Achieving health related MDGs: Addressing health workforce challenges through the Country Coordination and Facilitation (CCF) Approach
Recent years have witnessed an increase of approximately 145 academic institutions, including 41 medical and dental colleges, 12 pharmacy schools and over 50 nursing and midwifery training institutions, with an increase in production of doctors and midwives by 42% and 23% respectively.

Inequitable and uneven distribution of the health workforce is prominent in Sudan. According to the 2006 survey report, nearly 70% of health personnel work in urban settings serving about 30% of the total country population. More than one-third of the health workforce is located in Khartoum state (the capital). Around 67% of health workers staff serve in secondary and tertiary facilities while only 33% in PHC settings. (Ref: National Human Resources for Health Strategic Plan for Sudan, 2012-2016)

Although the production of medical graduates is substantial, the health system is unable to employ the required numbers and deploy them successfully in the rural areas. On the other hand, the shortage of nurses and midwives is exacerbating in the underserved rural areas due to limited opportunities for task shifting, presenting an added burden on an already fragile health care system.

**Sudan is facing serious health workforce challenges**

Sudan has been pursuing the attainment of its Millennium Development Goals (MDGs) despite confronting a range of complex public health challenges including the shortages and maldistribution of the human resources for health. The density of physicians per 10,000 population was 0.31, dentists 0.02, pharmacists 0.04, nurses 0.47 and midwives 0.37 in 2008, making the country face critical shortages in its health workforce. (Ref: National Human Resources for Health Strategic Plan for Sudan, 2012-2016).

**The Country Coordination and Facilitation (CCF) initiative changed the scenario in Sudan**

The Global Health Workforce Alliance (GHWA) introduced the Country Coordination and Facilitation (CCF) process in 2010, creating a momentum for the coordination of HRH issues. The CCF process enabled the Federal Ministry of Health (FMOH) to mobilize supportive partnerships consisting of a range of stakeholders around the HRH agenda.

The HRH coordination envisaged by the CCF process has been institutionalised in Sudan through the establishment of the **Stakeholders' Forum (SF)** that convenes all the key national institutions that address one or more aspects of the HRH development. Initially, the number of the collaborating stakeholders was limited, encompassing the Federal Ministry of Health (FMOH), Council for Allied Health Professions (CAHP), Sudan Medical Specialization Board (SMSB), Army Medical Corps (AMC), Police Health Services, Sudan Centre for Migration, and WHO. The launch of the CCF process facilitated the identification of gaps in the HRH coordination process and helped to extend the SF membership to 21 stakeholder constituencies. These include State Ministries of Health, Ministry of Human Resources Development, Ministry of Higher Education (MoHE), Ministry of Labour (MoL), Chamber of Civil Service (CCS), National Council for Training (NCT), Ministry of Finance (MoF), Sudan Medical Council (SMC), Health Insurance Fund, Sudan Doctors Union (SDU), Sudan Health and Social Professions Trade Union (SHSPTU), Sudanese Technicians Association (STA), Private sector (private academic teaching institutions) and other international agencies and donors such as UNFPA. The extension of the Stakeholders Forum is on-going with inclusion of other stakeholders and partners, both domestic and international. The HRH observatory, being a major hub for HRH information and generating a credible for evidence for decision making, is the secretariat of the SF.

Sudan has demonstrated a model example of integrating the CCF process with the HRH observatory while the Stakeholders Forum performs the role of the Board of the National HRH Observatory.
The HRH strategic plan was presented to the government cabinet chaired by the President of Sudan, in May 2010. The support of the cabinet was substantiated through the formation of a committee nominated by the president to provide responses to HRH related issues.

Important aspects of the HRH strategic plan are the focus on developing capacity for HRH planning and policies, augmenting equitable distribution, improving individual performance management systems, improving health workers production, education and training, and strengthening HRH functions at the decentralised levels.

The HRH plan is a foundation to address the challenges. Through the CCF process and the Stakeholder Forum, Sudan has developed the evidence-based national HRH strategic plan 2012-2016 under the leadership of the FMOH. The plan defines the priorities for HRH issues and accordingly recommends strategic goals and objectives to revive and improve HRH planning, production, distribution and HRH management systems. It also aims to produce the required result outcomes through improved performance, and scaling up training of the different cadres of the health workforce. Moreover, the strategic plan provides the basis for resource mobilization on key priority issues.

The HRH plan is linked with the national health policy, the five year strategy for health and the HRH strategic planning framework 2009-2011. The Human Resources for Health Action Framework (HAF) has been applied in the HRH plan. The plan also provides a Monitoring and Evaluation (M&E) framework for informed policy decisions and monitoring progress towards achieving the desired objectives and health system outcomes.

The HRH plan also generates a shared accountability for its implementation by the member organizations represented in the stakeholders’ forum.

- The Federal Ministry of Health: HRH policy and planning, HRH training and national level HRH management and data collection;
- The State Ministries of Health: State level polices and plans within the framework of national policy, HRH training, management and information;
- The Ministry of Higher Education: In charge of HRH production, licencing, monitoring and supervision of medical and health training institutions, faculty development and information on HRH education;
- The Ministry of Labour: Employment and service conditions, salary structure and promotions of health staff;
- The Ministry of Finance: Salaries, incentives and allowance to the public sector staff.
- Sudan Medical Council: Licencing and registration of medical, dental and pharmacy graduates colleges and accreditation of their colleges;
- Sudan Medical Specialization Board for postgraduate medical education and CPD for doctors, and Sudan doctors Union and professions Trade Union: Supporting the health staff;
- Private sector: Contributes to production, employment and management; and
- International agencies Technical support and assistance.

The main goals of the HRH plan are to improve coverage and accessibility to quality health services, achieve health-related MDGs, promote healthy lifestyles, reduce the burden of non-communicable diseases, create an environment conducive to partnerships and build and promote the roles of the private sector.

The HRH plan is based upon the following five strategic objectives:

1. Support health service needs through adequate HRH planning;
2. Develop policies/systems to ensure more equitable distribution of the health workers - especially doctors and nurses;
3. Improve individual performance management systems;
4. Improve production and orientation of education and training towards health service needs;
5. Strengthening HRH functions at the decentralized levels.
(Ref: National Human Resources for Health Strategic Plan for Sudan, 2012-2016).

Based upon these strategies, a two year operational plan has been developed that has been mainstreamed by WHO country office in its forthcoming biennial joint country programme. Negotiations are underway to ensure the alignment of the health partner organizations to support the HRH priorities stipulated by the plan.

**Key HRH operational targets by 2013 determined by Sudan:**
- HRH projections are updated and used to inform currently existing policy reviews
- Health professional production by AHS (number and quality of nurses and allied) are scaled up from 3000 to 6000
- Health workforce receiving one certified CPD has improved from 25% to more than 40% per year
- Quality Assurance system for CPD are established and functional
- Ratio of doctors to nurses improved from 1:1.7 to 1:2.5
- HRH retention policy developed
- Incentives packages developed and tested at state level
- HRH management is strengthened with increase of states with dedicated HRH directorates from less than 10% to 55%
- Updated performance management (appraisal) systems are applied by 20% of public health facilities
- Technical, leadership and managerial capacities of staff at both national and state HRH directorates are strengthened from less than 10% to more than 40%.

**The Alliance’s support catalysed improvement in HRH**

The Alliance’s modest support to Sudan has catalysed a process that brought together a range of national stakeholders with a multitude of development partners to ensure a sustained progress of the HRH development in the country. The summary of HRH priority interventions engaging the stakeholders are:

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<tr>
<th>Producing reliable evidence on HRH</th>
<th>The National Human Resources for Health Observatory (NHRHO) was established in 2007 by FMOH with support of WHO. Subsequently, the Alliance complemented the efforts by sustained support in its strengthening, capacity building and scaling up.</th>
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<td>Enhancing health workforce production</td>
<td>Sudan established an Academy of Health Sciences (AHS) in 2005 with support from WHO and the Alliance to scale up the production of nurses, midwives and allied health professionals. Its headquarters are located in the capital, Khartoum, with 15 branches all over the states (5 before and 10 after 2009).</td>
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<tr>
<td>Continuing development of professional competencies</td>
<td>Based upon the results of the 2006 survey that 74% of the health workforce did not receive any form of in-service structured training during the past 5 years, FMOH set up in 2006 a directorate for Continuing Professional Development (CPD) at the federal level, aiming to enhance and sustain the knowledge and skills of health professionals.</td>
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- This substantial increase in enrolments in the recent years will contribute to rectifying the shortage and inequitable distribution of the health workforce in the country.
hospitals.
- 5 regional CPDs are mainly engaged in bridging courses along with in-service training.
- The CPDs have conducted 674 training courses in various disciplines and trained about 32,902 health staff during last four years that contributed to enhancing staff capacities.

Ensuring access to essential primary health care services
- Recognizing the current scarcity of the health workforce, the government has endorsed the launching of the Community Health Workers (CHWs) programme in the country to provide care to the underserved population at their doorsteps.
- The planning of this initiative and its launch was supported by WHO and GHWA. The Global Fund will extend support for the expansion of this initiative.
- The CHWs programme is at the pilot phase in four states with over 300 CHWs inducted in the training course.

Enhancing investment for HRH interventions
- The HRH plan includes estimated annual budgets which have been broken down by objectives.
- The total cost of the plan is estimated to be USD 1,690,790. Objective one: USD 575,792, Objective two: USD 131,174, Objective three: USD 270,190, Objective four: USD 367,708 and Objective five: USD 345,926.
- The HRH strategic plan will be financed from multiple sources including government, donors, funds, private sector etc. The SF is instrumental in mobilizing the support and resources from GAVI and GFATM, the Government unity Support Funds, and other bilateral and multilateral partners.

The CCF approach demonstrates the ADDED VALUE

The implementation of the CCF process has brought added value, some examples are below:

1. Promoted country ownership and leadership, with substantial political support, as HRH has been acknowledged as a national priority with a high level commitment and policy support by the President and his cabinet.
2. Generated a culture for multisectoral coordination, evolving a shared vision by the Federal and states’ ministries of health to work closely with other sectors and partners.
3. Consolidated stakeholders coordination led to multisectoral alignment and synergies, harnessing national potentials and promoting coherent HRH actions.
4. Provided an opportunity to share national HRH experiences at regional and global levels on the successful integration model of the HRH observatory and the CCF process.
5. Catalysed evidence-based planning process through multistakeholder participation.
6. Promoted a need-based approach for HRH production and professional competencies development.
7. Contributed to initiating task shifting and other innovative approaches like community health workers to ensure universal access to essential health services in the rural and remote areas.

Lessons learnt - guiding future actions
- Multisectoral coordination through the CCF process widens the spectrum for collaboration among various partners, facilitating the use of all available potentials in the country.
- Building partnership with the private sector and civil society organizations is of paramount importance in changing health scenario.
- High level commitment has a significant value in developing strategies and increasing financial inputs for enhancing the health workforce, equitable deployment and retention in remote areas.
- Linking and integrating the HRH in national health system policies and plans is instrumental in achieving the health MDGs.

Resources: HRH Strategic Plan ON HRH 2011-16 and costing exercise, annual progress report, and Assessment of the CCF process
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The Alliance appreciates the efforts of the Directorate General of Human Resource, Ministry of Health (MOH), the WHO Office of Eastern Mediterranean Region and the WHO Country Office, Sudan in the planning, implementation and monitoring of actions towards resolving the HRH crisis in the country.