Guide
   for State and Local Governments. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute.
(2) Sudan National Health Policy 2007.
(3) Sudan National Health Policy Review 2014.

and other stakeholders and Ministries e.g. Ministry of Finance. The dialogue should focus on improving social determinants directly linked to health and this is done with e.g. Ministry of Agriculture, Water and sanitation, Ministry of Education and Ministry of Environment. Solutions should be suggested during dialogue process and responsibilities mandated. This will bring prevention and primary Health care to the forefront and shift focus from curative to prevention and promotion and allow monitoring of equity and social determinant of health. Expected solutions should include means by which the underserved and disadvantaged can be reached. Based on these recommendations the FMOH decided to lead a policy dialogue in HiAP with assistance from National Institute for Health and Welfare, Finland and WHO.

This road map is based on a) discussions with different ministries b) national plans and analysis, and c) the outcomes of the HiAP workshop held in Khartoum 25-26 August 2015.

About 80 senior level policymakers from 17 sectors participated in the workshop. The road map first shortly introduces the key elements that have been identified to be priorities. The milestones for the road map will be introduced after it has been discussed at the National Health Coordination Council and when costing and operationalization of the measures have been done.

Values of the Roadmap

The road map is based on the values and principles that are driven from the Constitution of Sudan and agreed upon in the National Global Health Policy and include: equity, shared responsibility, collaborative effort, accountability, transparency and sustainability(1). These values are embedded in the roadmap and will guide and promote government efficiency and effectiveness.

Equity:

All sectors should give as much advantage and consideration to health issues as 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.

---

(1) Review of the national health policy 2007 (2013), Assessment of the implementation of Health in All Policies approach (PHI 2015), Global Health Strategy for Sudan (2015-2019).

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 assess the potential impacts of their actions on health and health equity.

Sustainability:

All sectors should ensure that efforts meet the health needs of present and future generations.

General Objectives of the Road Map

The road map aims to ultimately improve the health and health outcomes of all the population. It aims to accomplish this by the following two general objectives.

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

Specific Objectives of the Road Map

Each specific objective has one or more implementation measures by which the objective can be attained.

1. Building accountability and strengthening the commitment of the National Health Coordination Council and Parliament.
2. Strengthening structures for HiAP
3. Develop mechanisms for HiAP for better governance and increased transparency.
4. Build capacity for effective implementation, better planning and evaluation.

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 wellbeing of the Sudanese population or the core activities that different sectors do for the health and wellbeing 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 wellbeing report which will be given to the NHCC and Parliament every fourth year. MoH would be responsible for preparing the report for the government and NHCC. All ministries would be obligated to provide the MoH the information needed (what are the key policies, decisions, activities done during the last three years that have contributed to the health and wellbeing 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 work always as effectively as possible and sometimes there is a lack of strategic vision of what these groups try to accomplish. Many of the groups are also meeting only on ad hoc bases. There was also a need to institutionalise some of them. It has been proposed that the existing legislation needs to be modified to ensure better effective and horizontal work across sectors.

Measure 2:

Make 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/what is not working, which groups

would need to be institutionalized in a way that they would have regular meetings and a strategic way of working.

Measure 3:

Conduct a situation analysis of HiAP implementation on state and local levels focusing also on exploring how the community is involved in policymaking.

Measure 4:

Conduct a legislative review to identify the laws (related to intersectoral action) available in different sectors and to assess to which extent they facilitate, enable and promote horizontal and effective inter-sectoral action. (laws are prepared in 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 involving 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 would allow sectors better and early enough to know other sectors' policies and law proposals and assess their possible impacts on health, environment, employment etc.

Measure 5 and 6:

As a better regulation mechanism, the consultation and prospective, integrated impact assessment are introduced into 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 by each proposal. The proposal needs to include an assessment of possible impacts of the law on health, economy, employment, environment etc.

Measure 7:

Develop a SDH/HiAP approach for specific priority programmes like Malaria, NCDs or others in order to increase the horizontal working culture.

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

Lack of resources (human and finance) have been identified as a challenge for implementing HiAP by respondents of the HiAP assessment survey. The issue was also raised several times at the workshop. Similarly, lack of proper monitoring system identified a crucial gap for better policy planning and evaluation. Although there are several surveys in place, they don't replace the need for health monitoring system that would be able to produce comparable and credible data showing the trends in peoples' health. HiAP assessment survey also identified gaps in communication and negotiation skills, quality of data, coordination and collaboration and ability to integrate.

Measure 8:
Establish a health monitoring unit, possible within the Public Health institute.

Measure 9:
Strengthen the capacity of the key Institutions (e.g. MoH, some committees, PHI) to advocate HiAP approach, to work with other sectors, and to ensure a critical mass enough to produce accurate policy analysis, research synthesis relevant for policy making and policy guidance.

Measure 10:
Organize a WHO Training course on Health in All Policies

References

1. Eighth Global Conference on Health promotion, Finland, 2013.
2. CSDH closing the gap in a generation: health equity through action on the social determinants of health 2008.
3. Social determinants of health: the solid facts. 2nd edition / edited by Richard Wilkinson and Michael Marmot.
4. Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). Health in All Policies: A Guide for State and Local Governments. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute.
5. Sudan National Health Policy 2007.
6. Sudan National Health Policy Review 2014.
7. Review of the national health policy 2007 (2013), Assessment of the implementation of Health in All Policies approach (PHI 2015), Global Health Strategy for Sudan (2015-2019).