



Sudan Dialogue Workshop

Collaborative on Domestic Resource Mobilization
Under JLN's Revisiting Health Financing Technical Initiative
organized in partnership with the Public Health Institute, Ministry of Health
Khartoum, Sudan, September 30 – October 1, 2018

Meeting Synthesis

Attendees

Ministry of Health (Federal and State):

1. Elhag Idris – Ministry of Health, Alfashir State
2. Mawada Abdelrahman – Ministry of Health, West Kordofan State
3. Ibrahim Saad Ahmed – Ministry of Health, Blue Nile State
4. Ali Ibrahim Adam – Ministry of Health
5. Dr. AbuBaker Abdalla – Ministry of Health, South Darfur State
6. Dr. Mohammed Abdalla – Ministry of Health, Gezira State
7. Dr. Abdalla Omer – Ministry of Health, North Kordufan State
8. Abdulaziz Saeed – Ministry of Health
9. Mohammed Modawi – Ministry of Health, South Kordufan State
10. Salah Eldin Osman – Federal Ministry of Health
11. Dr. Ahmed Abdalla – Ministry of Health, Red Sea State
12. Dr. Yagoub Ahmed – Ministry of Health, White Nile State
13. Dr. Burai Mohammed – Ministry of Health, Sinnar State
14. Tarig Osman – Ministry of Health, Northern State
15. Kamal Adam – Ministry of Health, Sinnar State
16. Alawad Fadl Allah – Ministry of Health, River Nile State
17. Dr. Ali Sayed Mohammed – Federal Ministry of Health

Ministry of Finance(Federal and State):

1. *Gassim Ibrahim – Ministry of Finance, South Darfur State*
2. Abdelrahim Mohamed – Ministry of Finance, Blue Nile State
3. Asim Mohamed
4. Abdelkarim Ahmed – Ministry of Finance, River Nile State
5. Atif Elmasri – Ministry of Finance, Gedarif State
6. Fatah Elrahman – Ministry of Finance, White Nile State

7. Amna Elsadig Diab – Federal Ministry of Finance
8. Fatma Yousif Mohammed – Federal Ministry of Finance
9. Saadia Elkhidir – Federal Ministry of Finance

National Health Insurance Fund (Federal and State):

1. Dr, Tilal Elfadil – DG, National Health Insurance Fund
2. Basit Yousif – National Health Insurance Fund, Federal level
3. Faroug Nureldein – NHIF, Federal level
4. Ibrahim Mohammed – National Health Insurance Fund, Federal level
5. Dr. Abass Hassan – National Health Insurance Fund, Gazera State
6. Munir Mohamed – National Health Insurance Fund, South Darfur State
7. Dr. Ibrahim Abdelrahman – National Health Insurance Fund, Gedarif State
8. Dr. Elzain Saad – National Health Insurance Fund, White Nile State
9. Dr. Abdelfatah Ahmed – National Health Insurance Fund, Sinnar State
10. Dr. Wael Ahmed – National Health Insurance Fund, North Kordufan State
11. Dr. Alsafi Adam – National Health Insurance Fund, South Kordufan State
12. Dr. Mohammed Abdalla – National Health Insurance Fund, North Darfur State
13. Dr. Mohammed Abaker – National Health Insurance Fund, Central Darfur State
14. Dr. Haidar Safi Eldin – National Health Insurance Fund, East Darfur State
15. Abu Elez Hassan – National Health Insurance Fund, West Kordufan State
16. Mohammed Hussein – National Health Insurance Fund, Northern State
17. Hamid Musa – National Health Insurance Fund, West Darfur State

The Public Health Institute, Ministry of Health:

1. Dr. Abdalla Said Ahmed Osman Elhag – DG, Public Health Institute
2. Dr. Amar Abdelrahman
3. Ms. Marwa Karim
4. Ms. Israa Eltayib
5. Dr. Muna Ismaeil
6. Dr. Hassan Mohammed
7. Dr. Sahar Galal
8. Dr. Yousra Osman
9. Musaab Ali
10. Amani Mokhtar
11. Mawada Hassan

World Bank Sudan Technical Facilitators: Dr. Alaa Mahmoud Hamed, Dr. Abeyah A. Al-Omair, Dr. Mennatallah, Dr. Adama Coulilabaly, and Dr. Mohamed Osman.

JLN DRM Collaborative Team and Technical Facilitators: Dr. Emiko Masaki, Dr. Somil Nagpal, Ms. Lydia Ndebele, and Ms. Aditi Nigam.



Meeting Overview

In April 2018, Sudan represented by Dr. Abdalla Said Ahmed Osman Elhag, Head, Public Health Institute (PHI) and Country Core Group Chair for Sudan and Dr. Talal Elfadil Secretary General, National Health Insurance Fund (NHIF) participated in the in-person meeting of the Domestic Resource Mobilization (DRM) Collaborative¹, which was attended by a total of 52 participants representing Ministries of Finance and Ministries of Health across 17 low- and middle-income countries in Asia and Africa.

During this meeting of the DRM Collaborative, Sudan expressed an interest to lead a “Learning Laboratory Pilot” for Sudan. The ‘Learning Laboratory Pilots’ have been designed as country-led meetings and with various Ministry of Health, Ministry of Finance, and other key stakeholders within the country, to discuss common communication challenges and share mutual targets for making the case for investment in health.

In joint recognition by the MOH and MOF for the need for improved collaboration and enhanced coordination between MOF and MOH at both federal and state levels, the MOH and the MOF proposed to lead a Dialogue Workshop with the technical support of the JLN’s DRM Team. The Dialogue Workshop engaged a total of 54 participants including Director Generals of the State Ministries of Health, Director Generals of the State Ministries of Finance, Director Generals of the State Ministry of Welfare and Social Security, and State National Health Insurance Fund Director Generals, from all the States in Sudan. Participants were introduced to the main concepts and principles embodied in the mobilization of domestic resources for health and were briefed on Sudan’s participation in the various collaboratives, including the Revisiting Health Financing Technical Initiative, of the Joint Learning Network. Through a dissemination session, participants were also oriented with the key findings of the JLN UHC-PHC self-assessment tool, which was conducted in collaboration with the PHI.

The meeting objectives were as follows:

¹ The JLN’s DRM Collaborative, also known as the DRM Collaborative, is the second Collaborative to be launched under the JLN Revisiting Health Financing Technical Initiative and is a community of practitioners who provide peer support to improve the domestic mobilization of resources for health care within and outside the DRM Collaborative. The DRM Collaborative now includes 17 countries, including two observer countries (Cambodia and Lao) and four members of the Global Financing Facility: Cameroon, Cote d’Ivoire, Uganda and Senegal.

1. Discuss the concepts and principles embodied in domestic mobilization of resources for health care and foster linkages with peers that can help progress on key UHC objectives.
2. Share and learn from State experience on good practices, contemporary/ persistent challenges, working solutions.
3. Provide a collaborative learning exchange platform for the various Ministries and state-level policymakers to strengthen relationships and to discuss the challenges in the implementation of health financing reforms and domestic resource mobilization.
4. To discuss ways in which the Ministries can work together to align health planning and spending to the new national health policy and its objectives.
5. To determine, with input from the MOF, performance indicators that best communicate and reflect achievements and changes in health outcomes.
6. To orient the participants with the key findings of the UHC-PHC self-assessment tool and discuss the way forward to maximize the benefit of using and applying these findings to progress towards achieving Universal Health Coverage.

Agenda

1. Meeting Overview and Participant Introductions
2. Introduction to the JLN and the methodology of Joint Learning, Revisiting Health Financing Technical Initiative, and the DRM Collaborative
3. Concepts and principles of Domestic Mobilization of Resources for Health
4. Policy Simulation: Increasing Domestically-Sourced Government Financing for Universal Health Coverage in Lomania
5. Dissemination of the UHC-PHC Self-Assessment Tool
6. Domestic Resource Mobilization Options for Sudan
7. How to Make the Case for Investment in DRM for Health: A Conversation with Members of the Federal and State Ministry of Finance
8. Summation and Key Messages by State
9. Next Steps

Summary of Discussions

The meeting was attended by a total of 54 participants and 7 technical facilitators. A list of participants along with their contact details is attached to this synthesis as **Annex I: Participant List**.

Below is a summary of discussions at the meeting.

1. Meeting Overview and Member's Introduction

Dr. Abdalla Osman (Public Health Institute) provided opening remarks alongside a panel of speakers from the World Bank, the State Ministry of Health, the Federal Ministry of Health, and the Federal Ministry of Finance. The full list of speakers is below. Dr. Amar Abdelrahman (PHI) moderated the session and requested all the meeting participants to introduce themselves by name, designation, and state affiliation.

- Dr. Abdalla Said Ahmed Osman Elhag, Head, Public Health Institute, Ministry of Health
- Dr. Mohamed Osman Hamid Mohamed, Acting Resident Representative, The World Bank Sudan Country Office
- Dr. Alaa Mahmoud Hamed, Senior Operations Officer, The World Bank Sudan Country Office
- Dr. Abdallah Hussein Alfaki Omer, Minister of Health, North Kordofan State

- Dr. Amna Alsaid Dyab, Desk Officer on African Development Bank Department, Federal Ministry of Finance
- Dr. Igbal Ahmed Albasher, Director of Human Resources, Federal Ministry of Health, Sudan

2. Introduction to the JLN and the methodology of Joint Learning, Revisiting Health Financing Technical Initiative, and the DRM Collaborative

Lydia Ndebele provided an overview of the Joint Learning Network and Aditi Nigam situated participants with the Revisiting Health Financing Technical Initiative and Sudan's participation in the Leveraging Existing Resources (Efficiency Collaborative), the Fiscal Policy Instruments for Health Outcomes Learning Exchange, and the Domestic Resource Mobilization Collaborative.

3. Concepts and principles of Domestic Mobilization of Resources for Health

Technical facilitators, Dr. Emiko Masaki and Dr. Somil Nagpal, made a presentation outlining the core concepts, common principles and shared vocabulary on the mobilization of domestic resources for health.

The facilitators emphasized that domestic resource mobilization, or public financing from domestic resources, is a sub-component of fiscal space. Fiscal space for health is a systematic assessment of the need, ability, and/or willingness of countries to increase public financing for health in a financially sustainable, efficient, and equitable manner. There are three pillars to consider when mobilizing domestic resources for health - Pillar 1: Conducive Macroeconomic Conditions, Pillar 2: Reprioritization, and Pillar 3: Sector-Specific Domestic Revenue Sources.

The presentation made by the technical facilitators is attached to this synthesis as **Annex II: Conceptualizing Domestic Resource Mobilization: Technical Overview.**

4. Policy Simulation: Increasing Domestically-Sourced Government Financing for Universal Health Coverage in Lomania

Participants were split into three groups for the hypothetical policy simulation. Through teamwork, groups applied the concepts and principles discussed during the presentation to address questions raised in the policy simulation.

Over the course of this session, groups assumed the role of the Lomania Ministry of Health to discuss and determine a proposal to present to representatives from the Lomania Ministry of Finance for increasing domestically sourced government financing. Following discussions, each group rotated with one other group to present their 5-minute proposal as the Ministry of Health and receive feedback as the Ministry of Finance in the next 5 minutes. Role-play as the Lomania Ministry of Health versus the Lomania Ministry of Finance helped groups come to a better understanding of DRM constraints and opportunities and to acquire a better shared understanding across sectoral lines.

The Policy Simulation provided by the technical facilitators is attached to this synthesis as **Annex III: Policy Simulation: Increasing Domestically-Sourced Government Financing for Universal Health Coverage in Lomania.**

5. Dissemination of the UHC-PHC Self-Assessment Tool

Following two short video presentations on the Joint Learning Network, a panel of speakers introduced participants to the UHC-PHC Self-Assessment Tool, its adaptation and implementation for Sudan beginning in April 2018, and key preliminary findings from the implementation study.

Dr. Abdalla Osman (PHI) opened the session followed by Dr. Modupe Ogundimo (Global Convener of the JLN Steering Group) who joined virtually from Nigeria to explain the significance of the tool for joint learning, and to commend the PHI and Sudan for implementation and adaptation of the globally developed UHC-PHC tool to their local context in order to inform their own internal health policy. She also expressed her hope that other countries will now look to Sudan as an example for their own in-country work.

Ms. Lydia Ndebele (The World Bank), and Dr. Mohammed Mustafa (PHI) explained how the UHC-PHC Self Assessment is a rapid diagnostic assessment for identifying practical policy opportunities in the health system to improve the relationship between health financing and PHC efforts. Through a joint effort between the Public Health Institute (PHI), the Federal Ministry of Health (FMOH), and the World Bank, the standard data collection tools within the UHC-PHC Self-Assessment were adapted to Sudan so that data could be collected from six states (Khartoum, Gezira, North Kordofan, Red Sea, South Darfur and River Nile) and the Federal level through a combination of secondary data collection and interviews with senior decision makers and managers at national, state, and the facility level. The preliminary findings indicated the need for: a national PHC policy, a redesign of the NHIF benefit package to include payment for preventive and promotive services, an improvement in the quality of services and service availability in health centers, investments in human resource capabilities in PHCs, and the need to revisit existing payment systems in states such as North Kordofan.

The Preliminary Findings provided by the speakers is attached to this synthesis as **Annex IV: UHC-Primary Health Care Assessment Survey in Sudan: Preliminary Main Results.**

6. Domestic Resource Mobilization Options for Sudan

Using graphical representations, Dr. Emiko Masaki introduced participants to Sudan's progress in improving health outcomes since 1990 and contextualized Sudan's epidemiological transition and its double burden of disease with that of neighboring countries and countries with similar income levels. Although Sudan's total health expenditure per capita and public expenditure in health per capita is higher than other countries of similar income, health expenditure in Sudan is largely financed by out-of-pocket spending, which is unsustainable and a challenge in Sudan's progress toward attaining Universal Health Coverage. To better understand Sudan's public spending in health, Dr. Masaki examined Sudan's GDP per capita growth and its slow down since 2011 as well as Sudan's government revenues and expenditures from 2012-2017.

Following the in-depth review of trends in Sudan's past budgetary data, participants engaged in a discussion session, led by Dr. Somil Nagpal, on what they considered to be the most appropriate domestic resource mobilization strategies for Sudan as well as the prerequisites necessary for supply and demand side performance linkages. Participants discussed the advantages and disadvantages of various revenue generation policy measures such as sin taxes and possible reprioritization measures in Sudan that can result in greater investments in health. In addition to increased economic growth, participants also discussed benchmarking within sectors and performance based financing programs.

The Preliminary Findings provided by the speakers is attached to this synthesis as **Annex V: Domestic Resource Mobilization for Health: Options for Sudan.**

7. How to Make the Case for Investment in DRM for Health: A Conversation with Members of the Federal and State Ministries of Finance

Federal and State Ministry of Finance panelists gathered to discuss how to bridge the communication challenges faced by the Federal and State Ministry of Health when advocating for the mobilization of domestic resources for health.

The panel session was moderated by technical facilitator, Dr. Alaa Mahmoud Hamed (World Bank, Sudan Health Team) and the speaker panel included:

- Mr. Gasim Ibrahim, Finance Controller, South Darfur State Ministry of Finance
- Ms. Saadia Elkhidir Ahmed, Assistant Director, Development Department of the Federal Ministry of Finance
- Mr. Fatah El Rahman Mosa Director General Representative, White Nile State Ministry of Finance
- Mr. Abd Alkream Ahmed Mohammed Ali, Director General Representative, River Nile State Ministry of Finance

Speakers were asked to respond to the following questions and provide their comments for a group discussion. A summary of the key takeaways and main discussion points are as below.

1. In your experience, what have been the best arguments /rationale/justifications from the health ministry that were able to convince the MOF's decision-makers to allocate more resources for health (or, even examples from other similar sectors e.g. education)?
2. In your experience, has there been a time when the MOF decided not to increase resources for health and can you tell us why? Why were the arguments for health considered not good enough or what was the situation that led to this decision?
3. What would be your advice to MOH to frame their arguments better? What would the MOH need to do more of (or less of) for the MOF to increase funding for the health sector?

Panelists emphasized that future budget allocations are influenced by evidence of past performance and that the lack of detailed reports on the impact of programs frequently results in a decrease in budget allocation. The Federal Ministry of Finance operates within the bounds of its rule structure and has noted weak coordination between the state ministry of finance and the state ministry of finance; however, strengthened coordination can create opportunities for the approval of submitted budget proposals that highlight the actual and effective performance of health programs and initiatives. The panelists advised that the State Ministry of Health participants submit detailed reports illustrating their expected results.

In evaluating proposals, State and Federal Ministry of Finance panelists noted that they rely on monitoring reports, financial inspections, and the submitted financial reports from the State Ministries of Health to determine whether a team is capable of successfully executing implementation of a project. The State Ministry of Finance is unable to measure the impact of a health program or initiative and relies on State Ministry of Health plans and reports, which should be succinct and demonstrate the realistic feasibility of the proposed activities. The State Ministry of Finance funds new projects only after closing older projects and otherwise is required to reject proposals in accordance with directives from the Federal Ministry of Finance.

Structurally, the State Ministry of Finance is the communication arm between the various State Ministries and the Federal Ministry of Finance, the latter of which serves as an umbrella organization over the 18 State Ministries of Finance. In advance of the budget allocation proposal

process, the State Ministry of Finance visits each State Ministry to communicate the proposal requirements and the Federal Ministry of Finance directives so that proposals can be submitted in an acceptable manner and be given fair consideration. In their follow up on the proposal, the State Ministry of Finance will brief the submitting Ministry on the details of their decision-making. At the end of the year, the Federal Ministry of Finance consults with each of the State Ministries of Finance to prepare an annual plan.

8. Summation and Key Messages from States

Moderated by Dr. Amar Abdelrahman, participants were split into groups according to their State's zonal region (i.e. North, South, East, West, and Central). Each zonal group had two to three representatives from the State Ministry of Finance, State Ministry of Health, and State National Health Insurance Fund who discussed domestic resource mobilization priorities within their states and region. After discussions, participants were asked to present a short proposal from one of the states in their Zone that would include a short synopsis on the domestic resource mobilization challenges in the State and two to three short and long term actions that could help them address these challenges.

The Blue Nile Team presented on behalf of the Blue Nile and Sennar State. Their proposal requested that a percentage of the federal revenue collection from mining activities be redistributed to other sectors, including health, in 2019.

West Kordofan State presented a proposal for implementation in early 2019 (January – June) that would develop their livestock and agricultural sector by establishing a slaughterhouse and tannery, cultivating groundnut farming, procuring new Arabic gum processing machinery, and providing training to workers on how to use the new Arabic gum processing machinery. West Kordofan state also proposed increasing the national income through improvements to dairy farming. Through the establishment of a health committee, West Kordofan state could monitor improvements in health indicators from the increase in dairy and milk powder production.

The Northern State proposed to reduce the number of ambulances per day that are referred to Khartoum and increase their revenues through improvements to a diagnosis center's MRI machines and referral system. The Northern State has established a premium-based fund to support health service delivery and the retention of deputy registrars.

The Red Sea State, on behalf of the Eastern zone of Sudan, proposed to mobilize some of the local resources generated from Red Sea Port to be allocated for health. The proposal included introducing a small tax to each transaction made at the port for funding health services in the state, and that the mobilized resources could be used to increase the insurance coverage of disadvantaged and poor population.

Following the presentations, closing remarks were provided by:

- Dr. Abdalla Said Ahmed Osman Elhag, Head, Public Health Institute, Ministry of Health
- Dr. Mohamed Osman Hamid Mohamed, Acting Resident Representative, The World Bank Sudan Country Office
- Dr. Alaa Mahmoud Hamed, Senior Operations Officer, The World Bank Sudan Country Office
- Dr. Abdallah Hussein Alfaki Omer, Minister of Health, North Kordofan State

During their remarks, the panelists noted that some of the presented action plans were not targeted toward health. Of those that were targeted toward health, some plans focused on utilizing financing for the purchase of new machinery; however, the lack of equipment is only one component of a larger issue, which is the use and access to primary health care. Increases in use and access to primary health care can help diagnose and detect diseases in a timely manner, creating opportunities for efficiency and better health outcomes. Even though multiple sectors are competing for funds, out-of-pocket spending in health can be reduced through a pooling of resources and a repackaging of the basic benefit package. Priority setting will help Sudan provide a fully subsidized basic health care package to their population by 2019 which is affordable and sustainable. Improvements in health can be achieved through improvements in services and health worker capacity (i.e. midwives, nurses, and doctors). Panelists stressed that universal health coverage can be achieved by finding ways to use the available resources efficiently and effectively for effective results.

Efficiency gains in resource allocation can be made through planning and priority setting. State-to-state cooperation, learning from each other, and finding ways to utilize the complementarity of services across sectors can help create economies of scale and improve health performance.

The Workshop created an opening for continued discussion and dialogue, helped unify language and shared understanding among the various Ministries, and initiated a discussion to further understanding of various positions among stakeholders. State Ministry of Finance and State Ministry of Health participants were enthused to cooperate, initiate their action items, and follow up with each other to guarantee the continuation of newly formed relationships. Political commitment such as through the participation of Dr. Abdallah Hussein Alfaki Omer (Minister of Health, North Kordofan State) is integral to Sudan's progress in mobilizing domestic resources for health. The wealth of shared information at the meeting will be used to complement the Sudan's national health policy.

9. Next Steps

Participant teams were encouraged to provide their action plans to PHI for showcasing on the Public Health Institute Website.

The Public Health Institute, Ministry of Health, plans to continue discussions on domestic resource mobilization through regular meetings. At the next meeting in early to mid-2019, PHI would like to invite higher level ministers to brief them on State progress in domestic resource mobilization and provide an update on the progress of the State action plans that were discussed during the Dialogue Workshop. PHI would also be keen to promote opportunities for learning between states, based on their respective experiences.

Participants were introduced to Sudan's past federal budget trend analysis through the technical sessions; a similar past 10 to 15 year trend analysis can be created for individual states. Participants are requested to contact Ms. Aditi Nigam (anigam@worldbank.org) for more information.

Attachments

1. *Annex I:* Participant List
2. *Annex II:* Conceptualizing Domestic Resource Mobilization: Technical Overview
3. *Annex III:* Policy Simulation: Increasing Domestically-Sourced Government Financing for Universal Health Coverage in Lomania

4. *Annex IV: UHC-Primary Health Care Assessment Survey in Sudan Preliminary Main Results*
5. *Annex V: Domestic Resource Mobilization for Health: Options for Sudan*

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Photo Gallery



