SUDAN:
EXTENDING NATIONAL HUMAN RESOURCES FOR HEALTH OBSERVATORY MANDATE TO THE COORDINATION OF THE HRH PLAN DEVELOPMENT

Key facts

- Population: 39,100,000
- Infant mortality rate: 11.5/1,000 live birth
- Maternal mortality rate: 1,107/100,000 live birth
- Physicians in country: 5.6/10,000 population
- Nurses and midwives: 47.6/10,000 population
- Health care workforce (physicians, nurses and midwives): 1.23/1000 population

Country coordination and facilitation (CCF) revolves mainly around HRH stakeholders coordination in pursuit of common goals for HRD and health system strengthening. Prior to beginning the process, there was a diverse number of stakeholders beyond the MoH with vital HRH roles but who were not coordinated. Inadequate leadership and technical capacities among stakeholders hindered progress, along with a lack of coherence in HRH policies. In an effort to make structures operational and improve effectiveness and efficiency, the National Human Resources for Health Observatory (NHRHO) was established in Sudan in 2006 as part of WHO EMRO regional observatory (pioneering country) and with support from the Alliance. The NHRHO involved more than 15 relevant stakeholders and maintained a national secretariat with a focal person hosted in the Federal Ministry of Health.

National observatory

Stakeholders included:

- Federal Ministry of Health (FMoH)/State MoHs
- Ministry of Higher Education (MoHE)
- Ministry of Labor (MoL)
- Sudan Medical council (SMC)
- Council for Allied Health Professions (CAHP)
- Sudan Medical Specialization Board (SMSB)
- Sudan Health Professions Trade Union (SHPTU)
- Sudan Doctors Union (SDU)
- Army Medical Corps
- Police Health Services Department
- Secretariat for Sudanese Working Abroad (SSWA)
- Health Insurance Fund
- National Centre of Information
- NGOS/private sector (service/education)
- WHO Office/Sudan
Purpose of National Human Resources for Health Observatory:

- Human resource information system (Human Resources Information System)
- Stakeholder forum and coordination
- Advocacy for HRH
- HRH research and studies
- M&E framework and system

Achievements of NRHO:

- Comprehensive HRH electronic database
- Improved visibility of HRH issues
- Effective stakeholder coordination mechanism
- Capacity development for strategic HRD
- HRH monitoring tools and framework
- Revival of HRH research: agenda, forum and research commissioning

Strengths:

- Stakeholder ownership (moving beyond MoH)
- Technical capacity and focus (expertise built up)
- Strong evidence orientation
- Unique link to the MoH and HRD Unit
- Regional and global links
- Innovative mechanism and practices

Functionality:

- Information and documentation
- Stakeholder meetings
- Technical meetings/capacity building activities
- Coordination and liaison
- Participation in institutional events
- Advocacy and research
- Monitoring

Innovations:

- Dual representation of stakeholders (strategic and operational)
- Win-win approach/benefits to stakeholders (e.g. institutional databases)
- Ownership: surmounting the concept of MoH business
- Information security and confidentiality/leveling: the case of uniform forces
- Technical support to stakeholders
- Multiple communication channels and entry points

Achievements of CCF:

- Diverse stakeholders around one table!
- Inculcating strategic nature of HRH
- Consensus around one national HRH strategic plan
- Improved availability and completeness of HRH information/evidence
- Consensus around priority HRH agenda for research
- Developing capacity of the NHRHO as a technical secretariat for HRH coordination

CCF Mechanisms and Management:

Mechanisms:

- Observatory Board; Stakeholder policy level involvement
- Technical standing committee; operational level involvement
- Link to the health system (National Council for Health Coordination)
- Link to FMoH and HRD Department
- Observatory secretariat playing technical/secretary role
Lessons Learned

- Structure alone will not suffice, functionality is vital
- Political sensitivity and analysis are essential for CCF
- HRH is a strategic issue and highest involvement is essential
- National cause is not enough, stakeholders need to feel/achieve their specific interests
- Championship is critical to success

Remaining challenges

- Contradicting policies/stakeholder conflicts
- Extending CCF to the decentralized levels
- Fully involving the private sector
- Mobilizing and harmonizing finance for HRH including donor contributions
- Capacity development for stakeholders
- Unified, effective monitoring mechanism

Recommendations moving forward

- Leadership, championship and political commitment
- Extension to states/localities and linking to private sector representative bodies (newly emerging)
- Facilitating capacity development actions for stakeholders
- Improving HR information capacity and linkages
- Production of the annual HRH status report
- Web-based system for effective link of evidence to policy and decision making
- Sustained stakeholder interest: periodic meetings and national/international HRH events

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